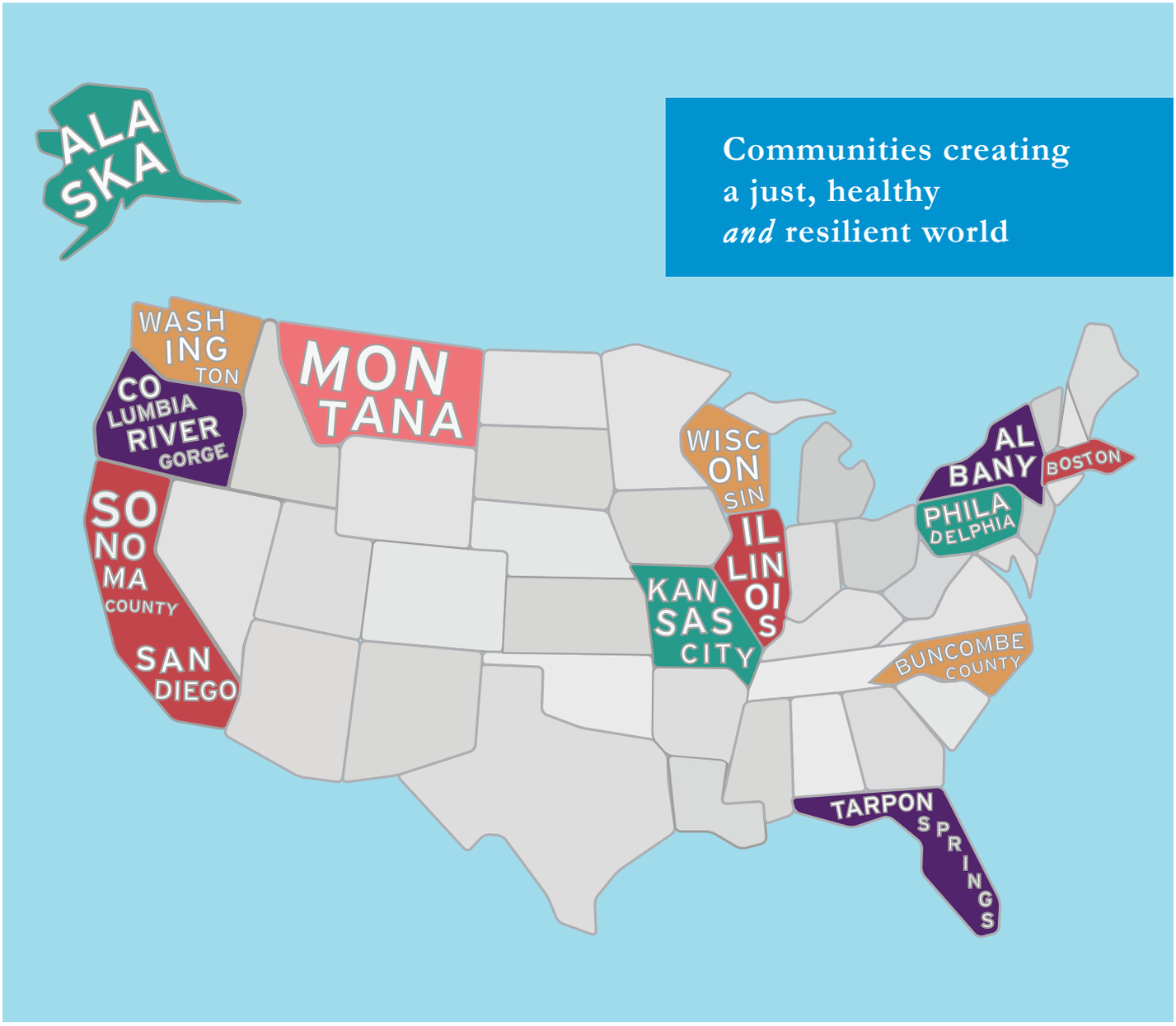
MARC

Mobilizing action
for resilient communities



The
HEALTH FEDERATION
of Philadelphia

MOBILIZING ACTION FOR RESILIENT COMMUNITIES

ABOUT

In 2015, The Health Federation of Philadelphia (HFP) launched the Mobilizing Action for Resilient Communities (MARC) Program. MARC brings together 14 communities with well-established, multi-sector networks committed to building resilience and addressing early childhood adversity through the translation of Adverse Childhood Experiences (ACEs) science into practices and policies with the potential to transform every aspect of human life. Each of these networks has succeeded in raising awareness of the significant impact ACEs have on children, families, and communities — even society as a whole —and is poised to expand its groundbreaking work.

Now, through MARC, community representatives are participating in a vibrant, peer-to-peer learning collaborative. They share notes, identify best practices, and develop ways to gauge the impact of their work. MARC communities also receive financial investment and technical assistance to further advance their local ACE-informed agendas through innovative next steps to strengthen their networks. The goal is for each of these communities to make progress towards policy and systems change—from early childhood education to aging services, from healthcare to juvenile justice—and to become models for others who wish to do the same.

MARC communities are participating in a cross-site evaluation and HFP will be disseminating findings from the learning collaborative about the ways in which capacity-and movement-building can contribute to a national Culture of Health. Visit MARC.healthfederaton.org for more.

The Health Federation of Philadelphia would like to thank the Robert Wood Johnson Foundation and The California Endowment for their generous support of this work. We also wish to thank our Advisory Committee members, our evaluation team from Westat, and all of our other MARC friends—especially Anndee Hochman, writer, and Samantha Slade, designer, for capturing and presenting the content of this booklet so beautifully.

On the pages that follow, you will find the stories that describe why we, as individuals organizations and communities, are called to do this work. We come together now to elevate a shared story—one that will invite others to join us, inspire action, and bring us closer to our goal: a just, healthy and resilient world.

Communities creating a just, healthy *and* resilient world

ALASKA

ALASKA RESILIENCE INITIATIVE

Backbone Organization:
ALASKA CHILDREN'S TRUST

Adversity Times Three

Trevor Storrs likes to put an Alaskan spin on that oft-told allegory about the babies being swept downstream. In the story, rescuers keep pulling babies out of the current until someone finally decides to go upstream and learn why they're being tossed in the water in the first place.

Storrs, executive director of the Alaska Children's Trust (ACT), would go one step further: to the stream's source, to find out why the glacier is melting and stop the flow.

In the largest state of the United States, a place where ACEs are high and population density is low, Storrs believes it's critical to understand the historical trauma inflicted by decades of colonization, racism and efforts to erase Native languages, cultures and spiritual practices.

"Here in Alaska we talk about adversity to the child, the culture and the community," he said. Those triple erosions show up in ACE surveys: compared to a five-state composite, Alaska has the highest percentage of individuals who experienced sexual abuse as children and the highest percentage with incarcerated family members, substance abuse in the home and parental separation or divorce.

But within those grim statistics lies the potential for healing, Storrs said, by helping communities come to terms with that legacy, build on inherent strengths and focus on collective resilience.

"For tribal communities and others who have experienced collective and cultural trauma, there is an increased risk of future trauma, but also an increased benefit from the protective factor of strong social supports and cultural identity," according to ACT's MARC proposal.

Since 2012, ACT has led the Alaska Resilience Initiative, a collaborative group of non-profit, private, tribal and government agencies. Its goal is to "advance the dialogue in Alaska on brain architecture, adverse childhood experiences and how communities can prevent ACEs and build resilience."

Storrs works with an AmeriCorps Vista volunteer and other community partners to move the resilience agenda ahead—the Children's Trust functioning as advocate, convener and catalyst—while also doing development work and administration. He hopes participation in the MARC project will give the work a much-needed boost.

"We're coming to the table to learn from other experts," he said. "What is their philosophy? Their approach? Their hardships? The more we have the opportunity to talk and exchange with each other, it will help us as we are building that network."

The Initiative, which includes professionals in mental health and human services, universities and foundations, the First Alaskans Institute and the Alaska Native Tribal Health Consortium, has focused on building relationships among the various sectors and with two communities—Homer and the Matanuska-Susitna (Mat-Su) Borough—that are collaborating in the MARC grant.

The Initiative conducted a survey to identify individuals, programs and organizations across Alaska that were actively incorporating the science of ACEs and resilience in their services. Another survey established a baseline of current awareness about ACEs and resilience. And in June 2014, the Initiative trained a cohort of 27 individuals from six communities who have provided training to nearly 2,000 people and will expand their reach this year. In 2016, the Initiative plans to hold a summit to review best practices and develop a statewide strategic plan.

In the meantime, Storrs said he is starting to see awareness of ACEs catch fire across the state's far-flung communities. In Cordova, the district superintendent, two school board members and a principal attended a screening of Paper Tigers, James Redford's film about a Washington school that transformed its culture—and dramatically reduced suspensions—by becoming trauma-sensitive. When Storrs meets with city managers he reminds them that their daily efforts—opening a public pool, adding a library, installing a new floor in the gym—all contribute to community resilience.

Photo credit: Oscar Avellaneda-Cruz

"You can see the light bulbs go off. They're proud," he said. "They start asking, 'How do we bring all these light bulbs together to make it brighter?' I say, 'Stay tuned.'"

Some Alaska agencies and communities are ready to take the next step, Storrs said. "We've done a lot of awareness about brain architecture and ACEs and resilience. A lot of people say, 'Okay. So now what?' We're trying to develop a presentation, the 201, to explore what it means to build a bridge from the science to the practice."

Another challenge is the sense, particularly from Native communities, that they are perpetually the focus of negative attention. "It's hard to get people excited and hopeful when all they hear about is what's wrong with them. How do we create a sense of hope and empowerment?"

While the state has seen "collaborative" projects in the past, this one feels different, Storrs said. Already, the two communities involved in the grant are talking more with each other and sharing their efforts statewide. "We're out to create a sustainable process not just for one community, but that multiple communities can use across the state. I've not seen excitement like this in a very long time."

Program Director:
Laura Avellaneda-Cruz | 907-248-7373 | lavellanedacruz@alaskachildrenstrust.org

ALBANY / CAPITAL REGION, NY

THE HEARTS INITIATIVE FOR ACE RESPONSE

Backbone Organization:
UNIVERSITY AT ALBANY FOUNDATION

The HEARTS of the Matter

In northern New Hampshire, where Heather Larkin practiced as a social worker after getting her MSW, the community mental health center was a one-stop shop: In addition to mental health treatment, it served people with developmental disabilities and those with addictions; it contracted with hospitals and schools.

Some individual clients and families needed all those services, all at once. Larkin realized that it was impossible to untangle those co-occurring problems and absurd to treat them as if they were unrelated.

"What I saw were individuals and their family members who were experiencing challenges; we'd see them in mental health services and the hospital, in the nursing home and the school system," she said.

She returned to school to get her Ph.D. "I was thinking: How can agencies serving people with multiple problems come together for a more holistic approach?"

ACEs became part of the answer to that question. Larkin learned about the 1998 study while researching the Committee on the Shelterless in Petaluma, California, a homeless-services agency that was using an ACE framework.

Back at the University at Albany, where Larkin is now an associate professor in the School of Social Welfare, she helped launch ACE Think Tank Action Team meetings that brought together local and state agencies with members of the community.

UAlbany leaders created a prototype ACE Response website to share the growing science of ACEs and resilience. Prevent Child Abuse America contributed seed funding, which led to local grant funds and the launch, in 2011, of the HEARTS ("Healthy Environments and Relationships that Support") Initiative for ACE Response. The local Charles R. Wood funds supported the collaborative work of the HEARTS Initiative, including development of the current website and brochure.

The Initiative started with just five member agencies; today, it comprises the university, two state agencies, one health insurance company and fifteen local agencies serving children, teens, adults and seniors. They range from WAIT House, an emergency shelter program for homeless youth, to Senior Hope, a clinic for older adults with substance abuse and mental health disorders.

The science of ACEs brought seemingly disparate groups together, said Larkin. "It created a shared language across systems. Before, there were categories; now, [the agencies] were saying, 'We all serve people who are in high-ACE-score groups.'"

That establishment of common ground will be one asset HEARTS brings to the MARC project, Larkin said. "We show how the ACE language can be powerful in developing a strong collaborative across seemingly distinct social service delivery systems."

The university is the backbone of that collaborative, fostering ongoing efforts to translate research into policy and practice, then completing that loop as agencies report back to the university about their obstacles and successes.

One agency that eagerly absorbed the science of ACEs was the LaSalle School, a residential treatment center and school for adolescent boys. Executive Director Bill Wolff had always been curious about the 160-year-old school's tagline, "an agent of healing." But when he learned about the science of brain plasticity and resilience, those words made more sense.

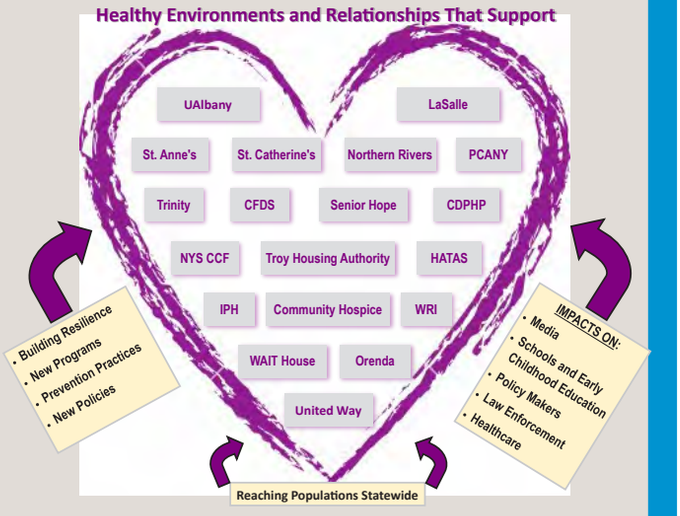
"Kids come to us in all sorts of chaotic situations, in crisis and disarray. The ACE material has been so profound in linking that science to something we always felt was more like an art form."

The Albany area—which has high rates of poverty, unemployment, food scarcity and homelessness, along with a high density of child- and family-serving agencies within a 10-mile radius—was a natural place to build affinities.

Wolff said he learned from listening to how other HEARTS leaders were using trauma-sensitive practices in serving homeless adults or people on probation. "HEARTS connected me to emerging practices and colleagues not exactly in the same business as me."

He used that knowledge to help transform the culture at LaSalle School. "We swapped out one set of tools—a compliance and control perspective—for a more compassionate, humane and understanding perspective." Staff and youth learned new language; kids now talk about their "brains being hijacked" or note that an agitated classmate is in "fight-or-flight" mode.

Larkin said HEARTS would like to do more outreach in schools and with health care providers. She hopes the initiative can learn from other MARC communities that have made inroads with those groups.



"I have a particular interest in engaging more homeless service agencies," she said. "They're helping people who have somehow fallen through the cracks. They're a likely hub of integrated service delivery."

She also looks forward to sharing what HEARTS has learned along the way—for instance, the importance of having buy-in from agencies' executive directors, rather than only interested program managers who may lack the clout to foster enduring change.

The next step for HEARTS is to further the question that launched Larkin's dissertation years ago. "Our overriding mission," according to the Initiative's MARC proposal, "is to move from an agency-based collaborative to...build a social and systems change movement advancing ACE resilience."

"We're different professionals who all have important skills for addressing the issue," Larkin said. "There's room for the whole community to be involved in ACE response."

Program Director:
Heather Larkin | 518-488-8220 | hlarkin@albany.edu

BOSTON, MA

VITAL VILLAGE COMMUNITY ENGAGEMENT NETWORK

Backbone Organization:
BOSTON MEDICAL CENTER

It Takes a Village

Pediatrician Renée Boynton-Jarrett was working with young women in Trenton who had become pregnant as teenagers when she understood how poverty, food insecurity, violence, substandard housing and inadequate schools exacted a constant, toxic toll on people's lives.

"It became profoundly evident to me that there's a portion of humanity that experiences a chronic, insidious, daily violence and associated high levels of stress," she said. From that awareness grew curiosity: How do such stresses affect biology and physiology, behavior and the ability to learn? "There was, over time, mounting evidence that adverse experiences in early life have a long-term cost. I became interested in what work we could do to turn the tide."

In 2010, Boynton-Jarrett, by then an associate professor of pediatrics at Boston Medical Center, led a multidisciplinary group of practitioners interested in health inequities and early childhood adversities. That group gathered community residents and organizations in a series of conversations about child health and well-being; from that, the Vital Village Community Engagement Network was born.

Today, Vital Village, with over 75 agency partners and 200 active participants, targets the three poorest neighborhoods in Boston. Dorchester, Roxbury and Mattapan have the state's highest proportion of children living in poverty (42%); those neighborhoods also report high rates of domestic abuse.

Vital Village, rooted in the century-old settlement house principle of neighbors helping neighbors, aims to "pioneer a sustainable approach to setting-level interventions to improve well-being and prevent child maltreatment by transforming neighborhood processes and attributes," according to the network's MARC proposal. It includes medical professionals, community residents, legal advocates, clinicians and social service providers who share a commitment to collective impact, equitable participation and collaborative learning.

A willingness to learn—especially from early fumbles—is one of the assets Vital Village will bring to the MARC project, said Boynton-Jarrett. When organizers first tried to share some quality improvement methods with Vital Village community partners, they followed the typical academic route: PowerPoint presentations and webinars. "Not many groups were able to pick up those methods and run with them," Boynton-Jarrett said.

"What we did the next time was try to create a collaborative space where we could have peers leading the change, sharing what they were trying and doing, with no change being too small. That was very successful.

"Some of our mistakes and failures have been our important lessons."

Another issue Vital Village wrestled with involves data collection. "A lot of times community members feel over-studied," Boynton-Jarrett said. "They get another community needs assessment, another ACEs screen, and that information disappears into a cloud of vapor. It has been a very big goal of ours to always link any collection of information to the dissemination of findings…to make sure there's community involvement in planning the assessment and ownership of the information."

In January 2013, with support from the Doris Duke Charitable Foundation, Vital Village launched a strategic planning year and supported ten pilot innovation projects with micro-grants, each focusing on one of the Village's priority areas: the prenatal period, peer-to-peer advocacy and schools, including early childhood education.

In 2014, the network hosted a two-day leadership summit for 75 community partners, followed by a 90-Day Challenge model as a way to foster immediate, incremental and collaborative actions across the network. Vital Village has partnered with the state's Department of Public Health, the Children's Trust, the Boston Defending Childhood Initiative (a program to reduce children's exposure to violence) and the Child Witness to Violence Project.

Boynton-Jarrett said she is most proud of Vital Village's process—its commitments to equity and inclusion. "That's the part, as a network, we take the most responsibility for: how we incorporate and include people, how we create a collaborative space."

She was moved recently when a teacher in a school that had worked with Vital Village to create trauma-sensitive classrooms wrote a blog in The Huffington Post about the small, inexpensive and effective strategies he'd incorporated into his teaching and the students' need for and ease with incorporating these strategies—for instance, having an agitated student squeeze a stress ball or smell a stick of lavender. "It was really rewarding to read; it showed me that we can move the needle, if we desire to. It's a systematic investment in a paradigm shift," said Boynton-Jarrett.

As part of the MARC project, she hopes Vital Village can share its successes, and its missteps, while gleaning from other communities. "This is a tremendous opportunity to learn from our different approaches and frameworks…One powerful lesson for me is that this [work] doesn't happen overnight. You don't wipe away 20 years of lived experience with one training. This is a process that needs to be cultivated over time.

"Vital Village is saying that one type of expertise isn't going to be able to solve complex challenges that threaten child wellbeing. It's going to take all of us aligning the work we do in a very different way to make progress together. That's where I think there's a lot of hope."

Program Director:
Renée Boynton-Jarrett | 617-414-7477 | renee.boyntonjarrett@bmc.org

BUNCOMBE COUNTY, NC

BUNCOMBE COUNTY ACE & RESILIENCY COLLABORATIVE

Backbone Organization:
BUNCOMBE COUNTY HEALTH AND HUMAN SERVICES

Connecting the Dots on ACEs

Not long ago, Jan Shepard, Public Health Division Director of Buncombe County Health and Human Services, attended a presentation about the county's still-in-the-works family justice center. Planners envision the center as a nexus of care and remedy—a place, for instance, where a survivor of domestic violence could speak with law enforcement officials, counselors and advocates in a single "safe place," rather than having to navigate a fragmented system of providers.

Even though the presentation focused on the bricks-and-mortar aspect of the new center, a visiting speaker from San Diego talked about ACEs and trauma. For Shepard, that moment connected the dots: early adversity, family violence, supportive approaches and the ways various systems in the county—education, medical care, human services—are responding to new understandings of health and behavior.

Those changes are, at least in part, a result of the Buncombe ACE Collaborative, formed in 2012 to educate the medical and mental health communities about ACE assessment. The group grew from a learning collaborative—parents, educators, mental health and human service professionals who reviewed the literature on ACEs, created a handbook listing trauma and resilience resources and began piloting those materials with clients they were serving.

Buncombe County comprises rural and suburban neighborhoods, along with the city of Asheville. According to the state's 2012 Behavioral Risk Factor Surveillance System (BRFSS) survey, 24.5% of respondents in the county reported ACE scores of 3-8, a higher rate than for the state as a whole.

The Collaborative's first focus was on the increased risk of ACEs for children with disabilities. But the scope soon broadened: to increase awareness of ACEs among professional educators, health care providers and members of the work force who experience secondary trauma.

In 2014, with help from The Rensselaerville Institute, the Collaborative developed a Strategic Results Framework that outlined stakeholders, actions and goals: to see community members "with high resiliency and children with low ACEs scores positioned to lead healthy, happy lives...to provide awareness, education, tools and training to professionals and community members to reduce and prevent trauma-induced toxic stress." Those goals became the Collaborative's road map as the group grew from a dozen members to more than 80, a network that includes parents, hospitals, school systems, non-profits and government agencies.

The Collaborative created a website, www.buncombeaces.org, and a resource guide for medical

providers and patients that explains how the human brain develops and how toxic stress can hamper its growth. Future guides will be aimed at parents and caregivers, education professionals and mental health/human services providers.

Prompted by the work of the ACE Collaborative, the Buncombe County School System won funding to adopt the Compassionate Schools Curriculum, designed to keep students engaged in learning by fostering a climate of health and resilience.

In 2015, two primary care medical practices began implementing ACE screening for adults and children. They plan to develop clinical practice guidelines, a referral network and a trauma-informed environment that other practices and clinics can replicate.

A speakers' bureau—which includes a pediatric psychiatrist who is an active ACE Collaborative member as well as 15 additional trained speakers—is overwhelmed with requests for presentations on ACEs. And the Collaborative recently hosted its first Adverse Childhood Experiences Southeastern Summit, a three-day conference titled "Building Resilient, Interdisciplinary Workforces, Communities and Families."

"I think Buncombe brings to the table a strength with relationships," Shepard said. "Our school systems have embraced this to a bigger degree than I thought they would, and the medical community is starting to partner with us on a screening tool. There's so much excitement and curiosity about the work."

At the same time, she said, members of the Collaborative recognize that it's time to bring various ACE-related projects and initiatives to the next level—a system-wide shift in culture, mindset and practice, a movement similar to the way civil rights or women's liberation galvanized people across the country.

Shepard hopes being part of the MARC project will help Buncombe accelerate that momentum. "We want to learn to truly move the needle on something that's important. We're strong at doing work around our community, and we want to elevate that work now and have it really take off."

Buncombe County Health and Human Services, the backbone for the ACE Collaborative, had already established a practice of partnership-driven, integrated services, Shepard said. Still, she and other members of the Collaborative were surprised by how eagerly people across various sectors embraced the new science of ACEs and resilience.

People seemed ready to understand that so many issues—substance abuse, mental health and behavioral challenges—are rooted in early-life experiences and that those problems are not just about the individual who suffers, "but about all of us," Shepard said. "When we started the ACE Collaborative and began the work, it just took off like wildfire. We were astonished at the level of interest people had."

Program Director:
Jannine Shepard | 828-250-5211 | jannine.shepard@buncombecounty.org

COLUMBIA RIVER GORGE REGION, OR

CREATING SANCTUARY IN THE COLUMBIA RIVER GORGE

Backbone Organization:
COLUMBIA GORGE HEALTH COUNCIL

Creating Sanctuary

When members of the consortium Creating Sanctuary in the Columbia River Gorge gather for a meeting, they always begin the same way. Each person will turn to the next and ask: How are you feeling today? What is your goal for our time together? If you need support in this meeting, whom would you look to for help?

It's not just an exercise, said Trudy Townsend, coordinator of the consortium. "What we're doing is creating community. Building relationships. Having stated goals and practicing emotional intelligence and building a network of support." The ritual—repeated everywhere from high-level agency meetings to community gatherings in this area of north central Oregon—is also a sign of how thoroughly the region has embraced the concepts of trauma, resilience and healing.

Agriculture and the timber industry used to power the local economy. But the decline of those enterprises, along with the 2008 recession, the closing of a major aluminum plant and the merging of two school districts with distinct identities all took a toll on the people who live in The Dalles and surrounding Wasco, Hood River and Sherman counties.

Starting in 2008, a cross-sector group of leaders—including Townsend, the chief of police, the superintendent of schools, the regional manager of the Department of Human Services, and the director of Juvenile Justice—began meeting to talk about everything that was wrong in their community and how to make it better. Together, these leaders learned about trauma, brain development, resilience and the Sanctuary Model, a non-hierarchical, trauma-informed, participatory operating system for organizations. The group expanded to include representatives from nonprofit organizations, the faith community, early childhood education, domestic violence prevention, drug and alcohol prevention and the business sector.

For Townsend, the ACE study confirmed her intuitive sense that "the body keeps a score—that what happens to us really shifts how our brains are formed, which shifts our concept of the world." What felt revelatory was understanding that this concept applied to organizations as well as to individuals. "We were able to make that shift from 'what's wrong' to 'what's happened' on behalf of our clients, but also on behalf of our systems and our community," Townsend said.

What followed was a commitment to apply the Sanctuary Model, a three-year process of awareness, practice and certification, to The Dalles as a whole. To date, 20 organizations in The Dalles have committed to developing a trauma-informed system of services and the effort has expanded to include the entire

Columbia Gorge Region.

With the consortium's support, schools in Wasco and Hood River began adopting collaborative problem solving and other trauma-informed practices. Every member of law enforcement in Wasco County, including the police force, 911 staff and first responders, received training in Mental Health First Aid for First Responders.

The community's next steps for the consortium are three-fold: engage medical providers and health care organizations; broaden the current "cradle to career" approach by including seniors and agencies that serve older adults; and seed the messages of Sanctuary amidst the general population and offer more in-depth training opportunities.

"I've held a couple of eye-opening classes to share this information with high school kids," says Townsend. "We need to figure out how to do more of that."

Townsend also hopes the consortium can learn from other MARC communities about how to measure the impact of ACEs and resilience work. With a scant budget and a less-than-half-time coordinator, the consortium hasn't had funds for evaluation. "But the conversations have shifted and I wish I could capture that in some way that had a number attached," Townsend said.

The group plans to seek technical assistance for that task while also using MARC funding to examine screening procedures across all sectors: How are individuals screened when they go to jail? When they seek subsidized housing? When they visit a doctor? "We'll see if we can come up with a universal screening tool," Townsend said. "I don't know that we'll be successful, but…what if we were?"

In the meantime, she said, she can feel changes in The Dalles. "We have shared knowledge. We have a shared values system that guides our professional conduct. And we have this amazing framework for how we look at the problems in front of us."

That extends even to a class of first-graders whose teacher had weathered her own trauma—the death of a child. One day when Townsend was observing, the children began their community meeting, asking kid-friendly versions of those three key questions.

How are you? I'm sad.

I'm so sorry to hear that. Why are you sad? I had a scary dream last night.

What would help you? If someone would sit next to me at lunch.

Okay. Will anyone sit next to Sam at lunch? Jenny will sit with you. Jose, too.

Then the children turned toward their teacher: How are you feeling? How can we support you? And Townsend broke into tears.

"These kids know how to regulate their emotions, how to ask for help, and they took on a social responsibility for helping each other. That was one moment when I thought: It's worth it. We're doing it right."

Program Director:
Claire Ranit | 541-968-4788 | claire@gorgehealthcouncil.org

GREATER KANSAS CITY, MO

TRAUMA MATTERS KC

Backbone Organization:
CHAMBER OF COMMERCE OF GREATER KANSAS CITY FOUNDATION

Learning to Listen

In 2011, a youth needs assessment of the Kansas City metro area included surveys of pediatricians and school nurses, mental health providers and teenagers, pre-school teachers and parents.

"No matter what discipline was represented, trauma and toxic stress kept coming up," said Marsha Morgan, Chief Operating Officer of Truman Medical Center's Department of Behavioral Health. "It was clear that we had to do something. We had to make this a community issue."

The needs assessment showed that more than 6,000 children in the Kansas City metro area were in treatment for serious emotional disorders; more than 3,000 were in foster care. In a region that was home to two million people, 15% lived in areas of poverty and violent crime.

Initially, six organizations came together, calling themselves Trauma Matters Kansas City (TMKC). They developed a mission statement and a vision: "to promote strategies for building resilience in communities affected by trauma, and to work collectively to successfully build that resilience across the metropolitan region," according to the coalition's MARC proposal.

Now TMKC is a multi-system, bi-state (Missouri and Kansas) network that includes 40 organizations representing human services, health, criminal justice, law enforcement, education, government and community members.

The group meets monthly, inviting speakers from inside and outside the TMKC network and setting aside time for members to network and learn from one another. Doctors in private practice, who formerly felt isolated in their work with patients suffering post-traumatic stress disorder, now meet quarterly with other professionals to share ideas and support.

Despite the lack of a paid staff or budget, TMKC has hosted four regional summits on trauma-informed care, created a PowerPoint "Trauma 101" presentation and held a community Resilience Day that included workshops on mindfulness, resilient architectural design and recovery from natural disasters.

Morgan said awareness of ACEs has spread through Kansas City metro area institutions. The Kansas City, Missouri, police department implemented secondary trauma training for its officers. A children's psychiatric facility earned national recognition for its "Head Start, Trauma Smart" program. The Independence (Missouri) School District recently began to use trauma-sensitive practices in its classrooms. And a judge in Kansas City, Kansas, received a federal grant to cre-

ate a trauma-informed courtroom.

A giant step toward resilience happened in 2014 when the Kansas City Chamber of Commerce unveiled a "Healthy KC" initiative that placed a special emphasis on trauma. "That was exciting—to have community leaders say, 'Yes, this is an important issue for us,'" Morgan said.

"One of the things I feel very proud of here in Kansas City is that we've created a common agenda" even though different agencies bring different approaches and models to their work on ACEs and resilience, Morgan said. "We aren't competitive; we are cooperative and collaborative."

Digital and social media—with easily accessible videos, blogs and other resources—have helped bring some agencies and practitioners into the ACEs fold, while the emerging science has persuaded others. "For people who need research, ACEs data is the 'aha,'" Morgan said.

One lesson network members have learned—partly from gleaning the experiences of other communities—is to listen more than they talk. "Instead of taking a PowerPoint into a small organization and wanting them to know all about ACEs, we're taking a different approach and saying, 'What's your greatest need now in order to build your community or your organization?'" Morgan said. "Resilience is about listening to people and hearing what their needs are."

At this point in its development, TMKC faces questions: Should it become a full-fledged non-profit? Will it be enfolded into the Chamber of Commerce "Healthy KC" initiative or taken under the wing of Blue Cross/Blue Shield? How can members best advance the network's goals of raising awareness about adversity and trauma, building resilient communities and establishing a unified approach to collect ACEs and resilience data?

Morgan said she hopes to learn from others in the MARC collaborative who have faced similar questions. "We do not have community-specific ACE-prevalence data. I want to know how people went about doing that. I want to learn how they are bringing forward outcomes, how they are evaluating what they're doing to see if it makes an impact."

Even without formal measures, Morgan knows that her community's increased awareness of ACEs is having an effect. She tells the story of a woman who suffered from such severe PTSD that she could not tolerate having dental work done. But when equipped with a small card that listed common symptoms of PTSD and steps a practitioner could take to help—such as introducing himself, talking through the procedure and allowing the patient to take breaks, if needed—she was able to sit through a dental appointment for the first time in her adult life.

"The other 'aha' is that [becoming trauma-informed] isn't about buying equipment; this is about an attitude shift. It isn't about 'them.' It's about 'we,'" Morgan said. "The work is just too powerful to give up."

Program Director:
Jasmin Williams | 816-374-5402 | williams@kcchamber.com

ILLINOIS

ILLINOIS ACEs RESPONSE COLLABORATIVE

Backbone Organization:
UNITED WAY OF METROPOLITAN CHICAGO

From Awareness to Action

The first time Alexandrea Murphy heard someone at a meeting of the Illinois ACEs Response Collaborative use the phrase, "Hurt people hurt people," she scribbled down those four words so she wouldn't forget.

In an area—Cook County, home to Chicago and the second most populous county in the nation—that has been plagued by devastating gun violence, that phrase helped her think differently about the rising number of shootings and deaths.

"It resonates," said Murphy, Senior Manager at United Way of Metropolitan Chicago, the backbone organization for the MARC grant. "People who are hurt are not thinking and living and engaging in their communities in the way that they want to. They haven't been supported in the way they needed."

Those words confirmed, for her, that the state's ACE Collaborative—a four-year-old, multi-sector group of leaders in health, mental health, policy, law and academia—needed to keep doing its work.

The ACE Collaborative formed in 2011, when various research studies were showing mounting evidence that early adversity had long-term consequences in people's health, behavior and socioeconomic status. The group now includes 34 members across a variety of disciplines. They utilize participatory processes to keep everyone engaged in the learning.

"What I love about our group is that when everyone gets together, I always learn something new because there are so many fields represented," said Murphy. "Clinicians and pediatricians bring practical stories from their exam rooms; a law professor shares about work her students are doing or about juveniles in the justice system."

The Collaborative is focused on preventing ACEs and boosting resilience as both a local issue—neighborhood by neighborhood, with events such as community cafés—and as a matter of policy, with the potential to affect millions of people in Cook County and across the state. They're also keenly interested in the intergenerational impact of ACEs—allowing them to work on issues that affect adults as well as children—and the intersection of health, education, and justice.

The group successfully petitioned the Illinois Department of Public Health to include ACE questions in the state's Behavioral Risk Factor Surveillance System (BRFSS) for the first time in 2013. Preliminary data show that just over half of Illinois adults—almost five million people—have experienced at least one ACE.

"We all know that data is so important for informing future work," Murphy said. "Now we

have the numbers. Data allows you to have more validity when you sit down with a policy-maker. It creates a more robust discussion."

In March 2015, the Collaborative hosted the Midwest Regional Summit on ACEs, which brought together more than 100 people from half a dozen states to explore topics including childhood stress and urban poverty, fostering community health and resilience and translating ACE science into advocacy.

In November, the group will host several screenings of James Redford's new documentary, Paper Tigers, which chronicles the transformation of an alternative high school in Washington state that infused every part of its program with ACE-informed, trauma-sensitive practices.

"The Collaborative is now at an opportune moment," according to the MARC proposal, "armed with data from the Illinois BRFSS and informed by the robust conversation of the Summit, coupled with increasing national recognition of the potential for ACEs research to have a multisector policy impact—to strengthen and expand our coalition and to develop educational materials, policies and responses to address the impact of ACEs in Cook County."

Members of the Collaborative—which has already partnered with Wisconsin, Washington and Minnesota in ACE/resilience efforts—are eager to hear what has and has not worked in other MARC communities.

"I don't think anyone's trying to come up with the magic bullet, but really trying to learn: What worked? What happened? Who else would need to be at the table?" Murphy said.

In particular, the Collaborative is looking for ways to move its efforts from awareness to action. "We've been gaining a lot of momentum in bringing ACEs to the attention of influential leaders," Murphy said. "The mayor's been talking about it; our state director of public health is talking about it. But now—can we work with insurance companies to think differently about reimbursement models? Or with physicians to change the way our emerging clinicians are trained?"

One lesson learned along the way is the need for paid staff to guide the work. Thanks to a grant, the Collaborative was able to hire someone to plan and organize the 2015 Summit. But that was a temporary, project-based position, and the group is now without a full-time, paid coordinator. Nevertheless, it has been gaining membership and momentum, with reach into government and private agencies concerned with youth violence, child welfare, early childhood education, public health and pediatric primary care.

What speaks to leaders across all these disciplines, Murphy said, are the essential messages about ACEs: They are common. They are corrosive. And they are preventable.

"[Adversity] isn't something that is written in someone's destiny," she said. "It's environmental, personal, family and community-based. That brings many folks to the table, recognizing that if the work is done well and done right, we can really have an impact."

Program Director:
Alexandrea Murphy |312-906-2360 | alexandrea.murphy@uw-mc.org

MONTANA

ELEVATE MONTANA

Backbone Organization:
CHILDWISE INSTITUTE

ACEs are Us

Todd Garrison's background was in venture capital, sales and marketing. So when he heard a presentation in 2008 by Rob Anda, co-investigator of the original ACE Study, the facts and figures caught his notice.

"It wasn't personal for me, though I have three ACEs myself," said Garrison, now Executive Director of the ChildWise Institute, a four-year-old non-profit that focuses on child well-being. "The brain science is undeniable. That was the 'aha' moment for me."

Since then, he has watched others across the state—teachers and nurses, mental health counselors and school bus drivers—wake up to the understanding of childhood adversity and its lifelong impact.

In 2013, ChildWise created Elevate Montana, an ACE-informed statewide initiative to boost the well-being and future of Montana's children. Numbers pointed out the urgency and need: the state ranks 47th in child health, according to KidsCount, a national agency that tracks child well-being in the U.S. In 2013, Montana had one of the highest teenage suicide rates in the nation.

When the state's Department of Health & Human Services included ACE survey questions in the BRFSS in 2011, the results were equally grim: 60% of Montana adults had an ACE score of at least one, with 17% reporting four or more ACEs.

Garrison believes there is good news in those numbers: They mean that everyone can identify with ACEs. "Even if you have an ACE score of zero, you know somebody who doesn't have a score of zero. ACEs are not 'those people.' ACEs are us."

Elevate Montana has worked to spread that message. A 2013 ACE Summit in the western part of the state brought together more than 225 people, including mental health and social service professionals, teachers, school superintendents, law enforcement staff, nurses, judges, legislators, adoptive and biological parents.

A second summit in eastern Montana the following year drew 240 people. For 30 days prior to the gathering, Elevate Montana placed 11 billboards in various cities to fan curiosity about ACEs—a close-up photo of a wide-eyed child, with the words, "ACEs could affect the rest of my life. My ACE score is 5, what's yours?" At the bottom of the billboard was a web address (WhatsYourACEScore.com) where people could tally their own ACEs. To date, 1,000 people have done so.

The initiative also created wallet-sized cards with a message similar to the billboards and facts about ACEs. "It gives somebody a tool to start conversation," Garrison said.

The most recent ACE Summit, in October 2015, was titled "Adversity is Not Destiny: Overcom-

ing ACEs through Actions" and drew 400 people; the event was sold out a month in advance.

Between the summits, Elevate Montana has worked through other channels to share knowledge about early adversity. Learning seminars called "Why They Do What They Do" have trained parents, teachers, probation officers and parents in early brain growth and child development. Twenty-one ACE Master Trainers visit a range of groups and the Montana Department of Health & Human Services has committed to bring ACE training to all 3,000 of its staff. The Elevate Montana network includes foundations, non-profit agencies, hospitals, Blue Cross Blue Shield and the Montana Supreme Court.

In September 2015, Elevate Montana conducted its first all-staff training in a school district, reaching teachers, counselors, administrators, kitchen staff, custodians and bus drivers. Paper Tigers, James Redford's documentary about the trauma-informed reboot of an alternative school in Washington, screened twice in Helena in conjunction with the most recent summit.

Garrison said he's proud of the energy and buzz around ACEs across the state: the baseball caps emblazoned "Elevate Montana," the stacked-up requests for trainings, the phone calls from people who want to volunteer. Now, he said, many are asking about the next step.

"You present ACEs, and people say, 'Well, what do I do next?' What do you bring in to help them develop trauma-informed and resilience-building strategies?" That's what he hopes Elevate Montana can learn from MARC partners. "I want to learn from the best of the best how to accelerate our work and make it more meaningful."

Specifically, he'd love to hear from communities that have been successful in galvanizing physicians and others in health care, a sector that's proven especially hard to engage in Montana. He's curious about whether others have collected data on interventions involving parents whose children are in custody—that is, whether those high-ACE-score adults, once exposed to knowledge about ACEs, are motivated to make changes in their lives.

Garrison has seen such transformation first-hand, in the life of a young woman who volunteered at ChildWise. "She had liver disease, smoking and drinking problems. Her life has dramatically changed because of getting involved with ACEs work." She quit smoking and is now pursuing a master's degree in psychology.

"We're seeding what we hope will be a movement across Montana," Garrison said. "Apple is so good at creating a culture of wanting to belong. I'd love for us to be the iPod of mental health."

Program Director:
Todd Garrison | 406-513-1177 x 1 | todd@childwise.org

PHILADELPHIA, PA

PHILADELPHIA ACE TASK FORCE

Backbone Organization:
SCATTERGOOD FOUNDATION

Deep Roots, New Ripples of ACEs Activism

Members of the Philadelphia ACE Task Force (PATF) decided it was time to move from talk to action.

After meeting regularly since 2012, the PATF—an increasingly diverse group of practitioners in pediatrics, primary care, juvenile justice, early childhood intervention and anti-violence work—invited each member to write down his or her vision for ACEs work in the city.

From that batch of cards, three priorities emerged:

- To educate the wider community about ACEs and their impact.
- To develop a better understanding of trauma-informed programs and agencies in the city and to learn what kinds of interventions work best.
- To help infuse graduate and professional education programs—in medicine and nursing, social work and counseling, education and law—with teaching on ACEs and resilience.

"When we looked at the goals people had, we realized it was very action- and behavior-oriented," said Joel Fein, a pediatrician at The Children's Hospital of Philadelphia (CHOP), co-director of the Violence Prevention Initiative at CHOP and one of the PATF's three co-chairs. Each of those goals now has its own work group co-chaired by a longtime and a newer member of the task force. A fourth group focuses on ACEs research.

Philadelphia's ACE and resilience efforts have deep roots. In this city of 1.5 million—a place rife with disparities in class, education and health, with pockets of multi-generational poverty and trickle-down trauma—the last decade has seen a steady effort to bring understanding of adversity, trauma and resilience to thousands of front-line workers, supervisors and administrators across the map of human services.

For years, directors of the Institute for Safe Families had used theories of trauma and recovery to inform their efforts to prevent family violence. But when they invited Robert Anda, co-investigator of the 1998 ACE Study, to discuss his work with 400 practitioners in 2006, his words prompted a new urgency.

The PATF began as a group of pediatricians who wanted to put ACEs research into practice. It soon grew to include leaders and practitioners from a range of fields. The group meets quarterly to compare notes, share challenges and learn together.

But the Task Force's efforts go beyond talk. Members of the group, with funding from the Robert Wood Johnson Foundation, conducted the Philadelphia ACE Study with more than 1,700 participants to look at the childhood stresses, including experiencing discrimination and witnessing community

violence, particular to growing up in an urban area.

Philadelphia was the site of the first National Summit on ACEs in May 2013, attended by 160 physicians, academics, social workers and human services administrators. The Philadelphia ACEsConnection group, launched in February 2014, has grown to 175 members. Periodic in-person "meet-ups" have drawn young professionals to hear from speakers such as James Encinas, who traveled cross-country by bicycle to learn what brings resilience to those who have suffered trauma.

Word is spreading: In early 2014, the U.S. Attorney in Philadelphia held a forum on the traumatic impact of violence. The city's superintendent of schools noted the importance of social-behavioral learning and trauma-informed practice in his 2015 plan for the 140,000-student district. The city's Department of Behavioral Health and Intellectual Disability Services has resolved to infuse mental health and substance abuse services with principles of recovery, resilience and self-determination.

PATF members know there is still much work to be done. "We would love to be the first large trauma-informed city," said Alyson Ferguson, Director of Grantmaking at the Scattergood Foundation and one of the PATF's staff members.

As part of the MARC collaborative, Ferguson said, PATF is eager to learn from other communities how they have framed the message of ACEs and resilience for the general public, how they have engaged the business sector, whether they have influenced local and state government leaders and how they evaluate their work.

"We've had success in bringing all these individuals together and educating them about what their colleagues are doing and now we are working on getting everyone to collaborate," Ferguson said. "The Task Force is growing all the time. But we haven't had a strategic growth plan for it."

Meanwhile, ACE-related changes continue to ripple through the city: A network of 18 charter schools undertook a trauma-informed re-boot of its discipline practices. A family health clinic partnered with an urban farmers' market to allow shoppers to complete mental health screenings on iPads. One of the PATF's co-chairs is involved in an effort to bring the Sanctuary Model to an entire Philadelphia neighborhood.

Local foundations have stepped in: two are funding the PATF's community education group to develop effective ways of "messaging" the community about ACEs and resilience, while a different foundation grant paid for a survey of master's-level health and human services programs in the area to learn whether they included trauma-focused course material.

Ferguson said the PATF is eager to gauge its work. "We feel we're having impact, but how do we make sure it's long-term and sustainable? Are we changing the lives of Philadelphians? If so, how? And how can we do it better?"

Program Director:
Alyson Ferguson | 302-270-7266 | aferguson@scattergoodfoundation.org

SAN DIEGO COUNTY, CA

SAN DIEGO TRAUMA INFORMED GUIDE TEAM & BUILDING HEALTHY COMMUNITIES CENTRAL REGION

Backbone Organization:
HARMONIUM, INC

Many Paths, Many Doors

When Rosa Ana Lozada trains probation officers in San Diego County, she asks, "How many of you have heard the term 'trauma-informed care'?" Then she says, "The good news is that you're already doing it. This is how we hope you'll be more mindful about how to do it."

The four-hour training, which covers early childhood trauma and its reach across the lifespan, behavioral symptoms of trauma and effective strategies to avoid re-traumatizing youth, has reached more than 700 of the county's 1100 sworn probation staff.

Lozada is Chief Executive Officer of Harmonium, Inc., a 40-year-old nonprofit that provides education, intervention and prevention services—all through a holistic, collaborative lens—to boost well-being in children, youth and their parents or caregivers. For her and other members of the San Diego Trauma Informed Guide Team (SD-TIGT), the probation officers' training is just one of the region's multiple, simultaneous paths toward community resilience.

San Diego County, the second most populous county in the state, is home to high-risk populations including refugees, military veterans and transition-age youth with histories of involvement in child welfare and juvenile justice. Gangs, human trafficking and the production and sale of illegal substances—along with poverty, unemployment and limited education—boost the likelihood of residents having high ACEs. A report from the Center for Youth Wellness showed that 59% of San Diego County residents had one or more ACEs, with 14.5% reporting four or more.

The SD-TIGT formed in 2008, sparked by a workshop by Gabriella Grant, director of the California Center of Excellence for Trauma Informed Care. The goal was to improve client care in a range of systems—social service, juvenile justice, education, behavioral health—by raising awareness about trauma, establishing a tool kit and providing trainings. The method was to maintain an open door.

"SD-TIGT is unique in that it was grass-roots-created and has remained grass-roots," Lozada said. "The Guide Team has remained the hub and the core because everyone is welcome. It's important to be a neutral convener that recognizes the multiple efforts and helps them converge for the larger collective impact. There are many paths, many doors."

Lozada believes it's critical to recognize the small, quiet steps that some agencies have been taking for years toward trauma-informed care along with more recent, larger-scale, government-backed initiatives and resolutions.

San Diego has both. The City of San Diego Commission on Gang Prevention and Intervention called for the city to integrate trauma-informed principles into its practice and, in July 2015, the city adopted a resolution that formally recognized adverse childhood experiences (ACEs). In 2014, the San Diego Unified School District declared itself a "restorative district" and resolved to place wellness and restorative practice hubs throughout district schools in 2015-16. However, that broad resolution grew from ACEs-based work at two schools, including a high school that developed a teen court, peer mediation and other restorative justice programs. That same year, the county's Health & Human Services Agency declared its intention to become a trauma-informed system, with a group of "champions" from across the agency to lead the effort.

The SD-TIGT helped seed those efforts, working with county leaders to host a 2011 conference, "Impact of Violence and Trauma in Our Community: Building Effective Community Solutions." The group also worked with Harmonium, many community based organizations, and the county to develop a "Building Solutions Toolkit" designed for educators, administrators, clinicians from varying disciplines and community partners; it includes fact sheets on domestic violence and gang involvement along with learning modules and references on ACEs and resilience.

The goal now, Lozada said, is to "connect the dots," creating an integrated, multi-sector approach to reducing ACEs and building resilience in the city and the county. She wants SD-TIGT to do more to engage family and youth voices; she believes every member of the Guide Team needs to understand the "bird's-eye view" of what's happening with ACEs work at every level, from community groups to government entities.

She hopes her team can learn how other MARC communities developed their infrastructures, how they find and nurture system leaders and how they create legislative strategies and change.

In the meantime, she wants SD-TIGT to remain an inclusive, safe, respectful hub that honors both small and large shifts in practice, policy and attitude. She cites one story: a young man who was part of Youth Voice, an inner city program that brings youth to local police stations to share their stories, build relationships with officers and have a role in strengthening their communities.

Lozada has arranged for the youth to speak at local and national conferences. "He talks about how his father was shot, was arrested and died while in handcuffs. He talks about how he was angry and started getting in trouble. But with positive relationships and mentors, he wants to make changes and talks about how he got almost all As on his last report card. He recognizes how his relationship with law enforcement has made all the difference." Before, the teen said, officers would recognize him by his tattoos, stop him and assume he was headed for trouble. "Now they stop and talk to me," he told one group. "They know me as different from who I was, respect me as a person and are there to support me."

Program Director:
Heidi Echeverria | 619-380-0625 | hecheverria@harmoniumsd.org

SONOMA COUNTY, CA

SONOMA COUNTY ACES CONNECTION

Backbone Organization:
COUNTY OF SONOMA, DEPARTMENT OF HEALTH SERVICES

Ready to Ripple Out Further

Karen Clemmer's "aha" about ACEs came at a lunch meeting with a colleague who worked in early childhood intervention and Jane Stevens, creator of social networking sites ACEsConnection and ACEsTooHigh.

Clemmer, Coordinator of Maternal, Child and Adolescent Health for Sonoma County's Department of Health Services, had heard of Vincent Felitti's work and found it interesting. But that day's lunch conversation persuaded her to share the research on ACEs and resilience with everyone she knew.

"We each went back and talked to somebody, conveying what we had learned," she recalled. "It was a giant snowball dance—with each of us sharing what we're learning and bringing new members into the group. We kept meeting for lunch every month until we got so big we had to formalize."

Now the Sonoma County ACEs Connection (SCAC) includes 38 members representing 24 different organizations. The group's goals are to inform the community about ACEs, promote evidence-based strategies and programs to reduce the impact of ACEs, build resilience and change systems to more effectively serve people touched by trauma.

Within the group, ACEs has become a common language and unifying concept, Clemmer said. "The foster care nurse, the school personnel, people working with the incarcerated, with the homeless, with the gang task force. We learn a lot from each other, and we bring back our learning to our own organizations."

Sonoma County comprises both semi-rural areas—legendary redwood forests and vineyards, miles of Pacific coastline—and the city of Santa Rosa. It is home to growing Latino, senior and low-income populations; more than one-fifth of residents report having experienced four or more ACEs.

The SCAC built on partnerships already established by the Department of Health Services and welcomed new players to the table—for instance, the Hanna Boys Center, a residential treatment center for struggling young boys that has trained its staff on neurodevelopment and the impact of trauma.

SCAC established a web presence through the Sonoma ACEsConnection group. Its members have conducted ACE trainings with school administrators, family practice residents and nursing students. The group developed with partners a multi-page insert about ACEs and the impact of early trauma that appeared in The Press Democrat, read by a quarter-million adults. Group members also serve as the steering committee for Roseland Pediatrics Healthy Tomorrows, a grant-funded project to begin ACEs screening for low-income families and children.

Ulla Mast, Program Analyst for the Department of Health Services and a member of SCAC,

said the group has learned how critical it is to fine-tune the ACEs message for each audience—to deliver the right blend of candor, perspective and hope. Without that balanced, nuanced approach, she said, listeners may come away thinking that only struggling populations experience ACEs, that adversity is an excuse for bad behavior or that the whole concept is just too negative.

"We have to focus on the positive aspects—how one supporting adult can make all the difference," she said.

Members of SCAC have also learned the importance of paying attention to secondary trauma. When a pediatric health center was about to roll out a new ACE screening tool, directors were surprised to learn that medical assistants and other staff had strong personal reactions to the questions. "They had to take a pause and process it with their staff before they could move ahead in a positive way," Clemmer said.

That recognition of vicarious trauma is why each SCAC meeting begins with a brief mindfulness or self-care practice initiated by different members of the group. Once, someone gave a plumeria flower to each person and invited them to close their eyes, smell the blossom and visualize themselves on a beach. Another member brought a platter of warm, damp hand towels. The group has practiced belly-breathing and relaxation exercises.

At this point, with ACEs recognized as a public health issue by the Department of Health Services and the SCAC growing in both size and influence, Clemmer hopes to solidify the group. SCAC would like to develop a steering committee, bylaws and a yearly work plan, along with a speakers' bureau. "We're ready to ripple out further," Clemmer said.

She and Mast hope to learn from other MARC communities how schools and human service agencies have incorporated trauma-informed practices: What evidence-based strategies have worked? What hasn't worked? What are the barriers?

"My dream is: ACEs reflected in all policies," Clemmer said. Meantime, she's grateful to witness one "aha" after another—for instance, the deputy public defender who was fired up after viewing Paper Tigers, James Redford's documentary about the trauma-informed transformation of a Washington alternative high school.

After SCAC screened the film for some of the county's staff members, one person reached out to Clemmer for assistance: Her father, a local teacher, had a student whose behavior put him at risk of expulsion. She said her father wanted to make sure the school's response was trauma-informed. Clemmer knew that the school's administrator had attended an earlier Paper Tigers showing; she was able to make the connection and pass along some resources and advice. "I was told that the youth got the help he needed instead of being punished. That was a goosebumpy day."

Program Director:
Karen Clemmer | 707-565-4553 | karen.clemmer@sonoma-county.org

TARPON SPRINGS, FL

PEACE4TARPON, TRAUMA INFORMED COMMUNITY

Backbone Organization:
LOCAL COMMUNITY HOUSING CORPORATION

Growing from a Grass-Roots Starts

Robbin Sotelo Redd, Executive Director of the Tarpon Springs Housing Authority and the Local Community Housing Corporation and Vice-Chair of the Peace4Tarpon Board of Directors, likes to tell the story of the preemie hats. A retired woman in the community saw a poster in the library for Peace4Tarpon and began attending the group's meetings. She realized that she had suffered trauma, beginning with her premature birth, and she wanted to heal that wound. So she knitted 64 preemie hats, one for each year of her life, and delivered them to the local hospital's NICU.

"What's unique about Peace4Tarpon is that people just step up and take ownership," Redd said. "It's an organic, grass-roots group of people that is ever-growing."

That group flourished from an unlikely seed—an artist-turned-public-official, former Vice Mayor Robin Saenger, who began exploring the impact of violence in people's lives and ended up perusing the ACE Study.

"The light bulb went off," she recalled. "We weren't talking about trauma; we were just addressing symptoms."

In Tarpon Springs, a city of 23,500 in west central Florida, there were countless symptoms to address. In 2013, almost a fifth of its families with children had incomes under the federal poverty level. Tarpon Springs is one of five at-risk zones in the county experiencing insufficient public transportation, limited access to food and health care, high unemployment and inadequate housing.

Peace4Tarpon formed almost six years ago with a broad vision—"to be a trauma-informed community where the needs of all are met"—and a commitment to a democratic, inclusive process. Today, about one-third of the network's 90 plus partners are community members; others come from government agencies, faith-based groups, mental health and human service providers, the school system and the business sector. The network meets monthly at City Hall; each partner has an equal voice.

Peace4Tarpon members sign a memorandum of understanding (MOU): a pledge to attend monthly meetings; serve on at least one work group or committee; complete ACE and resilience questionnaires; sign on to ACEs Connection; and practice trauma-sensitivity among friends, family and co-workers. "Our slogan is 'Offer the Peace/Piece You Can,'" Saenger said. "We ask people to commit to this work at a very personal level."

Redd observes a wide range of reactions among individuals when they have their "aha" moment about the impacts of trauma.

She and Saenger have seen relationships develop among Peace4Tarpon members, including

providers who were previously isolated from each other. "There is so much exchange of resources," Redd explained. "A little task force comes together, representing a variety of agencies and/or concerned perspectives to do an event." One may handle the food while another creates fliers and a third may apply for a mini-grant to pay the trainer. "And the event is far richer because everyone gives a little piece."

Those relationships, so essential and labor-intensive, are also occasional sources of frustration when key people leave their jobs. "Service providers may change from month to month," Saenger said. "In five schools in Tarpon, we have four new principals. Will they buy into [trauma-informed care]? Will they care about this?"

Both Redd and Saenger recognize that Peace4Tarpon is at a crossroads, poised to grow with the help of the MARC grant, but also reluctant to lose its organic approach to change. After operating for nearly six years with a budget of less than $5,000 and no paid staff, Peace4Tarpon is becoming a non-profit organization, which demands a more rigorous approach to structure and planning. "With this funding opportunity, our roles are going to be shifting," Saenger said. "There are big question marks: How to keep that free spirit, that community-organizing base, and work within a system and maintain who we are?"

In the meantime, she said, she believes Tarpon Springs has become a more compassionate, engaged and reflective community—one that has also earned national recognition. Peace4Tarpon serves as a model for other cities, including Gainesville, FL, and Crawford County, PA (e.g.. Peace4Gainesville and Peace4Crawford).

Redd points to some tangible markers, including a formerly vacant Housing Authority building that now holds offices for mental health clinicians next door to an after-school program for kids. In two years, the mental health provider has doubled its clinical staff. Parents may come for an appointment with a family therapist, then spot kids doing robotics next door, and ask about the after-school program. They sign up their children on the spot.

Redd thinks about one young man who grew up in public housing, a boy who had witnessed violence and lost siblings in traumatic ways. He began to work for the Housing Authority when he was 18. "He's never worked anywhere else," she said. "He wants to mentor kids. You'd think he'd want to run as far as he could from Tarpon Springs. But he said, 'No, this is my family.' He wants to settle here."

Program Director:
Robbin Sotelo Redd | 813-405-7005 | robbin.redd@tarponhousing.com

WASHINGTON

ACES/RESILIENCE TEAM & CHILDREN'S RESILIENCE INITIATIVE

Backbone Organization:
WHATCOM FAMILY & COMMUNITY NETWORK

We Are the Movement

In Walla Walla, Washington, a banner made by penitentiary inmates stretches across Main Street. One side announces, "October Is Children's Resilience Month." The other reads, "Resilience Trumps ACEs."

For Teri Barila, Coordinator of the Walla Walla Community Network, that 35-foot stretch of cloth is just one of the small ripples that, when added up, create a tide of change across the state.

Barila was struck by hearing Rob Anda, co-investigator of the ACE Study, at a conference in 2007. He told of presenting ACE data at a Congressional hearing and having legislators respond with diffidence: It's not government's job to tell parents how to raise their children.

"His next point was: We're going to make this happen by creating grass-roots initiatives in every community. So go home and make something happen," Barila recalled. "That's the message that hit me that day: We are the movement."

Geoffrey Morgan, former Executive Director of the Whatcom Family & Community Network, had a similar epiphany a few years earlier after hearing Anda's colleague, Vincent Felitti, discuss ACEs as a public health issue. "This wasn't new information, but the epidemiological view of it was really different," he said. "This was a community problem, not a client problem."

For more than a decade, the networks in Whatcom and Walla Walla have spread ACE and resilience information in their communities, offered each other technical assistance and shared their successes and stumbles. As participants in the MARC collaborative, they will use both communities as dual pilot sites while working with Washington's ACEs Public-Private Initiative (APPI) to bring their learning statewide.

Both networks have advisory groups—parents, professionals, educators, business people and community members—specifically focused on ACEs and resilience. Both have instigated community conversations as well as formal trainings in arenas including child welfare, early childhood education, substance abuse prevention, mental health, juvenile justice and human services.

And both have learned the value of relationships and repeated exposure in sharing knowledge about ACEs and resilience. "One of the biggest lessons for us has been that persistence pays off," Barila said. "Ultimately, even entrenched systems begin to see that current practices aren't working."

Morgan said the work demands both passion and patience. "Nobody changes because somebody yells at them," he said. "When somebody's excited, that's the time to partner."

Barila cites tangible signs of change: county resolutions, city proclamations, new initiatives and school policies that reflect an understanding of ACEs, resilience and trauma-informed practice; state agencies that have added ACEs/resilience positions; and training on the Compassionate Schools curriculum in more than 50 districts.

Perhaps the most high-profile outcome is the transformation of Walla Walla's Lincoln High School, whose principal was galvanized by hearing a presentation on trauma and brain development. He used that information to completely reboot the school's discipline practices, replacing a compliance-driven model with a compassionate, trauma-sensitive approach. The dramatic effect—on suspension rates, school climate, students and staff—is chronicled in Paper Tigers, a new documentary by James Redford.

"Paper Tigers is a huge success," said Barila. "But so is the parent bringing their child to the Walla Walla Resilience Treasure Hunt. All those little things add up to community awareness and action and common language."

Fashioning a consistent, effective message has been one of the networks' ongoing challenges, Morgan said. When the focus is solely on adversity and how it can damage the brain and body, listeners are apt to take away the idea that "some people have harder lives, and that's their problem," Morgan said.

"ACEs, by themselves, are kind of a dead end," agreed Barila. "This is about hope and healing, about neuroplasticity and reshaping those patterns and pathways."

Both networks are eager to learn from other MARC communities—not to replicate their efforts, but to understand how different coalitions discovered what would work best in their areas. Barila would like to hear from those who've had success engaging health care providers, a sector that has proven difficult to reach in Washington.

They also want to talk about sustainability—for their own networks, and for the national movement on ACEs and resilience as a whole. What processes are in place for coaching a new generation of leaders? How can longtime participants avoid burnout? And how can local communities internalize the work?

"I'm excited about…measuring what matters to us, so we can start to talk as a community about noticing what we want, not what we don't want," Morgan said. "How do we start telling the story of resilience through our data?"

One story still captivates and motivates Barila. She invited her mother's care provider, Annett, a high school graduate with an ACE score of 10, to hear one of Anda's presentations. Afterward, Annett approached the microphone and said, "For the first time in my life, I realized what happened to me was not my fault."

For Barila, it was another "aha" moment. "I thought: If an individual could be so moved in one experience, how many other people are just begging for this kind of information to put their lives in perspective?

Program Director:
Kristi Slette | 360-738-1196 | kristi.slette@wfcn.org

WISCONSIN

WISCONSIN COLLECTIVE IMPACT COALITION

Backbone Organization:
WISCONSIN OFFICE OF CHILDREN'S MENTAL HEALTH

Past the Tipping Point

In Wisconsin, ACEs awareness has entered the governor's mansion.

One day this fall, Governor Scott Walker stopped by to chat with a group that works with First Lady Tonette Walker on Fostering Futures, her initiative to boost child and family well-being through trauma-informed culture, policies and practices.

Elizabeth Hudson, Director of the state's Office of Children's Mental Health (OCMH), listened as the governor told of a visit to the Veterans' Administration (VA). When he asked how the VA was integrating trauma-informed care into its activities, administrators looked at him in surprise: How did he know that term?

Hudson said he replied, "I know it's important, instead of asking 'What's wrong with you?' to ask, 'What happened to you to bring you here?'" Listening to him, Hudson said, "I got chills."

Hudson also gets chills from ladybugs—that is, a mural containing hidden ladybugs, designed to engage children as they walk to and from supervised visits with their parents in the human services building of tiny, rural Waupaca County. "The county used trauma-informed care to change how they hired staff, how they interact with the community. And they revamped their physical face," said Kim Eithun, Associate Director of OCMH.

For members of the Wisconsin Collective Impact Coalition (WCIC), those two stories signal the wide reach of ACEs and resilience work in a state that was one of the earliest adopters. "Wisconsin's been engaged in a trauma-informed care transformation for at least seven to eight years," Hudson said. "We've seen, over the course of a very short period, the merging of grass-roots and executive influence and all the levels in-between."

In 2007, Wisconsin's Department of Health Services convened a trauma summit that led to the hiring of a trauma-informed care consultant, the first such state-sponsored position in the country. Soon there was a trauma-informed care advisory committee representing state agencies, human services and mental health consumers.

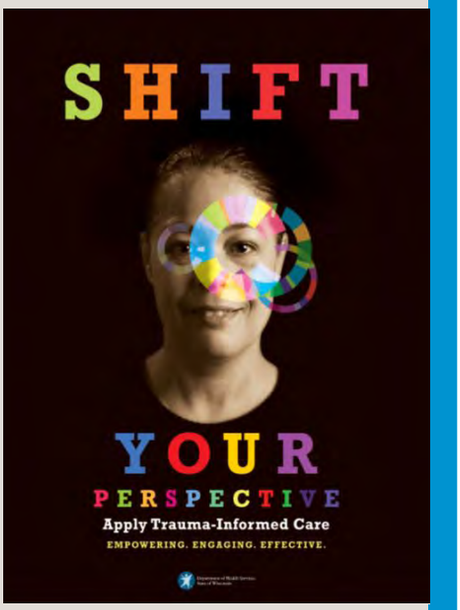
That group hosted several multi-site conferences attended by more than 500 people. Rob Anda, co-investigator of the 1998 ACE Study, visited the state. Wisconsin incorporated ACE questions into the BRFSS. And in 2014, the WCIC was born. It includes leaders in public health, education, corrections and mental health, along with parents and youth who bring

"lived experience" to the group.

WCIC members share a common agenda: "Every child is safe, nurtured and supported to promote optimal health and well-being." Work groups focus on increasing access to mental health services, creating trauma-informed systems and bolstering resilience.

From the start, Hudson was committed to bringing consumers—parents and children who interact with human service systems and are affected by ACEs—into the conversation. Now the coalition wants to make sure everyone gets the message.

"What we haven't been focused on is: How do we bring in the general public—people who don't resonate with human services or public services?" Hudson said. "The reason the MARC grant was so attractive is that it allows us to build a bridge to the business community. We've found ourselves pointing the arrow at people who we know have high levels of toxicity. The grant is an opportunity to say, 'This impacts all of us.'"



In that effort, WCIC's partners include Branch2, a technology start-up that will design and support mobile apps to bring mindfulness content into the workplace and people's daily lives. Jake Moskol, the company's former president, is excited by the public/private partnership and the chance to "make an impact on health, writ large."

Another partner, the Center for Investigating Healthy Minds at the University of Wisconsin, will share research on brain development, self-regulation and emotional styles. SaintA, a human services organization that has incorporated a resilience framework into its daily operations, will provide ACE Interface master trainers to coach parents and carry the ACEs message to workplaces throughout the state.

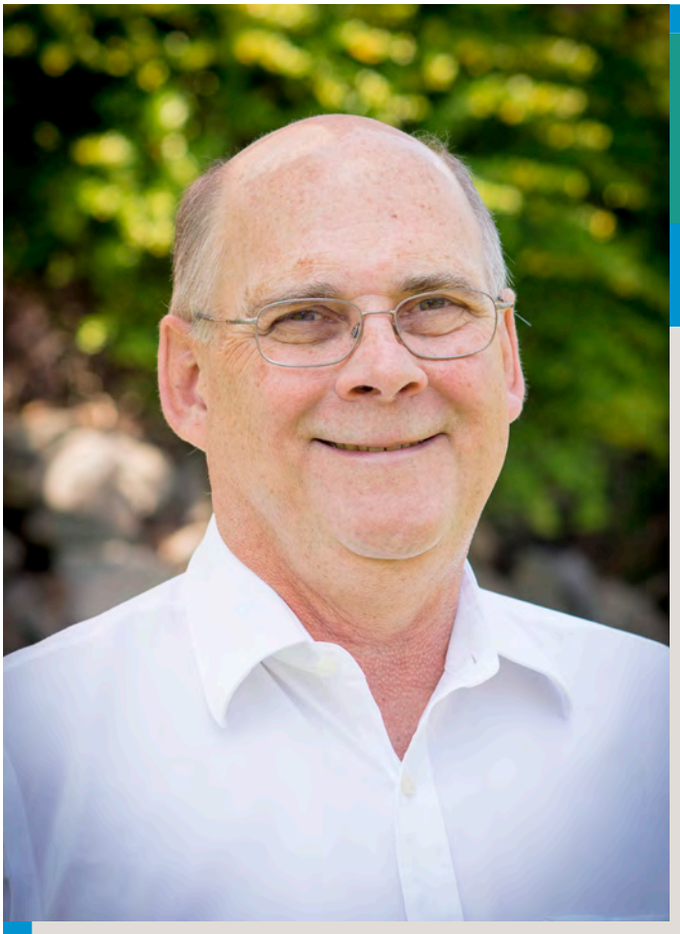
Leaders of the WCIC know how the science of ACEs and resilience has affected them. Hudson recalls how when she first read the ACE Study, "It blew my mind. I'd never seen that correlation spelled out so clearly." Joann Stephens, Family Relations Coordinator for OCMH, said that understanding developmental trauma "was hugely transformative in my life and the life of my family; it opened up a world of tools we could use…to truly find recovery and healing."

From participating in the MARC project, they hope to learn how others are gauging the difference that trauma-informed care makes. "One of the things we know helps move the needle is having shared measures. It would be exciting to learn from other folks what they're measuring," Hudson said.

In the meantime, it's clear to all in the WCIC that ACEs awareness has taken hold: for example, in a Department of Corrections youth cottage staff members make efforts to avoid sending kids to their rooms for "time out" and instead aim for consequences that involve relationships and learning.

"There's been a concerted effort to embed these concepts," Hudson said. "The tipping point has occurred. This isn't going to go away."

Program Director:
Kim Eithun | 608-267-7792 | kimc.eithun@wisconsin.gov



CHRISTOPHER BLODGETT, PhD

advisor

Christopher Blodgett, a clinical psychologist and Washington State University (WSU) faculty member, spent most of his career working in areas of community violence, child maltreatment and adolescent substance abuse—issues that, too often, occupied separate professional realms.

The ACE study put those pressing concerns together. "It gave us the integrating language," he says. "It moved us from isolated, fragmented conversation to an organized, concurrent process."

New insights into trauma and brain development didn't undo Blodgett's training in classical learning theory and cognitive-behavioral principles, but they changed the context of his work, reminding him that people are, at heart, relational beings. "It inverted my whole way of thinking about the work I do with individuals, groups and communities."

Chris has served as principal investigator for more than three dozen federal and national foundation grants addressing high-risk children and families. As Director of the National Child Traumatic Stress Network's CLEAR Trauma Center at WSU, Chris and his team adapt the science of resilience, brain development and trauma treatment to create systematic interventions.

He hopes to bring the hard lessons of that work—how to translate best-practice recommendations about treating trauma into meaningful strategies to be used in non-therapy settings—to the MARC project. What he has learned is that awareness doesn't automatically translate into change; it takes discipline, intention, persistence and careful management to move people from exposure toward new skills and then to system-wide transformation. He's seen it happen—in schools, for instance, when educators come to understand the reasons why kids "act out," then alter their discipline practices, abandoning punishment as a primary tool.

> "It gave us the integrating language. It moved us from isolated, fragmented conversation to an organized, concurrent process."

"This is the part of our intervention work that has teachers breaking down in tears with a sense of responsibility and loss for all the kids they could have helped," he says.

"The biggest question we've got is: Can we translate these ideas to scalable solutions? ...I think all of us remain really active learners. What I'm hoping, as a participant in the process, is to learn from people who may challenge me about my assumptions. There is very little established wisdom about doing this work."

LINDA CHAMBERLAIN, PhD, MPH

advisor

Linda Chamberlain is an epidemiologist, author, professor, dog musher and founder of the Alaska Family Violence Prevention Project. She is also a translator, determined to bring the "aha" moments of brain science and trauma to everyone in compelling and relevant ways. That might mean posters about ACEs hung in outhouses in a rural Alaska community.

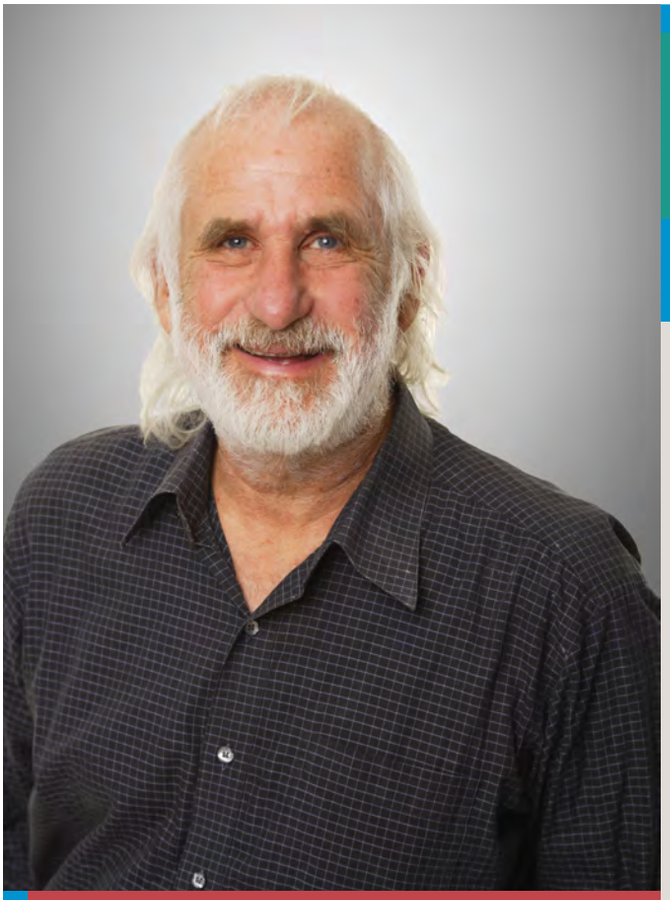
"We have to be really flexible on how we define training and education," she says. "It can be a conversation at church… We have to meet people where they are so they can see how the science is relevant to their everyday lives and their kids and their families."

For the past decade, Linda's work has focused on creating tools, such as the "Amazing Brain" series of booklets, that combine the latest science with practical strategies that can be used by parents, teachers, early childhood educators, home health nurses and others. Her work in rural, isolated and impoverished communities has taught her about "the diversity of adversity"—that is, factors such as food scarcity, climate change, forced assimilation and poverty, along with the types of abuse and neglect included in the original ACE study.

> "We need to always be aware of the potential for healing, to identify strengths and not to see ACEs as destiny."

As a scholar with the inaugural Fulbright Arctic Initiative, Linda is focusing on family and community resilience, which she believes are key to any individual's ability to thrive. "We need big-picture, two-generation efforts," she says. "Our capacity for change is huge." What excites her about the MARC project is the chance to invest in communities, build on what they have learned and carry the work forward into the next generation. "I'll be working with leading experts in the field, each bringing a different layer of expertise, and that's what collective impact is all about."

As a "shoe-leather" epidemiologist—that is, one who works at ground-level, interacting with communities as living "laboratories"—Linda also believes any message about ACEs or trauma must be twinned with a sense of hope. "We need to always be aware of the potential for healing, to identify strengths and not to see ACEs as destiny."



LARRY COHEN, MSW

advisor

When Larry Cohen was Director of Prevention for the Contra Costa County Health Department in the early 1980s, a well-known local businessman suffered a major heart attack. After he recovered, the board of supervisors publicly congratulated the hospital and physicians whose care had saved his life.

But Larry was thinking about what happened before the heart attack—about the businessman's lavish lifestyle, his oft-proclaimed preferences for rich food and imported cigars, his habit of driving expensive cars instead of walking. Larry wondered what could be done to boost health community-wide, rather than treating individual illnesses after-the-fact.

That "aha" moment led to Larry's current role as Founder and Executive Director of Prevention Institute, a national non-profit that works to improve community conditions equitably, build resilience and prevent injury, illness and violence before they occur. He recently completed a textbook chapter on youth violence prevention, outlining community resilience factors. Two related major projects are now underway: One will focus on a new community of practice promoting mental health and well-being in men and boys; the other is a national partnership exploring the links between violence prevention, early childhood and trauma, with an emphasis on prevention, community and equity.

Larry taught one of the country's first violence prevention courses at the University of California, Berkeley's School of Public Health. He believes it is essential to frame violence as a public health issue—one that affects not only perpetrators and victims, but those who witness and live in proximity to violence.

"We'd like to learn about how to capture the finest community wisdom in order to elevate and broaden the best work rather than reinventing the wheel in every initiative."

In 1997, while working with Contra Costa's health department, he engaged the American Cancer Society and the American Heart and Lung Association in changing tobacco policy by passing the nation's first multi-city smoking ban.

As a MARC participant, he will bring that emphasis on coalition-building and prevention to the arena of ACEs and resilience—"simply, how to take the work from the individual to the community level."

Already, Prevention Institute is developing community metrics on health equity that measure the impact of environment on health. Larry would like to see other big-picture data: for instance, information about patients in health systems aggregated in order to reveal patterns and shed light on the circumstances that affect people's health.

"This is a prime opportunity for us to learn about other work that communities are doing and apply it back to those we are working with…We'd like to learn about how to capture the finest community wisdom in order to elevate and broaden the best work rather than reinventing the wheel in every initiative."

KATHRYN EVANS MADDEN, MPA

advisor

Kathryn Evans Madden remembers the day she understood the power of systems to shape people's daily lives. She was still in graduate school, working as an intern in a social service center that served poor and homeless children and their families.

One of the mothers had taken out a "payday loan" to finance a utility bill; months later, she was still paying more than $200 a month on that loan, stuck in a cycle of renewal and exorbitant interest rates. "She was constantly worried about how she was going to feed and support her children. It woke me up to the fact that there were systemic inequities we needed to address," she says.

For three years, Kathryn was the lead community organizer at Communities Creating Opportunity in Kansas City, Missouri, a faith-based group whose campaigns have included fair lending, drug policy, livable neighborhoods and housing.

In June 2015 she joined the staff of United Community Services of Johnson County as a project manager where she aims to develop partnerships and systems to reduce poverty in the most populous county in Kansas.

As an organizer, and as a member of the MARC collaborative, Kathryn expects to ask more questions than she answers. "What I consistently strive to do is challenge people's assumptions about the world as it is, to help ask questions: Why is that person behaving that way? Why are they facing this set of challenges?"

"What I consistently strive to do is challenge people's assumptions about the world as it is, to help ask questions: Why is that person behaving that way? Why are they facing this set of challenges?"

She looks forward to learning other approaches to systemic change, in addition to the grass-roots organizing model she knows best. "I am always looking for creative ways to think about this work, especially when it comes to evaluating and understanding our impact," she says.

Kathryn also hopes to bring a critical examination of power—power that fuels economic and social systems, power that generates class and racial oppressions and power that must be harnessed in order to create democratic, lasting change.

"In a lot of marginalized communities there's a narrative of 'things happen to me.' I like seeing that light flicker behind someone's eyes when they realize they are much more capable of controlling the circumstances of their life than they realized."

ANGELO P. GIARDINO, MD, PhD, MPH

advisor

Angelo Giardino remembers the little boy who could.

He was called to give expert testimony in a devastating case of child abuse. "It was an awful case, horrible torture…and I was walking out of the courtroom when a woman came up. She said, 'I just want you to know that the little guy you're talking about—well, I adopted him and he's doing beautifully.'

"What I learned from that was: If you can bring a loving environment that's nurturing to a child, they can overcome almost anything. As I read more and started to learn about the pathways for toxic stress, it all made sense."

That evolving understanding of neuroscience changed the course of Angelo's career. As a pediatrician with a doctorate in education, he began to focus less on evaluating children who had been abused and instead "went upstream" to learn how to instill that essential nurturance in families, organizations, neighborhoods, and society itself.

Angelo is Professor of Pediatrics and Section Chief of Academic General Pediatrics at Baylor College of Medicine in Houston, Texas. He has written several textbooks on child abuse and neglect and medical education.

He believes two-generation approaches are key to treating and preventing adversity. The Nurse-Family Partnership, for instance, provides first-time mothers with nurse home visits for two years. "We're educating the mother on how to create a loving and nurturing environment for the kid. But what struck me was the impact on the mother's own life course; many of those mothers had been exposed to adversity themselves."

"If you can bring a loving environment that's nurturing to a child, they can overcome almost anything. As I read more and started to learn about the pathways for toxic stress, it all made sense."

Angelo hopes to bring his healthcare and administrative expertise to the MARC collaborative—particularly in the task of framing ACEs and resilience as a message that will inform and inspire decision-makers. He's interested in how leaders in the field can use digital technologies to share knowledge and create virtual communities.

He's also eager for conversation about how to stimulate a national movement—talk he hopes will include a frank examination of both successful and failed efforts in the past. "People in the collaborative are a publicly-minded, purpose-driven group. I feel affirmed in this prevention work by having the opportunity to sit at the table with them."

BRENDA JONES HARDEN, PhD

advisor

Years before anyone had heard of ACEs, Brenda Jones Harden was a social worker in the child welfare system. She worked with children who had spent their lives in foster care, children whose parents died young from drugs or disease or street violence.

"I thought: Here are the children who are the most vulnerable. Not only are they poor, not only do they have educational problems, but they have been traumatized. It made me want to devote the rest of my career to these children."

Brenda began as a clinician, then realized she wanted to contribute in a broader way: as a researcher, policy advocate and consultant to early childhood and parenting programs. "That range of activities keeps me engaged at a high level, so I can continue to work on the same kinds of issues. Had I stayed a front-line clinician, I probably would have burned out."

She is Associate Professor in the Department of Human Development and Quantitative Methodology at the University of Maryland College Park. Her research examines the developmental and mental health needs of children at environmental risk, especially those who have suffered maltreatment or trauma.

"I thought: Here are the children who are the most vulnerable. Not only are they poor, not only do they have educational problems, but they have been traumatized. It made me want to devote the rest of my career to these children."

As a member of the MARC collaborative, Brenda brings her passion for focusing on the most vulnerable populations, a concern about secondary trauma in the work force and an understanding of child development that challenges a "one size fits all" approach to intervention.

"Let's speak about what trauma means for children at different ages and how that should inform interventions as well as policy," she says.

Brenda's publications have looked at the risk and protective factors that shape kids' outcomes, as well as the role of early care and education programs in the lives of children reared in poverty. She looks forward to gaining an even more macro perspective—how to blend funding streams, gather stakeholders and transform large systems to better the lives of children and families. "The piece that will be most helpful to me is the emphasis on systemic change, the collective impact notion. That's going to be what I learn."

MELISSA MERRICK, PhD

advisor

> "We've known lots about risk factors for decades, but we haven't intentionally integrated health equity into our work. That's at the top of my wish list for MARC—that we truly ask 'why?' Why are some groups more at risk for having early adversity?"

Melissa Merrick gets frustrated with stories of individuals who shine in spite of multiple adversities—the kid from the rough side of town who miraculously makes it to Harvard. "We don't talk enough about the mentors that kid had, the universal pre-K, all the behind-the-scenes and contextual factors that might have enabled him to thrive," she says.

Melissa hopes the MARC communities and collaborative will help create a new narrative: "that we all have a role in raising children and that my children will do better if all our children are doing better."

Melissa, a behavioral scientist in the Division of Violence Prevention at the U.S. Centers for Disease Control and Prevention, followed a career arc from psychology to public health. She hopes to bring both perspectives to her work with MARC, helping communities explore "where one needs to capitalize on the really strong base of individual-level factors while recognizing that we need to have a broader health-informed goal to achieve impact."

Much of Melissa's work examines protective factors: the safe, stable, nurturing relationships and environments that can prevent and mitigate child maltreatment. Those factors were evident early in her career when she worked with foster children in Philadelphia. In spite of devastating adversities—incarcerated parents, years in foster care—the children showed curiosity and energy. "You could be struck by all these kids had gone through, or you could see a lot of hope and how resilient they were. I didn't have a label for the protective factors then, but I could see that there was a lot of hope in this area."

Already, in reviewing applications from potential MARC communities, Melissa has been impressed by what localities are accomplishing, often with few resources. She hopes the collaborative will help these communities to ask even deeper questions about the roots of adversity. "We've known lots about risk factors for decades, but we haven't intentionally integrated health equity into our work. That's at the top of my wish list for MARC—that we truly ask 'why?' Why are some groups more at risk for having early adversity? How do we impact change and assure the conditions…so everyone has an equal chance of being healthy and successful and achieving their maximum life potential?"

LAURA PORTER

advisor

Laura Porter watched as ACE data put an end to arguments. When she worked as a liaison between Washington state elected officials and community groups, she listened to endless squabbles about which problem—youth violence, substance abuse, child maltreatment—was most important and what type of intervention was most urgent and effective.

ACE research demonstrated that all these concerns shared a common root. "When people learn about ACEs, they change their thinking," Laura says. "They stop fighting. They start learning together."

Laura is Co-Founder of ACE Interface, a company that develops and provides ACE-informed educational products, consultation and strategies for improving health and well-being. She has spent more than a decade leading implementation of ACE study concepts in Washington, providing support and services to philanthropic leaders, government officials, parents, youth and communities. She also supports leaders in over 20 states as they work to build self-healing communities.

> "When people learn about ACEs, they change their thinking, they stop fighting. They start learning together."

"I have a unique point of view on the journey communities go through as they begin to use the science to make changes," she says. "While communities [in Washington] move at different paces, they've all made some changes in the population rates of ACE-attributable problems."

Laura's favorite quote about the impact of such change came from the mental health manager in the family services department of the Tulalip Tribes who said that when her staff received training about ACEs, the non-tribal people became kinder. "That's what it's about—the whole culture of inequity and violence is at the heart of the problem."

Laura also serves as Senior Director of The Learning Institute at The Foundation for Healthy Generations, a Seattle-based non-profit. There, she works with local and state leaders to embed neuroscience, epigenetics, ACE and resilience research into policy and practice.

Laura is eager to learn from MARC collaborators and communities: how to help residents become equal partners with professionals in creating systems change; how to respond in communities with extremely high ACE prevalence and in those with lower rates of ACEs. And she is excited to be at the table for a collaborative, unfolding conversation. "Communities are inventing this as we speak; it's like standing on the leading edge of a whole new era."

SANDRA BLOOM

advisor

It was a mounting sense of anger that nudged Sandra Bloom from psychiatry to public health.

After seeing thousands of patients—most of them trauma survivors being treated in an inpatient hospital setting—Bloom knew that she was not witnessing multiple, isolated, individual failures, but signs of a much bigger brokenness.

"It became abundantly evident—and the Adverse Childhood Experiences (ACE) study was a big contributor to this—that most of what I'd been treating for the past 20 years was preventable, and was happening every moment I was existing," Bloom said. "And it wasn't just in the psychiatric unit; it was everywhere. You could see all kinds of problematic behavior that made more sense using a trauma-informed lens."

Bloom is a senior advisor with the Center for Nonviolence and Social Justice at the School of Public Health of Drexel University; she is also co-founder of the Sanctuary Model, a framework for transforming organizations bottom-to-top using trauma-informed and democratic principles. Bloom is one of three co-chairs of Philadelphia's ACE Task Force.

The ACE study, she said, provided persuasive data to confirm what practitioners had long known—and a way to bridge the divide between so-called "soft" science and those who regard it skeptically. "The ACE study gave me data support. Unless you have that, a lot of people don't take you seriously. Now you could put [trauma] in economic terms."

Bloom brings an organizational perspective to her work on adversity and what she prefers to call "post-traumatic growth" (rather than "resilience"). "Individual patients have the power to change themselves, up to a point, but that's limited by the organizations, culture, and systems they're in," Bloom said. "To change that power equilibrium, you have to get to the policy level."

"Individual patients have the power to change themselves, up to a point, but that's limited by the organizations, culture, and systems they're in. To change that power equilibrium, you have to get to the policy level."

Recently, she and other leaders in behavioral health, public health, primary care, and education formed the Campaign for Trauma-Informed Policy and Practice to advocate for trauma-informed public policy at the federal, state, local, and tribal level.

Bloom's work rejects the centuries-old "insane split" between body, mind and spirit. "The science is showing that relationships matter; attitude matters. That's huge." She hopes MARC sites will continue to put that science to work: making connections, collaborating and even risking failure. "You can't know what's going to be effective unless you try."

MARK DESSAUER, MA

advisor

Once he learned about the Adverse Childhood Experiences (ACE) Study, Mark Dessauer realized that, for some kids, life was like entering a Tough Mudder endurance run every single day.

In those events, competitors face adrenaline-churning situations; they clamber up slippery slopes, dodge electrical wires or wriggle under barbed fencing. "It hit me: those are the conditions of kids who are suffering from ACEs," Dessauer says. "That's their race every day."

Dessauer is vice president of Spitfire Strategies, a Washington, D.C.-based firm that specializes in communication, strategic planning, and guiding non-profit agencies to create social change.

Before that, he was director of communications for the Blue Cross and Blue Shield of North Carolina Foundation; he also served as communication director for Active Living by Design, a Robert Wood Johnson Foundation program to create healthier communities.

It was during that project, a national campaign to reduce childhood obesity, that his team came up against the social determinants of health. Dessauer was working with 75 economically distressed communities, including Louisville, Kentucky.

While trying to encourage more physical activity, Dessauer recalls, "I said, 'You guys have a great street network; why can't you go out and walk and bike in the streets?'" Community members answered frankly: "It's not safe."

"When you understand ACEs, it opens so many more doors of empathy, care, and understanding. This is a really transformational movement."

That's when he realized that childhood obesity was rooted in economics, in safety, in systemic racism. "Obesity is a signal, way downstream, of kids who are facing very difficult lives."

Dessauer walks his talk—literally. He co-founded the Bull City Open Streets, North Carolina's first open streets event, leads Durham community groups in finding more opportunities for biking and walking, and helped develop the Durham Public Schools Hub Farm, a 30-acre farm and wilderness area.

Dessauer hopes to bring his experience with effective ways of storytelling, messaging, and engaging the community to help MARC sites share knowledge and experience both within and among their networks.

"What are the dynamics of how the collaborative works on the ground?" Dessauer says. "I'm interested in learning more about that and seeing how I can help folks strengthen…I love community work. When you understand ACEs, it opens so many more doors of empathy, care, and understanding. This is a really transformational movement."

WENDY ELLIS, DrPH(c), MPH

advisor

Wendy Ellis wanted to know what made some children thrive and others suffer, even when both had been exposed to the same cascade of adversities. She yearned to unlock that mystery on the population level—and within her own family.

It was the Adverse Childhood Experiences (ACE) study Ellis stumbled upon while board president of Childhaven, a childhood trauma treatment program in Seattle, that began to shape her inquiry. "The science gave me a vocabulary, a way to understand certain things I had seen in childhood. I really wanted to understand what makes individuals stronger. I thought: What can we do with this body of science to create positive environments to lift individuals up?"

Ellis drew parallels between the experiences of children in families and the lives of adults in communities: "If you're a child…and you feel like no one cares about you, you lose hope and become disenfranchised. The same holds true in communities: If you don't feel empowered to effect change, or feel that no one's listening to your voice, you lose hope and become disenfranchised."

As project director of the Building Community Resilience (BCR) collaborative at George Washington University, Ellis aims to reverse that process of disempowerment—and ideally to prevent it—by aligning community-based partners with health systems and other agencies in vulnerable neighborhoods of Portland, Oregon; Cincinnati, Ohio; Dallas, Texas; Wilmington, Delaware; and the District of Columbia.

Previously, Ellis worked for 15 years in broadcast journalism. Later, she earned a master's degree in public health at the University of Washington in Seattle. As a MARC advisor, she sees ACEs and trauma through dual lenses—"the interplay between the individual level and how the community either exacerbates the trauma or can buffer it."

> "I'm excited to see different models of trust-building as well as how we creatively leverage policy. One of the most important things about a collective such as MARC is that this is not a one-size-fits-all solution."

Like MARC networks, BCR teams work to identify strategies and resources that could help other communities build resilience. "At the end of the day, it comes down to relationships," Ellis said. "It's not going to happen overnight. Many of our communities are operating the way they do because of historical context."

"I'm excited to see different models of trust-building as well as how we creatively leverage policy. One of the most important things about a collective such as MARC is that this is not a one-size-fits-all solution."

STAFF

From left to right: Clare Reidy, Leslie Lieberman, Natalie Levkovich, and Carolyn Smith-Brown

NATALIE LEVKOVICH

Chief Executive Officer

As an immigrant to the U.S. and a child of people displaced by war, Natalie witnessed the burdens borne by people who are in one way or another marginalized. No doubt this exposure led her at a very young age, in the '60s, to active engagement in the civil rights movement. Her ideology took shape in that environment of social turmoil and change. Examples of inequity and abuse of power were not hard to find but, at the same time, what drove her were not only her outrage but also a conviction and an optimism that conditions could be improved, that wounds could be healed. The passion reflected in those early days of activism was later translated into the work that Natalie now leads as CEO of the Health Federation of Philadelphia. Over the past decade, a growing understanding of the impact of ACES, brain science, emerging best practices that offer a path to healing and resilience have fueled her sense of urgency to promote this work at HFP. For Natalie, improving the health of the public by building innovative and collaborative initiatives that strengthen the capacity of organizations, systems and communities is an expression of social justice, civic responsibility and common sense.

LESLIE LIEBERMAN, MSW

Director of Special Initiatives and Organizational Consulting

A social worker at heart, and the daughter of a psychologist and social worker, Leslie believes deeply in the power of relationships to create change and heal. She lives by the motto "start where the client is." She has applied these values to her work with individuals, groups, communities and systems throughout her career. Early on in her life as a social worker she was also introduced to a public health perspective, the "Spectrum of Prevention", under the mentorship of Larry Cohen at the Contra Costa County Prevention Program. There she broadened her understanding of human suffering – learning how social justice, economic, political and environmental issues contribute to morbidity and mortality and the potential for change through collaborative efforts and multi-sector coalitions. Since then, she has spent her working life at the cross-roads of public health and social work, bringing together and fostering relationships among diverse groups who collectively address pressing health and social justice issues. She has been with the Health Federation of Philadelphia for nearly nine years leading the organization's growth and expansion in building organizational and system capacity for trauma informed care. Leslie has a passion for transforming vision into reality and looks forward to doing this through the MARC Project.

CONTACT LESLIE: llieberman@healthfederation.org

CLARE REIDY, RN, MPH

MARC Program Manager

As a child in Haiti, Clare saw the dead bodies outside of polling stations, left as a grim reminder of what happened to those who dared cast a vote in the country's first democratic election. But she also saw people coming together to make a change: to assert their rightful role in the decision-making that impacted their lives. "Even at a young age I could tell that it was not laziness, or lack of ability, or bad luck that had created the conditions under which most Haitians suffered. Similarly, it was not laziness, lack of ability, or bad luck that confined groups of people to the racially segregated, impoverished neighborhoods of inner-city Washington, DC, where I grew up."

But it wasn't until Clare was studying public health in graduate school that she began to name and organize her lived experience. "Health equity, social determinants, adverse childhood experiences...this was the lexicon that helped me describe what I knew to be true." That framework helped her identify the pathways connecting the health outcomes she saw—as a registered nurse caring for transplant patients in chronic rejection—to the structural violence evident in the neighborhoods of her youth. More importantly, it helped her incorporate her personal values of social justice and community into her professional life.

Before joining the Health Federation of Philadelphia, Clare was a Health Scientist in the Division of Violence Prevention at the U.S. Centers for Disease Control and Prevention, where she worked on health equity projects including *The Raising of America: Early Childhood and the Future of our Nation* and *Expanding the Boundaries: Health Equity and Public Health Practice* (NACCHO, 2014).

CONTACT CLARE: creidy@healthfederation.org

CAROLYN SMITH-BROWN

Administrative Manager for Special Iniatives

For years, while working at a health facility, Carolyn Smith-Brown saw clients for whom every day meant crisis. Some missed appointments while they ran to pay an overdue electric bill in person. Others arrived in turmoil from family issues of drug abuse, or violence. They worried about cancer and sexually transmitted infections, about unplanned pregnancies and prescriptions that weren't covered by insurance.

Carolyn noticed how she and her colleagues responded to the constant fusillade of stress. Some treated patients with sensitivity and warmth; sometimes others took clients' angry outbursts personally. Nearly every employee struggled at times to care for herself. Several years later, Carolyn learned about the ACE Study. She was struck especially by reading in Sandra Bloom's book, Destroying Sanctuary, that Descartes' framework took apart the person—"giving the body to physicians and the mind to the clergy and philosophers"—and that they have yet to come back together.

Work on ACEs and resilience offered the promise of bringing body, mind and soul into sync. "I now realize that when you understand how brain wiring changes as a result of what has happened to us, then you understand that for future adults to be healthy and well, our children must be cared for. And in order to prevent trauma to our children, we must take care of the adults who care for them," she says.

In the course of her career, she has overseen health center operations, grant-funded projects and institutional collaborations. She is honored to work with others in the ACE/resilience movement who are building workplaces and communities where people understand that our experience does shape our brains...and where we use that knowledge to create a kinder world.

CONTACT CAROLYN: csmith-brown@healthfederation.org

THE HEALTH FEDERATION OF PHILADELPHIA

The Health Federation of Philadelphia serves as a keystone supporting a network of Community Health Centers as well as the broader base of public and private-sector organizations that deliver health and human services to vulnerable populations. We promote community health by improving access to and quality of health care; by identifying, testing and implementing solutions to health disparities; and by providing training and technical assistance to help other organizations operate more efficiently and effectively.

Beginning with our founding as a consortium of Community Health Centers in 1983, we have continued to put the needs of the community first. This philosophy has allowed us to serve vulnerable populations and work collaboratively with agencies, policymakers, academic institutions, insurers and providers – all with the goal of improving outcomes for people in need.

ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

THE CALIFORNIA ENDOWMENT

The California Endowment, a private, statewide health foundation, was established in 1996 to expand access to quality health care for underserved individuals and communities, and to promote fundamental affordable improvements in the health status of all Californians. Headquartered in downtown Los Angeles, The Endowment has regional offices in Sacramento, Oakland, Fresno, and San Diego, with program staff working throughout the state. The Endowment challenges the conventional wisdom that medical settings and individual choices are solely responsible for people's health. Through its 'Health Happens Here' campaign and ten-year initiative for Building Healthy Communities, The Endowment is creating places where children are healthy, safe, and ready to learn. At its core, The Endowment believes that health happens in neighborhoods, schools, and with prevention. For more information, visit The California Endowment's homepage at www.calendow.org.

WESTAT

Westat is an employee-owned research organization with more than 2,000 staff located in the Washington, DC, area and with offices in 9 other locations in the U.S. and 6 countries overseas. Founded in 1963, Westat is recognized for its expertise in evaluation, statistical survey, communication, and social marketing research. The organization has conducted successful research and evaluation studies in a wide range of subject areas including social and health services, homelessness and education, among many others. In evaluation, Westat has extensive expertise in assessing programs' readiness for evaluation and in designing and conducting a range of studies, including process and outcome efforts, studies involving longitudinal designs, and studies using qualitative, quantitative, and mixed-methods designs. Westat is also a leader in designing information technology solutions to meet client needs. For more information, visit www.westat.com.

MARC

Mobilizing action
for resilient communities

MARC.healthfederation.org
MARC@healthfederation.org
@HealthFedMARC

Health Federation of Philadelphia
1211 Chestnut Street, Suite 801
Philadelphia, Pennsylvania 19107
215-567-8001
www.healthfederation.org