

ALASKA RESILIENCE INITIATIVE



Network Description

The Alaska Resilience Initiative (ARI) is a network of nonprofit, tribal and state government organizations, schools, businesses and community coalitions working toward our shared goal:

Mobilizing Alaska to end child maltreatment, intergenerational and systemic trauma through healing and strategic advocacy.

We are approaching this by:

- Growing & strengthening the network of people & organizations already doing work statewide to reduce childhood trauma & build resilience
- Amplifying existing efforts
- Using our collective power to exert pressure on key areas of policy or system change

MARC Objectives & Activities

NETWORK: Build a strong, diverse statewide network that connects existing local-level networks with efforts across the state using a Collective Impact framework.

- Conduct gaps analysis to expand & diversify ARI membership
- Engage in statewide strategic planning & community engagement
- Build infrastructure for statewide & local-to-local communication

COMMUNICATIONS: Educate Alaskans about brain architecture, Adverse Childhood Experiences (ACEs), cultural and collective trauma, and how to build resilience through a statewide communications plan.

- Develop community toolkit & communications strategy
- Gather input among Alaska Native & other groups
- Improve & expand train-the-trainers process & curriculum

POLICY: Make policy changes in legislation and institutions (e.g. education, health care, social service, child protection).

- Identify potential key policy priorities
- Form statewide policy workgroup

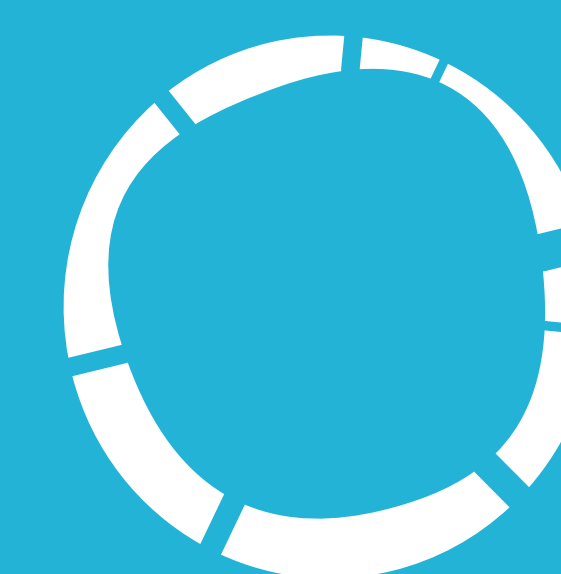
TRAUMA-INFORMED SYSTEMS: Disseminate promising strategies through shared tools and reporting of results.

- Form statewide trauma-informed systems workgroup
- Support local coalitions to test strategies
- Create tools for sharing resources statewide
- Lead & advocate for trauma-informed system change efforts in education

Key Learnings

Our key learnings to date include:

- Build participation, transparency and equity in from the beginning through language, processes and leadership. "Inclusion" alone is not enough; through shared leadership and decision-making, we can create effective and equitable approaches to ACEs and resilience.
- In some communities, coalitions and organizations, all that is needed for momentum is helping to bring people together and asking the right questions, spurring them to move forward on their own with only minor support and accountability from the network. These low-cost/time investment opportunities are important to pair with the higher-cost/time investments to get momentum and organic growth happening.
- All trauma-informed change efforts should be "trauma-informed, culturally-responsive" to truly create safety, empowerment, etc. and to address disparities in ACEs and their outcomes. This can be a harder sell in some communities and institutions, but it is essential for the ACEs movement to be equitable, to gain the trust of communities of color and LGBTQ communities, and to decrease historical and ongoing systemic trauma.
- Understanding and respecting the existing work happening on ACEs, historical trauma, and resilience is essential for trust and for effectiveness. The network must find ways to connect and amplify the existing work and to offer only what is needed to fill in gaps. Even so, there may be turf issues; relationship management needs attention at all times.



ALASKA
RESILIENCE
INITIATIVE

Contact

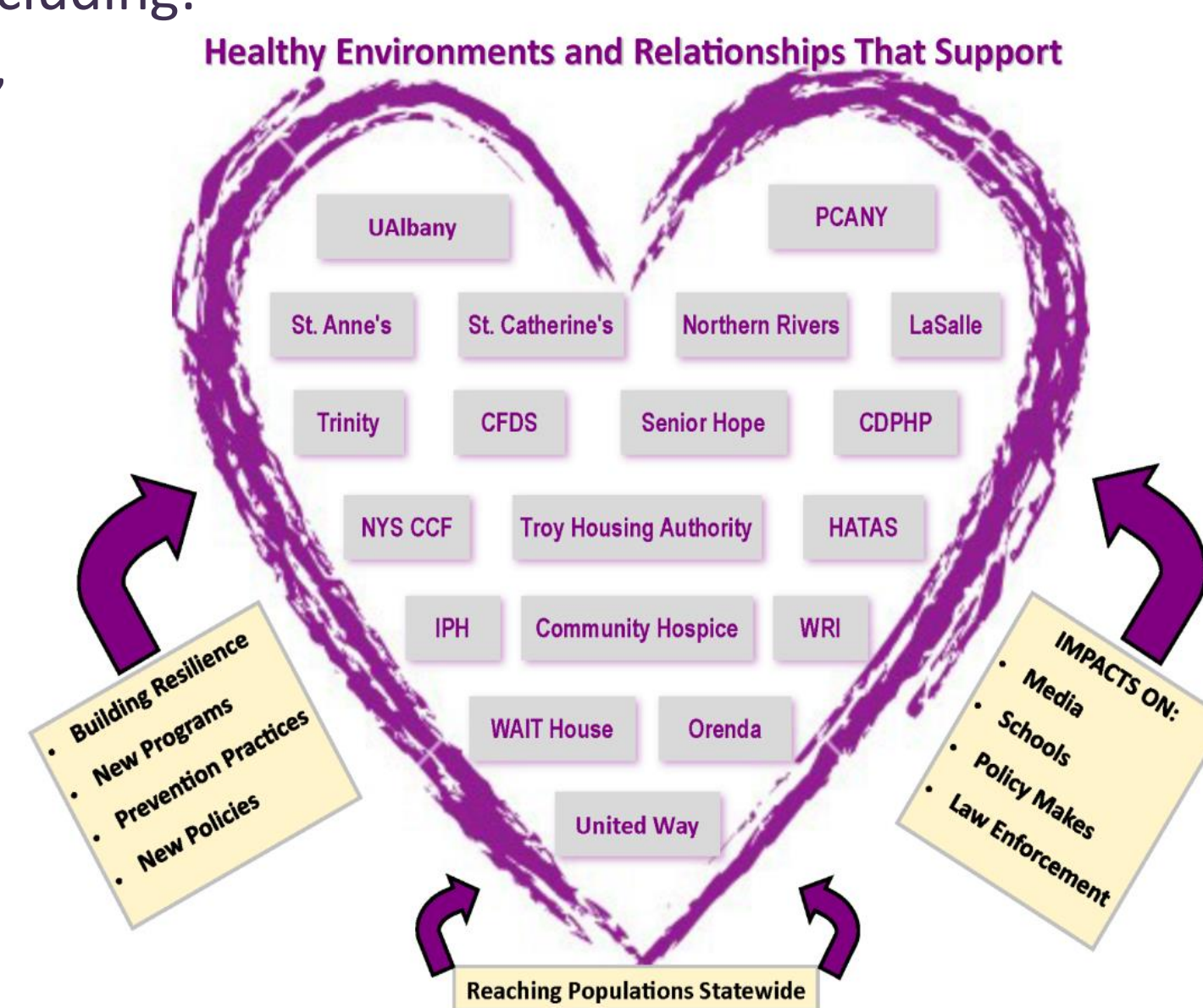
To learn more about ARI, contact:
Laura Norton-Cruz
Program Director
(907) 248-7373
lnortoncruz@alaskachildrenstrust.org
akresilience.org



Healthy Environments and Relationships that Support (HEARTS): A Multi-systemic Collective Response to Adverse Childhood Experiences (ACE) The Albany, NY MARC Project

Network Description

- MARC Project led by University at Albany and La Salle School
- Addressing ACEs and building resilience in the state capital region area, including: Albany, Schenectady, Rensselaer, Schoharie, Saratoga
- Social service agencies serving as training, capacity building and systems change agents
- Impacting social service, health, education, and law enforcement sectors
- State-wide policy partnerships
- Indigenous community leaders, neighborhood peer supports
- Grassroots social movement



HEARTS/MARC

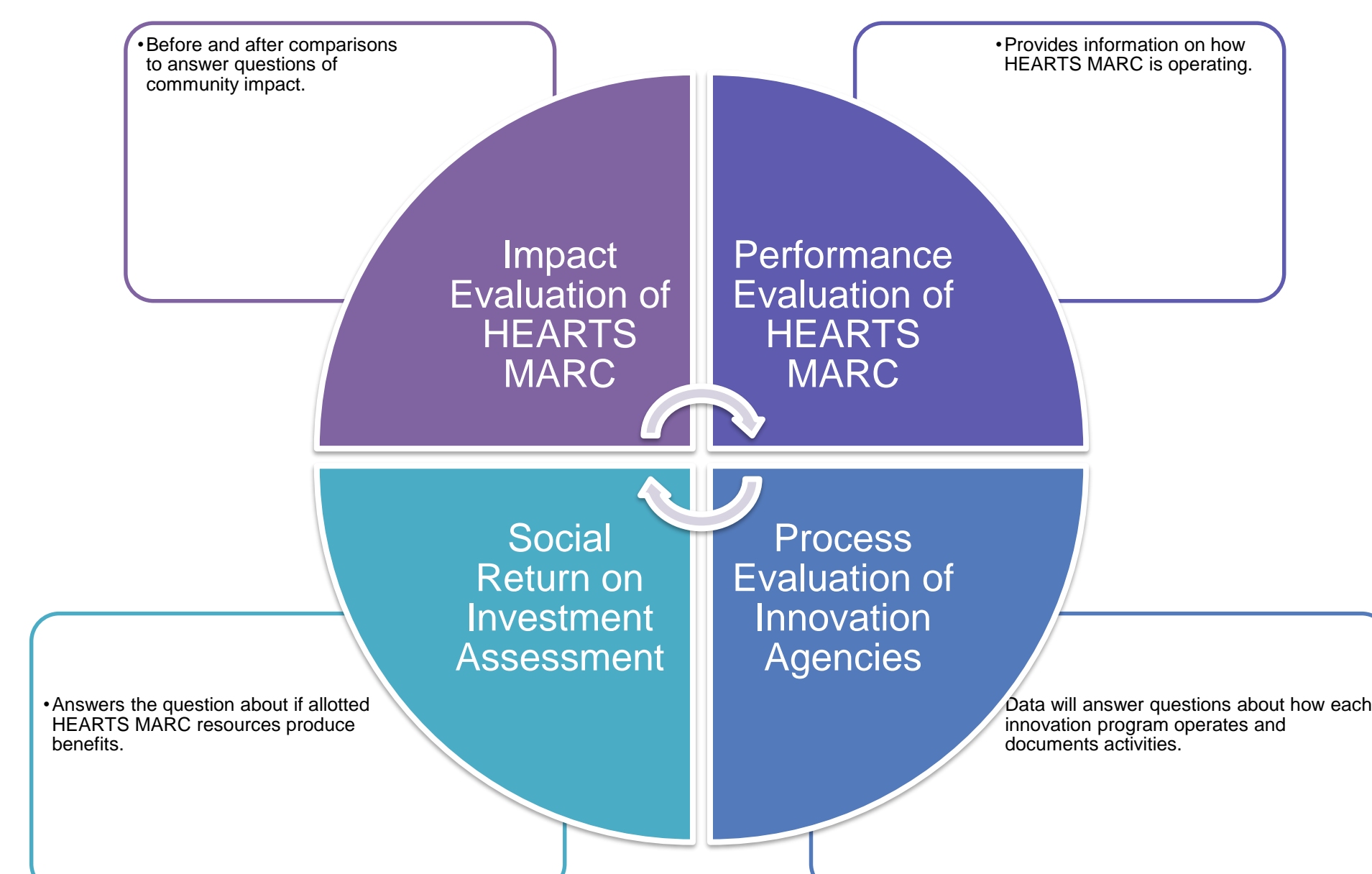
HEARTS/MARC aims to reduce ACEs and build resilience by supporting ACE-informed services, systems, and community wide impact through:

- Cross-sector collaboration
- Community capacity-building
- Social and policy advocacy
- Workforce development
- ACE/trauma-informed programs
- Evidence-supported interventions and emerging practices
- Grassroots level-engagement with indigenous leaders as policy entrepreneurs



How We Developed

- ACE Think Tank and Action Team meetings launched at UAlbany in 2007
- Promoted ACE-related information-sharing and networking for community members and agency leaders
- While ACE awareness increased, strong relationships forged and evolved over time



MARC Objectives



- Build an effective ACE resilience movement by expanding ACE screening, ACE-informed services, sector-specific networks beyond the region, new sector partnerships
- Create a learning and innovation exchange community through training and collaboration opportunities, data-based improvement indices, and continuous quality improvement with each partner agency
- Engage policy leaders through meetings and training, advance policy objectives through media outreach, and support policy entrepreneurs

Our Approach: Restorative Integral Support

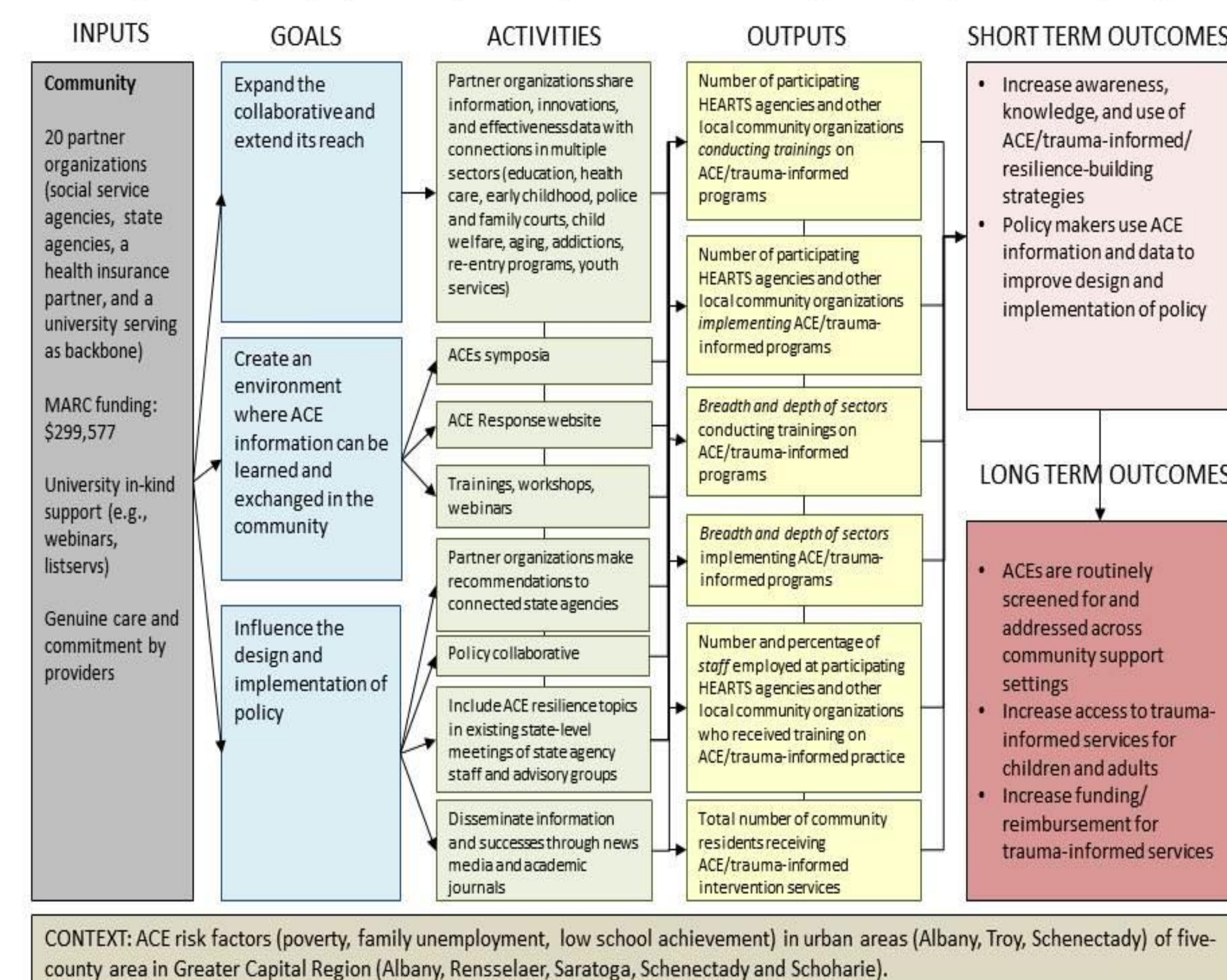
Restorative Integral Support (RIS): A comprehensive model for a whole person/whole agency/ whole systems/ whole community approach.

- Guides multi-faceted ACE response: leadership, policy change, integrated services, culture of health
- Emphasizes importance of social support for resilience and recovery, including provider self care.



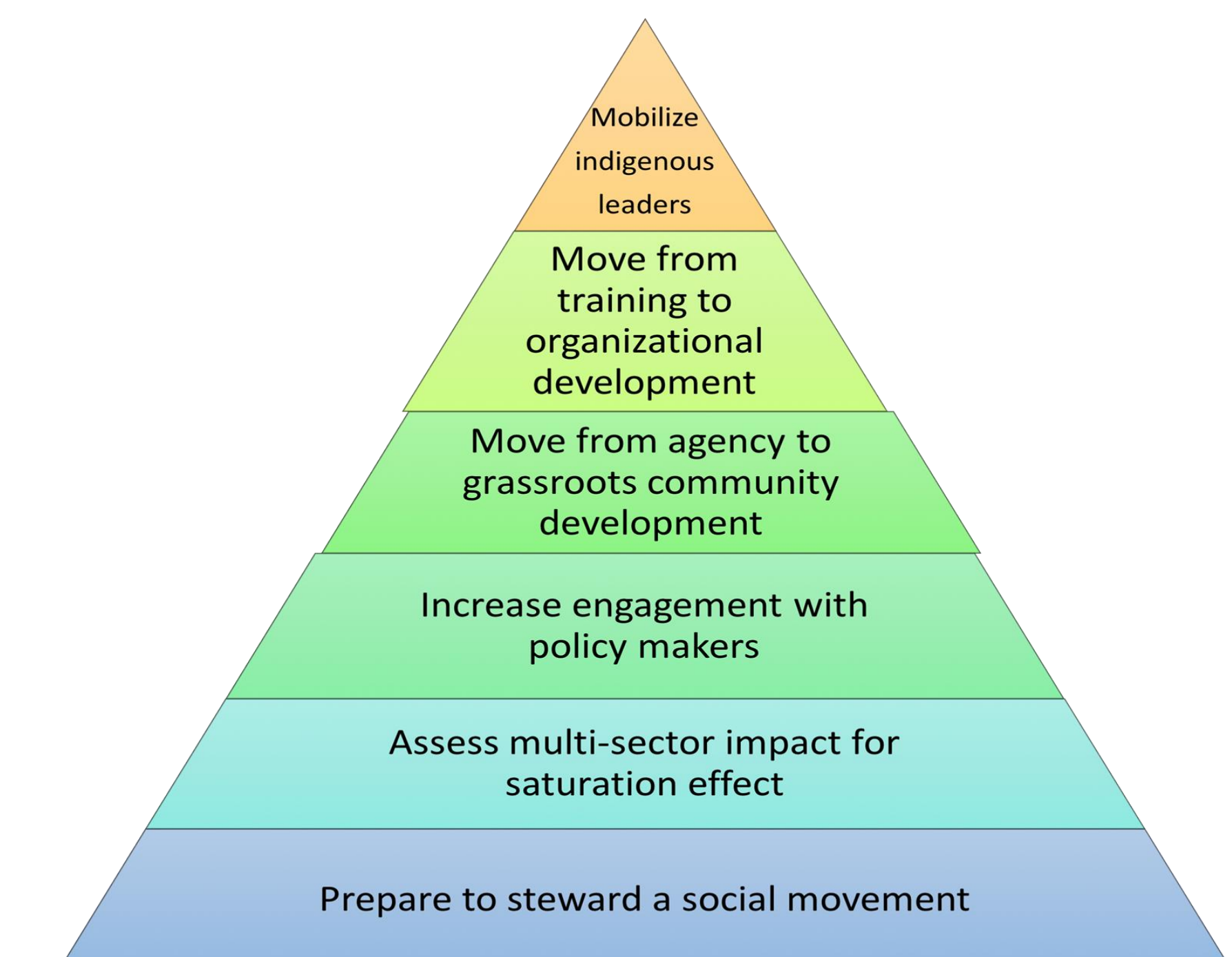
HEARTS/MARC Activities

GOAL: The HEARTS Initiative for ACE Response: Capital Region of NY seeks to raise awareness of ACE and mobilize professionals, paraprofessionals, and community members to promulgate practices and policies that prevent the occurrence and mitigate the impact of ACE in the NY Capital Region.



CONTEXT: ACE risk factors (poverty, family unemployment, low school achievement) in urban areas (Albany, Troy, Schenectady) of five-county area in Greater Capital Region (Albany, Rensselaer, Saratoga, Schenectady and Schoharie).

Key Learnings

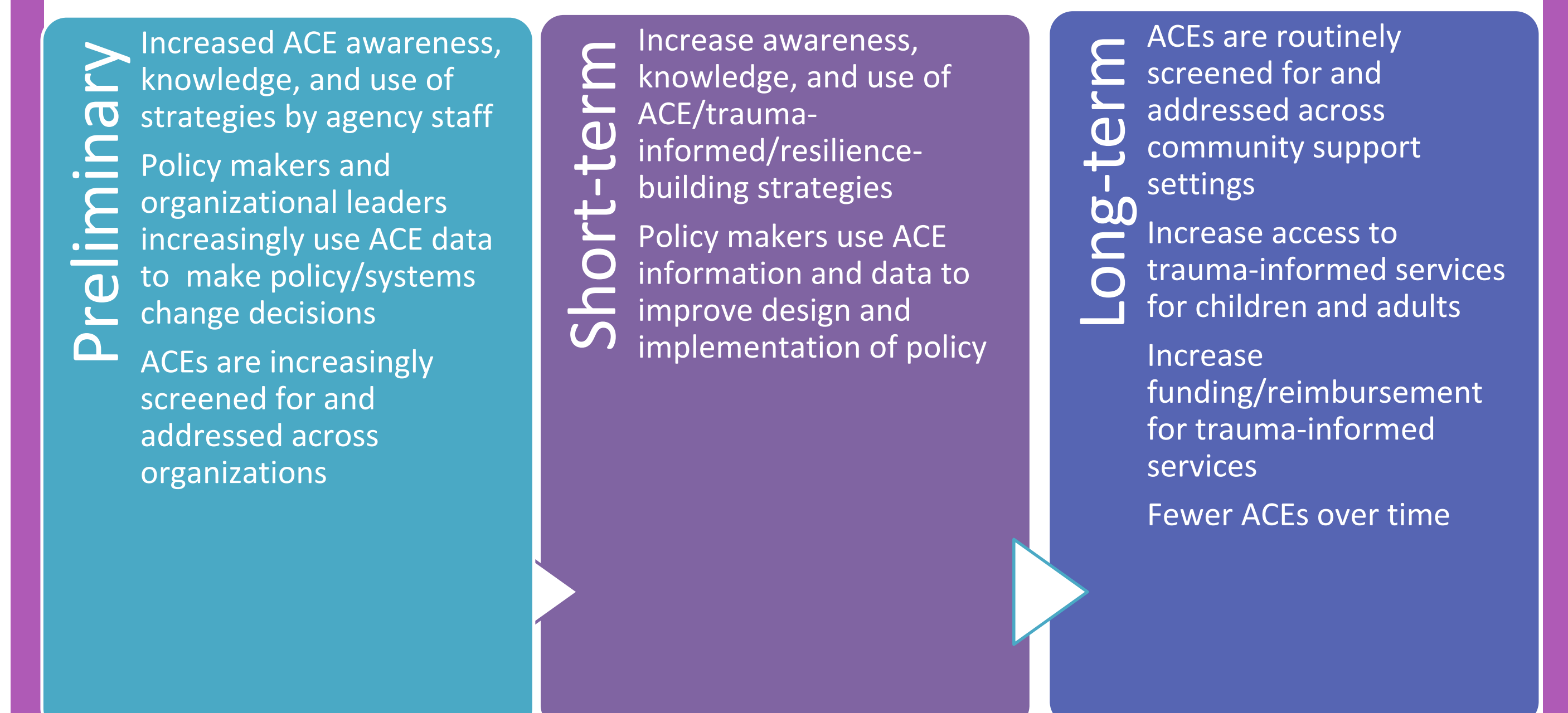


Developments

- NYS Council on Children & Families partnership for state agency collaboration and cross-system policy framework development
- Dissemination: e.g. Disability Services Toolkit: <http://marc.healthfederation.org/albanycapital-region-ny/trauma-informed-toolkit-providers-field-intellectual-developmental>
- Engaged county and city officials with new policy learning communities in development
- Information sharing and support for indigenous neighborhood leaders, e.g. Policy Entrepreneurs



Desired Outcomes



Contact Information

Heather Larkin, PhD and Katharine Briar-Lawson, PhD
University at Albany, State University of New York · Phone (518) 442-3300

Dave Wallace, LCSW
La Salle School · Phone (581) 242-4731

SCHOOL OF SOCIAL WELFARE
UNIVERSITY AT ALBANY State University of New York



It Takes a Village: Growth and learning over two years with MARC

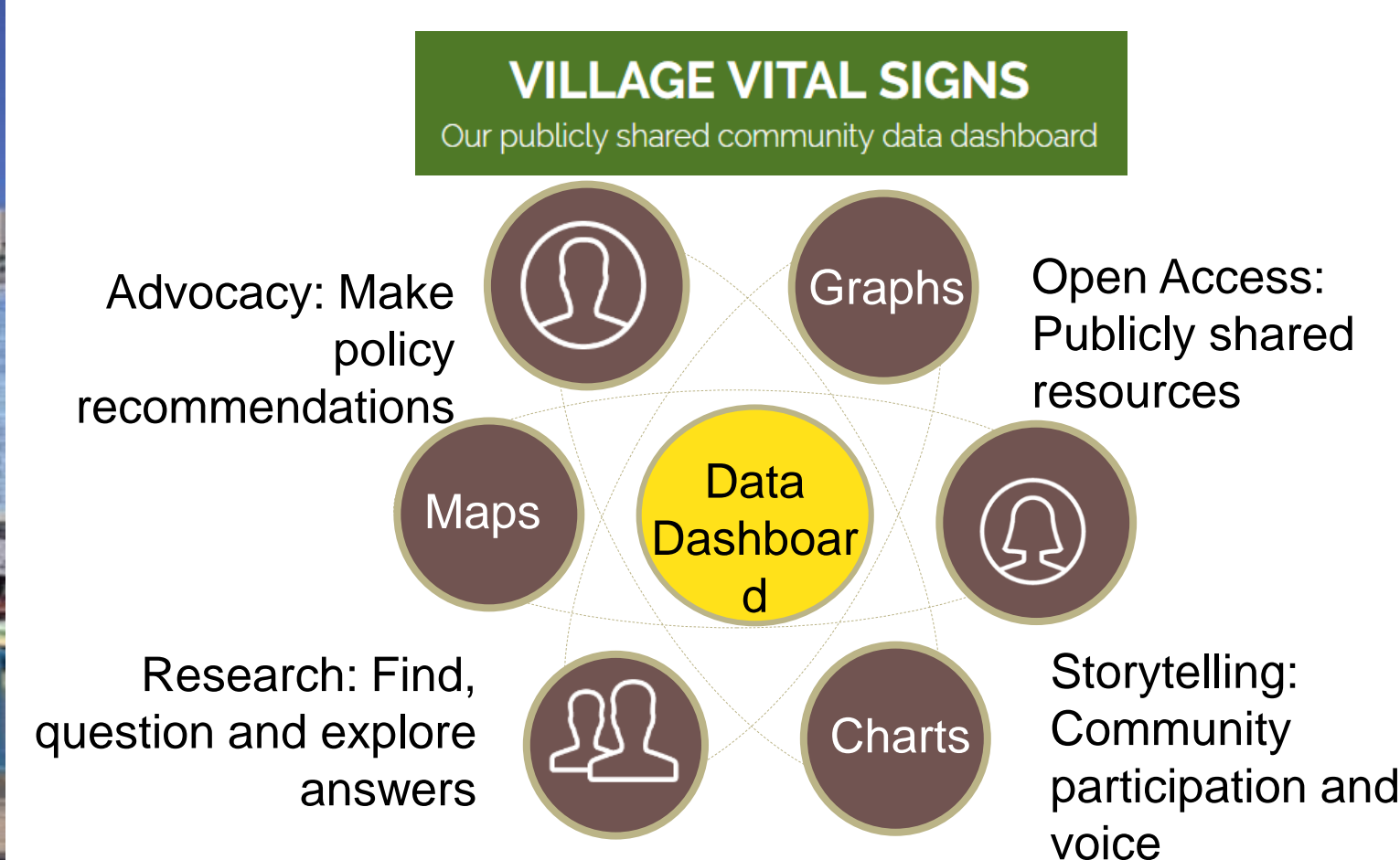
Erica Pike, MS, Futu Chen, MPH, Renée Boynton-Jarrett, MD, ScD,

Network Description

- The **Vital Village Network (VVN)** at Boston Medical Center (BMC) is a collaborative which includes medical professionals, community residents, and community-based organizations acting synergistically to reduce childhood adversities and improve the well-being of children and families in Boston, with a focus on three vulnerable neighborhoods: Roxbury, Dorchester, and Mattapan.

MARC Objectives

- Community of Practice:** To support growth of a local community of practice aligned by a shared mission, to cultivate community settings which protect children from violence and optimally support their wellbeing
- Data & Tools:** To improve the quality of data and tools that allow community residents and community institutions to promote family and community safety



Highlights

- Hosted 3 Leadership Summits from 2015-2017, focusing on strengths-based approaches to addressing wellbeing for children in Boston, with network partners co-designing the event and facilitating workshops, reaching over 375 network members.
- Increased Community Champion cohort from 1 individual to 10 individuals who co-lead, co-design, and co-facilitate VVN projects.
- Linked community learning opportunities such as the **Social Justice Mediation Institute (80 community members)**, **lactation support trainings (42 community members)**, and **trauma-informed classroom trainings (160 educators, principals, and staff, and 6 school trauma specialists)** to practical application in the community setting.
- Hired a full-time Data Coordinator who developed and launched an interactive Data Dashboard, Village Vital Signs, on the VVN website.
- Vital Village Signs improves the quality of data and tools that allow residents and organizations prevent childhood adversities and promote family and community strengths that support optimal child wellbeing.

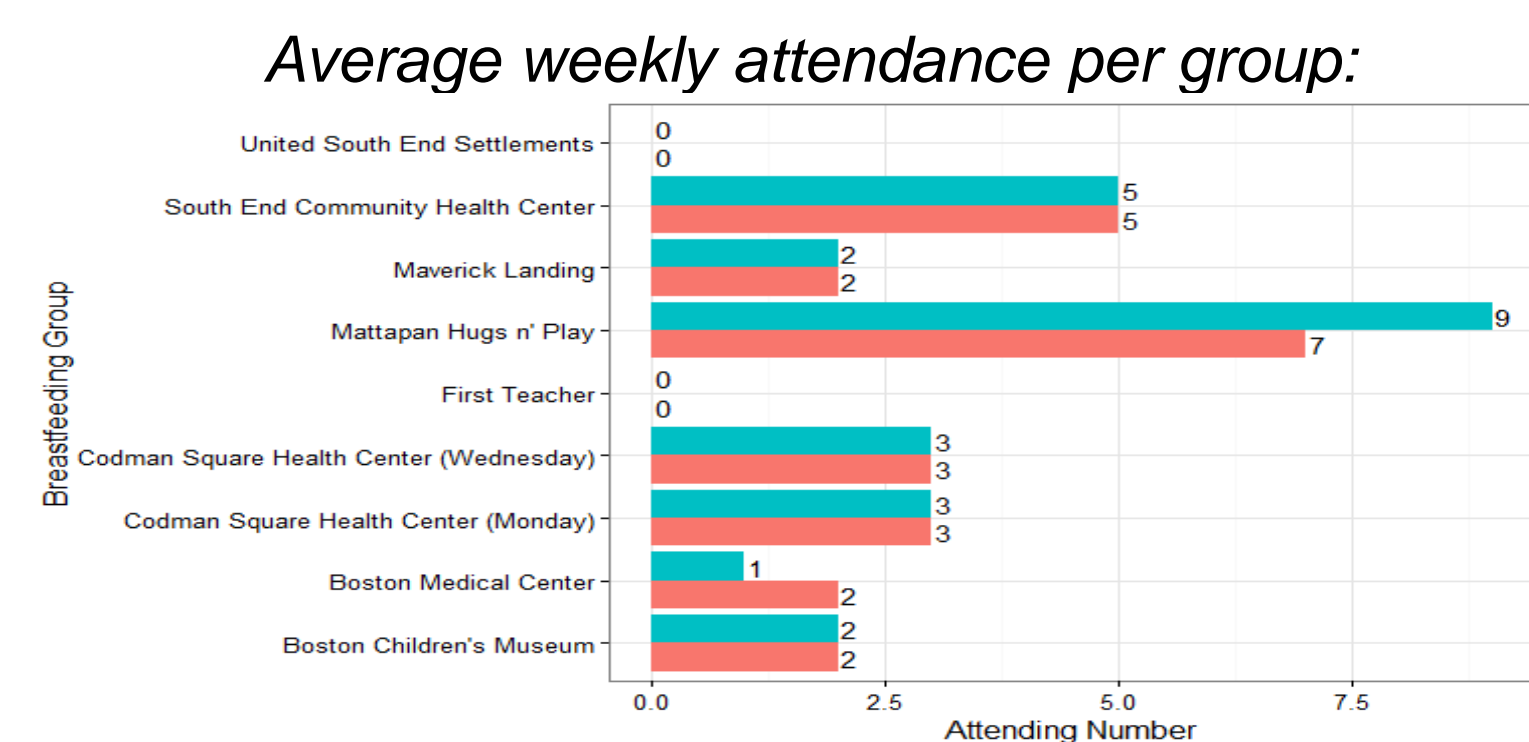
Contact

Erica Pike, erica.pike@bmc.org
Futu Chen, futu.chen@bmc.org
Renée Boynton-Jarrett, renee.boynton-jarrett@bmc.org
www.vitalvillage.org

Community of Practice

Boston Breastfeeding Coalition

- From Feb. 2016 through Nov. 2017, the Breastfeeding Coalition has grown from 16 stakeholders to over 100 members who aim to expand breastfeeding and social support services in Boston.
- Structured volunteer opportunities engage trained community members who have spent over 400 hours providing support to Boston families at 9 support groups across Boston neighborhoods in 2016 and 2017.
- In just 7 months, volunteers have provided support to over 270 babies and 230 adults.



Trauma-Informed Practices

- Collaboratively designed and revised curriculum for Codman Square Health Center's Group Well Child Care and Trauma-Informed CenteringPregnancy groups reaching 13 providers and over 50 parent-child dyads.
- Preliminary research findings from a RCT reveal that parents in the trauma-informed curriculum pregnancy group were more likely to know where to get information on parenting and childcare, and to control behavior when angry with their child than those who took part in the standard CenteringPregnancy curriculum (n=30).
- In a pilot intervention, 28 classes from 3 Boston schools participated in a trauma-informed training and were scored before and after the training using the CLASS observation tool. Statistical significant differences were observed in the emotional support and classroom organization domains.

Pre- and Post-Intervention CLASS Scores by Paired T test (N=28)

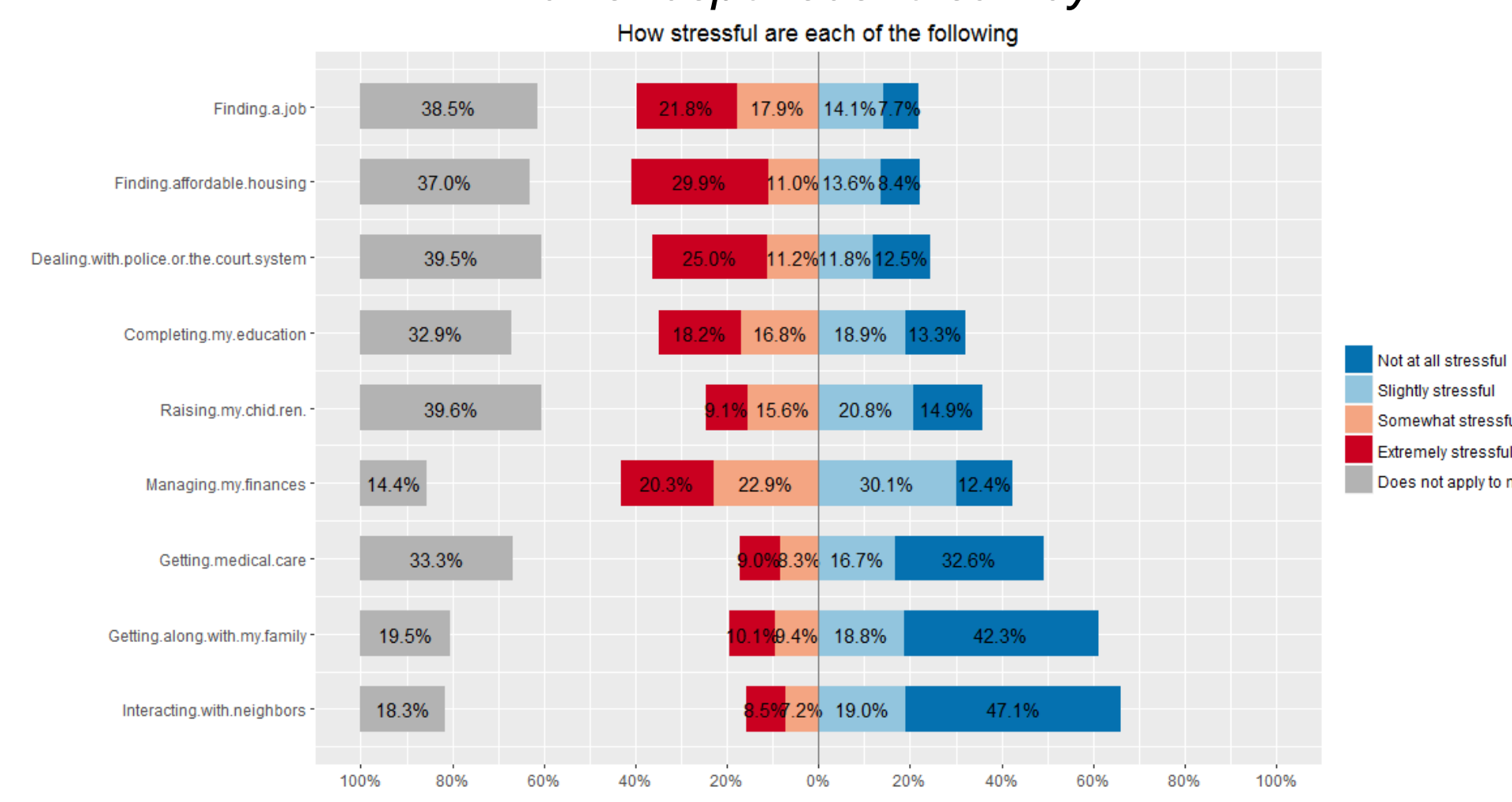
| Domain | Baseline | Follow-up | P-value |
|--------------------------------------|----------|-----------|-----------|
| Emotional Support Domain | 5.23 | 5.96 | < .0001** |
| Positive classroom climate | 5.25 | 6.04 | < .0001** |
| Negative classroom climate | 1.42 | 1.17 | 0.0398* |
| Teacher sensitivity | 5.25 | 6.00 | 0.0011** |
| Respect for student perspective | 3.82 | 4.94 | < .0001** |
| Classroom Organization Domain | 5.42 | 5.97 | < .0001** |
| Behavior management | 5.46 | 6.13 | 0.0002** |
| Productivity | 5.59 | 6.13 | 0.0008** |
| Instructional learning formats | 5.21 | 5.64 | 0.0045** |
| Instructional Support Domain | 2.70 | 2.98 | 0.1281 |
| Concept development | 2.38 | 2.76 | 0.0758 |
| Quality of feedback | 2.88 | 2.99 | 0.6028 |
| Language modeling | 2.84 | 3.18 | 0.0941 |

Note: *Significant at $\alpha=0.05$ level; **Significant at $\alpha=0.01$ level

Male Engagement

- Worked with a diverse group of stakeholders to form MEN (Male Engagement Network) to improve mental wellbeing for men of color and reduce toxic stress.
- Hosted community dialogues on masculinity, race/ethnicity and mental health.
- Hosted a 2-day digital storytelling workshop with on what it means to be a father where 5 fathers worked to write, revise, and record their own personal stories.
- Helped facilitate a process to design a survey that has been disseminated to over 300 men, which addresses mental wellbeing, financial wellness, and anti-displacement advocacy.

Men's responses to survey

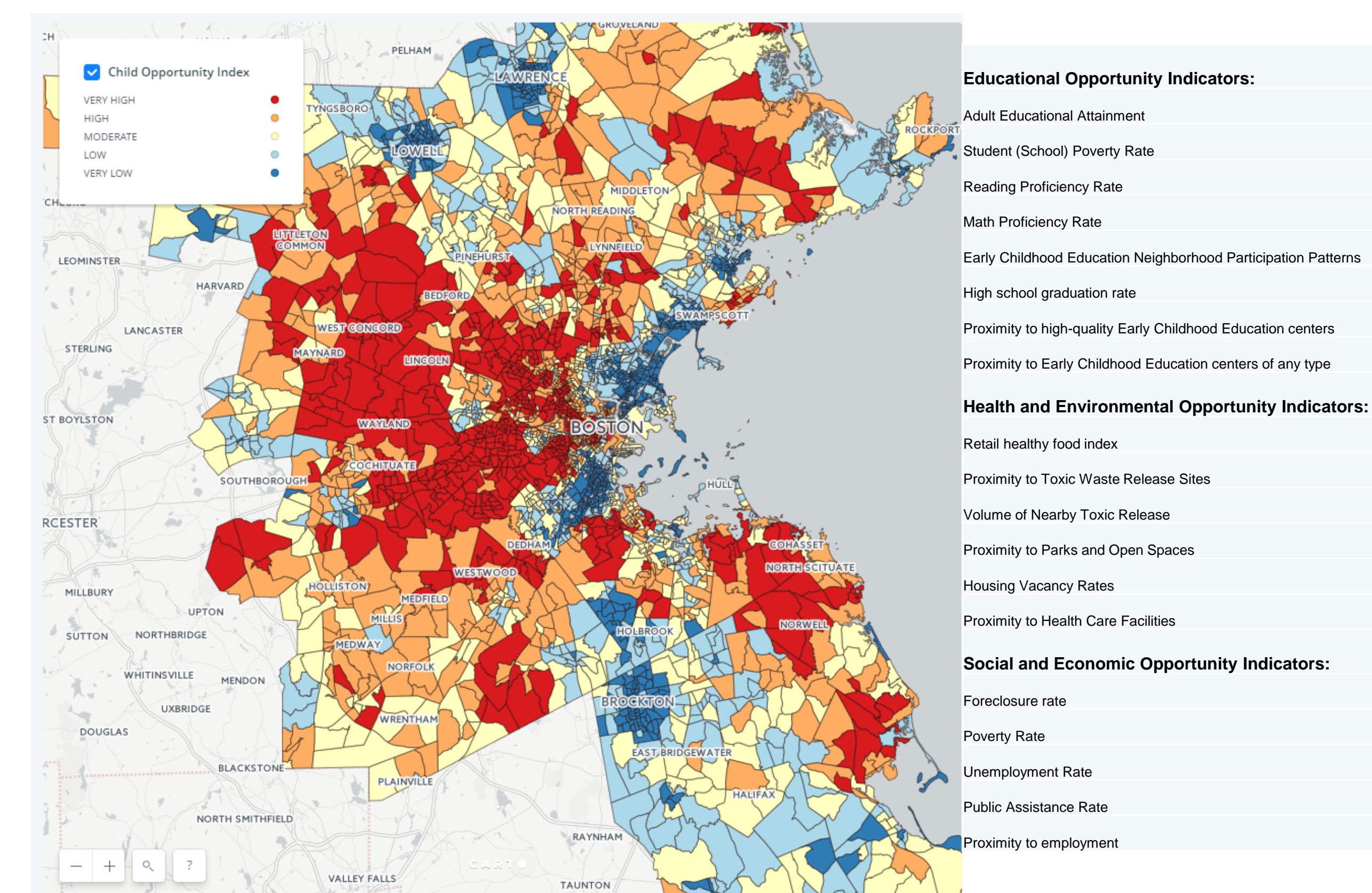


Data and Tools

Child Opportunity Index

- The Child Opportunity Index (COI) is a metric that combines 19 separate component indicators which are linked to child wellbeing.
- We recreated the COI at the neighborhood block group and block level for Boston, MA to understand how neighborhood opportunity structures influence health and development.

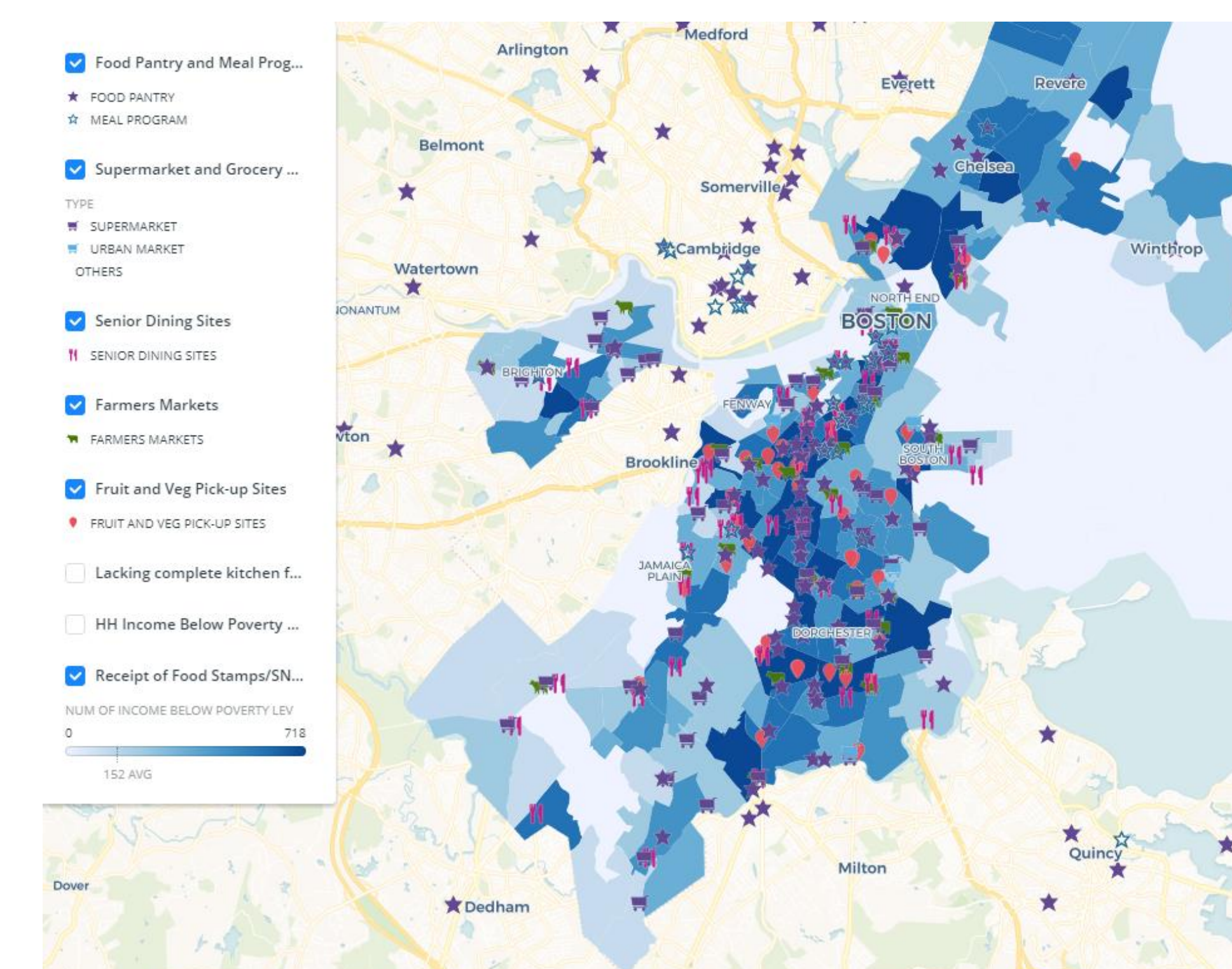
Boston metropolitan area block group level Child Opportunity Index



Data Workgroup

- In 2017, a data workgroup was formed and consists of community members who are passionate about improving access to data on high quality, nutritious foods for local families.
- The workgroup has partnered with organizations like the Boston Public Health Commission and the Boston Mayor's Office, among others.
- The group is currently working to empower residents of Roxbury to find easily accessible, low-cost, high-quality food options in their neighborhoods through an interactive map.

Boston food resources map showing number of people who receive Federal Food Assistance





MARC OBJECTIVES

RESILIENCY

To stack positive factors such as the talents, resources and ingenuity within neighborhoods and offload negative factors through greater community involvement and input

PARTNERSHIPS

To partner with community residents by sharing authentically, ceding and distributing power, all leading to community driven solutions and culturally sensitive outcomes.

COLLABORATION

To build a bridge between agency and community, offering collaborative learning and giving communities the ability to influence and inform how agencies “show up”



TIPPING POINT GRANTS: *Healing Communities from Within*



KEY LEARNING

RESOURCE IDENTIFICATION

Tipping point grants provided a map of our community’s indigenous resources and efforts. With small investments we were able to amplify community efforts.

SHOWING UP DIFFERENTLY

Tipping point grants have helped our local agencies shift away from patterns of behavior that are antithetical to authentically sharing power with residents. Community members are recognized for their ability to identify and advocate for needs while agencies support their voices.

RELATIONSHIP BUILDING

Power sharing and listening have allowed us to start building powerful relationships. Trauma is inextricably bound to this work due to systematic discrimination. Trauma must be named and addressed through community driven efforts to heal.

Contact:

Jan Shepard - Health Division Director

Email: Jannine.Shepard@buncombecounty.org

Rasheeda McDaniels - Community Engagement Team

Email: rasheeda.mcdaniels@buncombecounty.org



Columbia River Gorge

MARC Community

Columbia Gorge Health Council

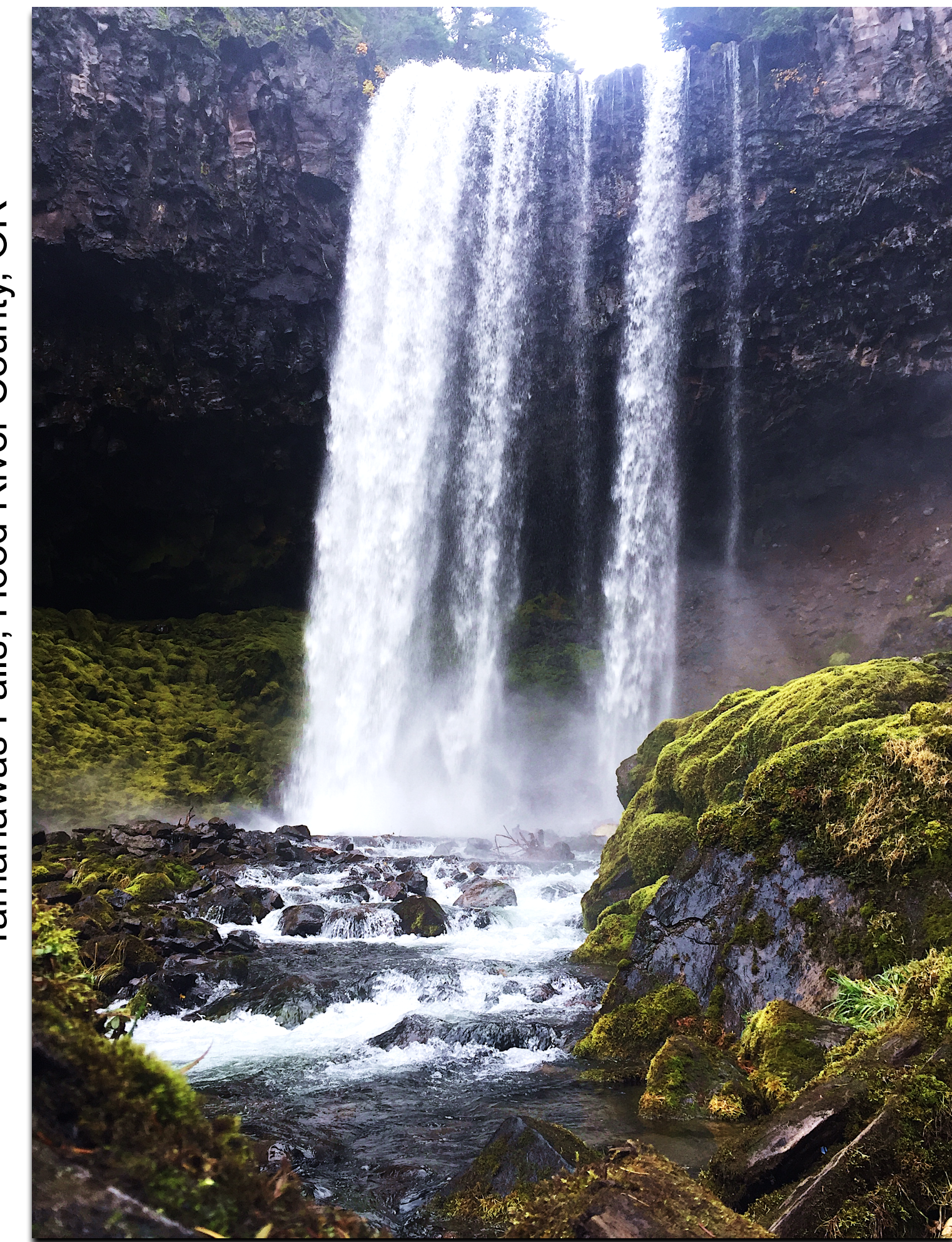
Contact
Claire Ranit
Claire@GorgeHealthCouncil.org
541.968.4788

Network Description

Since 2011, a cross-organizational, cross-county group of leaders in the Columbia River Gorge Region have been working to develop a Trauma Informed Practices community. For many organizations this effort includes participation in quarterly trainings, recurrent learning collaboratives, and various engagement events. To date, nearly 1000 people within the region have been trained in concepts of trauma informed practice and resilience.

Organizations involved in the effort include social services, physical and behavioral health providers, early childhood education, K-12 school districts, law enforcement, youth justice services, county court systems, art educators, the faith community, and first responders.

Counties engaged in the Mobilizing Action for Resilient Communities Grant include Hood River, Sherman, and Wasco in Oregon. There is also engagement from community members living across the river in Klickitat County, Washington.



Tamanawas Falls, Hood River County, OR

Sherman County, OR



Mount Hood, Hood River County, OR



Rowena Crest Lookout, Wasco County, OR



Key Learnings

The MARC grant supported the Columbia River Gorge (Gorge) to continue down the path of creating a more resilient community allowing the network to strengthen and grow. During this time, key learnings surfaced to inform future efforts both within the Gorge and other communities.

The MARC grant provided funding to [hire a full-time Project Director](#) which is vital in the effort. This position is able to:

- Lead strategic planning
- Do focused outreach and relationship building
- Serve as a local expert

It is broadly believed within the community that if a dedicated position is not present to support the effort, that it will not be sustained.

However, it is important to note the Project Director role must serve as a leader and coach in such a way that the effort is [owned by the many champions from within the community](#).

While champions come from every level of organizations, it has been key in the success of the movement in the Gorge to [have the highest level leader from lead organizations at the table as decision makers guiding the overall community effort](#).

As a result of the variety of individuals engaged in and championing the work from different levels of community organizations, it is important to [build intentional opportunities for shared power](#). Consider

- In-person listening sessions
- Online polls
- 1:1 appreciative inquiry interviews
- Focused workshops

There must also be [opportunities for social learning](#). Make space for people from different sectors to come together to collaborate, learn, problem solve, create, and share on successes, challenges, and plans.

[Open communication is also key](#). Look for ways to support knowledge saturation in the community through consistent messaging.

Create opportunities for [each person to have their own “aha” moment](#).

- Learn about NEAR sciences and trauma informed practices
- Choose to engage in the effort
- Have choice for how they engage.

Finally, [have grace for yourself and others](#) – it is a marathon, not a sprint. Sometimes things will go well and other times they won't – this is all part of social learning.

Stories of Change in Action

Upstream Interventions: Bringing Trauma Informed Practices to the Justice System

Sherman County Sheriff Brad Lohrey has worked in law enforcement for 26 years. Lohrey's father was also Sherman County's sheriff. As Brad puts it, "Law enforcement...is not a job. It's just my way of life. It's my family's way of life. That's what we do."

Despite this multi-generational family legacy, Brad reflected "I think the way we do it now is wrong because we just arrest people because we have nothing else in our toolbox to fix the problem."

Shortly after first learning about Trauma Informed Practices, Brad put what he learned into practice. Brad says, "Because of that Trauma and Resiliency Summit that I went to...I sit down with this guy and I interviewed him before he got an attorney and I said, 'Tell me about yourself and why is it that you're in jail today. What's going on with you?' It turns out that he was a veteran" struggling with mental wellbeing. Brad connected the man to receive services for veterans and mental health support, and gave him 30 days to use the services before deciding whether or not to charge him. Brad recounts that about a month later, "[The man] came back with his wife and his wife said, 'I've never seen him this good. He has been doing all of his counseling.' She said, 'I wish you had arrested him ten years ago.'"

Power in Community: Bringing Trauma Informed Practices to a Community Health Center

Kim Thomson works as Behavioral Health Consultants at One Community Health (OCH), the regions Federally Qualified Health Center serving a vast majority of the areas low-income, low-socioeconomic population, and patient's with high needs. Through trainings made available by the MARC Grant, Kim and her colleagues at OCH have been able to attend trauma informed practices trainings alongside employees from other community service organizations.

Kim shared how the trainings taught her how to change her perspective when working with patients. "It's such a shift to go from 'What's wrong with you?' to 'What's happened to you?'" she says.

The trainings have also helped OCH staff become better able to manage personal and vicarious trauma. Kim explains that OCH is very focused on patient care. This translates into a phenomenal resource for the community but it also challenges the providers because working closely with traumatized populations can lead to vicarious traumatization. Kim emphasized that this understanding of vicarious trauma has hugely benefited herself and her colleagues at OCH.

A Commitment to Community: A Trauma Informed Approach in Early Childhood Education

Mid-Columbia Children's Council (MCCC) is the Head Start & Early Head Start provider serving five rural counties in the Columbia River Gorge region. Associate Director, Doreen Hotchkiss, shared that the organization "realized that we really wanted to have a shift in our staff culture because we knew that the end result would be better services to children and families."

Doreen explains that positive interaction and communication among staff members is crucial because, "How we are with each other is how we are with families, is how we are with children, is how families are with their children."

For more on "Stories of Change in Action" see "Evaluation of the Mobilizing Action for Resilient Communities (MARC) Grant: Resilience Network of the Gorge" report by ORPRN.



United Way
of Metro Chicago

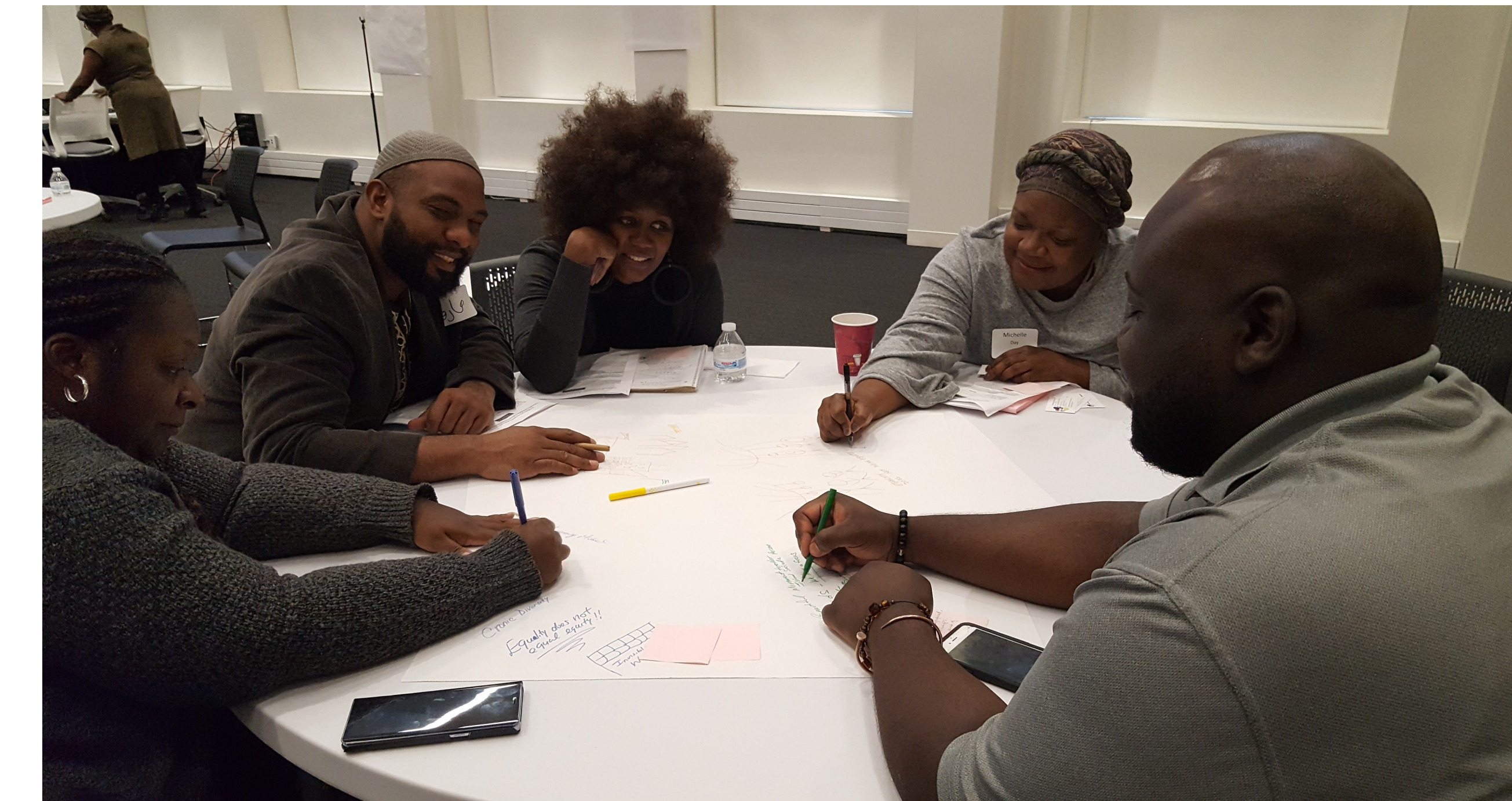
The Illinois ACEs Response Collaborative:

The Collaborative seeks to build capacity to foster a movement around ACEs and resilience in Cook County. Cook County is comprised of 40% of the population of Illinois, representing a large geographic and jurisdictional area. It includes the city of Chicago and 127 surrounding suburbs.

Network Description:

The Collaborative includes:

- 32 organizations,
- Four United Way-sponsored collective impact initiatives within Cook County,
- And leverages the expertise of national expert advisors: Laura Porter, Sandra Bloom, Renee Boynton-Jarrett, and Rob Anda.



Strategies for Change: MARC Objectives and Key Learnings

Legislative

- **Raise awareness** and inform policy makers on the pervasiveness and impact of ACEs
- **Published data and recommendations** related to:
 - Education → Justice → Health
- Hold informational **meetings with state representatives**

Other Activities:

- Environmental scan
- Ongoing assessment of membership alignment with network activities
- Webinar series

Community

- **Identify promising principles and practices** for addressing ACEs in various sectors across the life course
 - Community Connections Conference: Pathways to Safety, Healing and Wellness
 - 170 attendees joined together to learn from community groups and networks building positive relationships and places of belonging and contribution
- **Support neighborhood initiatives** to implement trauma-informed (TI) services
 - Cicero Police Training



"Helping trauma victims combat trauma, better respond to incidents, being able to identify and cope with my own trauma."

"Can apply info every day and to every call which will in turn help more and make me a better police officer."

→ South Chicago is dedicated to **supporting a resilient culture of safety and wellness** for those who have been impacted by violence

- Community cafes and conversation
- Trauma-informed training with CPS principals

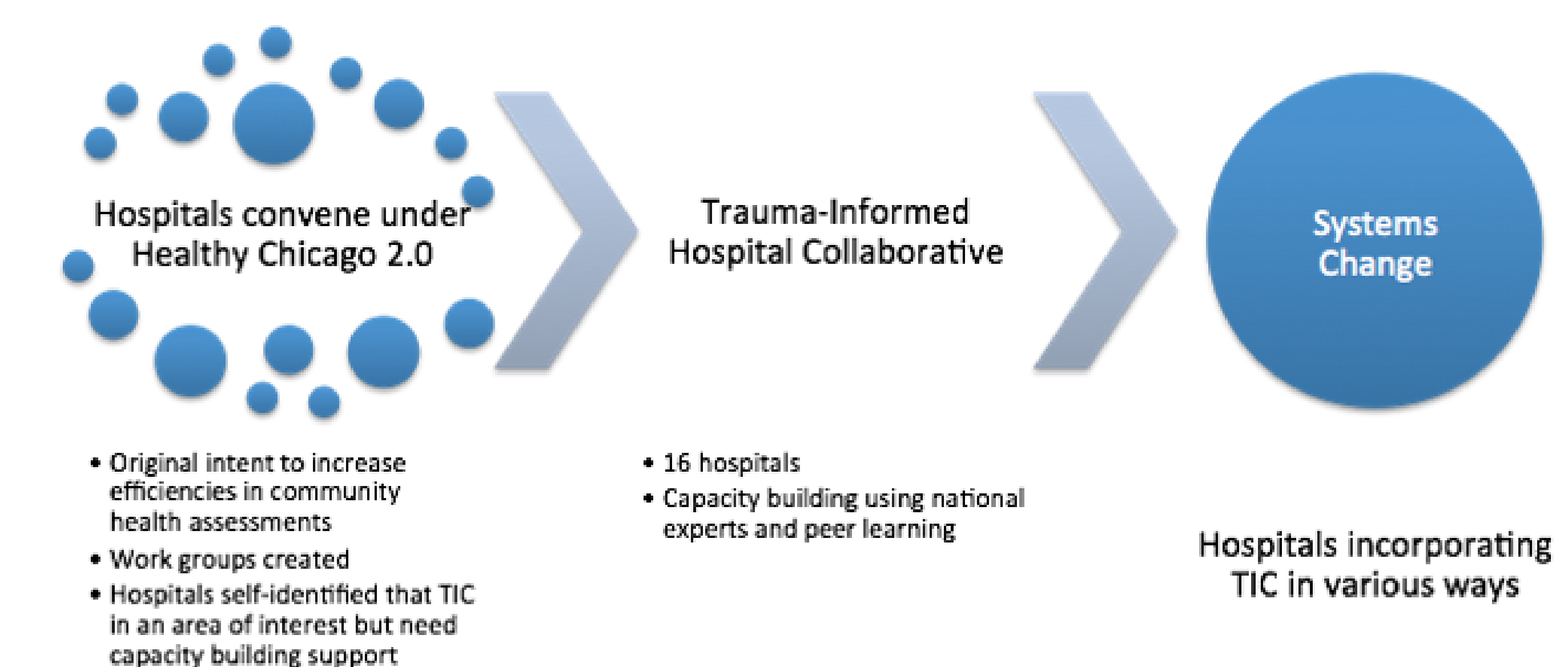
-Goals:

1. Educate the community
2. Facilitate community engagement
3. Increase community-based opportunities for health and wellness

Systems

- Provide practitioners across various sectors with **skills that promote TI practice**

- Trauma 201 training
- Screening/brief intervention for pediatric residents in school-based health
- Restorative justice
- TI hospital collaborative



- Work to **institute systems change** through TI policies and procedures at the state-, regional-, organizational- and community-levels

- Informing foundations, changing funding priorities/portfolios
- Incorporating ACEs training into curriculum
- Including TI vision in strategic planning documents

- Use data to capture targeted areas of the Collaborative's impact to **improve policies, services, and practices, and drive systems change in Illinois**

- Data committee analyzing BRFSS data to create policy recommendations

Contact Us and Learn More:

Maggie Litgen, Manager, ACEs Program,
mlitgen@hmpg.org

Alexandrea Murphy, Director of Health,
Alexandrea.murphy@uw-mc.org

Visit us online at:

<http://www.hmpg.org/Programs/IL+ACE+Response+Collaborative>

STRENGTHENING
SOUTH CHICAGO



RESOURCES



RESILIENCE



EDUCATION



PARTNERSHIPS



COMMUNITY

Network Description

Resilient KC is a partnership between Trauma Matters KC and The Greater Kansas City Chamber of Commerce.

MARC Objective

- Raise Awareness in the bi-state regional Kansas City area on the impact of Adverse Childhood Experiences.
- Build a Resilient Community.
- Collect Adverse Childhood Experiences from the Kansas City Community.

Key Learning

- When collaborating across sectors, language is vital and the proper language must be used that resonates with the audience.
- Sustainability of a movement doesn't always need large financial commitment, but it helps.
- Accelerated momentum can happen quickly when the capacity is present and staff is able to dedicate their time to the work.

Contact

Jasmin Williams, Project Director, williams@kcchamber.com



KEY LEARNINGS

- There is no clear "check list" for implementing trauma-informed practice, rather key principles
- Any work that does not consider structural oppression and historical trauma can not be considered trauma-informed
- Taking the time to build consensus around significant decisions is integral to overall buy-in
- There are significant disconnects between research and practice, which a cross-sector network can help to address
- Conducting projects "with" community rather than "for" community may require more time and resources but will yield better results

NETWORK DESCRIPTION

Vision

Philadelphia will be a community committed to preventing and mitigating the impact of ACEs, thereby improving the emotional and physical health of children, families, and communities.

Mission

The Philadelphia ACE Task Force works with communities to build awareness about ACEs, trauma, and healing; increase collaboration among health and human service organizations; and deepen systemic capacity to prevent and mitigate the impact of ACEs and trauma to build resilience.

>100

professionals and community residents working together in our network

MARC OBJECTIVES



Increase general public awareness of ACEs and trauma-informed principles in a recovery-oriented way

Enhance the educational and workforce development efforts around ACEs/trauma-informed care



Strengthen leadership in health and human service organizations

Increase sharing of best practices between professionals



BACKBONES

SCATTERGOOD
THINK|DO|SUPPORT



HEALTH FEDERATION
OF PHILADELPHIA
The keystone of community health since 1983

THE PHILADELPHIA



PROJECT

CONTACT PERSON

Caitlin O'Brien
cobrien@scattergoodfoundation.org
301-580-2762

OUR TIME IN MARC

The Philadelphia ACE Task Force engaged in many activities over the course of our time in MARC. Listed below are examples of key work:

Strategic Planning

The Philadelphia ACE Task Force embarked on a strategic planning process during our time as a MARC community.



This process led the Task Force to identify new areas of focus:

Building a Professional Community of Practice

Research

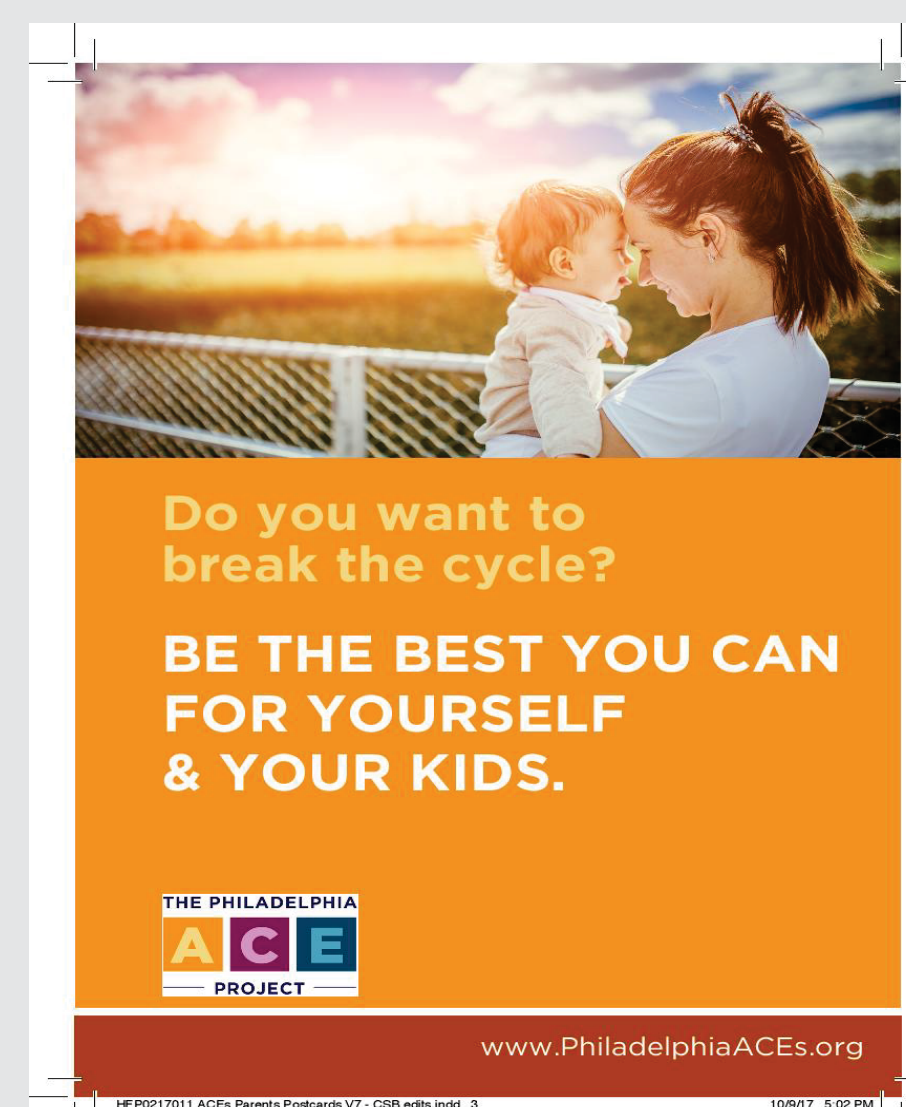
Community Engagement

Policy and Advocacy

Messaging

Our ACE Messaging Group worked to co-create messages which raise awareness about ACEs and trauma among three key target audiences:

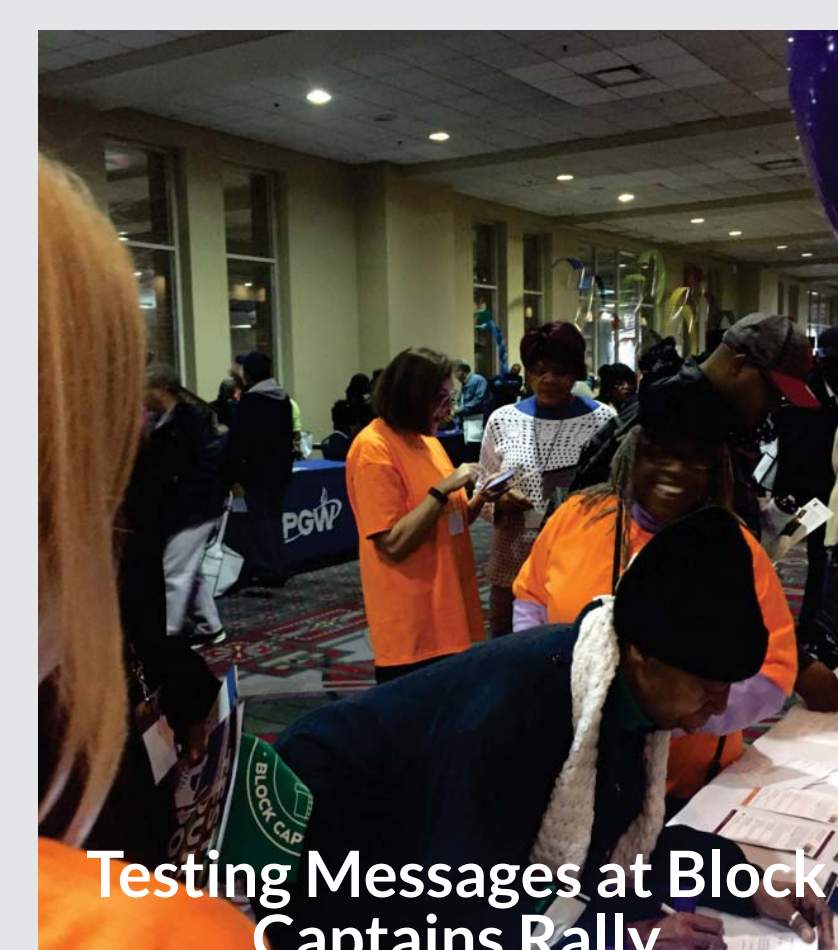
Parents of Young Children



Older Adults

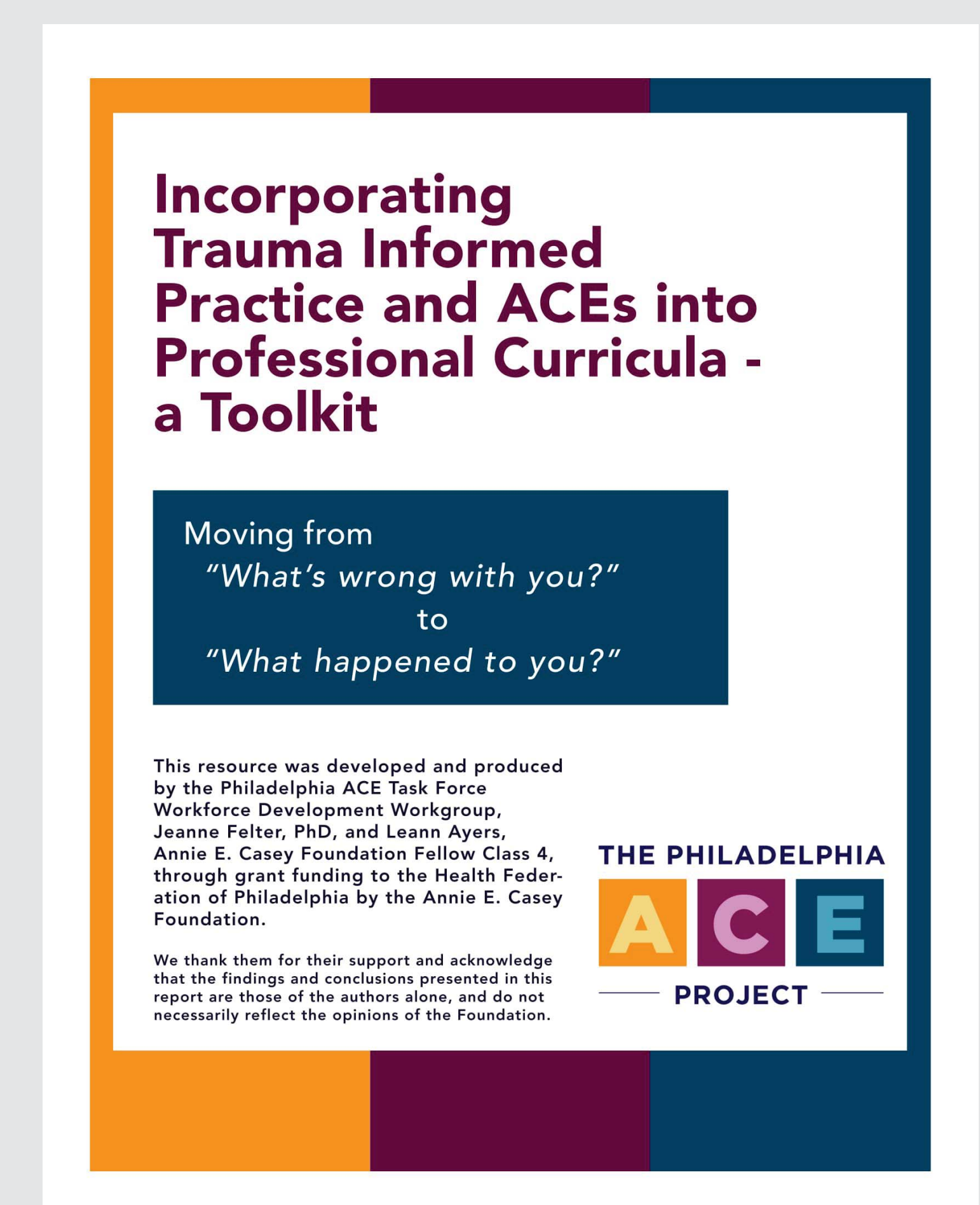


Youth



Higher Education

Our Workforce Development Workgroup developed an ACEs in Higher Ed Toolkit and co-sponsored an event which advocated for the inclusion of ACE information into the curricula of six disciplines.





The San Diego Trauma-Informed Guide Team

About the San Diego Trauma-Informed Guide Team

Mission

Promoting trauma-informed services in the San Diego region through collaboration, advocacy, and education

Vision

A resilient world where families and communities thrive

History

The San Diego Trauma-Informed Guide Team (SD-TIGT) was established in 2008. The SD-TIGT was created in response to a call to action during a workshop by Gabriella Grant, Director of the California Center of Excellence for Trauma Informed Care, and Dr. Stephanie Covington. Since its inception, the SD-TIGT has served a unique role in providing an inclusive venue that welcomes professionals, resident leaders, and others to collectively advance trauma-informed practice and resilience building in the San Diego region. Each of the participants of the SD-TIGT, at their own stage of readiness, provides leadership for evolving their agency/organization in the areas of program, policy, and/or practice.

SD-TIGT Strategic Plan Goals

- 1) Expand the SD-TIGT as a cross-sector movement
- 2) Strengthen the capacity of the SD-TIGT to promote resilience and prevent/reduce ACES
- 3) Enhance the capacity of the SD-TIGT members to influence system change for policy, program, and practice levels
- 4) Build capacity of the SD-TIGT to partner with community members of all ages when shaping programs and policies

Website

<http://www.acesconnection.com/q/san-diego-county-aces-connection-group>



Contributing to the **Thought Board** at the Harmonium Administrative Office.

Supporting individuals and families **across all age groups**.

Working together to advance the trauma-informed and resilience building movement.

For More Information

For more information, please contact:

Rosa Ana Lozada, L.C.S.W.

rlozada@harmoniumsd.org

(858) 684-3080

MARC Objectives

The major objectives for the MARC grant funding were to enhance the San Diego Trauma-Informed Guide Team's capacity to provide a robust and sustainable cross-sector movement and contribute to the existing efforts in the *Building Healthy Communities* Initiative in the San Diego Mid City region. These objectives guided the development of the capacity and momentum building goals below, as well as the development of the four goals in the SD-TIGT's strategic plan.

Capacity and Momentum Building Goals

- 1) Strengthen and grow the SD-TIGT as a cross sector movement aimed at promoting resilience and preventing/reducing ACES in San Diego (**Highlight:** *Supported the development of the San Diego Trauma-Informed Guide Team Strategic Plan 2016-2018*).
- 2) Enhance the capacity of the SD-TIGT network to establish system change for policy, program, and practice level. (**Highlight:** *Provided SD-TIGT "Trauma-Informed Journey" and "Brag Sheet" templates to capture system change*).
- 3) Provide promotional materials and educational tools that complement and support the goals and objectives of the *Building Healthy Communities* Initiative. (**Highlight:** *Supported the creation of the SD-TIGT logo*).

Key Learnings

Network Strengthening

- ❖ Establishing a process to develop and complete the strategic plan required trust, flexibility, roles, goals, action steps, timelines and a common vision. These ingredients led to a sense of group accomplishment and individual commitment to the plan's implementation.
- ❖ Putting structures in place to complement the strategic plan made the work outlined in the plan more sustainable.
- ❖ Holding regular meetings for all SD-TIGT members kept current members connected, engaged, and supported in continuing their work in the SD-TIGT and provided an opportunity for new members to join.
- ❖ Defining structure and providing templates facilitated the SD-TIGT Leadership Team in assuming the roles previously held by the MARC funded staff in support of a sustainable transition.
- ❖ Respecting and acknowledging the SD-TIGT's historical contributions facilitated the opportunity to build upon the work and take it to the next level.
- ❖ Having each committee reflect on how its work related to the strategic plan goals and work of the SD-TIGT ensured alignment with the overall direction of the SD-TIGT.
- ❖ Developing a Membership Committee helped implement trauma-informed practices by welcoming all new members prior to each meeting, providing them with information and resources, and following up with them after their first meeting.
- ❖ Creating a logo for the SD-TIGT via a collective decision-making process provided the network with a visual representation that strengthened the SD-TIGT's identity.

Accelerated Momentum

- ❖ Holding bi-monthly Leadership Team meetings provided valuable time for decision-making which expedited the processes for accomplishing tasks.
- ❖ Creating committees (Marketing, Training, Membership, Resource) supported the work for a comprehensive approach to achieve strategic goals advance the work of the SD-TIGT.
- ❖ Utilizing the strategic plan to guide the SD-TIGT's decision-making ensured that the SD-TIGT made informed decisions that aligned with the group's mission and vision, and also enhanced the efficiency of the decision-making process.
- ❖ Holding a sustainability and planning retreat provided an opportunity to discuss and develop strategies toward sustainability post MARC funding.
- ❖ Anchoring the work in the strategic plan goals helped the SD-TIGT stay focused in a collaborative effort toward collective achievement.

Cross-Sector Collaboration

- ❖ Taking every opportunity to inform individuals and agency representatives about the SD-TIGT and invite them to a SD-TIGT meeting diversified the SD-TIGT's sector involvement.
- ❖ Including the expansion of cross-sector representation as a strategic plan goal prompted the intentional creation of strategies to achieve the goal.
- ❖ Recognizing new members and their affiliation at the beginning of each SD-TIGT meeting reinforced the important value of new members and cross-sector representation.
- ❖ Creating a network through the SD-TIGT provided the opportunity to facilitate trauma-informed and resilience building trainings across various sectors throughout the region.

Trauma-Informed Systems/Policy Changes

- ❖ Reviewing the definition of policy at program and system levels helped establish a realistic understanding of ways in which the individual SD-TIGT members have had and can continue to have a direct system change impact within their agencies/organizations.
- ❖ Providing the information on larger system/political policy gave SD-TIGT members the knowledge to support efforts as an individual and to raise the issues within their organizations/agencies.
- ❖ Inviting a member of the SD-TIGT to share their organization's "Trauma-Informed Journey" at each SD-TIGT all member meeting highlighted the steps for organizational change and evolution over time while inspiring others to implement similar changes.
- ❖ Having a backbone entity that included the support of a CEO who had involvement in the historical development of the SD-TIGT, and knowledge of the political landscape of the San Diego region helped navigate challenging situations and provided an executive lens to strengthen the work of the SD-TIGT.
- ❖ Collecting "Brag Sheets" from individual members at each meeting captured the policy changes being made, giving the SD-TIGT a better understanding of the work that was being accomplished by the SD-TIGT.
- ❖ Establishing a process and guiding principles for how to work together as a MARC funded team modeled trauma-informed best practices that were sustained throughout the course of the grant.



Sonoma County ACEs Connection

MOBILIZING ACTION FOR RESILIENT SONOMA

OUR NETWORK

“We bring the community together to prevent, heal, and treat ACEs while promoting resiliency.”

Sonoma County ACEs Connection became a community coalition in March 2016, adhering to the traditional definition of a coalition with a defined set of relationships among a group of member organizations and individuals that commit to a collective goal and shared decision-making. Members include representatives from many sectors including education, law enforcement, government agencies, media, health, and human service non-profits. In June 2016, the coalition agreed to adopt the MARC grant goals as the coalition’s goals.

MARC OBJECTIVES

- A** Formalize and strengthen Sonoma County ACEs Connection infrastructure.
- B** Build community capacity to understand and address ACEs and foster resilience.
- C** Leverage existing community engagement and development activities to align with and promote the ACEs prevention and trauma informed frameworks.

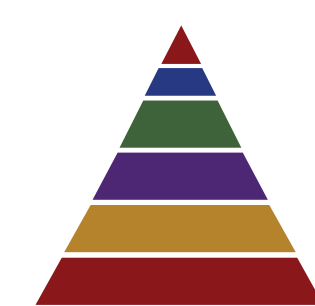
OUR KEY LEARNINGS



Backbone staff ensures coordination and collaboration.



A cross sector network can raise awareness of a broad section of the community—ours is now taking first action steps towards changing practices and policies.



The ACE pyramid needs to include a reframe around being informed of historical trauma/racism, coping, and adaptive behaviors that relieves individuals of blame or shame, while acknowledging community level adversity.



“Not everybody embraces a compassionate approach to dealing with people, but the hard-to-argue-with brain science can help overcome that resistance.”

-Detective Tim Raymond
2016-17 ACEs Fellow

“You feel alone doing this work, like you’re starting from scratch. But here, I felt like I had some reinforcement—people who really want to understand and share this information.”

-Isabel Lopez
2016-17 ACEs Fellow



CONTACT US



Holly White-Wolfe, MBA

hwhitewolfe@schsd.org

707.565.5266

WWW.ACESCONNECTION.COM/G/SONOMA-COUNTY-ACES-CONNECTION



Like our Red mangroves, we may live through adverse conditions, but we can grow strong and resilient together.

Peace4Tarpon

TRAUMA INFORMED BUILDING RESILIENCY

CONNECT • INFORM • TRANSFORM • HEAL

A Connected & Trauma-Aware Community is a Healthy & Resilient Community

MARC OBJECTIVES

Promoting community involvement, awareness, healing & resiliency
Encouraging trauma-informed, cooperative & coordinated services
Accepting people where they are - then moving forward together
Continually seeking out current research to better inform us as we forge our path
Engaging & supporting creative ideas from passionate champions

4 - Connect - Inform - Transform - Heal

KEY LEARNINGS

T rue grassroots initiative - keeping focus on who we are!
A bility to collaborate with, support & promote kindred spirits on our shared path
R ecognition of our emerging community model & freedom to learn as we go
P eacebuilding as a Trauma-Informed approach
O ne by one, engaging community members - joining forces - building relationships
N ever losing focus on generational solutions to the generational challenges of Trauma

NETWORK DESCRIPTION

Peace4Tarpon

Trauma Informed Community initiative

www.Peace4Tarpon.org

www.facebook.com/Peace4Tarpon

Contact Person

Robin Saenger, Founding Director

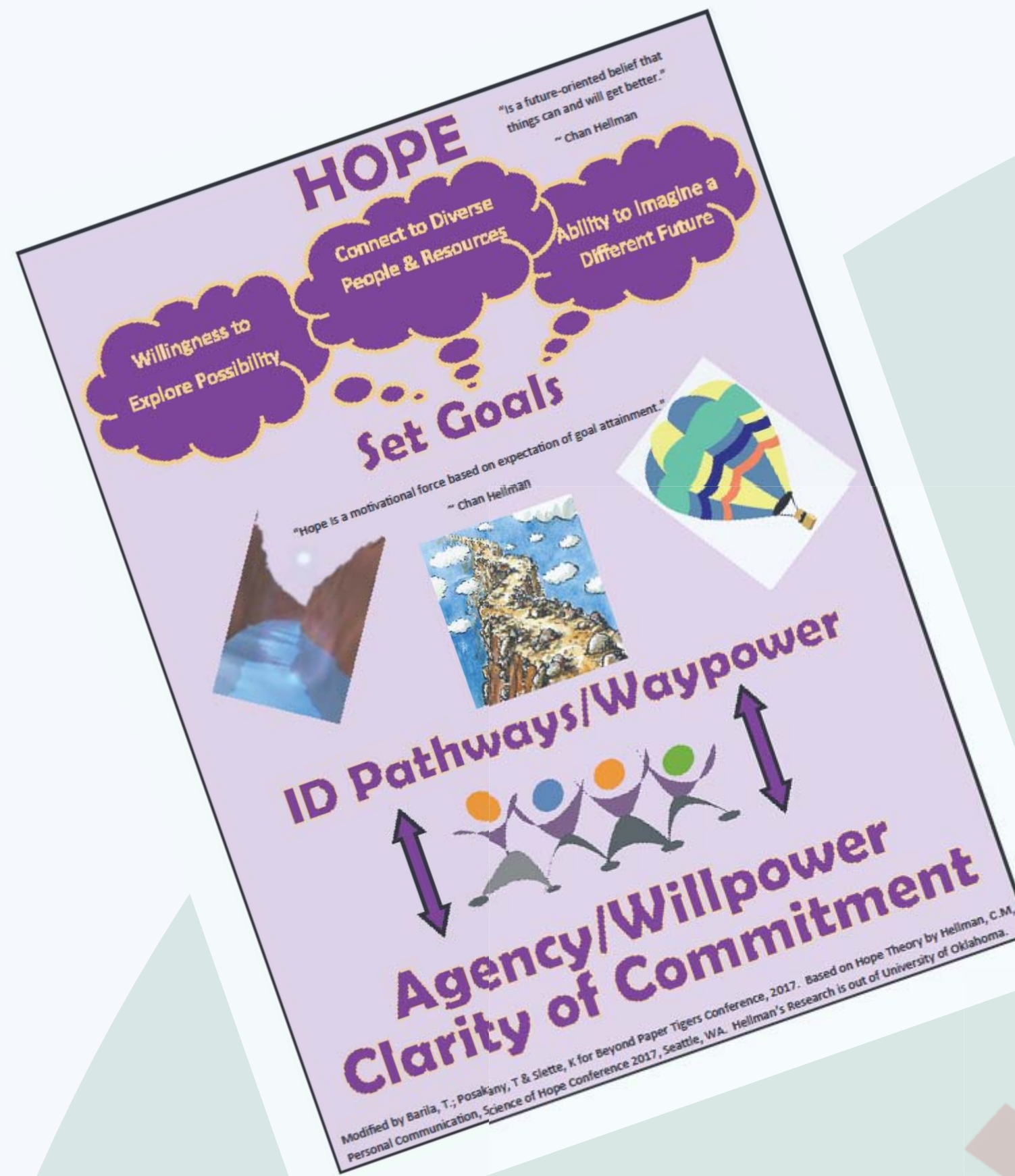
robinsaenger@hotmail.com

727-934-2379

4 Stages: Conversations for Change

MARC GOAL:

Measuring What Matters—Indicators



Structures/
ystem Change

MARC GOAL:

Expanding Training & Facilitation



Outcome: 70 Trained facilitators
2,500 residents & professionals trained

Contact: Kristi.Slette@wfcn.org

Knowledge/Content
Resilience Research

Outcome: .
3 surveys now include Hope Scale Questions.
25 nonprofit and government entities expanded use of local data to correlate resilience to risk.

Outcomes: 4,000 staff in 26 school districts trained.
Over 10,000+ parents and students experiencing trauma informed education.



Deepening School Practice

MARC GOAL:



Insight
individual &
Personal Application

Developing Communities of Practice

MARC GOAL:



Outcome: 1,500 more people connected to resilience building work.

Strategies
hifts in Personal
& Workplace
Practice



Network Description

Wisconsin's Children Mental Health Collective Impact includes representation from parents and youth with lived experience, Wisconsin child- and family-serving agencies, as well as leaders from county, state and non-profit organizations. Wisconsin Office Children Mental Health

MARC Objectives

Create a sustained, meaningful, positive impact on all systems for youth and families, by including the voice of lived experience in system-wide quality improvement. To disseminate the science of ACEs and resilience to Wisconsin business leadership; pilot ACEs and resilience curriculum ("Mobilizing Action for Resilient Workplaces" – MARW) in select workplaces.

Key Learnings

Translating ACEs and TIC to business leaders is challenging. Participation from parents and youth with lived experience transforms initiatives. Visualizing data enhances understanding and brings about greater participation.

Shamelessly stole: Boston's public maps. Buncombe County's resiliency scale. Kansas City's Missouri Model.

Trainings

- TIC Policy Workshops
- Mindfulness App
- ACEs/TIC Training for Businesses

Information Sharing

healthyminds
innovations



Tools

- Wisconsin's 48 Indicators of Child Well-being
- Indicator Dashboard
- Website with interactive maps and additional data to increase data transparency and usage.

Parents & Youth as Leaders

Activities

- Staffing workgroups
- Developing and reviewing policies and resources
- Providing presentations
- Sitting on hiring panels
- Supporting other parent and youth leaders
- Creating the CIP Language Guide



H. RES. 445

During the importance and effectiveness of trauma-informed care.

IN THE HOUSE OF REPRESENTATIVES
JULY 13, 2017

GALLAGHER (for himself and Mr. DANNY K. DAVIS of Illinois) submitted the following resolution, which was referred to the Committee on Energy and Commerce:

RESOLUTION

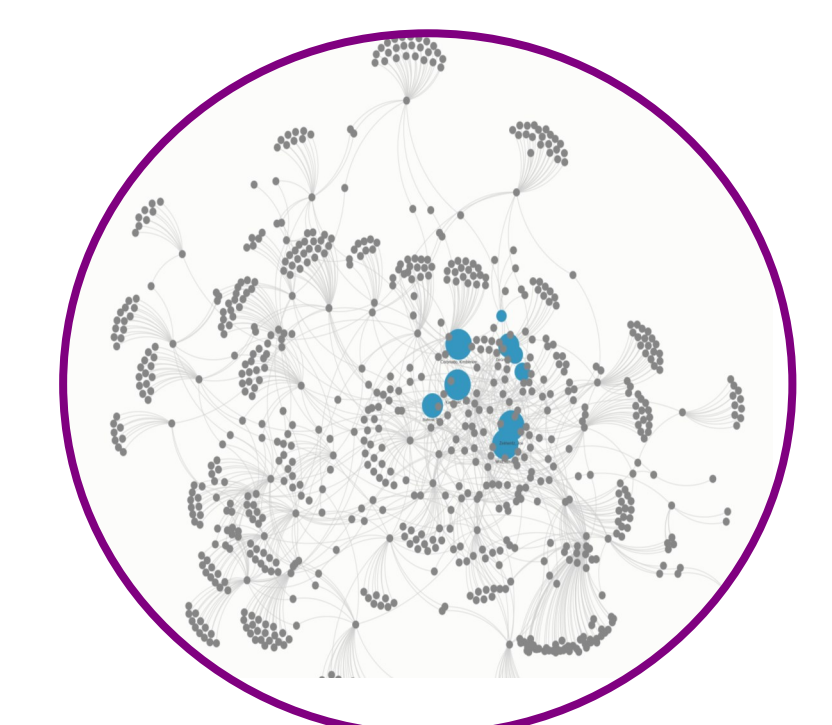
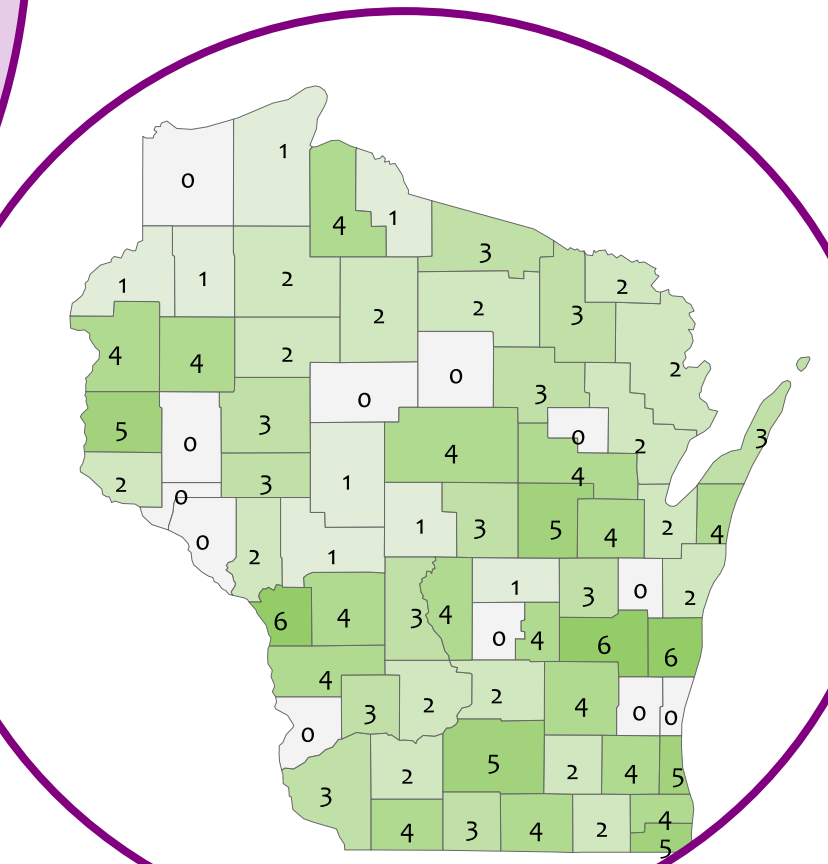
During the importance and effectiveness of trauma-informed care.



Systems Thinking

Habits of a System Thinker

- Questioning long-held ways of doing business
- Examining how resources are allocated
- Examining why service siloes exist
- Noting which relationships are nurtured or ignored



| | |
|--------------------------|---|
| Bad River Tribe | 0 |
| Forest Parkwaters Tribe | 2 |
| Ho Chunk Nation (Tribe) | 1 |
| Lac Courte Oreilles | 3 |
| Lac du Flambeau Tribe | 2 |
| Menominee Nation (Tribe) | 4 |
| Red Cliff Tribe | 1 |
| Sokaogon Chippewa Tribe | 0 |
| St. Croix Tribe | 2 |
| Stockbridge-Munsee Tribe | 1 |

Kim Eithun
KimC.Eithun@wi.gov
CHILDREN.WI.GOV

