

**Thriving Communities Collaborative (TCC)
October 7th Planning Meeting Summary**

Meeting Attendees:

<u>Affiliation/Organization</u>	<u>Representatives</u>
Family Connection, Univ of MD SSW	Christopher S. Beegle, Valeria Castrillo, Lauren Shevitz
Circuit Court	Jane Tambree
The Living Well	Cheryl Hinton, Nneka Nnamdi
Echo Resource Development	David Brown
BHSB	Lynn Mumma
Family League	Kim Eisenreich
Center for Urban Families	Wendy Camilla Blackwell, Patrice Woodard, Ebony Nicholson
The Choice Program at UMBC	LaMar Davis
MDCJ	Lori Lickstein
Cure Violence & Baltimore Corps	Matan Zeimer
YES	Patricia Cobb Richardson & James McCrey
Black Mental Health Alliance	Jan Desper Peters
Alliance for Community Teachers and Schools (ACTS)	Ana Rose Remigio-Mauer
RHB HABC, Inc	Yvonne Slater
Asage	Ros Williams
Fellowship of Lights	Ross Pologe
State Council on Child Abuse & Neglect	Claudia Remington

Discussion:

There are several versions of the [roadmap to resilience](#) (see Appendix A), but the one in Appendix A is the one we will use as a tool in guiding our planning for upcoming TCC initiatives (this graphic differs slightly from the meeting handout as it includes a “Public and Organizational Policy” component).

The table on the following page outlines the discussion around specific components of the roadmap graphic as well as highlights suggestions. Prior to the meeting, several Steering Committee Members reviewed where TCC is as a group, and that information has been included in the table also. *Please note: If the information wasn't actually discussed at the Oct 7th meeting it is noted in italics.* Please let us know if we missed any of your contributions. Also, be sure to check out Appendix B. It lists the questions we are proposing to use in identifying where organizations are in the process of becoming trauma informed. Your input is welcome.

Next Meeting: We have planned to make Building Resilience in Communities the topic of the November meeting. We have also asked The Living Well to participate and talk more about their model. The meeting is currently scheduled for Wednesday, November 4th at 9:00 am.

The TCC's Roadmap to Resilience

Description	Roadmap Guidelines ¹	TCC Status, Discussion & Input
#1. Someone Starts	Anyone—a community advocate, a local priest, an artist, a group of pediatricians—starts the conversation and catalyzes the community's trauma-informed, resilience-building efforts. That person may continue to lead, or someone else may lead after the start-up, or a small group may share that responsibility.	The Thriving Communities Collaborative was launched in December, 2014 by Steering Committee members Patricia Cobb & Ross Pologe. The current group is composed primarily of service providers and some community members and city leaders.
#2. Local Efforts	<p>What does it mean to be ACEs-, trauma-informed, and resilience-building? Identify efforts underway and invite participants in those efforts to collaborate on preventing ACEs, healing trauma, and building resilience in their families, organizations, systems, and communities. Using this assets mapping tool will help you identify organizations in sectors and sub-sectors for outreach (if they haven't heard about ACEs, trauma, and resilience) and for tracking (if ACEs-, trauma-informed, and resilience-building efforts are already underway). Assets mapping tool (description and link to Google spreadsheet)</p>	<p>TCC Steering Committee members identified several groups with TIC and Resilience building efforts underway: Choice, ACTS, AIRS, City, BMHA, Breakthrough Collaborative, JHUHI, Living Well, Kennedy-Krieger Center for Family and Traumatic Stress, University of Maryland – some of these groups we need to further engage as clearly the list is not comprehensive.</p> <p>At a minimum, the TCC should include as a resource those organization who participate as part of the collaborative. Specifically, these organizations can be noted on the TCC website as a resource for people looking to identify agencies & organizations that are, or are in the process of becoming trauma informed as well as those that leverage ACES screening as tool in helping to facilitate service and treatment. Importantly, we see this as a resource for philanthropic organizations looking to provide funding and as a tool for aiding organizations in identifying community partners who are trauma informed. The proposed information gathering tool for organizations interested in being listed on the TCC website (see Appendix B)</p>
#3. Steering Committee	<p>The large group, the steering committee and workgroups. When a small group forms, its members may become the steering committee -- the most enthusiastic people who have time to meet monthly, who begin to incorporate this work into their job descriptions, and who drive the initial effort. They form subcommittees or workgroups -- such as communications, education, health and wellness, children's initiative -- to support their efforts. Here is a sample agenda for steering committee meetings.</p> <p>For city, county, regional, state, national and interest-based groups, it's important to note that no one organization owns or controls this effort; it is collaborative, from workgroups to large</p>	The TCC has a steering committee in place, though somewhat in flux and original members disengage & new members engage. A focus could be to expand the background of the steering committee to include additional sectors.

	<p>group. The risk of having any one organization own this -- e.g. a local health department leads the effort and controls who joins the group -- is that it may impede efforts of the entire community -- organizations, agencies or businesses -- to become trauma-informed, since each entity needs to proceed at its own pace, instead of a pace set by a "lead" organization.</p> <p>The steering committee and subcommittees form the nexus of a large group of participants (50-60) that evolves as more people in the community join the efforts to become trauma-informed. The large group meets in a public forum. It becomes the vehicle for welcoming, inspiring (with stories from its members), and nudging. This group meets monthly or quarterly. People who formally join the collaborative make a commitment for their organizations to become trauma-informed. (See the memorandum of understanding from the Children's Resilience Initiative in Walla Walla, WA, and note how each organization spelled out its commitment.) If these members want to become more involved, they can join subcommittees or workgroups.</p> <p>It's important that all of these groups -- the large group, steering committee, working groups -- apply ACEs-, trauma-informed, resilience-building policies and practices to their work, and that their members have done their own ACE scores and resilience surveys.</p>	
<p>#4. Public Meetings</p>	<p>Public meetings. Schedule regular public meetings of the steering committee and make them open to anyone in the community. Be open to "uncommon partners" in the work.</p>	<p>We've hosted several public meetings and two open Steering Committee meetings. At this meeting we discussed alternating between events and steering committee meetings each month.</p> <p>It was suggested that we make the meetings/workshops more dynamic and engaging by having stations that participants could move through.</p> <p>It was noted that a "list" (see notes in #2) may not be enough. We need to provide forums/platforms for people to get to know each other and develop relationships. That way, they will be more confident in selecting people or organizations as partners -- i.e. provide an infrastructure TCC members could 'lean on'</p>

#5. Educate Local Leaders	The individual or group identifies a small group (30-50 people) of community leaders from different sectors—education, human services, juvenile justice, mental health—and educates them one-on-one about ACES, trauma and resilience.	We have begun this process with local leaders who have attended the meetings but it can be significantly expanded. The “Roadmap to Resilience” suggests one-on-one education re: ACES, trauma and resilience which has proven very effective in other grass roots initiatives. Notably some of the efforts initiated by BHSB may have started the dialogue. We should look to educate: <ul style="list-style-type: none"> • Mayoral Candidates • Councilmen & women • Board of Education Leadership
#6. Cross-sector Collaboration	Strive for every sector in the community to be represented on the steering committee and especially in the large group. This may take time, because leaders and organizations within each sector often need information from multiple sources about ACEs, trauma, and resilience. At every step in the process, be sure to include representation across generations, genders, ethnicities, geographies, and economic classes	We have begun this process, but still have a ways to go. Suggestions of additional contacts included: <ul style="list-style-type: none"> • Black Urban Growers • Business Leaders • Chamber of Commerce • Chaplains • Addiction Services • Homeless Advocates • Grassroots Mediations • University of Maryland Community Engagement • Promise Neighborhoods Communities (Bill Joyner) • Positive School Center • Baltimore School System • Youth Leaders • Maryland Community Healthworks Association • Arts Organizations – the role of the Arts in healing is paramount, particularly when it comes to trauma treatments. Suggested next step: determine how to best engage these groups and organizations.
#7. Local Resources	Assess your resources—local funding, meeting space, in-kind support, etc. The group currently meets at CFUF.	We discussed how moving meetings into the community & holding them in the evenings could increase engagement (for example holding events at Living Well like the Wounded Places video). Also, funding remains an issue for the collaborative specifically, as well as for some participating organizations.
#8. Aces Connection Group	Form a local group on ACESConnection.com.	There is a Maryland Group on ACES Connection that a few members have joined... but, not on a large scale. We will be leveraging this group for the TCC & hopefully can encourage additional members to join.

<p>#9. Make History</p>	<p>Document your efforts so others can learn from your community's experience.</p> <ol style="list-style-type: none"> 1. Assets mapping: Update the assets mapping tool every month (see Assets mapping tool (Google spreadsheet and sample agenda for steering committee meetings)). 2. Blog posting: Post minutes of group meetings, as well as any new policies and practices that member organizations are implementing (e.g., the local pediatric clinic begins screening parents for ACEs), or any new organization, agency, business or individual who joins the group (How-To's: Finding Your Way around ACEs Connection) 3. Group calendar: Post all ACEs, trauma, and resilience presentations made by group members on the group calendar. 4. Clips section: Upload any useful documents, videos or audio clips to the Clips section. <ul style="list-style-type: none"> • Stories: Find someone in your group to do stories about ACEs screening or trauma-informed policies and practices being done by organizations in the community, or ask one of the ACEs Connection community managers to do so. 	<p>We have begun this process by developing a website, thrivebmore.org where we are beginning to record meeting notes as well as link to resources.</p>
<p>#10. Mission, Vision, Slogan, Goals</p>	<p>10. Mission, vision, slogans, goals. Develop broad goals that all can agree to -- such as everyone in the community will integrate ACEs-, trauma-informed, and resilience-building policies and practices in their work, family, community and individual lives. Develop a mission statement, vision statement, slogans/tag lines, strategic goals, principles, and logic model. (Click on each for examples and tools).</p>	<p><i>This process has been started & is noted on the thrivebmore.org website.</i></p>
<p>#11. Local Data, Local Urgency</p>	<p>Use local data that illustrate the effects of ACEs in your community (whether town, city, county, region, state, nation, interest-based group) to create a sense of urgency. Focus on hope, resilience and change without losing sight of the deep and long-term impact of childhood adversity. Examples: U.S. state ACE Surveys, California ACEs Survey report, Philadelphia Urban ACE Report.</p> <p>.</p>	<p>David Brown of Echo Resource Development has an initiative underway to map out all the community resources that impact children and families. He is working to determine what resources are in place and those that are needed. (for example, he has already begun mapping Patterson Park). Once completed, the info will be made available with some type of fee structure.</p> <p><i>Additionally, there is an initiative at Hopkins to map out data by neighborhood w/o a new research study. We will need to dig into this further.</i></p>

<p>#12. Communication Tools</p>	<p>Develop or borrow PowerPoint presentations, content for brochures, perhaps a web site, Facebook page, video. Find them here. Personalize materials for your community. When anyone from your group does a presentation, try to have them use the language, logos, color schemes to ‘brand’ your group in the community. Include a list of all participating community sectors in your slide set.</p>	<p>We have developed a website & a look for the collaborative brand that is used there and on e-mails, however, we haven’t developed materials, etc.</p> <p>There was discussion around doing some work to ensure that amongst all members there is a commonality to the language we use to talk about trauma, e.g. a common set of bullet points, a reference guide. Also, that we help assist members in developing an “elevator speech”.</p>
<p>#13. Local Funding</p>	<p>Apply to local or regional foundations for initial funding, but don’t stop if you don’t get funding.</p>	<p>To date the TCC has made one unsuccessful application.</p>
<p>#14. Walk the Talk</p>	<p>Set a goal for all members of your coalition to “walk the talk” of trauma-informed practice in their own agencies and departments. “Work small and think big”—that is, put trauma-informed practices in place in your own coalition and day-to-day work while building alliances and momentum for larger-scale change.</p>	<p>We’ve organized our meetings thoughtfully to <i>walk the talk</i>.</p>
<p>#15. Educate. Present. Educate. Repeat</p>	<p>Do presentations about ACEs and resilience for all identified sectors in the community—police departments, juvenile court judges, child-care workers. Present to the same groups multiple times; it takes repeated exposures for new information to take hold.</p>	<p><i>We have begun this process using the collaborative e-mail list as a starting point to invite participants to meetings. We will need to expand and collaborate with partner organizations in order to reach more audiences.</i></p>
<p>#16. Presenters. Presenters</p>	<p>Develop and train a cadre of people -- a speaker's bureau -- who can give presentations to different sectors—nurses, probation officers, pediatricians, Rotary Club members, teachers, etc.—in the community. Can do more...</p>	
<p>#17. Local ACE Survey</p>	<p>Develop measures of success: an ACE survey and a “comprehension” survey to assess understanding of ACEs and resilience.</p>	<p>One of the meeting attendees, Claudia Remington, noted that the State of Maryland would be adding the 10 ACEs questions to its state telephone survey. This is a start, however, ideally we would like to be able to access information on a zip code basis. Right now, to our knowledge, this is not funded.</p> <p>It was suggested that in the Baltimore metro area we may need a more Urban Version of ACES that captures some of the trauma associated with institutionalized racism, such as the Roy Wade version of ACEs used in the Philadelphia Urban Ace Survey.</p>
<p>#18. Feedback</p>	<p>Develop ways to gather feedback (e.g., evaluation sheets at workshops). Recognize that deep-rooted attitudes—for example, a belief in individual responsibility and self-sufficiency—may present barriers to understanding ACEs and resilience, and that such attitudes take time to change.</p>	<p><i>We’ve initiated this process and need to continue to leverage and expand it. We completed and initial qualitative assessment around key areas of interest, and have solicited feedback re: some of the meetings. Right now all of the feedback has been gathered electronically. We feel that we can enhance this with surveys handed</i></p>

	Remember that becoming trauma-informed is a long-term process, and that not everyone will “come on board” right away.	<i>out in-person, at the meetings. This will be easier to facilitate with funding.</i>
#19. Summits, Learning Circles	Organize screenings of documentaries such as Paper Tigers to raise awareness and inspire the community, and annual ACE Summits to celebrate progress and map next steps. (Here are links to Iowa’s 2013 and 2014 ACEs summits.)	We’ve hosted the Wounded Places Video and are looking to potentially partner with The Living Well for an additional screening.
#20. Media. Media	Conduct media outreach at every step through local news, including traditional (newspapers, magazines), digital and social media. Celebrate all progress and successes, no matter how small they seem and post them on the ACEs Connection group	<i>We’ve issued one press release announcing the launch of the website. Going forward we will need to more fully engage the local media.</i>
#21. Official Recognition	Develop an MOU—memorandum of understanding—for local government to provide official recognition of your organization and its goal of creating an ACEs-, trauma-informed, and resilience-building community. See how Tarpon Springs, FL , did this. States do this by passing resolutions. California Senate unanimously approves ACEs reduction resolution	
#22. Public and Organizational Policy	Public and organizational policy. Make sure that organizational policies (e.g., human resources policies) and public policies at the national, state and local levels are examined through an ACEs-, trauma-informed, resilience-building lens, and changed to support the broad goals embodied in these concepts. Educate legislators and other policymakers, including organizational leaders, in the value of trauma-informed and resilience-building approaches	Participants raised the issue of making practices that are effective in treating trauma (the arts, acupuncture, ancestral healing practices, etc.) billable through Medicare and Medicaid – expanding the definition of who is defined as a community healer and recognizing cultural difference. We discussed leveraging University Systems Advocacy Day in order to lobby the government. There is also the issue of ensuring that self-care is available for people who do the work.
#23. Large Scale Funding	Decide whether to seek large-scale funding from the state or federal government, or from foundations to support the community effort and its work. Communities that have done so include The Dalles, OR , and Walla Walla, WA . You may want to start small with a local grant but as your efforts grow, you may look to apply for state, federal or national foundation funding as well. This is also an opportunity to increase awareness and garner support.	

1. Source: *Roadmap to Resilience Infographic Guide* by Elizabeth Prewitt – from blog post on [ACESconnection.org](https://www.acesconnection.org) – Maryland Group

Appendix A. Roadmap to Resilience Graphic ([from acesconnection.com](http://acesconnection.com))



Appendix B. Collaborative Participants for Online Directory for TCC Site *(Suggested Information)*

- Name of Organization
- Sector (Business, Civic, Childcare, Education, Faith-Based, Health Services, Criminal Justice, Social Services, Recreation, Policy Advocacy, Other)
- Subsector (City Council, Police, Fire Dept/First Responders, Pre-K, After School Programs, Counselors, Board of Education, Nurses, Parents/PTA, Principals, School Board, Student Services, Superintendent, College, University, Behavioral Health, etc. see [assets map](#))
- Location Served
- Website
- Description of Services Offered
- Name & Title (of TCC Member)
- Email (of TCC Member – this will not be posted publicly)
- Have all organization staff participated in ACES Training?
- Have all organization staff participated in TIC training?
- Have all organization staff participated in Resilience training?
- Is the organization screening clients, patients, students or customers for ACES/Trauma?
- Is the organization educating clients, patients, students or customers on ACES, Trauma & Resilience?
- Is the organization implementing ACES, TIC and Resilience Building policies and practices with staff?
- Is the organization evaluating ACES, TI & Resilience Building policies and practices?
- Does the organization participate in cross sector community wide efforts to prevent ACES, heal trauma and build resilience?
- On a Scale of 1 to 10 where 10 represents agencies/organizations who have fully integrated trauma informed practices into all facets of the organization, where does your organization fall?