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00:00:50.940 --> 00:00:52.020

Jeff Bornstein: Okay, at one minute.

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00:00:53.370 --> 00:00:56.490

Jeff Bornstein: And everyone have a great event.

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00:01:13.980 --> 00:01:31.500

Jeff Bornstein: 20 seconds.

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00:01:44.730 --> 00:02:07.980

Jeff Bornstein: And 5432.

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00:02:35.880 --> 00:02:43.260

Jeff Bornstein: Welcome to colliding crises connecting the dots between overdose prevention and adverse childhood experiences.

00:03:39.780 --> 00:03:51.780

Jeff Bornstein: Now it's time to meet the Moderator of today's event Dr Carmen return of our is Dr Navarro is is the public health institute's senior Vice President of external relations and preventative medicine.

12

00:03:52.680 --> 00:03:59.940

Jeff Bornstein: The Director of the Center for health leadership in practice and director of dialogue for health for the public in Public Health Institute.

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00:04:00.900 --> 00:04:09.870

Jeff Bornstein: She is also the director of the California overdose prevention network and the national overdose prevention network Carmen it's a pleasure to have you today.

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00:04:14.880 --> 00:04:18.360

Carmen Nevarez: Thank you Jeff and welcome to all of our audience members.

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00:04:19.470 --> 00:04:31.950

Carmen Nevarez: This is a an issue of great interest we have over 900 people who registered for this event, and we certainly hope that most of them will be able to join us today live.

16

00:04:32.340 --> 00:04:41.730

Carmen Nevarez: If not, all of these sessions are recorded and kept on the dial up for health website so you can come back and listen to them at any point it's a real pleasure to.

17

00:04:42.630 --> 00:04:52.890

Carmen Nevarez: introduce the two excellent speakers that we have today what I wanted to start off with his talking a little bit about our learning objectives, so if you can advance to that slide.

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00:04:53.550 --> 00:04:59.280

Carmen Nevarez: That were there okay so we'll start by introducing the note the national overdose prevention network.

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00:04:59.610 --> 00:05:11.880

Carmen Nevarez: described the intersection between adverse childhood experiences and substance use and then explore on how to build effective partnerships to prevent the downstream impacts of childhood trauma.

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00:05:14.130 --> 00:05:21.540

Carmen Nevarez: I want to just tell you next slide please i'd like to just tell you a little bit about the national overdose prevention network in.

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00:05:22.650 --> 00:05:33.270

Carmen Nevarez: Our team and Public Health Institute Center for health leadership and practice launched a statewide forum for all coalition's organizations and individuals working to combat opioid crisis in California.

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00:05:34.020 --> 00:05:50.190

Carmen Nevarez: Through that work we've learned a lot about what it takes to serve through a network of 33 million Californians to help them to really fortify their efforts in fighting opioid overdose in their communities what we've learned is that.

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00:05:51.270 --> 00:06:00.600

Carmen Nevarez: Changing changing things at a local level really requires strong partnerships leveraging assets that are already in the Community.

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00:06:01.350 --> 00:06:09.300

Carmen Nevarez: working across sectors by bringing everybody to the table and adopting what works never reinventing the wheel, if we can help it.

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00:06:09.810 --> 00:06:13.860

Carmen Nevarez: These we've learned are the ingredients for successful work in this field.

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00:06:14.340 --> 00:06:29.550

Carmen Nevarez: Because we want to enlarge this conversation and bring in both the knowledge and experience earned in the rest of the nation, as well as explore with you the topics of most timely concern we have created the national overdose prevention network.

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00:06:30.060 --> 00:06:45.150

Carmen Nevarez: we're looking at the best practices in overdose prevention working smarter and more effectively together communicating for impact, making data informed decisions and planning for sustainable programs and services next slide please.

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00:06:47.190 --> 00:06:59.430

Carmen Nevarez: Stopping overdose deaths requires collaboration from key partners in your Community getting your local leaders together to implement Community driven initiatives aligned with evidence based practices.

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00:06:59.910 --> 00:07:06.780

Carmen Nevarez: supports us to develop a stronger local response and really respond to what the Community needs and wants.

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00:07:07.290 --> 00:07:19.320

Carmen Nevarez: It helps us to strengthen our systems and make sure that we're generating the dialogue between between sectors and it helps us most and sustaining action and really carrying this work over and in the long term next slide.

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00:07:20.340 --> 00:07:32.700

Carmen Nevarez: The key themes that really organize our work are preventing new addictions managing pain safely treating addiction and stopping overdose deaths you'll see these themes in everything that we

talked about.

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00:07:33.780 --> 00:07:34.680

Carmen Nevarez: Next slide please.

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00:07:35.880 --> 00:07:54.780

Carmen Nevarez: So i'd like to get a brief idea of who all is in the audience if you wouldn't mind participating in this poll, to what extent do you currently implement strategies that address adverse childhood experiences your choices are, to a great extent somewhat not at all.

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00:07:56.040 --> 00:08:02.250

Carmen Nevarez: So if you'll take a moment to answer that poll, I will go ahead and introduce.

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00:08:03.570 --> 00:08:06.420

Carmen Nevarez: introduce the speakers and then we'll come back and look at the poll results.

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00:08:07.110 --> 00:08:16.350

Carmen Nevarez: So our first speaker is going to be brandon Jones was a psycho therapist professor and consultant he specializes in adverse childhood experiences.

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00:08:16.980 --> 00:08:28.230

Carmen Nevarez: Historical and intergenerational trauma social emotional intelligence leadership and youth justice brandon holds a BA in sociology from the University of Minnesota.

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00:08:28.890 --> 00:08:36.630

Carmen Nevarez: A master's in Community psychology from metropolitan State University and a master's in psychotherapy from Adler graduate school.

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00:08:37.590 --> 00:08:45.120

Carmen Nevarez: Our second presenter will be Kelly King, who is a senior ta consultant, with a are more than a decade of.

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00:08:45.450 --> 00:08:58.710

Carmen Nevarez: direct experience developing managing and evaluating

Community based cross sector initiatives designed to improve health and risk reduce recidivism outcomes in individuals impacted by addiction.

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00:08:59.520 --> 00:09:13.050

Carmen Nevarez: As an expert with a our centre for addiction and research and effective solutions, Dr King also assist in the formation and execution strategies to prevent and reduce negative consequences associated with substance abuse incarceration.

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00:09:14.730 --> 00:09:28.140

Carmen Nevarez: she's administered several online trainings on aces and her relationship between trauma and addiction to state and law enforcement officials first responders district attorneys medical providers and correctional staff.

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00:09:29.400 --> 00:09:43.800

Carmen Nevarez: So with that very brief introduction of her to really talented and experienced speakers, I want to go back and look at the results of the poll it's got a little idea of who is out here, so to 25% of you have a very good.

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00:09:45.270 --> 00:09:46.980

Carmen Nevarez: Have have a very good.

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00:09:50.640 --> 00:10:03.930

Carmen Nevarez: are implementing a strategies strategies that address aces to a great extent and somewhat 60% of you, but there are 15% of you will haven't gotten there yet, and so we're hoping by today's.

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00:10:05.160 --> 00:10:21.060

Carmen Nevarez: By today's presentations that we can pick that up a little bit and really get a better understanding of where and how to to integrate strategies that address aces in your practice so let's start with brandon Jones brandon you've got the MIC.

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00:10:22.500 --> 00:10:34.350

Brandon Jones: awesome greetings everybody I hope everyone's doing well today, I look forward to sharing my some of my perspectives on aces and the continuing dialogue that we're going to have moving forward, but we go to the next slide.

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00:10:36.390 --> 00:10:42.060

Brandon Jones: So one thing that I like to do when discussing aces is given a nice definition for trauma.

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00:10:42.360 --> 00:10:47.940

Brandon Jones: That is understood by anyone I come in contact with so, no matter where you answered.

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00:10:48.180 --> 00:10:59.160

Brandon Jones: On the pole as far as you know, having a lot of information around aces or implementation somewhat or not at all, you understand you could understand that psychological trauma is a deep emotional world.

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00:10:59.400 --> 00:11:09.360

Brandon Jones: There are a lot of fancy textbooks with fancy academic definitions for trauma, but a deep emotional wound, is something that anyone can understand and it's important understand that.

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00:11:09.900 --> 00:11:17.040

Brandon Jones: everyone's trauma impacts them differently, you know I myself, even with my fancy bio and all my degrees and things like that.

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00:11:17.340 --> 00:11:24.780

Brandon Jones: I experienced trauma for me this trauma work is very personal and professional and the trauma that I experienced was domestic violence, also grew up in Parliament.

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00:11:25.170 --> 00:11:28.890

Brandon Jones: And those are above you know one poverty is not under original a.

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00:11:29.310 --> 00:11:36.870

Brandon Jones: calculator but domestic violence or intimate partner violence is so for me when I learned about as when I became a state.

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00:11:37.140 --> 00:11:46.020

Brandon Jones: trainer in the state of Minnesota four aces I was very shocked by the information that I was there I was understanding, but it made a lot of sense because I also lived it.

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00:11:46.260 --> 00:11:56.100

Brandon Jones: And not just did it professionally So for me when I talk about trauma trauma often comes in, is connected to toxic stress and toxic stress environments.

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00:11:56.340 --> 00:12:02.070

Brandon Jones: Unfortunately, we have so many people that are in toxic stress environments and don't even realize it.

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00:12:02.370 --> 00:12:14.310

Brandon Jones: Now, even over the last year and a half or so since coven coven 19 has made a lot of our places and spaces toxic stress environments that we necessarily did not know or even think we're toxic stress environments.

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00:12:14.520 --> 00:12:19.590

Brandon Jones: And we're starting to see that play a role in our mental health and there's been this term called languishing.

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00:12:19.830 --> 00:12:29.490

Brandon Jones: That has been shared that just talks about how a lot of us are in this fall, we might not necessarily have a mental health diagnosis, but we're in this kind of fog and we're starting to feel some symptoms.

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00:12:29.730 --> 00:12:34.560

Brandon Jones: And you know we are we have collectively experienced something and that's important for us to understand.

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00:12:34.740 --> 00:12:40.860

Brandon Jones: To be honest about and to also realized, what do we do about it, because when it comes to prevention, what happens when people struggle.

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00:12:41.100 --> 00:12:50.760

Brandon Jones: A lot of times will turn the substances alcohol, you know intake increases, you know you might even start experimenting due to not filling your very best next slide please.

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00:12:52.500 --> 00:13:02.040

Brandon Jones: So for me as you've seen on my slide I am the newly

appointed executive director of an organization called Minnesota Association for children's mental health.

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00:13:02.460 --> 00:13:14.070

Brandon Jones: And we we address aces and other things very directly all things mental health and mental wellness when it comes to families and young children or adolescents as well, actually so.

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00:13:14.640 --> 00:13:24.000

Brandon Jones: Our role again our role is to do three things one we educate the professions that touch base with young people, so this may be early childhood.

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00:13:24.330 --> 00:13:35.790

Brandon Jones: This may be educators mental health professionals, sometimes even chemical dependency professionals and other elements, where kids are connected and when they start to show what behavioral issues mental health issues.

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00:13:36.030 --> 00:13:38.220

Brandon Jones: and other struggles so that's one pillar that we do.

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00:13:38.580 --> 00:13:50.220

Brandon Jones: We also have a division in department that focuses specifically on parent coaching so we help parents who have children with mental health diagnosis understand those diagnosis so information.

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00:13:50.520 --> 00:13:59.520

Brandon Jones: come up with strategies on how to address those things and to make sure their family is in a place of stabilization and then we also offer resources to those families as well.

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00:13:59.970 --> 00:14:09.690

Brandon Jones: And then the third pillar to our organization is we use arts to connect with young people, we have a podcast we have a digital digital magazine, and we do plays.

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00:14:10.230 --> 00:14:20.040

Brandon Jones: And we had to make those digital overcome it, but it will before over we did them in person and we love, we look forward to returning to those all focus on on the mental and emotional wellness.

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00:14:20.400 --> 00:14:27.810

Brandon Jones: of children and we co create those plays with children, so they have ways to express themselves through art.

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00:14:28.080 --> 00:14:35.670

Brandon Jones: And for their own healing so for us this is how we look at aces and how we connect your childhood trauma through the work that we do as an organization.

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00:14:36.000 --> 00:14:42.270

Brandon Jones: And then again for me the trauma work is very personal and professional, I am a certified trainer.

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00:14:42.930 --> 00:14:54.510

Brandon Jones: But at the same time, I live basis and before 2010 I had no way to even identify what I lived through was something that was called trauma so even having that label was very effective.

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00:14:54.810 --> 00:15:00.270

Brandon Jones: For so so for someone who has one foot in who's had the experience and one foot out as a professional.

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00:15:00.630 --> 00:15:06.210

Brandon Jones: I give I have a pretty unique perspective on how do we address these things and deal with these things and do keep in mind.

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00:15:06.480 --> 00:15:21.720

Brandon Jones: A lot of the aces a lot of the childhood traumas and adversity, that the young people that we connect with experience are often things that are not listed on the original study, and that is very, very important as we move forward and continue our learning in aces next slide please.

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00:15:23.490 --> 00:15:34.950

Brandon Jones: So the question that was posed to me is what is the most important message that needs to be shared around changing the way we talk about aces in connection with addiction and overdose prevention next slide please.

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00:15:36.480 --> 00:15:42.810

Brandon Jones: So for me, one of the best things that we can do is talk about it is understand that aces does not happen in a vacuum.

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00:15:43.140 --> 00:15:50.520

Brandon Jones: We don't get individuals who struggle with addiction to heroin or opioids or even alcohol, because they just lost their job.

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00:15:50.850 --> 00:15:57.360

Brandon Jones: Typically, things were taking place prior to the point of intervention or crisis or treatment.

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00:15:57.750 --> 00:16:06.600

Brandon Jones: And it's very important for us to understand that a lot of times the symptoms in the things that we see I wish I should I should have use my slide with the trauma tree.

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00:16:06.900 --> 00:16:11.490

Brandon Jones: But a lot of times the things that we address in our organizations in our programs and our initiatives.

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00:16:11.820 --> 00:16:16.620

Brandon Jones: are really just fruits off of a tree and not necessarily the roots of how they got there.

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00:16:16.890 --> 00:16:20.430

Brandon Jones: So it's important for us to understand that, even though we're addressing some of these.

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00:16:20.670 --> 00:16:31.530

Brandon Jones: Things and we're trying to keep people stabilize we're trying to keep people well and healthy, there are other things that are usually right behind them that are feed into those things that we're addressing like addiction.

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00:16:32.160 --> 00:16:44.910

Brandon Jones: So for me, when I look at aces oftentimes if you Google aces for those you know 15% of folks will have no idea about aces if you just type in aces and you Google it you're going to come up with some pyramids, this is like the logo of the a study.

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00:16:45.270 --> 00:16:50.490

Brandon Jones: And some of those pyramids, are going to start in that lime green area of adverse childhood experience.

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00:16:50.820 --> 00:16:58.620

Brandon Jones: But what I like to say is, we need to take a step back, because a lot of people's trauma started before they were born it started before that adversity showed up.

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00:16:58.920 --> 00:17:05.640

Brandon Jones: So there has been this newly us pyramid that you see here that adds two additional layers that first layer

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00:17:06.480 --> 00:17:14.580

Brandon Jones: Is the generational embodiment and historical trauma, so you know these are the things that have taken place within the cultural context of an individual.

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00:17:14.850 --> 00:17:26.220

Brandon Jones: The next layer is social conditions and local context and in this area we're talking about environments and situations that people find themselves in the communities, the households, the schools, etc.

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00:17:26.520 --> 00:17:33.840

Brandon Jones: Then you know those environments influence the adverse childhood experiences and then that influences the disrupted neural development.

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00:17:34.080 --> 00:17:42.780

Brandon Jones: And then that influences and increases the probability of disease disability and social problems and then ultimately that can increase the probability of early death.

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00:17:43.080 --> 00:17:48.450

Brandon Jones: But one thing that's important to understand, and this is really the key here without proper intervention.

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00:17:48.720 --> 00:17:53.970

Brandon Jones: At some point between disrupted neuro development or when people are adapting those health risk behaviors.

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00:17:54.210 --> 00:18:08.790

Brandon Jones: Disease disability or social problems, unfortunately what happens is we end up in a cycle and things can repeat themselves without proper intervention and proper intervention is very subjective depending on the individual or the Community that you're working with next slide please.

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00:18:10.890 --> 00:18:18.000

Brandon Jones: So one of the quotes that I often say to help me just remember this and help my team and I encourage other professionals and people who care.

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00:18:18.270 --> 00:18:20.790

Brandon Jones: is to keep in mind that childhood last forever.

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00:18:21.120 --> 00:18:30.570

Brandon Jones: The experiences that we have as children affect us our entire lives we don't always think about this, but if you are a clinician or social worker you work with adults.

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00:18:30.780 --> 00:18:37.650

Brandon Jones: And they have extreme dramas, and you ask them what do we do we asked them about their history, ask them about their childhood their family dynamics.

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00:18:37.920 --> 00:18:42.240

Brandon Jones: And then we find these little dots and we start connecting these dots of what is taking place.

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00:18:42.540 --> 00:18:47.970

Brandon Jones: And to me when we connect those dots we're realizing those experiences that people have when they're young.

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00:18:48.270 --> 00:19:01.830

Brandon Jones: carry on with them later and sometimes influence situations and behaviors now we didn't even necessarily believe that they would but we never know you just never know how those things show up later on in our lives next slide please.

108

00:19:03.390 --> 00:19:10.770

Brandon Jones: So, which partners are critical to engage in this work, what are effective ways to engage them next slide please.

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00:19:12.480 --> 00:19:21.330

Brandon Jones: One of the key things that we do in our organization and I encourage other people in organizations and groups to consider is this concept of Community connectedness.

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00:19:21.660 --> 00:19:28.410

Brandon Jones: You know it again, we need all those partners, earlier we seen a slide that talks about the partnerships throughout the Institute.

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00:19:28.800 --> 00:19:32.550

Brandon Jones: All those people are important because all those people do what they make Community.

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00:19:32.850 --> 00:19:39.150

Brandon Jones: And when our Community is disconnected and we can't bring people to the table from those partnerships what ends up happening is.

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00:19:39.360 --> 00:19:48.930

Brandon Jones: We miss things and when we miss things it causes other inequities and opportunities of failure and it's important to try to have as much cohesion amongst those partner groups.

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00:19:49.200 --> 00:19:54.450

Brandon Jones: As we can so we call this Community connectedness, and this is the degree to which a person or group.

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00:19:54.750 --> 00:20:02.760

Brandon Jones: is socially close related or shares resources with other persons or other groups, it is a known protective factor across the spectrum of harm.

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00:20:03.000 --> 00:20:13.050

Brandon Jones: and violence so again, one thing that we know about addiction and violence is that these two can be very parallel and they can cross, very often, so we talked about making sure that communities are safe.

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00:20:13.320 --> 00:20:17.910

Brandon Jones: that people are saying well being as their Community connectedness is one of the key factors.

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00:20:18.330 --> 00:20:25.680

Brandon Jones: A high degree of Community connectedness not only result in low risk for both experience and for the perpetration of harm of violence.

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00:20:25.890 --> 00:20:36.480

Brandon Jones: by individuals, it also makes it less likely to enter Community will will will experience violence and or addiction or other social ills, so perhaps the most strategic shift.

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00:20:36.780 --> 00:20:52.440

Brandon Jones: For Community based organizations funders Technical Assistant providers and other prevention professionals can make is to prioritize Community connectedness as a foundational framework for which prevention work is done so, if we want to talk about you know.

121

00:20:53.100 --> 00:21:01.380

Brandon Jones: varying aces and get into the more positive experiences for young people, we have to make sure that communities are talking understanding.

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00:21:01.680 --> 00:21:12.000

Brandon Jones: Each other's role in the fields that they represent and how do we work collaboratively to make sure that we're given an opportunity for young people that's better than what we had next slide please.

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00:21:13.380 --> 00:21:21.540

Brandon Jones: So how can we build trauma informed institutions and systems within our communities and what our strategies that work next slide please.

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00:21:23.970 --> 00:21:31.290

Brandon Jones: So one of the concepts again, but I want to share with you all is, we want to be trauma informed, we have to understand what is trauma actually doing.

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00:21:31.560 --> 00:21:39.570

Brandon Jones: To folks how do folks function when they've been

traumatized or they're living in a in a toxic stress situation or they actually dealing with the trauma in the moment.

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00:21:39.930 --> 00:21:46.290

Brandon Jones: And one of those concepts that is very important for us to get is something that we call survival stress management.

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00:21:46.620 --> 00:21:54.900

Brandon Jones: and survival stress management is a process of adapting to stressful situations by acting or reacting without thinking of our consequences of our choices.

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00:21:55.200 --> 00:22:03.930

Brandon Jones: Right, and this leads to immediate gratification and instant gratification results in an increased stress sometimes anxiety symptoms and or depression.

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00:22:04.260 --> 00:22:11.040

Brandon Jones: And we know that so many of our clients so many other people in our Community so many people that we touch base with as patients.

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00:22:11.340 --> 00:22:16.110

Brandon Jones: And our participants in our programs find themselves in survival stress management.

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00:22:16.500 --> 00:22:23.580

Brandon Jones: They are handling what's in right in there, you know right what's in their face right here, right now, traumas made everything about the moment.

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00:22:24.090 --> 00:22:27.900

Brandon Jones: And when you're functioning from that level, it makes it very hard to goal set.

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00:22:28.170 --> 00:22:37.650

Brandon Jones: It makes it very hard to see where you're going to be in five years, it makes it very hard to even overcome addiction, because you're dealing with right here, right now, what does this lead to.

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00:22:38.100 --> 00:22:48.900

Brandon Jones: judgment, it can lead to judgmental and distorted thoughts and feelings, it can lead to be an impatient exploitation can find yourself in risky situations it can lead to aggression abuse and violence.

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00:22:49.800 --> 00:22:57.270

Brandon Jones: directed at oneself or even other people, and we start to see this take place over and over and then, how do we cope with and whether we deal with.

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00:22:57.600 --> 00:23:10.320

Brandon Jones: Again, a lot of addictive addictive substances and addictive behaviors right so drug use is increased alcohol uses increased risky sex is increased shopping fast money gambling food.

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00:23:10.590 --> 00:23:20.430

Brandon Jones: And then also video games and there's much, much more, but the key here with survival stress management is that these things only produce a limited sense of relief.

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00:23:20.790 --> 00:23:27.210

Brandon Jones: So you only it only is going to give you a short burst it's just like having their first drug that addictive substance, for the first time.

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00:23:27.570 --> 00:23:35.310

Brandon Jones: It hits you and then what happens, you have to chase that high, you have to chase that hit again and you end up just getting caught in this cycle.

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00:23:35.550 --> 00:23:51.660

Brandon Jones: of survival and, unfortunately, when traumas happening to people and it's frequent and consistent and complex people are trying to fake the China feel that relief over and over and over again, unfortunately becoming a self defeating behavior next slide please.

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00:23:53.460 --> 00:24:03.960

Brandon Jones: So what's the story of hope you know I shared some contests and things to kind of set a frame for us to think and you know it can sound very doom and gloom but in the in the work that i've done over the last.

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00:24:04.560 --> 00:24:14.880

Brandon Jones: 12 years or so, I have seen a lot of people overcome their trauma by just shifting some things and looking at things differently and getting and utilizing those resources to the best their abilities.

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00:24:15.120 --> 00:24:19.680

Brandon Jones: So i'm going to tell a quick story of hope of one of my clients who at the time that I met her.

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00:24:20.070 --> 00:24:28.560

Brandon Jones: was in her sick, it was too much into freshman year of high school she is now entering her junior year in college here in the state of Minnesota.

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00:24:29.100 --> 00:24:39.090

Brandon Jones: And this young woman was a young woman who was from an impoverished neighborhood here in the twin cities is called North Minneapolis is where a lot of African American people currently reside.

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00:24:39.450 --> 00:24:41.580

Brandon Jones: And she wasn't African American woman.

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00:24:41.970 --> 00:24:49.500

Brandon Jones: And she but she went to a school she went to public school, but it wasn't a majority white neighborhood actually a pretty affluent white neighborhood and it was still a public school.

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00:24:49.740 --> 00:24:57.540

Brandon Jones: So she was bust from her neighborhood into this other school, yes, people still do that, in these times okay be where's the bus to other school districts.

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00:24:57.870 --> 00:25:04.770

Brandon Jones: So this was her situation her family used to live in that neighborhood but they had to move and her parents still wanted her to attend that same high school.

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00:25:05.670 --> 00:25:12.510

Brandon Jones: So our family dynamic is that she's the oldest she was 14 years old, she had a younger brother younger sister the brother was not in the system was seven.

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00:25:13.020 --> 00:25:22.620

Brandon Jones: And there was a family of five the parents were together, but they worked and they weren't a lot of odd jobs but they lived in a two bedroom apartment so you talk about toxic stress this toxic stress right there.

152

00:25:22.950 --> 00:25:31.680

Brandon Jones: So you have all these people in the small place and she assumed a lot of responsibilities, being the oldest child she had to assume a lot of responsibilities for a younger brother and sister.

153

00:25:31.950 --> 00:25:36.840

Brandon Jones: So she would be able to you know get them on and off the bus make sure they do their homework when their parents weren't around etc.

154

00:25:37.170 --> 00:25:45.840

Brandon Jones: She would have to catch two buses to get to her school she had to catch a bus from her neighborhood to downtown minneapolis from downtown minneapolis to where the neighborhood where school was.

155

00:25:46.140 --> 00:25:56.700

Brandon Jones: I don't know if you've wrote any metro transportation, but you can run into a lot of toxic stress situations, if any major city so she will be finishing off all types of things every day.

156

00:25:57.330 --> 00:26:02.250

Brandon Jones: And you know, this is something that she would tell I just asked her general question that most people would ask.

157

00:26:02.910 --> 00:26:10.110

Brandon Jones: But the client tell me about your typical day and that's what she told me, I have to catch these two buses do other stuff I will get to my first our class which was math.

158

00:26:10.440 --> 00:26:16.230

Brandon Jones: And guess what what happened, she put her head down and fall asleep Now I know a little bit about brain science.

159

00:26:16.890 --> 00:26:24.210

Brandon Jones: Now, the reason why she was brought to me was teacher had made a report, they say, we think this young lady's depressed she can't stay up we don't know what's going on at home.

160

00:26:24.540 --> 00:26:29.580

Brandon Jones: They talked to the counselor I had a good relationship with the counselor the counselor say hey brandon can you work with this young woman.

161

00:26:30.330 --> 00:26:39.240

Brandon Jones: And I did my diagnostic assessment and I came up with an adjustment disorder, because I felt like this young woman does not have major or clinical genetic any mood disorder.

162

00:26:39.750 --> 00:26:49.470

Brandon Jones: So, but I know a little bit about brain science and brain science led me to a better solution and answer than saying that hey this young lady's just depressed and we need to figure out.

163

00:26:49.980 --> 00:26:59.070

Brandon Jones: You know other techniques to get her to where she needs to be, and since I knew a little bit about brain science, I said what if we moved her first our math class later on the day.

164

00:26:59.490 --> 00:27:04.350

Brandon Jones: let's give her a study Hall, but I, but I made an agreement i'll see her twice a week.

165

00:27:05.160 --> 00:27:10.770

Brandon Jones: You know, for right away in the morning and then, on the other three days of school then she can actually go to study hall.

166

00:27:11.250 --> 00:27:17.670

Brandon Jones: Because I knew that her brain was over activate her brain was over activated because of my awareness of ases.

167

00:27:17.970 --> 00:27:24.840

Brandon Jones: I knew that this young woman is going through so much in the morning, just to get to school, she gets into this math class

and here in the state of Minnesota.

168

00:27:25.050 --> 00:27:29.820

Brandon Jones: When school starts is dark outside is very cool so that first hour classes, like a nice bed.

169

00:27:30.120 --> 00:27:37.380

Brandon Jones: And she just falls asleep and I knew that I knew that her brain was calming down and saying hey young lady this time to relax we shifted that over.

170

00:27:37.680 --> 00:27:46.350

Brandon Jones: grades went up activity went up etc where that second semester freshman year she didn't need that study hall anymore, because we're able to get her engaged and.

171

00:27:46.590 --> 00:27:51.150

Brandon Jones: and get her ready, and I was able to work with their family that was all due to know understanding asis.

172

00:27:51.450 --> 00:27:59.790

Brandon Jones: And I, and I lost contact with her, because I left that job when she was going into her junior year but she found me on linkedin two years ago.

173

00:28:00.060 --> 00:28:08.610

Brandon Jones: And she said hey brandon Do you remember me, I just want to let you know i'm going to the college's cause St kate's i'm going to St kate's and I want to thank you for seeing me.

174

00:28:09.000 --> 00:28:12.330

Brandon Jones: And not labeling me, as someone who would just a problem.

175

00:28:13.140 --> 00:28:17.610

Brandon Jones: And that young lady is getting ready to graduate should go on into doing here but she's going to graduate college.

176

00:28:17.910 --> 00:28:23.940

Brandon Jones: Who knows where she would have been if I did not have understanding the basis so that's a story of hope this information is

important.

177

00:28:24.180 --> 00:28:36.330

Brandon Jones: There are a lot of other things that we need to take into consideration when it comes to cases such as culture, but that doesn't mean that the information is not something foundational that we can use to help many young people and i'll pass with that Thank you.

178

00:28:41.520 --> 00:28:43.200

Carmen Nevarez: Okay Kelly, why don't you go ahead.

179

00:28:45.510 --> 00:28:57.870

Kelly King: Hello everybody i'm so happy to be here joining you today, I could go home, though, because brandon covered it all so beautifully so next slide please.

180

00:28:59.580 --> 00:29:11.790

Kelly King: So I am a senior consultant with American institutes for research on before that you know i've also been working in this area for about 12 years.

181

00:29:12.540 --> 00:29:22.110

Kelly King: My PhD is in public health and my work has really focused on people in baltimore who had experienced incarceration homelessness and.

182

00:29:22.410 --> 00:29:33.690

Kelly King: With substance use disorder and i've had a chance to kind of work with this kind of issue across context so within the baltimore city fire department.

183

00:29:34.050 --> 00:29:42.390

Kelly King: In partnership with our mayor's office of criminal justice in baltimore city and then now with 25 different States.

184

00:29:42.930 --> 00:29:51.120

Kelly King: I provide training and technical assistance to Presidents jails department of corrections courts and behavioral health service providers.

185

00:29:51.690 --> 00:30:08.520

Kelly King: In order to make sure that we are addressing addiction and substance use disorder in a way that is trauma informed and effective in order to prevent overdose and the other negative consequences associated with addiction next slide please.

186

00:30:09.690 --> 00:30:21.660

Kelly King: So brandon did a wonderful overview of what aces are and he mentioned this original study 1995 study by the Center for Disease Control and Kaiser permanente.

187

00:30:21.900 --> 00:30:28.980

Kelly King: That really was foundational in giving us the language to think about aces or adverse childhood experiences.

188

00:30:29.250 --> 00:30:36.930

Kelly King: And so, while the 10 questions that were a part of that original study are certainly still.

189

00:30:37.230 --> 00:30:46.680

Kelly King: used for screening as brandon mentioned there's all sorts of other things that count is trauma as well, so, in addition to some of the original questions like.

190

00:30:46.920 --> 00:30:57.510

Kelly King: Did you often feel that you did not have enough to eat or have to wear dirty clothes didn't have anyone to protect you there are things around where your parents ever separated or divorced.

191

00:30:57.750 --> 00:31:05.490

Kelly King: you're seeing now and it's represented in this image here which i'm realizing is a little bit small that you see that adverse childhood experiences.

192

00:31:06.090 --> 00:31:17.910

Kelly King: are actually so many more than perhaps those 10 you see that they fall into three categories household community and environment and can include things like natural disasters, pandemics.

193

00:31:18.360 --> 00:31:28.380

Kelly King: Structural racism food insecurity it's not just what we think about from that foundational study of you know, childhood abuse

neglect on.

194

00:31:28.980 --> 00:31:41.730

Kelly King: Things like that So what did we learn from that study first, but a lot of people have had at least one adverse childhood experience something like 65% of individuals in our country.

195

00:31:42.360 --> 00:31:46.530

Kelly King: and nearly a quarter have experienced three or more adverse childhood.

196

00:31:47.430 --> 00:31:57.480

Kelly King: Experiences something that I think is interesting to note is that it doesn't matter, you know how many times and aces occurred in your life.

197

00:31:58.080 --> 00:32:06.660

Kelly King: It still gets a score of one on this scale I like to think about the aces score is kind of like a cholesterol score for childhood trauma.

198

00:32:06.960 --> 00:32:19.080

Kelly King: And we'll unpack that a bit more later So what do we know if you have a high number to a says there's a dose response with adult substance use, so what that means is the higher number of a says.

199

00:32:19.680 --> 00:32:26.940

Kelly King: The higher likelihood of adverse outcomes so, for example, somebody with any.

200

00:32:27.270 --> 00:32:37.410

Kelly King: Even just one adverse childhood experiences two to four times more likely to use drugs or alcohol and they start using drugs or alcohol at an earlier age.

201

00:32:37.770 --> 00:32:51.300

Kelly King: If you look at an individual has five or more a says they're 700 times more likely to use illegal drugs to do things like developed a substance use disorder to engage in both prescription and alyssa.

202

00:32:51.930 --> 00:33:00.690

Kelly King: opioid abuse and injection drug use and it's important to say so, whenever I say that you know more races worse outcomes.

203

00:33:01.500 --> 00:33:05.670

Kelly King: It doesn't matter how high your aces score is people's.

204

00:33:05.970 --> 00:33:20.220

Kelly King: brains are wonderfully adaptive and resilient and there is no tipping point where you've been experienced too much childhood trauma and there's no longer a path forward so I like to kind of just make sure people know.

205

00:33:20.460 --> 00:33:25.020

Kelly King: that there are no hopeless cases and we'll circle back to that at the story at the end.

206

00:33:25.410 --> 00:33:34.440

Kelly King: It also doesn't matter what the type of adverse childhood experience is you know it doesn't matter if it's a divorce or a parent with a substance use disorder.

207

00:33:35.130 --> 00:33:39.480

Kelly King: The nature of just having these experiences, is what confers additional risk.

208

00:33:40.290 --> 00:33:56.100

Kelly King: So individuals with multiple aces and without protective factors so things like having a committed adult who is supportive and a trusting relationship or other positive childhood experiences.

209

00:33:56.850 --> 00:34:05.760

Kelly King: Go on, to develop what brandon mentioned earlier and we'll talk about a bit more, which is toxic stress so changing the way we talked about as as an addiction.

210

00:34:06.090 --> 00:34:17.100

Kelly King: I really think that a lot of times we don't talk about them together we consider mental health to be over here, we consider trauma to be over here and then substance use somewhere else and.

211

00:34:17.310 --> 00:34:29.460

Kelly King: Even though it cuts across lots of systems we're not putting the pieces together so i'm going to try to put a couple pieces together today, so that we don't make that mistake moving for next slide please.

212

00:34:31.590 --> 00:34:47.730

Kelly King: Okay, so this is um I figure from the CDC and it kind of tries to walk you down the relationship between the adverse childhood experiences and early death, and I think that it is largely a really good depiction so.

213

00:34:48.390 --> 00:34:55.830

Kelly King: I also, though, like that brandon you started us off a couple layers before those adverse childhood experiences.

214

00:34:56.130 --> 00:35:09.660

Kelly King: Because it doesn't really quite start here so since we've already done that will move forward so you have adverse childhood experiences, and this in children causes neurobiological changes.

215

00:35:10.380 --> 00:35:19.080

Kelly King: releases of stress hormones that are harmful like cortisol and it actually changes the structure of your developing brain.

216

00:35:19.590 --> 00:35:31.920

Kelly King: And so there's the social emotional cognitive impairments and people develop it says here adoption of health risk behaviors i'm going to change that one for us, and I think this is.

217

00:35:32.430 --> 00:35:37.950

Kelly King: A good option of like behaviors to be able to cope right.

218

00:35:38.460 --> 00:35:53.670

Kelly King: We can call them health risk behaviors, but these are things that people do in order to comfort themselves to deal with things like depression fear anger frustration that stem from these adverse childhood experiences and so.

219

00:35:54.270 --> 00:36:00.870

Kelly King: You know, it says that it goes on, when we take these risk behaviors or when we engage in this Susan behaviors.

220

00:36:01.140 --> 00:36:09.540

Kelly King: impacts our life potential and there's negative long term outcomes sure I just think that what's important for us to realize is that.

221

00:36:10.050 --> 00:36:16.470

Kelly King: Using substances in response to dealing with adverse childhood trauma isn't.

222

00:36:17.460 --> 00:36:33.810

Kelly King: it's adaptive it is just as bleeding is normal in response to getting staff right it doesn't mean that it's what should it be done, but in the absence of other healthy coping soothing mechanisms, it makes sense that people turn to these things next slide please.

223

00:36:35.880 --> 00:36:50.610

Kelly King: yeah So what do we need to do in order to build trauma informed institutions and systems well one is to focus on prevention, on most of my work, if not all of my work is with adults right, and so I.

224

00:36:51.150 --> 00:36:59.430

Kelly King: Absolutely, think that the best way to prevent this is to focus on things up front and the way that we do that we have science that tells us.

225

00:36:59.670 --> 00:37:12.870

Kelly King: We need to reduce sources of stress in people's lives and so from a system level that can mean increasing economic support for families so thing it's like earning income tax credits or child tax credits.

226

00:37:13.650 --> 00:37:23.310

Kelly King: Parents receiving childcare subsidies, you know and having access to higher quality childcare actually reduces childhood abuse and neglect.

227

00:37:24.690 --> 00:37:30.690

Kelly King: Things like offering flexible consistent work schedules and family friendly workplaces.

228

00:37:31.530 --> 00:37:42.240

Kelly King: Also, you know that making sure that we can foster those strong relationships that are so protective with supportive caregivers or adults in children's lives.

229

00:37:42.960 --> 00:37:52.740

Kelly King: The other thing that I think we noticed is that screening is so critical right, because then we know what somebody is dealing with.

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00:37:53.340 --> 00:38:08.910

Kelly King: But screaming on its own is not really going to do anything we need to pair screening with intensive tailored and appropriate interventions and so some really effective ones that we've seen on system levels are home visitation models.

231

00:38:09.480 --> 00:38:24.210

Kelly King: or nurse family partnership models, where you know you send on social workers nurses other providers into the home for women following during the postpartum on and allow them to kind of.

232

00:38:24.870 --> 00:38:36.960

Kelly King: get the support that they need and the information that they need to deal with things like substance use or some of the mental health issues without fear of you know, losing our child and things like that, and they have found.

233

00:38:37.800 --> 00:38:48.930

Kelly King: really like great initial support for interventions like these, I also just want to say that when it comes to addiction so often the systems.

234

00:38:49.470 --> 00:38:56.310

Kelly King: That we use to help people with substance use disorder treatments are often very traumatizing right.

235

00:38:57.030 --> 00:39:12.180

Kelly King: They are set up where they have a tiny little circle called abstinence and you have to fit yourself in there and it's very easy to fail and often people are put out of programs.

236

00:39:12.960 --> 00:39:24.810

Kelly King: And it is really difficult for them to continue having the opportunities that are needed to make real progress in their life and next slide please.

237

00:39:26.580 --> 00:39:40.980

Kelly King: So you'll see that there are a lot of partners in this area, I want to talk about one partnership that I thought was interesting on when I was with the baltimore city fire department, we it was in.

238

00:39:42.090 --> 00:39:55.560

Kelly King: And fentanyl had just hit the streets there's a huge rise in overdose related fatalities and we decided we noticed that about half of the people who received no oxygen or narc can.

239

00:39:56.190 --> 00:40:02.280

Kelly King: The overdose reversing a drug from first responders refused to go to the hospital following overdubs.

240

00:40:02.520 --> 00:40:15.090

Kelly King: This prevents presents a really critical window of opportunity, and so the idea of being able to link somebody to treatment or services versus not during this time was something we wanted to be able to take advantage of.

241

00:40:15.690 --> 00:40:21.780

Kelly King: In order to do that we did something really centered around Community connectedness.

242

00:40:22.350 --> 00:40:25.500

Kelly King: And Community based participatory research we.

243

00:40:25.860 --> 00:40:38.610

Kelly King: went out and interviewed all the individuals who had refuse to go to the hospital falling overdose and ask them why, and then we ask them Okay, if you don't want to go to the hospital, what is it that would be helpful to you and.

244

00:40:39.150 --> 00:40:44.850

Kelly King: We found that there were very high levels of stigma that they experienced in the hospital.

245

00:40:45.420 --> 00:40:56.790

Kelly King: There were really imminent feelings of withdrawal, when they received in the lock zone, there were all sorts of really kind of legitimate reasons and so rather than.

246

00:40:57.660 --> 00:41:03.870

Kelly King: telling them that you know okay well get past that and go to the hospital right no not trauma informed.

247

00:41:04.560 --> 00:41:14.580

Kelly King: We actually changed the way the system was designed and so what we did was we dispatch peer recovery workers to the site of overdoses and we offered.

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00:41:14.970 --> 00:41:21.720

Kelly King: The option to transport individuals to a stabilization Center that wasn't an emergency department, and it was a diversion from.

249

00:41:22.470 --> 00:41:29.580

Kelly King: Our central booking so just an example of one of the types of partners on but really working in partnership together.

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00:41:29.790 --> 00:41:41.280

Kelly King: It is a total team effort, and right now, our systems don't really talk to one another, we have different data systems we have different ways of screening, we have different ways of intervening.

251

00:41:41.580 --> 00:41:59.760

Kelly King: And I think that the next step is to really invest in programs that are connecting each of these spreads and responding in a holistic way, so the role of employers faith based institutions and public health agencies as well.

252

00:42:00.900 --> 00:42:02.040

Kelly King: Next slide please.

253

00:42:03.630 --> 00:42:14.130

Kelly King: So I had the opportunity to work on a very cool project

with a number of individuals we just returned home from prison in jail in baltimore.

254

00:42:14.850 --> 00:42:30.450

Kelly King: About half of which had active substance use disorders and we were really looking to create a and build a website where folks could link to available social services in baltimore to help people coming home and linked to treatment.

255

00:42:31.530 --> 00:42:41.010

Kelly King: there's a lot of social services in baltimore and the adverse childhood experiences and the trauma from incarceration and everything that was going on made.

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00:42:41.400 --> 00:42:54.450

Kelly King: It really difficult and presented very legitimate on anticipated barriers to linking with care, and so what we did was we devised a trauma informed secret shopping tool based around.

257

00:42:55.200 --> 00:43:08.970

Kelly King: principles like safety, transparency and trust collaboration and peer support and we trained on our individuals to go out and to secret shop and administer this tool and see how social service.

258

00:43:09.300 --> 00:43:23.460

Kelly King: agencies and health care agencies and other providers kind of matched up on, there were questions like did you feel physically and emotionally safe in this space, you know how clear did the Agency explain the process to you.

259

00:43:23.790 --> 00:43:30.000

Kelly King: about what it would take to get the help you're looking for, did you feel mistreated or judged in any way during your visit.

260

00:43:31.080 --> 00:43:44.430

Kelly King: And so, basically, we were able to use this information to identify services that we're structuring our policies and procedures in ways that work trauma informed respectful and evidence based.

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00:43:44.730 --> 00:43:56.310

Kelly King: but also to work with the ones that weren't to change

their policies and procedures so that they could be more trauma informed, and so one example, there was a domestic.

262

00:43:57.000 --> 00:44:05.430

Kelly King: Violence resource Center and all of the chairs in the living there in the waiting room were set up around the wall.

263

00:44:05.640 --> 00:44:13.260

Kelly King: So that when somebody walked through the door they walked behind your back, and so the women and the others who are sitting there.

264

00:44:13.590 --> 00:44:21.990

Kelly King: Very unsafe in that environment that we're looking over their shoulder knowing that when you leave or seek help is the highest risk of look at.

265

00:44:22.590 --> 00:44:29.040

Kelly King: It they were triggered in this space right the cortisol was pumping and a lot of them didn't want to continue.

266

00:44:29.700 --> 00:44:36.270

Kelly King: Seeking services there, so what we can't change as the reality of that situation that's a terrible situation for somebody to be in.

267

00:44:36.480 --> 00:44:57.690

Kelly King: But what you can do is you can change the way the chairs are set up in the waiting room to reduce some of the impacts of interacting in these spaces, and so I just want to give a shout out the individual in the middle here is antwan on he we started this project in.

268

00:44:59.010 --> 00:45:09.150

Kelly King: On he has subsequently been out of prison in jail for all 10 years of his suspended sentence, he has been in recovery.

269

00:45:09.810 --> 00:45:19.050

Kelly King: From opioid use disorder throughout that time and he now started his own nonprofit in baltimore called helping oppressed people excel and.

270

00:45:19.260 --> 00:45:25.890

Kelly King: It was through this work of bringing people together people with trauma people with adverse childhood experiences.

271

00:45:26.220 --> 00:45:35.490

Kelly King: and saying hey it's makes sense that you would feel terrible in these environments, how can we make these environments ones that are going to serve you.

272

00:45:36.300 --> 00:45:47.550

Kelly King: And then being able to have a voice and really make some change was incredibly inspirational to me so with that I will pause my remarks and turn it back over to you.

273

00:45:50.880 --> 00:45:52.440

Carmen Nevarez: know well, thank you Kelly.

274

00:45:53.730 --> 00:46:06.510

Carmen Nevarez: And brandon That was really great we've got some really good questions from the audience and i'm going to bring a few of them up, please anybody who has a question or comment use the Q amp a feature to make your comment, we turn off chat.

275

00:46:07.470 --> 00:46:22.260

Carmen Nevarez: During these sessions, so that the producers can use it, but you are free to make your comments or or just direct a question to the speakers using q&a so one of the things i'd like you to just go back to really briefly if you don't mind is at talk for a moment.

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00:46:23.340 --> 00:46:41.970

Carmen Nevarez: Whoever whoever feels most motivated about what the aces researches is is about just what was the what is the, what are the aces studies come from When did they start and how how frequently do they get updated in terms of what the criteria are.

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00:46:46.740 --> 00:46:47.460

Kelly King: yeah.

278

00:46:49.140 --> 00:46:50.550

Kelly King: So.

279

00:46:51.960 --> 00:46:57.630

Kelly King: I don't know oh starting to do you see all right hi um so is.

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00:46:57.990 --> 00:47:12.660

Kelly King: That it's a great question um I know that there's about 35 or 50 cents right now that do aces training, and that is based on this original 10 items scale from 1995 I know that.

281

00:47:12.930 --> 00:47:26.790

Kelly King: There has been a lot of talk and States on their own, have chosen to expand on to ask additional questions but i'm going to pause there brandon is there anything else, that you would like to X, I know that you're a trainer.

282

00:47:30.180 --> 00:47:30.630

Brandon Jones: yeah.

283

00:47:31.770 --> 00:47:36.390

Brandon Jones: So, as far as updating, I know that many states have.

284

00:47:37.860 --> 00:47:46.380

Brandon Jones: Many states have done their own versions of aces they're not as big as the original study the original, a study was done in the late 1990s.

285

00:47:46.830 --> 00:47:58.170

Brandon Jones: By to Dr to medical doctors, Dr Anna Dr phil eddie and and that's study they had 17,000 participants they teamed up with the CDC and they teamed up with Kaiser permanente, which is a.

286

00:47:58.830 --> 00:48:10.140

Brandon Jones: insurance company to get that many participants since then we've had smaller scale versions of the research, study that said, like 1000 or 2000 I know here in Minnesota we did one.

287

00:48:10.560 --> 00:48:19.680

Brandon Jones: In 2012 and ahead about 1500 people and then one of the bigger studies that many people, reference is the Philadelphia Delta.

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00:48:20.070 --> 00:48:27.690

Brandon Jones: Delaware study and with that one they had, I believe it was 17,000 participants and they looked at more of an urban population.

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00:48:28.020 --> 00:48:36.780

Brandon Jones: And a lot of people will reference that one as well, so it doesn't get updated a lot from that original study on that massive list study, but several communities have done their own version.

290

00:48:41.820 --> 00:48:54.780

Carmen Nevarez: I think that's really helpful because sometimes people just wonder, you know where does, where does the term comes from and how how well validated, is it and, and I think you've just indicated that it's it's pretty well validated.

291

00:48:55.320 --> 00:48:55.650

Kelly King: And I.

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00:48:56.040 --> 00:49:00.690

Kelly King: wanted to add one thing which was that um you know it.

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00:49:01.050 --> 00:49:12.330

Kelly King: Is yours and as a screening tool with these 10 questions and that's really supposed to be an opportunity to identify individuals, but you want to ask more questions.

294

00:49:12.570 --> 00:49:30.060

Kelly King: Right, this is just to identify who needs to have a different conversation and more comprehensive assessment, and so, while it might not be inclusive, I do think that it's not going to ask every single thing it is going to give us a an idea of who needs additional intervention.

295

00:49:31.980 --> 00:49:36.510

Carmen Nevarez: yeah that's that's really good I mean putting it in context is really, really important.

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00:49:37.080 --> 00:49:51.390

Carmen Nevarez: So um let's talk a little bit about how we build better systems Kelly talked for a moment about how you connect peer

recovery stuff with people who are post overdose that's that's a big concern for the folks on this call.

297

00:49:52.260 --> 00:50:03.060

Kelly King: yeah yeah um well you know, I think that what's interesting about changing systems is that it's slow going but it's really impactful right.

298

00:50:03.720 --> 00:50:16.290

Kelly King: Sometimes changing one policy or how well somebody actually enforce is one of those policies can make a huge difference, and so what we had to do there was we actually worked with.

299

00:50:16.770 --> 00:50:25.320

Kelly King: The state of Maryland our regulatory agency for emergency medical services, and we had to change State law.

300

00:50:25.710 --> 00:50:41.970

Kelly King: To do two things to one allow for additional dispatch of peer resources to the scene, but then also to allow for individuals to be transported somebody somewhere be besides the emergency department, because in Maryland you really only have one choice.

301

00:50:42.540 --> 00:50:53.250

Kelly King: To be able to go to the emergency department or to refuse transport against medical advice, and so what we did was we worked with our behavioral service.

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00:50:54.000 --> 00:51:02.160

Kelly King: organization in the city behavioral health systems baltimore our local health department our state health department, we also engaged.

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00:51:02.730 --> 00:51:13.980

Kelly King: Organizations that were peer leadership organizations in baltimore and different States have different you know criteria for actually being called a.

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00:51:14.520 --> 00:51:20.700

Kelly King: Like accredited peer worker, but we, we also brought in law enforcement.

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00:51:21.180 --> 00:51:33.210

Kelly King: We brought in housing, you know we tried to make sure that when we were making a change to the system we were not creating other unintended consequences as a result.

306

00:51:34.020 --> 00:51:37.620

Kelly King: So I would say that the way that you do that.

307

00:51:37.950 --> 00:51:44.790

Kelly King: Ultimately though is having the voices of people with lived experience in that space, there is no way.

308

00:51:44.970 --> 00:51:57.120

Kelly King: that the best of intentions to people with the most PhDs can sit around a table and make a system change that will work, as well as somebody who is operating in that system, day in and day out.

309

00:51:57.510 --> 00:52:09.240

Kelly King: So I think that that was really key being open to understanding that expertise, even when it comes to system change, not just one on one peer intervention is incredibly meaningful.

310

00:52:10.620 --> 00:52:18.930

Carmen Nevarez: there's a really great question that's come up here that i'd like both of you to comment on overdose prevention work includes working with law enforcement.

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00:52:19.500 --> 00:52:27.780

Carmen Nevarez: How do you structure, the work so that it's trauma informed and really addresses the mistrust and trauma that so many people of color have with law enforcement.

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00:52:29.700 --> 00:52:32.700

Brandon Jones: Great question, I think I think Kelly actually just kind of teed that up.

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00:52:33.090 --> 00:52:39.390

Brandon Jones: That you have to have Community voice in those conversations here out what are those mistrust in those communities, we know that.

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00:52:39.600 --> 00:52:49.590

Brandon Jones: There are communities all across this nation, who have mistrust with police departments and there's different levels of mistrust, but those police departments are still needed in a lot of those communities, at the same time.

315

00:52:50.130 --> 00:53:00.840

Brandon Jones: One of the things that we've utilized here in the twin cities, I mean we're like the epicenter for police mistrust at this point, but we've had a couple of different models and we have a.

316

00:53:01.860 --> 00:53:08.430

Brandon Jones: We have a gun prevention model that brings community and police together, it is very difficult, it does take time.

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00:53:08.970 --> 00:53:20.520

Brandon Jones: But we also have to hear the voices of the police officers in the stressors of things basically to and understand the jobs that they have you know you go from a car accident to a break into a domestic violence situation to a shooting to.

318

00:53:20.940 --> 00:53:25.410

Brandon Jones: Like you're floating and that's just one shift and you have all these things that's trauma as well.

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00:53:25.770 --> 00:53:33.450

Brandon Jones: But then you're also interfacing with the Community who's also dealing and seeing what those things too, and then those two parties collide and hit heads.

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00:53:33.720 --> 00:53:41.310

Brandon Jones: If they don't understand what each one is going through, how do we ever break through and move forward so sometimes this Community, you know organizations and providers.

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00:53:41.490 --> 00:53:48.510

Brandon Jones: We kind of sit in the middle of that sometimes we are on one side or another to maybe trainers or participants and programs or Community members.

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00:53:48.780 --> 00:54:03.120

Brandon Jones: But we can be that bridge between Community and those police officers, but it does start with conversations and then seeing strategies on how do we work on at least one issue at a time because we're not going to solve all the struggles that come between police and Community engagement.

323

00:54:05.520 --> 00:54:13.770

Kelly King: yeah and I also, I just wanted to shout out there are a couple of programs and thinking of one on, I want to say something libertyville Illinois.

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00:54:14.310 --> 00:54:29.130

Kelly King: And they've actually allowed individuals to come into the police department and like seek treatment without fear of arrest for drug related offenses and I think that it's really great to.

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00:54:29.580 --> 00:54:39.000

Kelly King: create situations like that, where people can find resources in the police department, but I also just believe they're going to be other people.

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00:54:39.240 --> 00:54:47.070

Kelly King: Were that's not going to work for them right and that there needs to be multiple avenues right, and so I think that we need to get.

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00:54:47.280 --> 00:55:01.830

Kelly King: Police into a place where that can be one avenue, but then we also want to make sure that we have our communities, our behavioral health providers, our primary care physicians you know, wherever that avenue is we need screening connection linkage to care.

328

00:55:03.810 --> 00:55:21.450

Carmen Nevarez: So one of the things that both of you talked about was the Community connectedness issue, and I wonder if each of you could talk about some specific steps that Community organizations and Members can take in order to make that shift to prioritize Community connectedness.

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00:55:24.570 --> 00:55:32.130

Brandon Jones: One thing that i've seen with a few organizations is people are getting more information understand of human centered design.

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00:55:32.490 --> 00:55:41.250

Brandon Jones: And they're inviting and clients they're inviting and Community members they're inviting and Community Members I sit on boards and to be on their boards and involved in programming.

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00:55:41.580 --> 00:55:49.800

Brandon Jones: And then they're inviting in those providers that touch base on offer those services and they're bringing them into the same space to solve specific problems.

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00:55:50.040 --> 00:55:59.250

Brandon Jones: I think that that is a great tool and a great model to utilize to get people who normally would only come in contact to deal with the issue in a crisis moment.

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00:55:59.610 --> 00:56:07.770

Brandon Jones: actually dealing with the issue and thinking it out when the crisis isn't present and that allows us to kind of move forward on issues and find strategies and solutions.

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00:56:08.070 --> 00:56:20.910

Brandon Jones: That may not have been seen or may not have had enough leverage or voice to move forward so that's just one model and one strategy that can be utilized and I encourage a lot of people to to look at human centered design as an approach.

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00:56:21.840 --> 00:56:33.090

Kelly King: yeah absolutely we have a and are in the process of always building our people with lived experience Advisory Board and exactly as you said, brandon on.

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00:56:33.480 --> 00:56:48.270

Kelly King: These are individuals that are weighing in on the day to day right like the boring stuff not always just who you're calling in a moment of crisis, in order to kind of design programs intentionally in order to make those kind of quick changes.

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00:56:48.690 --> 00:56:54.150

Kelly King: So yeah absolutely I think um I think it's one of those things, also where.

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00:56:54.810 --> 00:57:02.760

Kelly King: The proof is a little bit in the pudding you know you might have a little bit of pushback right from bringing in people who have lived experience.

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00:57:03.360 --> 00:57:10.260

Kelly King: And then having them make decisions within an organization that they're not a part of but then you see and i've worked with.

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00:57:10.830 --> 00:57:18.720

Kelly King: organization they've seen the benefits and they've seen that it helps you know, and then you just kind of start to get the buy in.

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00:57:19.530 --> 00:57:23.880

Kelly King: And I think it's just the type of thing, where you have to make a decision from the top down to value.

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00:57:24.450 --> 00:57:39.810

Kelly King: That community is at the heart of this work, because ideally without that connectedness you can have the best screening tool, you can have the best program you can have everything and it's not going to have legitimacy within the populations that you're seeking to help.

343

00:57:41.370 --> 00:57:54.330

Carmen Nevarez: So another good question here what policies are associated with an equities regarding ace aces and St do you do and what can state agencies do to address these disparities.

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00:57:57.090 --> 00:58:01.530

Brandon Jones: That that's a big question and I don't have time to get into it, but just quickly.

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00:58:01.860 --> 00:58:10.590

Brandon Jones: You know, there are a lot of policies housing is a bit you know a lot of policy around housing, especially as many states are coming out of this eviction moratorium.

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00:58:10.920 --> 00:58:17.970

Brandon Jones: Unfortunately i'm expecting to see a lot of adverse

situations on unfortunately happen out of this because financially, people are going to be.

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00:58:18.210 --> 00:58:24.990

Brandon Jones: hurt when you have to pay, you know eight to years month to rent back pain like there's a lot of troubles, and a lot of issues that can show up.

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00:58:25.650 --> 00:58:33.180

Brandon Jones: I think that educational policies as well around families that are highly mobile is going to be another thing that we have to look at.

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00:58:33.420 --> 00:58:43.260

Brandon Jones: Because when families are in distress, do the policy issues, and then they have other systems coming in trying to figure out what's going on, unfortunately, it can lead to things like addiction, it can lead to.

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00:58:43.710 --> 00:58:49.740

Brandon Jones: violence in the home and other types of abuse, because of those additional pressures from outside the home coming inside.

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00:58:52.230 --> 00:59:03.030

Kelly King: yeah The only other things that I would add, you know schools have been doing a lot of the universal a screening social emotional learning, I think that um.

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00:59:03.360 --> 00:59:10.710

Kelly King: But when it comes to states and what they can do I think a lot of it does come down to things like God.

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00:59:11.040 --> 00:59:16.260

Kelly King: makes reducing stress and increasing economic stability right, we know that these.

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00:59:16.560 --> 00:59:28.410

Kelly King: there's a direct correlation with social determinants of health, and so I do think that states have a role in and looking at some of the policies like the ones that you know mentioned earlier around like.

355

00:59:28.770 --> 00:59:39.960

Kelly King: Are the income tax credits and things like that paid time off from work on these things that reduce stress overall are going to reduce adverse childhood experiences.

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00:59:41.610 --> 00:59:52.290

Carmen Nevarez: Well, this is a really, really huge topic and we've only just touched the surface and I know that we're going to be coming back to it, a number of times, I want to really thank the audience for their very thoughtful.

357

00:59:52.920 --> 01:00:06.480

Carmen Nevarez: comments and questions and and apologize that we didn't get to all of them, but thank you again for participating it always helps when when you make this a conversation that can go that can go two ways.

358

01:00:07.620 --> 01:00:09.030

Carmen Nevarez: I would like to.

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01:00:10.410 --> 01:00:18.000

Carmen Nevarez: Just really say both brandon Jones and Kelly King from the bottom of my heart for bringing these really.

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01:00:19.440 --> 01:00:34.320

Carmen Nevarez: Really, thoughtful stories and helpful examples of how we can start to incorporate some bigger thinking around aces and the work that we're doing in order to prevent overdose deaths and and really tried to address.

361

01:00:35.430 --> 01:00:50.010

Carmen Nevarez: To address the issue of substance use in our communities it's it's a many faceted animal and there's a lot of work to do on it so just to close this up for today, I want to just go to the next slide.

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01:00:52.350 --> 01:00:53.160

Carmen Nevarez: Thank you.

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01:00:54.420 --> 01:00:57.510

Carmen Nevarez: We urge everybody to come, you know sign up for the

note and.

364

01:00:58.170 --> 01:01:09.210

Carmen Nevarez: Then open mailing list we have many more webinars that we are in planning on we use your thoughts your questions to to pull those webinars together, we want to make sure that.

365

01:01:09.570 --> 01:01:19.890

Carmen Nevarez: Both the things that you're learning and the questions that you're having in your communities are the things that inform our work as an open community, so please sign up for the digest and stay tuned.

366

01:01:20.550 --> 01:01:29.880

Carmen Nevarez: we're we're completely excited to be in partnership with all of you to build a robust national learning community to help us really learn from each other and connect in a much stronger way.

367

01:01:30.360 --> 01:01:41.070

Carmen Nevarez: The next slide Thank you very much, everybody for participating letting us know how we can support you overdose efforts, all of these recordings and.

368

01:01:41.730 --> 01:01:54.360

Carmen Nevarez: The slides from the recording from this week will be on the nope and website within one week so go ahead and open.org and O P n.org to contact us and to sign up for our newsletter.

369

01:01:54.780 --> 01:02:07.620

Carmen Nevarez: And our next webinar is going to be saving lives with trauma informed care session three secondary impacts of trauma mental health substance use and public health Thank you so much for joining us look forward to seeing you next time.