

RESILIENT NC

Supporting Statewide Efforts to Build
Community Resilience

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North Carolina Partners

| | |
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| ACES-Informed Courts Task Force | North Carolina Partnership for Children |
| Building Resilient and Courage to Excel (BRACE) | PACES Connection |
| Center for Trauma Resilient Communities | Prevent Child Abuse North Carolina |
| Charlotte Resilience Project | ReCAST Mecklenburg |
| Duke University - Center for Child and Family Health (CCFH) | Resilient North Carolina Collaborative Coalition |
| Kellin Foundation | Rural Opportunity Institute |
| North Carolina Child | Resiliency Collaborative |
| North Carolina ECHO | Watauga Compassionate Community Initiative |
| North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services | |

State Partners

| | |
|-------------|--------------|
| California | Pennsylvania |
| Connecticut | Tennessee |
| Delaware | Utah |
| Florida | Virginia |
| New Jersey | |

National Partners

Campaign for Trauma-Informed Policy and Practice (CTIPP)
ACE Resource Network

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Executive Summary

An Overview

A growing body of research within the U.S. points to the benefits of taking a trauma-informed approach when building systems and delivering services at a state and community level. Building a trauma-informed service system requires focus on multiple components, including trauma screening and assessment, workforce development, and partnering with youth and families (SAMHSA, 2014). An additional key component to creating a trauma-informed, statewide approach is the strengthening of resilience and protective factors.

Resilience is traditionally defined as a process of adapting well in the face of adversity, trauma, tragedy, threat to well-being, or significant stress (American Psychological Association, 2014). While resilience is often referenced as an individual trait, there are many different layers of resilience, including individual-level, family-level, organizational-level, and community-level resilience.

While there are many ways to define community resilience, this report refers to the dynamic process at the community and systems level in which communities respond and adapt to stresses and challenges. Key attributes include a community response that: a) promotes safe, secure, and nurturing environments for all; and b) draws on interconnected social networks and coordinated, easy-to-access, and comprehensive resources that help communities thrive.

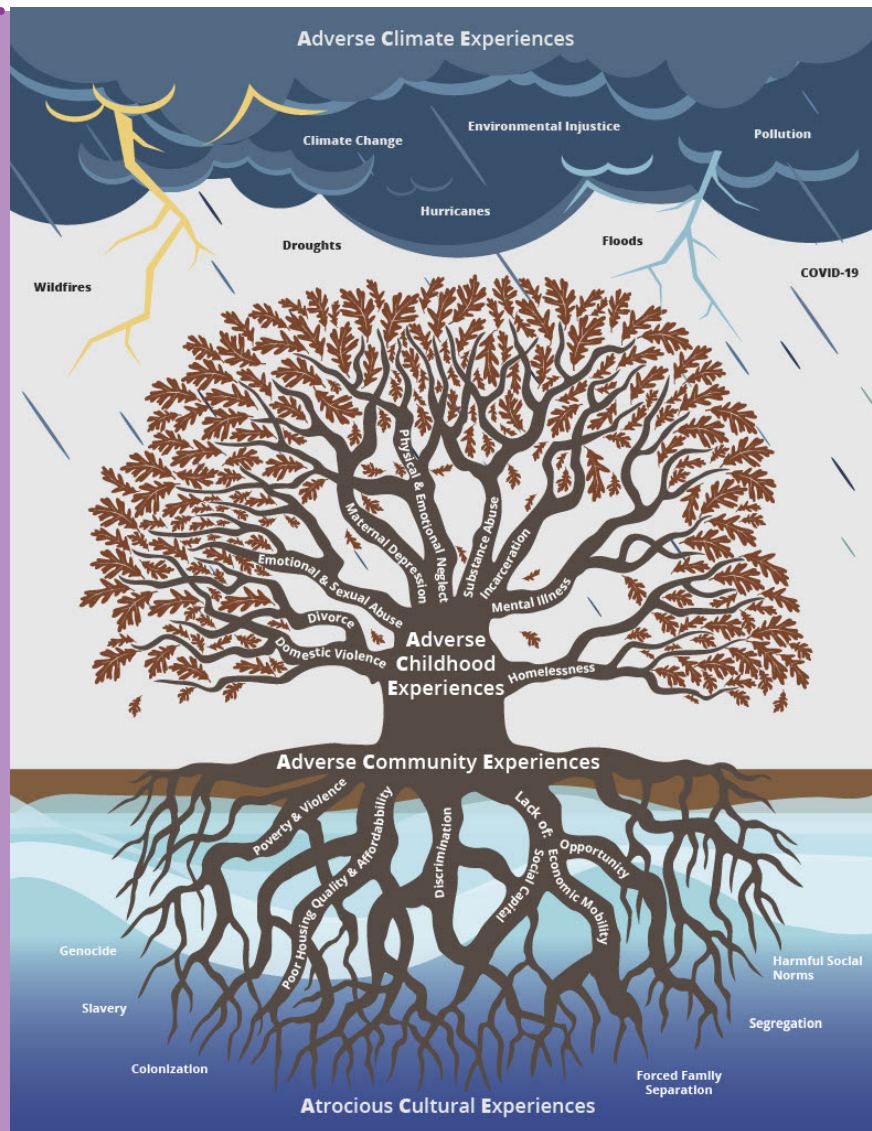
As described by Ammons (2020), an important clarification is that resilience does not mean that oppressed peoples are the ones who should solely adapt to survive, but that the systems should adapt and transform to support people. **For clarity, this report, and the Resilient NC efforts, focuses on this type of community-level resilience.**

Just as resilience can be conceptualized as occurring at various levels, it is important to note that adversity can also occur at various levels. Adverse childhood experiences, or ACEs, are individual-level experiences of childhood trauma (occurring before age 18) that include abuse, neglect, and household dysfunction (Felitti et al., 1998). The landmark ACEs study conducted by Kaiser-Permanente revolutionized

the science behind the understanding of how childhood adversity can have lasting mental and physical health effects over the lifespan. This study highlighted that ACEs are incredibly common, and that a dose-response relationship exists between a person's ACE score and their risk for developing diseases like cancer, heart disease, and diabetes. In other words, the higher one's ACEs score, the higher the likelihood the individual will engage in unhealthy behaviors such as smoking and substance use, and/or experience mental health issues including depression and suicidal ideation (Felitti et al., 1998). The negative effects of childhood trauma and ACEs are well documented and have garnered increasing attention from leaders across sectors and across the country. **In addition, our understanding of the negative effects of childhood toxic stress on the brain and body**

Key Attributes of Community Resilience

- SAFE, SECURE, AND NURTURING ENVIRONMENTS FOR ALL
- INTERCONNECTED SOCIAL NETWORKS
- COORDINATED, EASY TO ACCESS, AND COMPREHENSIVE RESOURCES



NCPCC's NC Healthy & Resilient Communities Initiative

has called for a paradigm shift to focus on and invest in prevention and intervention efforts to foster well-being (Garner & Yogman, 2021).

Adverse experiences can also occur as a community-level (e.g., structural racism, police violence, poverty, etc.), at a climate level (e.g., pandemics, natural disasters), and at a cultural level (e.g., slavery, segregation, forced family separation) as demonstrated in Figure 1 included in this report with permission from the [Resilient Communities Landscape Analysis](#).

Communities increasingly recognize the intergenerational impacts of adversity and trauma, particularly within communities of color. It is important to acknowledge two points: (1) racial and ethnic minorities and individuals with low incomes are disproportionately affected by ACEs, as the result of differential exposure to stress and racial discrimination (Strompolis et al., 2019); and (2) the original ACEs study does not account for the many kinds of trauma a person can experience. Understanding and mitigating the impacts of systemic and historical racism, discrimination, and race-based trauma must be at the forefront of all resilience efforts. Embedded within systemic structures, marginalized communities continue to experience acute and chronic violence and discrimination in our society. Advancing community resilience-building efforts requires recognizing and working with established, trusted partners within communities to heal historical traumas perpetrated against Black, Indigenous, and People of Color (BIPOC) communities.

***“People can be as resilient
as the resources
available to them.”***

**-Victor Armstrong,
Director of DMH/DD/SAS**

The science is clear that resilience is built, and that protective experiences and adaptive skills can counteract trauma and adversity when they strike. These resilience strategies occur across systems and across the lifespan. There are vast differences in approaches to building resilience both in a community and across a state, including local coalition building, workforce development, and policy advocacy. Another strategy is through facilitating stronger emotional connections between people, also known as relational health. Research on relational health as a protective buffer for toxic stress in childhood has changed our understanding of the importance of safe, stable, nurturing relationships (SSNRs) and healthy communities. Relational health is “the ability to form and maintain SSNRs as these are potent antidotes to childhood adversity and toxic stress responses” (Garner & Yogman, 2021, p.6). This approach prioritizes creating healthy, safe, stable, positive relationships, and communities to achieve the best possible outcomes across the lifespan, including the ability to successfully overcome future challenges successfully.

As such, the American Academy of Pediatrics recently recommended implementing a relational public health approach vertically, through primary (i.e., activities that take place before an event occurs to reduce or eliminate occurrence), secondary (i.e., immediate responses after an event has occurred to minimize its impact), and tertiary (i.e., longer-term responses after an event to reduce long-term impacts) prevention strategies, and horizontally, by involving multiple sectors and systems (Garner & Yogman, 2021). Examples include programs that focus on building strong connections and healthy relationships such as positive parenting programming, screenings for social determinants of health, parent-child reading literacy programs, and tertiary treatments for toxic stress such as parent child interaction therapy and/or trauma-focused cognitive behavioral therapy. The common factor among these is implementation of programs that focus on preventing ACEs, building strong relationships, and repairing strained or compromised relationships. In this way, a public health approach to addressing ACEs and building resilience is a “public health approach to promote relational health” (Garner & Yogman, 2021, p. 8)

The Movement in North Carolina

In North Carolina and across the country momentum for building trauma-informed systems that strengthen resilience across the lifespan continues to grow. While some states have taken a grassroots approach to change (i.e., New Jersey), North Carolina’s evolution has largely been at the grassroots level. A variety of community resilience building efforts have taken root in North Carolina, from the early coalitions in the mountains of Watauga County to the systems-building efforts in the eastern part of the state, including Edgecombe County. Dozens of local coalitions have emerged, as has a statewide system of care infrastructure that centers racial equity and family voice. Most recently, the NC Healthy & Resilient Communities Initiative has launched a resilient communities initiative to support local coalitions, while other forward-thinking leaders have built structures to create a more trauma-informed court system. Summaries of these and other local and statewide initiatives are outlined in this report, which serves as a “snapshot in time” and not a holistic guide to all efforts. New trauma-informed initiatives and local collaboratives continue to

emerge, signaling the importance of and need for a comprehensive and cross-system approach to trauma-informed care. In addition to the significant cross-sector work happening across the state, North Carolina leaders have recognized that creating trauma-informed communities and building community resilience is not an “either/or” proposition, but a “both/and” approach. North Carolina continues to follow the science by moving from a traditional deficit-based frame of identifying adversity to a more strengths-based, asset-based approach that recognizes the benefits of going upstream to get at the root cause of the issue to proactively prevent adversity and build resilience. One outside sign of this shift toward prevention is a recent name change of partner agency ACEs Connection -- a national nonprofit focused on preventing ACEs, healing trauma, and building resilience -- to PACEs Connection to reflect the importance of positive childhood experiences.

Purpose of This Report

Given the momentum of cross-sector initiatives in North Carolina, an important next step is to consider how strategic alignment of current efforts could maximize collective impact to optimize resources while saving lives. **That is, as efforts across North Carolina continue to grow from grassroots to grasstops, how can we continue to build an intentional and coordinated way of working together across sectors and across the lifespan to build community resilience?** To answer that question, it is important to understand the landscape of community resilience efforts across our state, to listen and learn about how various people and organizations conceptualize the concept of resilience, and to gather information about what has worked and what has not worked (i.e., lessons learned) in other statewide efforts to build community resilience.

The Kellin Foundation was charged with two primary tasks: (1) conduct a scan of ten cross-sector resilience-related initiatives in North Carolina; and (2) conduct a scan of state leaders across the United States to learn more about what worked and did not work in statewide resilience efforts. Using the data provided and the information learned in the research process, the research team was asked to develop a set of initial recommendations for how North Carolina can continue to build a science-based, trauma-informed approach to building community resilience.

This report is intended to support North Carolina leaders in deepening and expanding coordinated statewide resiliency efforts, and help connect individuals, organizations, and systems to learn from one another and continue to advance resilience-related work. In addition, the report serves as a centralized source of information that national, state, and local leaders can use to learn about strategies that have been successful in other place-based work, opportunities for next steps, and generate new ideas for resilience building.

Report Tasks

Conduct a scan of ten cross-sector resilience-related initiatives in North Carolina

Conduct a scan of state leaders across the United States to learn more about what worked and did not work in statewide resilience efforts

Methodological Approach

Resilience initiatives across North Carolina and the United States are working to spread awareness about trauma and ACEs, reduce the prevalence of adversity, mitigate poor health outcomes, and build resilience. Researchers identified, summarized, and mapped several resilience-related efforts in North Carolina, plus statewide resilience efforts across the United States, in order to distill common themes, learn about effective strategies, and determine opportunities for advancing this work. As anticipated, the initiatives highlighted in this

report reflect different priorities and approaches to the work, as well as common strategies (i.e., engaging state leaders, community stakeholders, and diverse sector leaders.)

The Kellin Foundation team **conducted a national scan** to learn what other states across the country were doing to promote resiliency, prevent and mitigate ACEs, and implement trauma-informed practices. Available information was gathered and qualitative interviews with key statewide leaders were conducted to better understand which strategies states are using, what has been successful, and lessons learned to date. Researchers consulted with national groups such as the [Campaign for a Trauma-Informed Policy and Practice \(CTIPP\)](#), which focuses on promoting healthy, resilient communities, [the ACE Resource Network](#), [PACES Connection](#), and others to connect us with state contacts. The intention was that information gathered from across the United States could be used to inform the continued development of statewide strategies in North Carolina, as well as provide a synthesized briefing to share this information with leaders across the country who are interested in implementing or continuing resiliency efforts.



The research team gathered information through publicly accessible reports, websites, presentations, and documents, and conducted 45-minute semi-structured interviews with system leaders from almost a dozen states. Most states that were included had established a formal statewide resilience, trauma, or ACEs related effort. States without formal initiatives were included to provide additional context and to recognize their growing bodies of work. Interviewees were asked about the origin story of the work, its evolution over time, the structure of the initiative, funding, lessons learned, and challenges/barriers encountered. This process was particularly helpful in clarifying previously gathered information and expanding understanding of the behind-the-scenes work. A two-to-four page summary was developed for each initiative, and interviewees reviewed and approved their initiative's summary prior to dissemination.

Similarly, **North Carolina resilience-initiative data collection** occurred during 45-minute semi-structured interviews with leaders from diverse sectors in North Carolina, including nonprofit organizations, government agencies, university affiliates, and private organizations. The primary investigator initially identified six leaders, with other leaders identified through snowball sampling process (interviewees were asked to share names of people involved in resilience work who might provide valuable perspectives.) By project's end, a total of 20 interviews were conducted. The research team created a list of questions to serve as the main interview protocol and additional follow-up questions were used as the conversation naturally unfolded using a semi-structured approach.

The research team reviewed interview transcripts and notes, identified key themes, and compiled a report for each initiative. Interviewees were given the opportunity to provide feedback and make clarifying edits, which were incorporated into the final summaries.

Organization of the Report

The report provides a detailed summary of each North Carolina initiative, program, or organization, followed by summaries about each state-level resilience initiative. Recommendations for next steps are presented based on what was learned during the research process. The appendix also includes “at a glance” charts and tables to help the reader easily compare and contrast initiatives.

Summary of Recommendations

The Kellin Foundation was tasked with developing a set of recommendations for how North Carolina can continue to implement a science-based, trauma-informed approach to building community resilience. The movement in North Carolina has continued to grow and evolve, making it essential to celebrate successes and leverage lessons learned to introduce new strategies, ultimately bringing the state’s resilience work to new heights.

The following pages include initial recommendations based on knowledge gained through the research about North Carolina and other states’ resilience-building work. These recommendations are expounded upon and supported within the full report. When combined, the research and interviews provide a robust, overarching look at the resiliency and trauma-informed care efforts underway across the country.

Appendix 2: State Level Overview of Resilience Strategies Table lists the strategies that each state is using for quick comparison with more detailed information about each strategy shared within each individual state report. Of note, the Kellin Foundation team found particular alignment among efforts in North Carolina, Utah, and Delaware when examining the evolution of the state work and the types of initiatives implemented to date.

Recommendations are framed around an 8-Point Strategy Approach and built upon suggested foundational values to consider. A description of each strategy is outlined in the following pages followed by potential action steps to advance strategy implementation. Strategies are organized in phases to offer guidance on timing and sequence of activities, and to outline a potential evaluation of implementation.

It is important to note that recommendations are offered as a starting point. A series of webinars, report presentations, and listening sessions will occur to gather additional input from stakeholders across the state, with the hope that a statewide strategic planning team is convened to evaluate additional stakeholder feedback and finalize a co-created strategic action plan for building a Resilient NC.

8-Point Strategy Approach to Building a Resilient NC



Strategic Recommendation: Develop Foundational Values That Guide the Work

As Resilient NC continues to build momentum, it is essential to develop and agree to shared values to guide the collective efforts. Foundational values that are clearly understood by all will help drive decision-making and create accountability for results, as well as inform how the work is done (e.g., not further widening racial disparity gaps in ACEs). Efforts across the country have adopted shared values, as have other cross-sector efforts in North Carolina. Based on the data collected here and from across North Carolina, the following values are recommended for examination, testing, and consideration as core underpinnings to each of the 8-point strategies described herein.

Potential Foundation Values to Examine and Consider

- Racial-equity focused, ensuring that reparative structures are in place
- Family-voice centered
- Data-driven using a trauma-informed lens
- Pandemic-sensitive
- Trust and Transparency
- Shared leadership/accountability
- Bias towards action

Strategic Recommendation: Expand Public Awareness and Build Strategic Communications

To continue to build a Resilient NC, a strong communication strategy must be in place that targets key stakeholders with information most pertinent to them. These strategic communications strategies can help to build alignment that assist with supporting movement and growth in the same direction. When individuals and efforts are moving in the same direction, the easier it is to build momentum, align resources, and, ultimately, save lives. A strategic communications plan that raises awareness and connects initiatives across the state can help to facilitate the movement. The following actions are offered toward this goal:

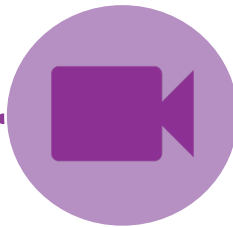


Possible Actions (Phase One):

- **Launch a Resilient NC centralized website hub.** North Carolina interviewees reported that a statewide communications and resources hub to facilitate partnership building across sectors was needed. One possible way that this can be accomplished is to launch a Resilient NC centralized website that can serve as a repository of information on North Carolina resilience-related initiatives across sectors and across the lifespan. This hub could include information segmented based on issue or interest area (e.g., schools, local coalitions, justice system, age range). It could also include a training and technical assistance portal that will expand access to public awareness videos, trainings, and continuing education opportunities. A directory of initiatives and contacts can also be maintained, allowing for stronger connection among agencies, government sectors, nonprofits, local community coalitions, and others.
- **Develop and adopt common language across Resilient NC**, supported by an easy-to-access glossary of terms. Cross-sector work requires agreement about common terms since different disciplines may use the same term that have different meanings. Intentionality about how terms are defined and used can “make or break” cross-sector efforts as even phrases like “lived experience” can have varied meanings, creating either alignment or producing confusion. A co-created glossary can be housed on the centralized website for easy access and statewide use.
- **Develop methods for sharing regular updates with stakeholders**, including regular check-ins to support mutual understanding among all stakeholders.

Possible Actions (Phase Two):

- **Create a Resilient NC** social media presence that can be used to broaden the reach of strategic communication and build public awareness.
- **Increase public understanding of ACEs and resilience through media campaigns, discussion groups, community events.** These efforts should be framed using science-based and evidence-informed messages and language, leveraging investments made by states and organizations to develop effective communications for various platforms (e.g., reports, billboards, public awareness campaigns). These messages should build awareness not only about treatment, but about prevention and early intervention. Reports such as [Reframing Childhood Adversity: Promoting Upstream Approaches](#) (Frameworks, 2021) can be useful framing and message guides.



Possible Actions (Phase Three):

- **Establish a public awareness film series** with documentaries aired statewide annually or semi-annually followed by a facilitated panel discussion of parents, community advocates, policymakers, and other content experts. Links to the Resilient NC hub can be shared during the events to promote greater linkages to the efforts happening in North Carolina and for participants to get engaged in their local work, and in the statewide movement.
- **Make common resources available to all local initiatives to help streamline messaging, drive alignment, and reduce the burden on staff.** This could include media resources, sample press releases, meeting agendas, work summaries, a talking point toolkit, and other materials housed on the Resilient NC hub that allow for greater coordination, alignment, and resource sharing.

Strategic Recommendation:

Identify an Effective Backbone Approach for North Carolina

Based on national scans and conversations with state leaders across the country, states that have demonstrated the most success in building community resilience have identified a backbone agency to drive the work. As representatives from Virginia shared, efforts are more sustainable and beneficial if at least one person (or, better yet, a team) is focused entirely on the effort. Backbone agencies are structured very differently across the country, with some based in a state government office while others are housed within a community-based non-profit organization. As the interviews revealed, there are pros and cons to each approach. Backbone organizations based in government entities may have strong launches (e.g., Tennessee, California), but are reported to be particularly vulnerable to changes and shifts in the political climate. Backbone organizations housed in nonprofit organizations report slower starts, but strong independence,

flexibility, creativity and adaptability (e.g., Utah, Virginia, Delaware). Regardless of where it is housed, it is clear that a backbone organization is critical to statewide coordinated efforts. In addition, there was a strong theme in the North Carolina interviews that it was essential for the backbone organization to be positioned as a mechanism to facilitate partnership building across sectors and across the lifespan.

The functions of the backbone agencies vary, but generally focus on convening partners, facilitating teams, communicating with stakeholders, coordinating broad training and technical assistance opportunities, and building alignment across sectors and across geographic areas to advance the work.

Possible Actions (Phase One):

- **Identify the role and functions that an effective backbone agency would play in North Carolina's resiliency building work.** Consider holding statewide strategy sessions to determine how a backbone organization can support this effort, including the location that would be most beneficial within North Carolina.

One possible backbone structure to consider would be the development of a centralized backbone agency that staffs regional resource and alignment coordinators. These coordinators would be located within a specific geographic region to drive the work, and connect regularly to learn from one another and align efforts across the state. Coordinators would be employed by the backbone agency, and be responsible for sharing information, resources, and lessons learned from their specific regions into the Resilient NC hub (as previously recommended). Regional resiliency coordinators could also assist with public awareness and strategic communication dissemination in their respective regions, and facilitate training and technical assistance opportunities across the state.

Strategic Recommendation:

Build Public-Private Partnerships that Assist with Funding Resilient NC Implementation Strategies.

Interviews across the country revealed the critical role public-private partnerships play in statewide resilience-building initiatives. Efforts rooted in strong public-private partnerships benefited from financial support at critical times (especially at the start of the effort), access to content expertise that otherwise might not be available, and better access to needed data. In addition, many communities across the country recommend a reparative funding structure to ensure funding centers the voices of those most affected and the organizations already embedded in communities that are closest to the issues.

Possible Actions (Phase One):

- **Identify and cultivate a small group, including elected officials and business leaders, representing different parts of the state to serve as champions for a statewide resilience building effort.** The group would advocate for and lend credibility to the work with other leaders, funders, agencies, and other key stakeholders.
- **Identify and convene philanthropic partners already engaged in resilience-related work** across the state to explore how a collaborative approach to funding could advance the work. Introduce how a reparative funding structure could work within NC.

- Identify and convene key public sector leaders to share high-level vision, explore roles their agencies could play in a statewide resilience-building effort, and to assess what resources (people, budget) could be engaged in and support the work.



Possible Actions (Phase Two):

- **Create funding structures that support and sustain trauma and resilience work in North Carolina.**

Each state has approached funding structures slightly differently. However, states reported that those with significant state funding were able to launch more quickly and to sustain their impact over time. A combination of the three approaches below is most powerful and reduces susceptibility to shifts in state leadership or political climates. Ideally, this type of braided funding approach would allow for building and sustaining a Resilient NC.

- **Philanthropic networks:** North Carolina-based funders can convene and build a collective voice and a pooled resource strategy that promotes the implementation and sustainability of resilience-focused work. The North Carolina Early Childhood Funders Collaborative has seen success in this approach. Using the success of that model as a framework, a philanthropic network could be established that meets regularly to learn about issues related to trauma, explore gaps in the current systems, pool resources to address gaps, assess progress, contribute to public will building efforts, and more.
- **Business entities:** Corporate and business partners can, and should, be key partners in building a statewide approach that enhances the well-being of North Carolinians. California's statewide work benefits from significant investments from the corporate sector. One example is [The Resilience Effect](#), a \$20 million philanthropic initiative focused on protecting the health and well-being of Bay Area children. Created and funded by Genentech, a biotechnology company based in the Bay Area, the organization has invested in efforts to “advance understanding of early exposure to toxic stress, develop new models that bridge pediatrics with community resources, and shift the policy landscape.”
- **Public-private partnerships:** Encourage local and state government promotion of and funding for support that can be allocated to support and sustain the work of local coalitions and statewide strategy development such as the 8-point strategy outlined within this document. States such as Tennessee and New Jersey have seen a significant boost in their impact when these supports were in place. The creation of public-private partnerships will allow for the leveraging of expertise in private entities across the state to implement strategies that can be supported and sustained through public dollars, including potentially utilizing American Rescue Plan Act (ARPA) of 2021 funding to support these strategies.

Strategic Recommendation:

Expand Training and Technical Assistance in Trauma-Informed Care and Resilience Using an Upstream Approach

Possible Actions (Phase One):

- Leveraging curriculum and learnings from other state efforts, **develop an NC-tailored, train-the-trainer curriculum on ACEs and Resilience**. Specifically, the training will be tailored to be consistent with core foundational values and be steeped in science-based language and messaging, such as in the Frameworks report referenced in the first strategic recommendation above.
- **Develop and execute statewide training plan**. Backbone agency staff would be responsible for identifying and recruiting potential trainers from across the state and supporting their efforts. If implemented, the Resilient NC hub could be utilized to reach trainers across the state, document progress toward training goals (leveraging the PACES Connection community presentation tracker), and deliver training information and other tools.
- **Create and execute an NC-tailored Preventing Secondary Stress and Burnout online training** that can be made widely available to local coalitions, agency leaders, parents, and others. Burnout was a consistent theme throughout the interviews, so it would be prudent to attend to the resiliency of the workforce to help them remain healthy as they are helping others. This training could be housed on a centralized Resilient NC hub and promoted as outlined in the overall communications plan.



Possible Actions (Phase Two):

- **Build and execute a workforce development strategy that reaches more sectors and provides in-depth training on ACEs and Resilience**. This includes expanding cross-sector training to several audiences, including schools and childcare settings on the impact of ACEs and the ways in which resilience can be built in the school setting. To address the complex needs of clients experiencing adversity, many behavioral health care staff need additional training in evidence-based models, including trauma-focused cognitive behavioral therapy (TF-CBT), child-parent psychotherapy (CPP), and exposure therapy (Note: these models are offered as examples, and do not represent an exhaustive list). Faith communities and community-based resource centers would benefit by learning more about preventing ACEs and building resilience. Finally, ACEs and resilience training and technical assistance opportunities should be opened up to a wide variety of sectors, including criminal justice, public health/health care, business, elected officials, and more.

Strategic Recommendation: Build and Facilitate Cross-Sector Partnerships

Possible Actions (Phase One):

- **Establish a consistent mechanism to facilitate cross-sector partnership building across the state.** For example, holding an ACEs Innovations Symposium would enable partners from across the state to share their work (including opportunities, barriers, small wins) and learn from others in areas like Program Innovations, Policy Innovations, Training Innovations, and more. This type of symposium could be executed in partnership with an organization like the Institute for Emerging Issues (IEI), promoted by partners across the state, and potentially hosted on the Resilient NC hub. Specific efforts can be made to recruit and engage cross-sector presentations to consistently lift up unique ways communities are creating partnerships and aligning their work. Agency-level and community-level presentations would ensure demonstration of both grassroots and grassroots approaches.
- **Establish and execute a process for continued system scanning to elevate what is learned across the state, where opportunities for alignment exist, where resources are needed, what barriers need to be addressed by policy/practice changes, and more.** Staff in the established backbone structure will be uniquely positioned to regularly scan the system and build connections across resilience-related initiatives. What is learned could be shared in the Resilient NC hub.
- **Build and regularly maintain a Resilient NC contacts database that includes information about cross-sector, resilience-related initiatives and key contacts for more information.** This can also include a directory of existing or known working groups for greater awareness of statewide efforts, which can help avoid duplication, increase efficiency, improve resource utilization, and facilitate better outcomes.

Strategic Recommendation: Promote Policy and Advocacy Efforts that Support Community Resilience

Possible Actions (Phase One):

- **Promote the adoption of trauma-informed care policies at the local, state, and federal levels.** While organizations and initiatives learn about and create asset-based, trauma-informed approaches, policies and practices can support or undermine the effectiveness of these approaches. It will be critical to evaluate current policies and practices from the family perspective to identify what needs to change in order to be trauma-responsive and healing centered. Other states such as Pennsylvania and California have undertaken similar efforts, which can be instructive for North Carolina. New policies and practices should be evaluated using a trauma-informed lens to help prevent and/or reduce instances of re-traumatization.
- **Support and build stronger connections to the work of [NC Child](#), [PCANC](#), and other organizations that take active roles in trauma-informed, resiliency focused policy work.** Policy changes that promote resilience can continue to be supported as these efforts are linked to other cross-sector efforts across the state. While some North Carolina leaders are aware of these efforts, others were not and/or did not understand how to help support these efforts. Regular policy updates could be made to a Policy Briefs section of the

Resilient NC hub to assist with dissemination of policy actions and connect individuals and organizations with these efforts. Policy toolkits can be posted that include talking points, links to policy campaign tools (auto-emails), sample letters to legislators, and other tools so individuals, organizations, and communities can readily access these materials without reinventing the wheel.

Strategic Recommendation: Support Local Coalitions

Possible Actions (Phase One):

- **Develop funding streams to support staffing and other supports for local coalitions.** A key theme heard throughout the interviews is that many coalitions are working toward community-level goals with volunteers or unpaid leaders. While the individual and collective intentions are admirable, interviews indicate that it is nearly impossible to build momentum without at least one full-time paid staff member focused on the effort of driving and being accountable for local coalition goals. This theme is consistent with the data from the [Resilient Communities Landscape Analysis](#) in which survey participants listed an increase in financial resources as key to furthering local coalition work. Providing local coalitions with adequate staffing and financial support is critical to building a Resilient NC. The NC Smart Start's Healthy and Resilient Communities Initiative (NCHRCI) is working on these efforts to help advocate for additional financial support of local coalitions.
- **Continue to build mechanisms that connect local coalitions across the state.** This can include a directory of local coalitions as well as the development of local coalition “profiles” that can be housed on a potential Resilient NC hub under a “local coalitions” section of the site. Alternatively, this directory and profile database can be maintained and communicated through the NC PACES Connections website should infrastructure be built to support maintenance of this site as recommended in the strategic communication recommendations. In addition, the NCHRCI is working on strategies that more strongly connect local coalitions as well, including the Peer Connection meetings that launched in fall 2021 to bring together local coalitions regularly.
- **Continue to create regular learning opportunities for local coalitions.** Local coalitions report that they rarely have the opportunity to learn from one another in meaningful ways that could increase the adoption of strategies and practices that build momentum, while leaving behind those that are ineffective. The NCHRCI is working on this strategy to create regular connection points and learning opportunities across local coalitions. One innovative idea raised in interviews was a “speed dating” approach in which local coalitions meet virtually and minute presentations of their initiative. Facilitators can work to connect similar local coalitions (i.e., coalitions at similar stages or working on similar issues) behind the scenes to build alignment and coordination.

Possible Actions (Phase Two):

- **Continue to conduct regular surveys of local coalitions (in short survey format) about the training and technical assistance needs, develop priorities, and meet those needs.** These trainings can be recorded and housed to build a repository of resources local coalitions can be easily accessed when needed.
- **Develop a monthly Local Coalition Spotlight to share key learnings across coalitions.** Spotlights can be promoted on websites, social media, the NC PACES Connection page, the Resilient NC hub, etc., to raise awareness and promote coordination of efforts.

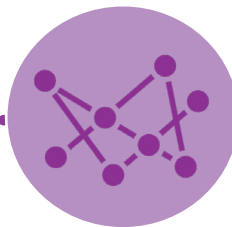
Strategic Recommendation: Identify and Implement Evidence-Based Measurement Strategies

Possible Actions (Phase One):

- **Develop a common approach to measuring community resilience in North Carolina at the local and state level.** North Carolina, and the United States in general, does not have a consistent way to measure community resilience. Currently, limited tools exist, and each initiative and local coalition measures and tracks data differently. Determining how to measure community resilience across the state - and what data will be needed - will be a critical step for Resilient NC.

Two resources that could be helpful starting points include the [Milken Institute School of Public Health at George Washington University](#) and the [North Carolina Center for Health and Wellness at University of North Carolina at Asheville](#). In addition, it may be helpful to examine whether a set of selected items can be added to the North Carolina Behavioral Risk Factor Surveillance System (BRFSS) for ongoing data collection across the state. This would leverage the already existing infrastructure and add resilience data that can inform prevention and intervention health practices across North Carolina.

- **To measure community resilience, build, launch, and train initiatives (and the state) to use a Measurement Toolkit (compendium of measurement tools).** A series of webinars would provide a user-friendly overview of the tools available, including the pros and cons of each, so initiatives and communities can decide which tools might best serve their purposes. These webinars would be available at any time through the Resilient NC hub.
- **Conduct an annual survey of resilience initiatives to gather key indicators for ongoing tracking and progress.** The annual survey should be co-created by a team of researchers from across the state, and can be potentially implemented by the backbone organization or other identified research partner. This will allow for an annual point-in-time view of the data so that movement can be tracked and emerging needs identified. Data reports can be compiled and disseminated, with these reports available each year on the centralized hub.



Possible Actions (Phase Two):

- **Examine potential key indicators that could be measured across all resiliency-initiatives across the state, and build an infrastructure that can support the collection and reporting of these key indicators.** This could be one to three indicators, which would allow for measurement across initiatives to examine collective impact and needs. These data, combined with the annual survey data above, could serve as continuous quality improvement indicators for the continued momentum of Resilient NC efforts (e.g, additional training and technical assistance needs, additional resources for the hub, identification of areas that would benefit from additional funding support).

Resilient NC

Supporting Statewide Efforts to Build
Community Resilience

Section:
North Carolina Summaries



Building Resilience and Courage to Excel (BRACE)/East Carolina University

Program/Initiative Name: The Department of Health Education and Promotion (HEP) at the East Carolina University (ECU) College of Health and Human Performance (HHP), Building Resilience and Courage to Excel (BRACE)

Key Contact/Title:

[Jennifer Matthews](#),

Ph.D., HEP

Professor at ECU,

Co-Founder of BRACE

Year Initiative

Founded:

2019

Program/Initiative

Location:

Greenville, NC

(Pitt County, NC)

Program/Initiative Focus: BRACE is focused on building resilience and the overall courage to excel in the Pitt County community. The ECU HEP department includes the following academic programs: (1) Bachelor of Science (BS) in Athletic Training, (2) BS in Environmental Health, (3) BS in Public Health, (4) Master of Science (MS) in Environmental Health and (5) Master of Arts (MA) in Health Education.

Overview/Summary: Throughout Pitt County, NC, there are numerous resilience focused efforts happening. Resilience training work has been among the most common; however, there are many other modalities of resilience-focused efforts happening throughout the county. Each of these efforts have varying approaches depending on the level in which the work is happening (community, university, etc) and the focus of the work (racial equity, capacity-building, etc). The ECU HEP department's resilience focused work involves researching trauma from the mental health perspective. Their goal is to build in more trauma training for mental health professionals and to further the capacity of professionals who serve the Pitt County community. BRACE is a local coalition in Pitt County that has existed for just over two years. BRACE offer various resilience training opportunities and they are increasing awareness in their community about the impacts of ACE's and trauma, increasing infrastructure in the workforce (i.e., ensuring mental health professionals are trained adequately to meet the needs of the community as it relates to experiences of trauma), and discussing the importance of resilience in their community.

Problem to Solve/Evolution: Pitt County's first resilience-focused effort was the showing of the Resilience film with a discussion panel directly following. Since then, many Pitt County residents have participated in Reconnect, a resilience focused training opportunity offered free to anyone living or working in Pitt County. The Reconnect training has also been implemented into Pitt County schools as a training opportunity for school personnel (teachers, staff, nurses, counselors, administrators, etc.). Each school has identified trauma teams who are required to train every teacher in Pitt County on fundamental ACE's 101 and how ACE's intersect with education. In addition, the Pitt County school system has hired two new racial equity officers to help address this work. The ECU HEP department is conducting racial trauma work amongst their staff and these efforts involve training opportunities

Website: <https://hhp.ecu.edu/hep/> (ECU HEP department) BRACE is currently working on developing an official website for their work.

about personal racial trauma and looking at racial equity within university processes and policies. In addition there are also book club opportunities and discussion groups for staff. At the community level, Pitt County has groundwater training opportunities that are being used to delve into racial equity discussions. The overall goal of these discussions is to build a strategic plan about what racial equity should look like in Pitt County and to determine the ways to get there. The local Department of Social Services (DSS) in Pitt County has committed to increasing trauma-informed practices within their intake assessment process. Other resilience focused efforts happening in Pitt County involve various healing groups and art groups who are turning different vlogs, written word, and video recordings into qualitative data to determine where the work in the county should go next. BRACE has conducted resilience work with a racial equity focus for about a year and a half and they are currently focusing on building their backbone structure to achieve long-term sustainability.

Strategies Used by BRACE and ECU’s HEP Department:

| Strategy | Description |
|--|---|
| Common Framework | BRACE seeks to approach resilience work from a combined public health perspective, social work, and mental health perspective. |
| Cross-Sector Partnerships | BRACE partners with multiple organizations, entities, and initiatives across Pitt County to include the Pitt County school/mental health collaborative, NC Civil , Pitt Partners for Health (PPH), and their local Department of Social Services (DSS). |
| Training, Capacity Building, and Technical Assistance | BRACE has trained 22 professionals in Pitt County in Eye Movement Desensitization and Reprocessing (EMDR). In addition, they have trained nearly 300 individuals in the Reconnect Resilience training and have 11 trainers in Pitt County. |
| Policy Advocacy/Work | BRACE has observed that attempts to conduct prevention work and to seek policy change, as it relates to resilience, have historically caused people to lose focus or to disengage from efforts in Pitt County. |

Measures of Success:/Milestones: The work of BRACE and the ECU HEP department, has been beneficial to the Pitt County community as a whole. Observed benefits include an increase in social capital and accountability among professionals within Pitt County, and an overall increase in the awareness of available resources among Pitt County community members and organizations.

Funding Mechanisms/Funding Sources: ECU receives funding from the NC Behavioral Health Equity Initiative through the NC Department of Health and Human Services (DHHS). This funding is utilized for the BRACE initiative. The NC Trauma Informed Community is funded by the Center for Child & Family Health (CCFH) at Duke University.

Lessons Learned

→ When conducting community involvement work, it is helpful to engage the members of that community at the onset of the project.

→ It is important for groups to think about diversity when they are developing their leadership teams.

→ Thinking about long term sustainability early on is critical.

→ Relationship building is key. A major key to the success in Pitt County has been due to the relationships that exist.

Bright Spots to Highlight: NC Civil is a local nonprofit that does a lot to represent the West Greenville district. These efforts are led by [Jermaine McNair](#); through his leadership, NC Civil has developed numerous, great ideas about how to approach racial equity in the community.

What's Needed for the Future: A cohesive front across the state. We need to start making what's best for the community and for individuals who have experienced trauma the main goal. Citizens need to be the focus rather than who gets credit for what in terms of the work that is happening.

The Center for Trauma Resilient Communities

Initiative Name: The Center for Trauma Resilient Communities (CTRC), a program of Crossnore Communities for Children

Key Contact/Title:

[Brett Loftis](#), JD, Chief Executive Officer of Crossnore Communities for Children, Co-Founder of the CTRC

Year Initiative

Started:
2018

Organization/Initiative

Location:

Crossnore, NC,
Winston-Salem, NC and
Hendersonville, NC

Organization/Initiative Location: Crossnore Communities for Children has three locations within the state: (1) Crossnore, NC, (2) Winston-Salem, NC and (3) Hendersonville, NC. Crossnore also serves as the CTRC's host location. The CTRC has established efforts in the western part of North Carolina (Henderson, Polk, Transylvania, Avery, Mitchell, Yancey County, etc); however, the CTRC is not a North Carolina specific initiative and much of the CTRC's work has been outside of North Carolina. The CTRC's [faculty](#) members represent various areas throughout the country.

Organization Mission/Initiative Focus: The mission of Crossnore Communities for Children is to grow healthy futures for children and families by providing a Christian sanctuary of hope and healing. The CTRC helps organizations to embed and embody the science of trauma resilience.

Overview/Summary: The CTRC operates as a training and consulting center where organizations that hope to become more trauma informed and resilience focused, but do not have available and effective resources to accomplish this, can receive direct support. The CTRC offers training, organizational coaching, certified train-the-trainer programs, mentoring and resilience academies in communities for community providers. Through these efforts, the CTRC hopes to support communities in looking at resilience from a more community and organizational lens and add to the resiliency work that is already happening (historically on a more individualized level). The goal is to shift away from the primary focus being individual children/families and individual efforts, and instead to reshape the structures that already exist and challenge/change those structures where necessary, in order to make them more effective.

Website:

<https://www.crossnore.org/>, <https://www.crossnore.org/center-for-trauma-resilient-communities/>

Problem to Solve/Initiative Evolution: Throughout the state, there are numerous, highly successful initiative pilots, however, many are duplicated efforts and few of these pilots transition to system-level change (due to a lack of understanding systems work and scaffolding methods). The vast majority of the CTRC's members are previous mentees of [Dr. Sandra Bloom](#), nationally and internationally recognized founder of the [Sanctuary model](#). In addition, some are original developers of the Sanctuary model (as an organizational model). From this foundation, the CTRC's efforts have evolved, by utilizing the work done over the past 20 years, in the area of resilience, and building on it with new science and a community/structural focus.

Strategies Used by the CTRC:

| Strategy | Description |
|--|---|
| Common Framework | The CTRC has history rooted in the Sanctuary model and organizational science that involves personal transformation for individuals and then primary identification within their teams/ broader organizations. |
| Cross-Sector Partnerships | The CTRC's work at the community level is mostly focused on their established cohorts and those organizations working together. In addition, the CTRC is partnering with the Watauga Compassionate Communities Initiative (WCCI) as they work on their organization's backbone structure and develop their goals for the next 5-10 years. The CTRC is supporting this work by helping the WCCI build their 10-year strategic plan and transition their work beyond volunteer support. |
| Training, Capacity Building, and Technical Assistance | The CTRC offers various training opportunities (train the trainer programs, resilience academy, etc.) as a part of their overarching goal of moving communities toward resilience. |
| Policy Advocacy/Work | The CTRC builds infrastructure support for communities to develop their own policy agenda. The CTRC helps communities target their goals and navigate from having an idea that could impact change, to implementation. |

Measures of Success/Milestones: The CTRC measures their impact through changes in organization attitudes and beliefs (less turnover, greater employee satisfaction) and cultural changes (responses to power and equity, racial violence and historical trauma).

Funding Mechanisms/Funding Sources: The CTRC's funding is primarily contract based. They receive some grants from the organizations they work with and a handful of community foundations. The CTRC's work in Louisville, KY (Safe & Healthy Neighborhoods) is funded through the mayor's office.

Bright Spots to Highlight: The CTRC received a 5 year Substance Abuse and Mental Health Services Administration (SAMHSA) grant in Louisville, KY to build a resilient community framework that has micro, mezzo and macro level strategies. In the middle of this process, Breonna Taylor was murdered. This tragedy made a significant impact on the data and the understanding of structural violence, specifically police violence, on a community that is building a resilience network. The first round of publication for this work is happening in 2021.

Lessons Learned

Individuals and communities need to build structure and rituals around grief. We need to embed the work on grief by acknowledging the pain of the past and the present.

We need to ensure professionals are able to address their own grief or they might not be a safe facilitator for the population they serve. This will require some 'faculty members' work within systems.

What's Needed for the Future:

- A massive expectation for schools to move toward trauma-informed and resilience-focused practices. Schools are great resources for big level work (nationwide or statewide). This may require changing funder behavior, depending on public and private sources.
- Long term investments in backbone organizations that are separate from government organizations. There are way too many examples of creative, innovative initiatives that have not been implemented due to government-based structural restrictions.

Other Resilience-Related Work in North Carolina:

- [The Child Well-Being Transformation Council](#) (created by statute) is mapping resiliency efforts and finding the gaps in services within the state.
- The Child Fatality Task Force has made the most prolific efforts within the state in terms of legislative changes (seat belts laws, gun locks laws, etc).

Community Resilience Project

Organization Name: Bringing You Excellence (BYE), LLC

Organization Mission/Initiative Focus: To reduce re-traumatization in community-serving organizations.

Key Contact/Title:


Vernisha Crawford, Founder,
BYE, LLC, Former Director of
the Charlotte Resilience Project

**Year Initiative
Started:**
2016

Organization/Initiative

Location:
Charlotte, NC

Overview/Summary: BYE is a [training](#) and [consulting](#) company that initially started working with organizations and nonprofits to teach life skills to young people (18 and younger), within the context of wellness, resilience, and brain science. The Community Resilience Project (CRP; sponsored by the [Winer Family Foundation](#)), formerly known as the Charlotte Resilience Project, is an initiative that focuses on enhancing community engagement and awareness on adverse childhood experiences (ACEs), trauma, and toxic stress. Their work has evolved into an effort to train direct service providers who work with families on trauma-informed approaches to drive organizational and systems-level change.



Website: <https://www.byellc.org/community-resilience-project>

Strategies Used by the BYE, LLC:

| Strategy | Description |
|--|---|
| Program Expansion | The Community Resilience Program Online Platform includes videos on trauma and its impact, self-guided resilience tools, and downloadable content to share. |
| Training, Capacity Building, and Technical Assistance | The Resilient Advocate Program is a training that provides basic education on trauma, ACEs, and resilience while offering practical techniques to reset the nervous system. They also offer screenings of the Resilience documentary with a post-film presentation. |

Measures of Success/Milestones:

The Community Resilience Project has:

- Facilitated 150+ film viewings of the film, Resilience, with 8,000 online views
- Has 1,600+ newsletter subscribers
- Trained more than 1,000 people in resilience (in partnership with [Resources for Resilience](#) and [ReCast](#))
- Engaged with 100+ partnering organizations in Mecklenburg County
- Expanded efforts to Gaston, Lincoln, Cleveland, Union, and Cabarrus Counties

Funding Mechanisms/Funding Sources: The CRP is sponsored by the Winer Family Foundation and revenue from BYE's consulting firm.

Lessons Learned

→ **Creating a structured plan is key to intentionally rolling out activities that align with identified goals and objectives.**

Bright Spots to Highlight: The local YMCA wanted all 500 of their employees to be trained in the Resilience Advocate Program.

What's Needed for the Future:

- Stronger collaboration between organizations.
- Consistent use of technology for streamlined communication across the state (e.g., using a single platform for communication).
- Advocacy work: While teaching skills for resilience are important, more advocacy work needs to be done to prevent trauma from occurring in the first place.
- BYE is interested in conducting an environmental scan of the experiences of court-involved individuals to identify target areas for implementation of trauma-informed practices in court systems in the Charlotte area.

Duke Center for Child and Family Health (CCFH)

Organization Name: Duke Center for Child and Family Health (CCFH)

Key Contact/Title:
Dr. George (Tripp) Ake, Ph.D,
Director of Training

**Year Initiative
Started:**
1996

**Headquarter
Location:**
Durham, North Carolina

Organization Mission: CCFH strives to define, practice, and teach the highest standards of care in treating and preventing childhood trauma. The Center for Child & Family Health uniquely integrates community-based practice and academic excellence, and their professionals utilize multidisciplinary, measurable approaches for professional training and research related to child traumatic stress. CCFH is also committed to being an inclusive, equitable, and transformative place for employees and the communities they serve.

Overview/Summary: CCFH's vision is that every child has the right to be loved, nurtured, and safe. CCFH was founded through a collaboration among Duke University, North Carolina Central University, and the University of North Carolina at Chapel Hill. Each year, CCFH serves more than 2,000 children and families in Durham and surrounding communities through [treatment](#), [prevention](#) services and [transformation](#) of the field.



Website: <https://www.ccfhnc.org/>

CCFH resiliency and trauma-informed community efforts are focused on the spread and sustainability of evidence-based treatment. Specifically, CCFH offers training to child and family service providers in trauma-informed, evidence-based practices (EBPs) to improve care for children in North Carolina and beyond. One of the main programs that supports the spread of EBPs across the state is the [NC Child Treatment Program](#) that was founded in 2006 and in 2013 received an annually recurring appropriation from the NC General Assembly for statewide program expansion. This appropriation supports statewide dissemination of several EBPs addressing the impact of trauma for children from birth to twenty one.

CCFH has also been driving trauma-informed child welfare work for a decade, including: developing and assessing the use of trauma screenings in child welfare; evaluating the differences in day-to-day practices in child welfare with respect to addressing trauma; working with child welfare staff to prevent and treat secondary traumatic stress; developing trauma-informed curriculum and practices that can be used with and by families/caregivers; and more.

In 2018, CCFH launched a project called [Trauma-Informed Communities](#) (TIC). The TIC Project offers opportunities for communities across North Carolina to develop a trauma-informed community response for children and families. Additional information on the CCFH's TIC project can be found [here](#).

Problem to Solve/Initiative Evolution: Since it's founding in 1996, CCFH has utilized evidence-based

interventions to respond to child abuse, neglect, and other traumas with compassion. CCFH's interventions have always sought to build and sustain trauma-informed child welfare practices.

From 2009 to 2016, in collaboration with North Carolina Division of Social Services (NCDSS), CCFH executed [Project Broadcast](#) with the goal of developing a trauma-informed child welfare workforce throughout the state. The project's activities included: (1) Trauma-related needs assessment for Departments of Social Services (2) Training for Child Welfare personnel in trauma-informed child welfare practices; (3) Training staff to facilitate the National Child Traumatic Stress Network's (NCTSN) "Caring for Children Who Have Experienced Trauma" workshop" (also known as Resource Parent Curriculum or RPC) in their communities; and (4) Disseminating a trauma screening tool designed specifically for child welfare contexts. More than 19,000 children have been screened using an assessment tool developed by Project Broadcast. Although the project ended in 2016, NCDSS continues to support CCFH to provide support to counties across the state to improve trauma-informed child welfare practice.

Measures of Success/Milestones: In May 2021, the city of Durham provided CCFH a grant of nearly \$50,000 to fund their [Urbaniak Clinic](#) with the goal of increasing access to evidence-based, trauma-informed treatment for children ages 0-6 among under-served or marginalized Durham families. CCFH reports other news and milestones towards their mission locally and statewide on their [news and resources](#) page.

Funding Mechanisms/Funding Sources: CCFH is funded through a variety of sources including federal, state, and local grants, program grants and contracts, training and consultation revenue, charitable gifts/grants, and clinical billing.

Strategies Used by CCFH:

| Strategy | Description |
|--|---|
| Common Framework | Trauma-informed, evidence-based practices. |
| Cross-Sector Partnerships | CCFH is affiliated with the NCTSN and the Duke Child and Family Trauma program. CCFH values collaboration and works with several partners in pursuit of a shared vision of health and well-being for all children. |
| Training, Capacity Building, and Technical Assistance | Each year, CCFH trains more than 2,000 child-serving professionals across the state. CCFH's training content includes: evidence-based treatments, Child-Adult Relationship Enhancement (CARE), Resource Parent Curriculum (RPC) facilitator, trauma-informed practice and trauma-informed systems. |
| Use of Implementation Methodology | CCFH uses Learning Collaborative, Breakthrough Series Collaborative, and Learning Community methods grounded in implementation science to support learning, practice change, and sustainment of practice over time. CCFH promotes training that will transform practice as opposed to “training as usual” or “train and hope” methods that have been shown to have little to no impact on learner’s ability to change practice. |
| Engagement of Family Voice/ Lived Experience | CCFH routinely engages family and youth partners as part of day-to-day practice. For example, resource parents and youth who have aged out of foster care are contracted to partner as co-facilitators for RPC groups for resource parents. Foster and adoptive parents have also been recruited to support webinars for other parents about the importance of considering a trauma-informed approach to parenting. |
| Focus on Diversity, Equity, and Inclusion | CCFH has prioritized supporting in-service training and strategic planning work for the agency to improve awareness, address biases, and to embed mechanisms in day-to-day work through a strategic planning process to equip the CCFH workforce to do their work with a focus on diversity, equity, and inclusion. |

Lessons Learned

It is important to help providers and those in contact with children and families to understand how to operationalize trauma-informed practices. Too often, people are utilizing the term without fully understanding what it means.

The Child Welfare system needs to build more public-private partnerships by prioritizing collaboration between agencies that are trying to address the same problem. Funders have an opportunity to incentivize these behaviors through their granting processes.

Succession planning is critical in order to keep champion projects, programs and research going when people are promoted or transfer roles.

Bright Spots to Highlight:

- One of CCFH's latest projects that is spreading across the state was co-developed by CCFH faculty and Early Childhood Education faculty in the NC Community College system. This group spent the last year developing trauma-informed education modules that will be incorporated in three required community college courses for students that are pursuing early childhood education degrees. These modules have already been tested with learners in several community colleges who are being trained to become childcare providers. The goal is to ensure more members of the childcare workforce understand how to identify child trauma in the classroom, how to work with children experiencing trauma, how to prevent secondary trauma, and when to engage Child Protective Services. This effort is aimed to reduce the number of children who are suspended from childcare programs while addressing equity issues related to suspensions (i.e. children of color are significantly more likely to face expulsion than their white counterparts). This project will also offer training for community college faculty to help them navigate situations when students disclose trauma histories so they can connect students to resources, while also receiving support to attend to their own trauma histories.
- In August, 2021, CCFH is preparing to launch a 14-month Comprehensive Trauma Informed Assessment (CTIA) learning collaborative in partnership with Trillium Behavioral Health. The training is the fourth CTIA collaborative facilitated by CCFH faculty since 2017. Previous collaboratives included partnerships with Partners Health Management (2019-2020) and Alliance Health (2017-2018, 2019-2021). CTIA trainings use the Trauma-Informed Assessment Guide to provide an orientation for up to twelve learners on clinical assessment measures and tools that could be made available to them, when working with youth, to address a range of clinical domains. In addition, faculty provide assessment overviews, including differences between screening and assessment, key strategies in the assessment of exposure to and impact of complex trauma, and the interpretation of results to help with clinical conceptualization. Considerable focus is placed on sharing the results with families and referral sources. A variety of adult learning principles and techniques are used in the trainings, including case-based learning, a combination of didactic and group discussion activities, skill demonstrations, role-playing, real-life applications using vignettes, and practice using trauma screening and assessment tools. Consultation following the live virtual training allows learners to engage with other clinicians and supervisors and to discuss cases from their caseload in order to analyze different approaches for addressing each unique client situation.
- In recent years, three CCFH faculty completed full credentialing to provide Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) training as a part of Zero

to Three's initiative to select and train mental health professionals in the assessment system. In May, 2021, CCFH received grant funding from Blue Cross Blue Shield toward DC:0-5 trainings and further program development in this area. In May, 2021, the first DC:0-5 contracted training was completed in conjunction with the State Division of Public Health (DHHS-DPH). Additional trainings are scheduled for fall 2021 with DPH and Child First (Nurse-Family Partnership). DC:0-5 trainings for North Carolina service providers work to reduce the impact of child traumatic stress on children and families and child serving systems in NC by increasing capacity of the mental health workforce to effectively conduct standard trauma-informed assessments. By equipping additional professionals across the state to use tools such as the DC:0-5 assessment manual, children and families across the state will have more access to needed trauma-informed childhood mental health screening, assessment and evidence-based treatment services. Those trained to provide these assessments will also be able to more readily share needed results with clinicians trained through the North Carolina Child Treatment Program and will be able to serve a more diverse population of children including those children involved in the foster care system.

Kellin Foundation

Organization Name: Kellin Foundation

Key Contact/Title:
Dr. Kelly Graves, Executive
Director and Co-Founder

**Year Organization
Founded:**
2013

Headquarter Location:
Greensboro, NC
(Guilford County)

Organization Mission: The Kellin Foundation builds resilient children, families, and adults through behavioral health services, victim advocacy, and community outreach.

Overview/Summary: The Kellin Foundation is a nonprofit organization that assists individuals, families, and communities with restoring hope, facilitating healing, and achieving wellness. Kellin Foundation's services are delivered in a trauma-informed, equity-centered, and pandemic-sensitive context. Their highly skilled clinicians and advocates engage in cycles of continuous learning and improvement, which is recognized and supported by our designation as one of two [National Child Traumatic Stress Network](#) (NCTSN) category III treatment sites in North Carolina.

As a trauma-informed organization, they desire to help create strong communities focused on safety, restoration, healing, and wellness.

Website:

<http://www.kellinfooundation.org/>

The Kellin Foundation believes that all people in need of services should have access, as they have a particular focus on those who otherwise would not have access to care (i.e., uninsured or underinsured). Ninety-nine percent (99%) of services are offered at no cost to clients, with the vast majority of services provided to the uninsured/underinsured population. More than 60% of our services are provided to children, adults, and families who identify as Black, Indigenous, People of Color (BIPOC).

Measures of Success/Milestones:

- The Kellin Foundation serves over 10,000 individuals a [year](#). In a June 2021, clients reported on a client satisfaction survey that 100% of clients surveyed would refer someone to the Kellin Foundation.
- The Kellin Foundation is the only nationally recognized community behavioral health center in the Triad with expertise and a focus on trauma and resiliency as a partner of the National Child Traumatic Stress Network.
- The Kellin Foundation established the Resilient Guilford Network (RGN), which is an action-oriented collaborative of cross-sector organizations to build trauma-informed, resilience-focused communities. RGN is made up of over 30 community partners, businesses, and leaders.
- The Kellin Foundation is proud to have designed and implemented a school resource officer conference about using trauma-informed approaches with students.

- The Kellin Foundation received the 2020 Nonprofit of the Year Award (In the Greensboro Triad) and received the 2020 and 2021 Best Counseling Agency Award (Greensboro News & Record People’s Choice Award).

Strategies Used by Kellin Foundation:

| Strategy | Description |
|---|---|
| Strategic Framework | The Kellin Foundation uses SAMHSA’s trauma-informed model at the core of their work. |
| Focus on Community Voice | The Kellin Foundation prioritizes learning from those with lived experience while lifting and centering their voices. In addition, they focus on integrating peer support with clinical services to best support their communities. |
| Cross-Sector Collaboration | The Kellin Foundation fosters cross-sector partnerships with organizations from diverse sectors with their National Child Traumatic Stress Provider Network and Resilient Guilford Network (RGN). |
| Statewide Training and Capacity Building | The Kellin Foundation provides statewide training and capacity building with involvement with state advisory groups, offering trainings on trauma-informed care and resilience, strategic planning. |
| Backbone Organization | Serves as a backbone organization for building a trauma-informed community at the local level. |

Funding Mechanisms/Funding Sources: The Kellin Foundation has a variety of funding sources, including public funding (local, state, and federal grant sources), private funders, and individual donors.

Bright Spots to Highlight:

- Kellin Foundation is designated one of only two National Child Traumatic Stress Network (NCTSN) sites in North Carolina, which recognizes the depth and breadth of our work as well as a commitment to systems change.
- Ten-year history of implementing a collaborative effort with 30+ organizations (Trauma Provider Network and newly launched Resilient Guilford Network).
- Community Response Initiative (CRI), launched by Kellin, is a nationally recognized model for victim advocacy and outreach for children and families exposed to violence.

Lessons Learned

Listen to the community first to understand where the gaps are. Then, work to fill those gaps using evidence-based models and approaches embedded within a trauma-informed framework.

Authentic partnerships are key to success. We are stronger together.

Integrated, comprehensive approaches are essential to avoid fragmentation of services.

It is important to build a secondary traumatic stress prevention program for team members to ensure their well-being in the workplace.

What's Needed for the Future:

- Public awareness for the need for behavioral health services across the lifespan and the need for trauma-informed approaches across sectors.
- Funding to support local system change/system-building efforts.
- Alignment of public funding focused on prevention strategies and services.
- Continued focus on and strategies to attend to historical/generational trauma and community trauma.

NC Child's EarlyWell Initiative

Organization Name: NC Child's EarlyWell initiative

Key Contact/Title:

[Morgan Forrester Ray](#), Director

Year Initiative

Started:
2019

Organization/Initiative

Location:

Raleigh, NC with Child Advocacy Network (CAN) hubs in Wilson, Guilford, and New Hanover county.

Organization Mission: NC Child's mission is to advance public policies to ensure that every child in North Carolina has the opportunity to thrive – whatever their race, ethnicity, or place of birth. The EarlyWell initiative is focused on strengthening and enhancing the infant, toddler, and early childhood mental health and social-emotional health support for children from birth to eight years old.

Overview/Summary: NC Child creates campaigns and builds power, alongside their partners across the state, to allow children and their families' voices to be heard. NC Child's work is focused on children from birth through age eighteen, as well as preconception and maternal health. The goal of the EarlyWell initiative is to develop a policy roadmap of recommendations that will move the state of North Carolina from where it is to where it would like to be in the areas of family voice and racial equity. The EarlyWell initiative views a child's social-emotional health through a continuum of promotion, prevention, identification, intervention, and treatment. EarlyWell is intentional about not just focusing on identification and treatment (typically where funding is) but instead on promotion, prevention and resiliency recommendations for families, as well as how to best support families through policy recommendations.

Website: <https://ncchild.org/>,
<https://ncchild.org/what-we-do/social-emotional-health/>

Problem to Solve/Organization Evolution: NC Child was established through the merger of Action for Children North Carolina and the Covenant with North Carolina's Children. NC Child utilizes established partnerships and their local CAN hubs (Wilson, Guilford and New Hanover) as implementation support when advocating for children and family focused policies. NC Child leads weekly meetings each Friday at 11:00am, where participating child advocates receive updates on current legislation and pressing policy topics. Around 50-70 child advocates (pediatricians, early educators, social workers, health department leaders, family support groups, etc) from across the state typically attend each week. After each meeting, NC Child sends out a video and written [Weekly Child Advocacy update](#) to over 1,200 subscribers. NC Child's live interpreter ensures that the meetings are fully bilingual and accessible to both Spanish and English speakers. NC Child's Resiliency work with teenagers is predominantly in high schools, where they offer information about tobacco cessations and lead a youth advocacy council. With adults, this work is specifically focused on supporting caregivers (advocacy for Medicaid expansion and parental leave). NC Child recently added three new team members, who are conducting grassroots advocacy work, to expand their community engagement efforts and further root their policy advocacy work in family voice.

In 2019, Pathways released recommended reading with major findings in the area of social-emotional health. As a result, stakeholders wanted local entities to spend more time focusing on social-emotional health related work. The [EarlyWell initiative](#), formerly known as the NC Initiative for Young Children’s Social-Emotional Health, grew out of recommendations from Pathways, Growing Up Well and the [North Carolina Early Childhood Action Plan](#) (ECAP). The EarlyWell initiative launched in Fall, 2019 with hopes of building a robust, evidence-based, and accessible early childhood social-emotional health system in North Carolina over the next eight to ten years.

Strategies Used by NC Child and the EarlyWell Initiative:

| Strategy | Description |
|--|--|
| Common Framework | NC Child conducts family-focused policy work. The EarlyWell initiative reviewed Infant and Early Childhood Mental Health Consultation (IECMHC), Pyramid Model, and the SAMHSA documents and decided to focus on the continuum of promotion, prevention, identification, intervention, and treatment as well as recommendations from the Pathways to Grade-Level Reading Action Framework . |
| Cross-Sector Partnerships | NC Child funds three CAN hubs with hopes to expand throughout the state in the future. NC Child conducts work with some local chambers of commerce and the North Carolina General Assembly (NCGA). The EarlyWell initiative has collaborated with the NCPC resiliency initiative and the resiliency task force. The EarlyWell initiative has also included three recommendations, specific to social-emotional health, from the Department of Public Health (DPH) Perinatal Health Strategic Plan in their agenda. In addition, the EarlyWell initiative’s policy recommendation will be utilized as an expansion of ThinkBabies’ social-emotional health-specific policy recommendations. |
| Training, Capacity Building, and Technical Assistance | Weekly child advocacy legislative update meetings. Technical assistance for the Infant-Child Mental Health Department. |
| Policy/ Advocacy Work | Twelve policy “dance floors:” (1) Perinatal Health, (2) Medical Home, (3) Health Insurance, (4) Early Care and Education, (5) Part C/Early Intervention, (6) Part B/Exceptional Children’s Program, (7) Ecosystem Infrastructure, (8) Evidence-Based Treatment, (9) Care Management, (10) Foster Care, (11) Parenting Education (outside of the home) and Navigation Supports and (12) Home Visiting. |

Measures of Success/Milestones: EarlyWell is exploring Zero To Three’s toolkits and litmus tests to develop a rubric for building out their roadmap. Once EarlyWell’s policy agenda and roadmap is built, further measures will be determined. In year one: the initiative researched the current pipelines that offer social-emotional health promotion, prevention, services and support for children ages zero to eight. In year two: they reviewed areas that fall within the social-emotional health pipeline of services and developed twelve “dance floors” (work groups that span areas of the social-emotional health ecosystem). Each dance floor began meeting in January, 2021. Since this time, each group participated in a four or five meeting process to submit two or three policy recommendations related to their assigned dancefloor’s needs and to move their dance floor from where it is to where it should be, in order to accomplish EarlyWell’s family-voice lead vision. Recommendations from each dance floor are due in August, 2021. The next phase will involve deciding how to prioritize the recommendations in order to build a strategic policy roadmap for the next ten years.

Funding Mechanisms/Funding Sources: NC Child is a 501(c)3 nonprofit organization, and the majority of their budget consists of grant funding as well as dollars from a handful of major donors. The Early Well initiative is funded by the Duke Endowment, BlueCross and BlueShield, Packard, Community Catalyst, Alliance for Early Success, etc.

Lessons Learned

There needs to be a more effective and collective approach to resilience work across the state. North Carolina is ahead of the curve in some aspects in the area of resiliency work (Building Resilient Communities). However, a lack of effective strategies and cohesion in the work creates tension.

There is not enough public education in terms of the rhetoric around resiliency. It is challenging to keep people engaged when resiliency is framed from a deficit-model.

The vast majority of parents and families have shared that how they are treated is of vital importance to them and that they are experts on their children. Honoring, valuing, and listening to family voice should be at the heart of this important work.

Bright Spots to Highlight: In 2020, NC Child held two internal training sessions for EarlyWell’s Steering Committee, with their race-equity consultant around social-emotional health. These training sessions sparked light bulbs about how to connect resiliency with racism and trauma for the first time. In April 2021, NC Child and the [North Carolina Early Childhood Foundation](#) (NCECF), released a report entitled “Lean In & Listen Up: How can we strengthen North Carolina’s early intervention, early childhood, and mental health services? By listening to families.” To create this report, NC Child and NCECF enlisted the support of four local family organizations (Family Support Network of NC, Charlotte Bilingual Preschool, Passage Home, and Families Moving Forward) to survey more than 200 North Carolina families in 28 counties to learn what social, emotional, and mental health means to them. The [results](#) of these surveys indicated that the majority of families feel that they should be the ones to teach their children about the importance of mental health. Additional information regarding this project can be found [here](#).

What's Needed for the Future:

- Mapping of resiliency efforts across the state. This will encourage and support everyone working collectively instead of individually.
- A solution to the ideology issues around resiliency in North Carolina. We need to prevent certain regionally adopted ideologies from interfering with the way resiliency conversations are framed to families.
- A more coordinated approach to infant and child mental health in North Carolina. Everyone needs to coordinate strategies in order to be effective and to ensure everyone is “rowing” in the same direction.
- Further efforts to create connections in the community. We need to spend more time defining our “villages.”

NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS): Child and Family Mental Health

Key Contact/Title:

Terri Grant, MPPM, DMH
Systems of Care Support
Coordinator, DMH/DD/SAS
Community Mental Health
Section, Child Mental
Health Team

**Year Organization
Founded:**
1973 (DMH/DD/SAS)

Headquarter Location:
Raleigh, NC

Organization Mission: To promote excellence in prevention, treatment, and rehabilitation programs for persons with mental illness, developmental disabilities and substance abuse disorders in North Carolina. (DMH/DD/SAS)

Overview/Summary: The NC DMH/DD/SAS [Systems of Care](#) (SOC) is a systems approach to providing comprehensive services to children with significant behavioral health needs. SOC's are coordinated networks (also called collaboratives) of community services and support from a variety of child-serving agencies across the state. The approach recognizes the importance of family, school, and community, and aims to foster a child's full potential by enacting a holistic view of the child. Components of the approach include: family involvement in all aspects of care delivery, driven by the needs and preferences of the child and family using a strengths-based perspective; services built on multi-agency collaboration and strongly grounded in community; and treatment provided in an individualized way that is the least restrictive to the child. There are a total of 75 SOC's across North Carolina.

Website: DMH Child and Family website is under development. More information on SOC's can be found here: <https://nccollaborative.org/>

DMH/DD/SAS provides funding for the [Trauma-Informed Communities \(TIC\) Project](#) through the [Duke Center for Child and Family Health](#) (referenced in the CCFH report), which is a grant that aims to create trauma-informed communities. The TIC Project takes a collaborative, systemic approach with communities to build on strengths, identify and address barriers, and move toward sustainable practices to promote a trauma-informed community approach across multiple service systems.¹

Measures of Success/Milestones: TICs launched in 2018 and were expected to end in 2020. Funding was extended for 2022 to be the fourth and last year of activity.

Funding Mechanisms/Funding Sources: TICs are funded through a grant provided by the NC DMH/DD/SAS through the federal Community Mental Health Services Block Grant.

¹ Retrieved from: <https://www.ccfhnc.org/programs/trauma-informed-communities-project/>

Strategies Used by DMH/DD/SAS Child Mental Health Team:

| Strategy | Description |
|--|---|
| Training, Capacity Building, and Technical Assistance | TICs provide individualized coaching and consultation across and within communities to develop and execute strategic plans to move trauma knowledge into trauma-informed action. |
| Common Measures of Success | TICs record the number of conferences held, completed needs assessments, and training attendance. In their fourth year (2021-2022), more formal measures of project impact will be created. |
| Collect and Share Data Across Organizations | For their latest semi-annual report (August 2021), DMH/DD/SAS asked SOC coordinators to identify the extent to which their unique collaborative engaged in trauma-informed and resilience efforts. Data analysis is currently underway. |

Bright Spots to Highlight:

- The Division emphasizes their commitment to having a state-run child and family branch of service delivery.
- Focus on historical trauma: TICs have invested dollars to identify local resources and understand the national landscape on what others are doing around acknowledging and healing from historical trauma.
- The new [Medicaid Standard Plan](#) will be part of the collaboratives with the goal of being able to engage in outreach and intervention activities in school settings and within child-serving agencies.

Lessons Learned

Individualized technical assistance is needed to address gaps in trauma-informed knowledge in systems and communities.

What's Needed for the Future:

- Enhanced networking, communication, and resource sharing among collaboratives across the state.
- Grassroots support from within the community, versus external programs overlaying on top of the community.
- Additional opportunities for outreach and prevention activities in communities.

NC Division for Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS): Community Mental Health

Organization Name: North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Community Mental Health Section

Key Contact/Title:

- Victor Armstrong, Director
- Saarah Waleed, MS, NCC, LCMHC, Community Mental Health Section Chief

Year Organization

Founded:
1973

Headquarter Location:

Raleigh, NC

“People can be as resilient as the resources available to them.”

-Victor Armstrong,
Director of DMH/DD/SAS

Organization Mission: To promote excellence in prevention, treatment, and rehabilitation programs for persons with mental illness, developmental disabilities and substance abuse disorders in North Carolina.

Overview/Summary: Established in 1973, DMH/DD/SAS is a division of the North Carolina Department of Health and Human Services (DHHS). They provide quality support to achieve self-determination for individuals with intellectual and/or developmental disabilities and quality services to promote treatment and recovery for individuals with mental illness and substance use disorders.

Website: <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse-services>

Problem to Solve/Organization Evolution: A top priority in the DMH plan is targeting trauma as a mental health emergency, and offer programs that align with SAMHSA’s four principles for creating trauma-informed environments. More recently, their Rapid Response Team (RRT; provides services directed to children and adults, ages 5-64, experiencing an acute behavioral health crisis that have presented in an Emergency Department) has continued to expose the underlying trauma in communities, which has been exacerbated by the COVID-19 pandemic. Mitigating the impact of trauma requires tapping into and building upon the resilience of individuals, families, and communities, through decreasing [risk factors](#) and increasing [protective factors](#) which include caring relationships, a sense of belonging, community inclusion, and a sense of purpose.

Strategies Used by DMH/DD/SAS Community Mental Health Section:

| Strategy | Description |
|---|--|
| Promoting Integrated Care | Connect medical and behavioral health access through a mobile clinic in Eastern North Carolina, while offering resilience resources. |
| Statewide Training and Capacity Building | <ul style="list-style-type: none"> ●The Trauma-Informed Communities (TIC) Project (referenced in the CCFH report) focuses on supporting agency leaders, clinical staff, and frontline professionals who are part of child and family service systems to develop, establish, and sustain a Trauma-Informed Service Delivery System. Partnering with Chatham Organizing for Racial Equity (CORE), they provide training and technical assistance, and conduct community-wide needs assessments, with an intentional focus on historical trauma and racial equity issues. To date, they have hosted four mini-conferences (259 participants) and a trauma-informed summit (430 participants). ●Support School Mental Health Policy implementation through a partnership with the Department of Public Instruction (DPI) to train school personnel on suicide prevention, risk and referral protocols, and social-emotional resilience learning framework. ●Establish Early Childhood Action Plan workforce competencies, including trauma-focused and resilience Early Childhood Mental Health consultation, implemented with the Department of Public Health (DPH) and Division of Child Development and Early Education (DCDEE) for the birth to age six continuum and continue to support the implementation of evidence-based practices. ●Under a contract with Temple University, DMH/DD/SAS has trained 440 LME/MCO staff, providers, NAMI, Alliance of Disability Advocates (ADANC) on community inclusion, purpose, and belonging for individuals to thrive in their community. |

| Strategy | Description |
|---|---|
| Program Expansion | <ul style="list-style-type: none"> ● Implement Project AWARE (Advancing Wellness and Resiliency in Education), which aims to strengthen student/family engagement and school-family alliance among those most disenfranchised and marginalized, currently in three pilot sites: Beaufort, Cleveland, and Rockingham. ● Implement statewide expansion of Mental Health First Aid for adults, teens, and youth. ● Facilitate Peer Support Specialist programs including Peer Operated Respite and partner with Promise Resource Network. ● Hope4NC and Hope4Healers crisis lines provide statewide support and connection to resilience and mental health resources for those experiencing mental health distress. Hope4Healers is a helpline for front-line workers, mental health professionals, first responders, and those in healthcare settings on the frontlines of the COVID-19 pandemic. |
| Regular Program Updates | <p>Joint Communication Bulletins are formal communications that the DMH/DD/SAS and the Division of Medical Assistance use to inform the public as new developments occur.</p> |
| Engagement of family voice/ lived experience | <p>Host monthly Community Inclusion Conversations with community stakeholders and provide training to peers and other community members.</p> |

Measures of Success/Milestones: EarlyWell is exploring Zero To Three’s toolkits and litmus tests to develop a rubric for building out their roadmap. Once EarlyWell’s policy agenda and roadmap is built, further measures will be determined. In year one: the initiative researched the current pipelines that offer social-emotional health promotion, prevention, services and support for children ages zero to eight. In year two: they reviewed areas that fall within the social-emotional health pipeline of services and developed twelve “dance floors” (work groups that span areas of the social-emotional health ecosystem). Each dance floor began meeting in January, 2021. Since this time, each group participated in a four or five meeting process to submit two or three policy recommendations related to their assigned dancefloor’s needs and to move their dance

Funding Mechanisms/Funding Sources: DMH/DD/SAS is funded through the DHHS.

Bright Spots to Highlight:

- Strong focus on racial equity and the impact of historical trauma on marginalized communities.
- Firm belief in the value of active peer support specialists in the behavioral health system.

What's Needed for the Future:

- Intentional focus on moving upstream and increasing the use of prevention strategies, to reduce the likelihood of experiencing adversity in the first place and prevent future crises.
- More interventions that speak to the nuance of race and ethnicity.
- Medicaid expansion in North Carolina.
- Behavioral health parity to ensure that reimbursement rates for behavioral health services are increased and in alignment with reimbursement rates for physical health.
- Increased collaboration among organizations, agencies, departments, and divisions to break down silos to help increase access of resources for those who need them. Each entity brings unique strengths to the table to help reach a common goal.

NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS): Justice System Innovation Section

Initiative Name: Opioids & COVID: Supporting Justice Involved Individuals with SUD during COVID

Key Contact/Title:

- Jamie Sales, Operations Manager, Justice Systems Innovation Section, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
- Stella Bailey, Section Chief, Justice System Innovation Section, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Year Organization Founded:

1979

Headquarter Location:

Raleigh, NC
(NC Department of Health and Human Services)

Overview/Summary: The Justice System Innovation Section of DMH/DD/SAS released a request for funding announcement to advance key strategies of the Opioid Action Plan to support justice-involved individuals and their communities. The first [funding announcement](#) was for supporting justice-involved individuals with substance use disorders during COVID-19. The ultimate goal of the funding is to prevent opioid overdoses and deaths, connect individuals across the lifespan (18+) with resources including peer support, and provide NARCAN to those who need it.

Organizations were awarded:

- \$350,000 per year for two years to create and expand pre- and post-arrest diversion programs to divert people with substance use disorders from jail to appropriate treatment options and/or create reentry programs that help connect people to appropriate care upon release from incarceration; OR
- A total award of up to \$500,000 per for two years to act as a technical assistance provider to advise and support awardees and other statewide justice-involved overdose prevention initiatives.²

At present (Summer 2021) the contracts are in the process of being disseminated and projects have not officially started.

Funding Mechanisms/Funding Sources: Funding for these grants is provided by the [Mental Health Trust Fund](#).

 **Website: Under Development**

² Retrieved from: <https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services>

Strategies Used by DMH/DD/SAS Justice System Innovation Section:

| Strategy | Description |
|------------------------------------|--|
| Cross-sector collaboration | Grantees were eligible to apply from an array of organizations and sectors, and included sheriff's offices, EMS offices, substance use providers, and county government agencies, and will have opportunities to connect, learn, and share best practices with one another. |
| Data sharing and collection | A technical assistance provider from UNC's Formerly Incarcerated Transition (FIT) Program will connect grantees to help facilitate discussion on various strategies, implementation procedures, and resource sharing. |
| Program Expansion | Grantees will collect outcome data in future as their programs roll out. Currently, the funders are collecting demographics, number of contacts with individuals, and referrals. While outcome measures are not established yet, grant managers will work to outline outcome measures, potentially measuring recidivism rates, recurrent uses of NARCAN throughout the time of the grant period, and more. |

The North Carolina Extension for Community Healthcare Outcomes (NC ECHO) Adverse Childhood Experiences (ACE) Learning Collaborative

Initiative Name: The North Carolina Extension for Community Healthcare Outcomes (NC ECHO) Adverse Childhood Experiences (ACE) Learning Collaborative

Key Contact/Title:
Deanna LaMotte, MPH, MEd,
NC ECHO Coordinator

**Year Initiative
Started:**
2019

**Initiative
Home Base:**
Buncombe County (Virtual)

Organization Purpose: The purpose of the NC ECHO initiative is to provide start-up support for three new local ACEs collaboratives and develop a [Community of Practice](#) (CoP) across North Carolina to nurture the sharing of ideas and best practices, practitioner reflection, and local ACE collaborative development and success.

Overview/Summary: The [Mountain Area Health Education Center](#) (MAHEC) and Buncombe ACE collaborative have a longstanding partnership in community resiliency work. In 2019, supported by a [Healthy Blue](#) grant, they established the NC ECHO ACE Learning Collaborative (“NC ECHO Initiative”), a two-year learning opportunity for established (or forming) ACEs/Resilience collaboratives committed to supporting families and preventing ACEs by driving tangible community change. The NC ECHO initiative was designed to serve as a potential model for a statewide CoP effort. Each participating collaborative includes representatives from multiple sectors, and has a fiscal agent that is a 501(c)(3) or public, tax-exempt health and human service organization.



**Website: Not available
at this time**

Problem to Solve/Organization Evolution: A top priority of the NC ECHO initiative is to promote cross-sector partnership between local communities’ in order to further their efforts to combat ACEs. The kick-off for this project occurred at the [ACE Southeastern Summit](#) in November 2019, with the CoP starting to meet shortly after using the ECHO virtual learning platform. Monthly meetings are led by the NC ECHO coordinator, and feature guest speakers and facilitated conversations covering a variety of topics (evaluating progress, effective language to use when speaking to law enforcement about ACEs, etc). The most highly attended sessions have focused on racial trauma, the convergence of racial equity and ways to integrate it into the traditional ACEs and resilience conversations. Similar to other initiatives, the COVID-19 pandemic has caused unexpected barriers toward the group’s intended course, although the group was fortunate in establishing a virtual home-base prior to the announcement of the pandemic. Participants continue to learn from each other about approaches to resilience work, how to address barriers/challenges, and to inspire forward-thinking community mobilization.

Strategies Used by NC ECHO:

| Strategy | Description |
|--|---|
| Common Framework | The CoP model, leveraging the ECHO platform. |
| Cross-Sector Partnerships | Eight collaboratives, each with cross-sector partners, regularly participate in the CoP. |
| Training, Capacity Building, and Technical Assistance | The focus of this effort is on capacity building across collaboratives. Leaders are able to take what they learn back to their own communities for consideration. |
| Policy/ Advocacy Work | The Resilient North Carolina Collaborative Coalition (RNCCC), established by Kellie Ashcraft, is an emerging group that came out of the NC ECHO initiative. The RNCCC is focusing on policy and advocacy work at the statewide level. |

Measures of Success/Milestones: The COVID-19 pandemic affected the originally intended curriculum and measurements of the initiative. Participants have been able to make connections across the state, and have a supportive space where they can learn from leaders working to address the same issues.

Funding Mechanisms/Funding Sources: The NC ECHO initiative is funded by the BlueCross BlueShield HealthyBlue grant received by MAHEC. At the writing of this report, this grant is set to expire in November 2021.

Bright Spots to Highlight: Connections created through NC ECHO inspired exploration of a statewide Photovoice project about resilience.

What's Needed for the Future:

- A state infrastructure to support local initiatives, which will drive collective action and better results,
- A database for initiatives to easily and effectively measure their impact.

North Carolina Partnership for Children (NCPC)

Organization Name: North Carolina Partnership for Children (NCPC)

Initiative Name: Healthy and Resilient Communities Initiative

Key Contact/Title:

- Mebane Boyd, MSW, LCSW, Resilient Communities Officer, North Carolina Partnership for Children
- Safiyah Jackson, MBA, MEd, Chief Strategy Officer, North Carolina Partnership for Children

Year Organization

Founded:
1993

Headquarter Location:
Raleigh, NC

Organization Mission: Advance a high quality, comprehensive, accountable system of care and education for each child beginning with a healthy birth.

Overview/Summary: The Healthy and Resilient Communities Initiative is a four-year statewide collaboration that aims to: (1) Reduce multiple forms of childhood adversity, including negative social and environmental drivers of health; (2) Increase protective factors and positive childhood experiences for children, families, and communities; (3) Promote Systems change, through community infrastructure and cross-sector collaborations, for preventing, responding to, and learning from exposure to toxic stress and trauma.



Website: <https://www.smartstart.org/>, <https://www.smartstart.org/launch-of-resilient-communities-initiative/>

Focused on taking prevention, response, and learning to the community level, the Healthy and Resilient Communities Initiative is identifying and elevating the value of resilience initiatives and local collaboratives across the state to support building healthy and resilient communities. The initiative will use data-informed, family-centered, racial-equity-focused, and asset-based approaches to connect and support local coalitions toward advancing statewide resiliency.

Problem to Solve/Organization Evolution: Given North Carolina's history of implementing coordinated early childhood systems and the number of existing community level resilience-focused collaboratives underway across the state, there was an opportunity to develop community capacity and leadership as it relates to addressing adversity and promoting resilience. NCPC leads and supports the Smart Start Network, which consists of 75 county-based non-profits who are funded to foster local partnerships that implement and strengthen birth-to-five systems. In many counties across the state, Smart Start local partnerships are convening, leading, or supporting cross-sector agencies in community-wide solutions to reducing adverse experiences and promoting positive experiences in childhood. The range of resources that all children need to thrive and bounce back have been historically limited in Black families and other families who are marginalized, therefore, the network pursues equity on the path to all children.

Strategies Used by NCPC:

| Strategy | Description |
|--|---|
| Common Framework | The Pair of ACEs model, Building Community Resilience framework, and Theory of Change framework (in addition to other research) help to provide a common language and high-level roadmap for improving outcomes. |
| Data Collection | The release of the Landscape Report (July 2021), provides a snapshot of the resilience work happening across North Carolina, shares the framework for systems and community-level outcomes, and outlines the strategies that local coalitions are implementing. |
| Training, Capacity Building, and Technical Assistance | Technical assistance is provided to local coalitions to support their unique goals through 6 key strategies (mindsets, power, resources, program components, relationships, and policies). The initiative builds capacity by connecting and aligning the resilience work of collaboratives across the state. As gaps and needs are identified by local resilience collaboratives, they work to find ways to meet those needs. |
| Policy/Advocacy Work: | Working with Prevent Child Abuse North Carolina to create family-friendly work policies and address adverse community environments identified by local communities. |
| Backbone Organization | NCPC serves as the backbone organization for local coalition building and has created a state-level and local-level advisory council. |
| Centering and Lifting Community Voice | The Family Engagement Officer's role will be imperative to lifting community voice and will be a large part of the work. |

Measures of Success/Milestones: Specific measurement outcomes are under development as the Healthy and Resilient Communities Initiative aims to foster community conditions (e.g., equitable economic development, trust in leadership, reduced ACEs, integrated physical and behavioral healthcare services) that impact long-term population-level results. Outcomes will also be measured by level of engagement with technical assistance activities and the degree of collaboration and coordination among state and community advisory councils, and members of participating local coalitions.

Funding Mechanisms/Funding Sources: The initiative was initially supported by the NC Department of Health and Human Services, Division of Public Health through the Centers for Disease Control and Prevention. Kate B. Reynolds Charitable Trust has also invested in this effort through a three-year grant.

Lessons Learned

- **Lesson 1: Terminology** - We learned that significantly more work is needed to establish the value and understanding of community resilience (the capacity for a collective to support all residents, particularly those historically left out, in recovering and recalibrating from community-level adversity—both acute and chronic) and organizational resilience (making workplaces ones where our “providers” (teachers, social workers, healthcare providers) are safe and can be their best selves). As one person so eloquently stated “Stop telling us to be more resilient. Instead, stop oppressing us.”
- **Lesson 2: Relationships** - While many local ACEs-focused collaborations are mostly volunteer run, they shared that one of their top assets are the collaboration and coordination across agencies. There is a significant opportunity to learn from agency collaboration to promote sector collaboration—across education, health and human services, justice/legal, and basic needs sectors.
- **Lesson 3: Reputation** – Since its inception, the Smart Start Network has been legally mandated to allocate 70% of their resources to early care and education and 30% to family support and child and family health outcomes. Smart Start has a strong statewide reputation for supporting young children, especially around early care and education. However, many Smart Start local partnerships are also working beyond the education sector to convene agencies and create a more coordinated, cross-sector, aligned approach to support children from prenatal-to-five. Furthermore, it is important for the general public to recognize that NCPC is not just focusing on supporting the resilience of young children, but also on supporting the reduction of adverse childhood experiences for adults such as teachers, social workers, and other community and human services professionals, and on approaching child development from an additional environmental and ecological approach. More education is needed across the state to understand how broad systems-level work relates to resilience and the support of adults and communities, and how this directly connects to and aligns with Smart Start’s work on behalf of children and families.

Bright Spots to Highlight:

- Introduction of a NC specific visual representation of the four realms of ACEs ([Four Realms of ACEs, pg.11](#)).
- Local Coalition members have an overwhelming desire to connect with peer support, coordinate with other local efforts, and have conversations around tools and resources. The top five assets identified by local initiatives are: Collaboration and Coordination Across Agencies, Membership Diversity, Coalition Leadership Membership Involvement, and Commitment to Racial Equity.

- Growing National attention and legislation. The RISE From Trauma Act (S. 2086) provides a unique opportunity to help launch a new federal grant program of up to \$4.8 billion over eight years (\$600 million per year) to support community coalitions who are advancing trauma-informed initiatives.
- Recognition of racial and historical trauma in marginalized communities.
- The focus for outcome measures will be community specific, based on their agreed-upon goals and how they want to measure and collect evidence of impact.

What's Needed for the Future:

- It takes time and patience to promote long-term community resilience work. Trust, relationships, and safe spaces must be built before you can move to implement programs and change mindsets.
- Financial and knowledge resources to support connections across community-based coalitions and individualized coaching toward coalition-defined goals.
- Data collection across the state to analyze where and how collaboratives are funding their work. Encourage funding for full-time staff to facilitate local collaboratives. Invest in coalition infrastructure, increase funding and resources to allow staff members who are community members representative of priority populations, to drive the work.
- Agreement on data to inform and guide work, defining deliverables and outcomes that define success. North Carolina counties are diverse (i.e., rural and urban areas) and more work is needed to identify what they have in common (as well as their unique needs).
- Build capacity to understand the links between trauma and racial justice, including how to infuse a racial justice lens to local coalition work.
- Build capacity to understand how to engage, integrate, and uplift community stories and lived experiences in coalition work.

PACEs Connection

Organization Name: Positive and Adverse Childhood Experiences (PACEs) Connection (Southeast Region)

Key Contact/Title:
 ● Carey Sipp, Southeast
 Regional Community
 Facilitator, PACEs Connection

**Year Organization
 Founded:**
 2012

Headquarter Location:
 Online, web-based

Organization Mission: The human and digital catalyst that grows and supports the worldwide PACEs and resilience movement, and tells its authentic stories.

Overview/Summary: PACEs Connection is a social network that supports individuals, communities, and organizations to accelerate the global PACEs science movement, to recognize the impact of positive & adverse childhood experiences in shaping adult behavior and health, and to promote trauma-informed, resilience-building practices and policies in all communities and institutions to help heal and develop resilience. They support hundreds of local ACEs initiatives across the US and the world, and help to provide a space for [resource sharing](#), connection, and community around ACEs, trauma-informed, and resilience-related work. Formerly ACEs Connection, they [changed their name](#) to PACEs Connection in 2021 to capture a comprehensive paradigm shift of the ACEs movement to include a broader narrative of resilience and positive childhood experiences.



Website:

<https://www.pacesconnection.com/>

Measures of Success/Milestones:

- PACEs Connection has over 52,000 members and hundreds of unique interest communities.
- PACEs Connection has over 53,000 members, more than [400 geographic-based communities](#) and about 30 interest-based communities (e.g., [education](#), [pediatrics](#), [justice](#), etc).
- PACEs Connection divides the United States into several regions, and also includes international communities. This information is available here: <https://www.acesconnectioninfo.com/we-support-communities>.

Funding Mechanisms/Funding Sources: PACEs Connection was initially funded by Robert-Wood Johnson Foundation and The California Endowment. Currently, they receive funding from the Blue Shield of California Foundation, other healthcare corporations, a private donor, and are working to become self-sustaining with their [Cooperative of Communities](#).

Strategies Used by PACEs Connection:

| Strategy | Description |
|-----------------------------------|---|
| Cross-Sector Collaboration | PACEs is dedicated to connecting and engaging communities of cross-sector initiatives to learn from each other and move the work forward. |
| Data Collection | PACEs Connection has a Map the Movement page, which is a geographic map of all PACEs initiatives and communities, and includes a map of states that have included the ACEs module in their annual BRFSS, and a map of state laws and resolutions in the United States from the first law enacted in 2011. |
| Regular Progress Updates | PACEs shares a Daily Digest and Weekly Roundup of the latest PACEs science, trauma-informed and resilience-building news, research and reports with its members. They also publish a separate news website, www.ACEsTooHigh.com , for the general public. |
| Community of Communities | PACEs Connection provides a free website to any community that has at least three sectors working on an initiative. The websites are meant to be “digital homes” for the communities, where members can post calendar events, meeting minutes, “wins,” stories about work in the community, resources and more. They can serve as rolling “annual reports” where funders can find out about PACEs science presentations given, the number of members and the work of the community. |
| Cooperative of Communities | PACEs Connection launched, in 2020, its Cooperative of Communities to help initiatives that want more sophisticated tracking tools to monitor the progress of their member organizations as they work to become trauma-informed and healing centered. The Community Resiliency Tracker tool also has an Outcomes Tracker that will relate publicly available information to the work done in specific sectors, to show the effectiveness of the work. For example, has helping schools become more trauma-informed resulted in an increase in attendance; a decrease in suspensions and expulsions? |

Lessons Learned

→ This work is about figuring out how to connect people on a topic they love.

Bright Spots to Highlight:

- Over the past year, PACEs Connection staff have been completing internal training on racial equity, historical trauma, and how to take that information into the communities to support the healing process and have held two of several webinars on [Historical Trauma in a series extending into May, 2022](#).
- PACEs Connection has a staff member who is a policy analyst, who tracks and gathers information about new and existing legislation on ACEs and trauma-informed policies and laws and reports the information on the [State ACEs Action](#) community site.
- Carey Sipp works closely with the Campaign for Trauma-Informed Policy and Practice ([CTIPP](#)) to help members learn how to engage in advocacy work, [secure funding from the American Rescue Act Plan](#), and more.

What's Needed for the Future:

- Intentional focus on diversity, equity, inclusion, and increased awareness of the impacts of historical trauma and racism.
- Have local and statewide communities leverage the tools available on their PACEs Connection websites ([such as the Growing Resilient Communities 2.0 application](#)) to share the stories about the people they are helping, share the successes and challenges they have, track the presentations they are making, and collect, share and use data to help drive best practices for their respective communities.
- Have the “community managers” for the respective websites leverage the social media capabilities of the website to share their successes on Facebook, Twitter, LinkedIn and other social media so they can expand memberships, grow their communities, and have a greater collective impact.
- Strong need to impact policy, educate policymakers, and promote legislation that is ACEs and trauma-informed. In order to continue supporting the work on the ground, policies need to be in place as a foundation of support.
- Use technology to our advantage to help get the work – and the word – out faster!

Prevent Child Abuse North Carolina (PCANC)

Organization Name: Prevent Child Abuse North Carolina (PCANC)

Key Contact/Title:
Sharon Hirsch, President
and CEO

**Year Organization
Founded:**
1979

Headquarter Location:
Morrisville, North Carolina

Organization Mission: PCANC ensures that child maltreatment prevention is a priority for North Carolina and all communities have the knowledge, support, and resources to prevent child abuse and neglect.

Overview/Summary: PCANC's vision is that all children grow up in safe, stable, nurturing families and communities aligned with the [Essentials for Childhood](#) CDC initiative. Essentials for Childhood proposes strategies for communities that promote relationships and environments which help children grow up to be healthy and productive members of their communities so that they, in turn, can build stronger and safer families and communities for their children. PCANC's work is grounded in the Center for the Study of Social Policy's (CSSP) [Strengthening Families Protective Factors Framework](#), a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. CSSP's Strengthening Families is based on engaging families, programs, and communities in building [Five Key Protective Factors](#): Parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and social and emotional competence of children. PCANC leads the [Connections Matter](#) initiative, which is both a social norms campaign and a training for community members on the impact of relationships as the biggest builders of babies' brains and as the greatest buffer and healer of trauma. PCANC's mission focuses on making prevention of child maltreatment a priority in North Carolina through policy, investments, and by building capacity across the state at the agency level and the community level.

Website: <https://www.preventchildabusenc.org/>

Problem to Solve/Organization Evolution: PCANC is focusing on addressing primary prevention through an upstream approach. PCANC's work is not about responding to child abuse, but preventing it from happening in the first place. Capacity-building has been a cornerstone of PCANC's work. However, policy change and increasing investments in prevention strategies has emerged as a new focus for PCANC over the past two years. This strategic shift took place when analysis showed that the primary barrier to reducing child maltreatment was a lack of family-friendly policies and a lack of public investment in programs and supporting systems.

PCANC's policy agenda focuses on family-friendly workplace policies and concrete economic supports for families. In addition, PCANC is focusing on increasing the footprint of home visiting and parenting education programs across the continuum from prenatal through adolescence. PCANC's capacity building work includes

implementation support for parenting education programs, some intermediary support for the [Triple-P Positive Parenting Program](#) and training in the Protective Factors and Connections Matter. PCANC has assisted 9 county-based groups across all sectors to build [Community Prevention Action Plans](#) based on the Strengthening Families Protective Factors Framework.

Strategies Used By PCANC:

| Strategy | Description |
|--|---|
| Common Framework | Strengthening Families Protective Factors Framework and Essentials for Childhood Framework. |
| Cross-Sector Partnerships | Participation/leadership roles in state-level policy efforts (Think Babies, NC Alliance, Home Visiting and Parenting Education System Design, NC Collaborative for Children, Youth and Families, NC Healthy and Resilient Communities). |
| Training, Capacity Building, and Technical Assistance | Implementation support for parenting education programs and training to raise awareness of protective factors, the importance of connections and other prevention topics. |
| Policy/Advocacy Work: | PCANC’s policy team aims to build and maintain expertise in advocating for policies that effectively prevent child maltreatment. The priorities identified by the Team are aligned with CDC recommendations for prevention of child maltreatment and ACEs, the Think Babies NC Alliance policy goals, and the NC Early Childhood Action Plan. They include family-friendly workplace policies, investment in home visiting and parenting education programs, increasing access to quality, affordable childcare, investment in families through economic supports such as reinstating the Earned Income Tax Credit, and the implementation of Family First Prevention Services Act. PCANC works in partnership with many advocacy-focused organizations to bring a prevention lens to policies. |

Funding Mechanisms/Funding Sources: PCANC is funded by a variety of funders, including the Duke Endowment, Child Trust Foundation, Kate B. Reynolds Foundation, the Oak Foundation, as well as individual donors. PCANC works in partnership with the NC Division of Social Services, which also provides funding for PCANC to provide intermediary/implementation support and public awareness to help the State meet federal requirements under the Community Based Child Abuse Prevention grant.

Lessons Learned

It is critical for organizations at the local level to be funded and to be held accountable for their work.

Putting a resilience and prevention lens on the [American Rescue Plan Act](#) investments will be critical. We need to look for [opportunities](#) to use these investments to foster stronger families and build family resilience, including support for parents that reduce their stress and set them up for success.

Bright Spots to Highlight:

- PCANC has released a [report](#) showing how concrete economic support can make a significant difference in reducing Child Protective Services (CPS) rates and foster care involvement. For example, there appears to be a correlation between increased gas prices and CPS reports. For every \$1 increase in gas prices, there are well over 100 new CPS reports.
- PCANC produced the [Building Community Resilience Conference](#) in partnership with many other statewide organizations in March 2021, bringing together more than 400 people statewide across multiple disciplines to discuss how to build resilience at the community level and to connect various local collaborative efforts to share lessons learned.
- The Policy Team conducted a pilot study in 2020-2021 using the Bellwether methodology to gain understanding of policymaker perspectives on child maltreatment and ACEs. A Phase II of the study launched in 2021 and will be completed in 2022.

Task Force on ACEs-Informed Courts

Initiative Name: Task Force on ACEs-Informed Courts

Key Contact/Title:

- Benjamin (Ben) David, District Attorney for New Hanover and Pender County

- Amelia Thorn, Assistant Director of Special Projects at Duke School of Law
- Mike Silver, Training and Services Director, Administrative Office of the Courts

Year Organization

Founded:

May 2021

Headquarter Location:

Statewide, but managed from Raleigh, NC

“In 5 years, it should be malpractice if people don’t know what ACEs are.”

-District Attorney Benjamin David on the importance of educating people about the science of ACEs

Initiative Mission: To enable Judicial Branch stakeholders to understand the impact on children of exposure to ACEs (adverse childhood experiences and adverse community environments) and to develop strategies for addressing adverse consequences within our court system.

Overview/Summary: [Ben David](#) has had a passion for creating healthy and safe communities for his entire career. When he heard about adverse childhood experiences and adverse community environments (the Pair of ACEs), he knew the justice system needed to operate with this knowledge in mind. The Task Force on ACEs-Informed Courts, launched in May 2021, aims to embed trauma-informed approaches throughout the North Carolina Court System. Ben David and co-chair Andrew Heath (NC Administrative Office of the Courts (NCAOC) Director) will lead this Task Force under the direction of Chief Justice Paul Newby of the Supreme Court of NC. The Task Force has 20 members who have various roles within the justice system, including law enforcement, defense attorneys, district court judges, and public defenders.

The Task Force is partnering with Amelia Thorn and her team at the [Bolch Judicial Institute](#) at Duke University School of Law, who are working with ACEs and trauma experts to build a curriculum for trauma-informed courts. The curriculum will help judges, court officers, and court administrators understand: the nature of juvenile trauma; the origin and lasting effects of trauma and toxic stress; intergenerational trauma; the connection between trauma and addiction; approaches to mitigating stress and establishing coping

Website:

No official website. More information here: <https://www.nc-courts.gov/commissions/chief-justices-task-force-on-aces-informed-courts>

Podcast on ACEs-Informed Courts (Episode 10): <https://www.nccourts.gov/learn/all-things-judicial-podcast>

strategies; and more. The course will also offer concrete practices judges might adopt in order to better interact with affected parties, particularly juveniles, and provide training in reading and understanding trauma assessments, and crafting trauma-informed orders⁴.

Strategies Used by Task-Force on ACEs-Informed Courts:

| Strategy | Description |
|--|---|
| Training, Capacity Building, and Technical Assistance | The Task Force aims to have an advisory board with content experts to guide the work and provide technical assistance support. The Trauma-Informed Court Program will host trauma-informed and ACEs training for judges. Currently, they are conducting a pilot project with about 12 judges from across the state to pilot educational presentations on trauma-informed practices and provide feedback in a focus-group style manner. A roundtable discussion will follow the presentations where leading trauma researchers will share advancements in the field and current research, with the hopes of continued collaboration as the training program rolls out. |
| Data Collection | In preparation for their August 2021 meeting, Task Force members are completing a survey about their current understanding of ACEs, toxic stress, and resilience. This will serve as a starting point for the goal-setting and training agenda. |

Measures of Success/Milestones: In July 2021, Task Force members viewed the film [Resilience](#) and started a dialogue about the impact of ACEs and the role the judicial system plays in helping to create safe and healthy communities.

Funding Mechanisms/Funding Sources: The Trauma-Informed Courts Program (Duke Law) and the ACEs-Informed Court Task Force are funded in part by a grant from the Winer Family Foundation.

Bright Spots to Highlight: Task Force members are racially, geographically, politically, and occupationally diverse (e.g., judges, prosecutors, defense attorneys, clerks, law enforcement, private attorneys, child advocates, academic leaders). Members bring multiple perspectives, ideas, and strengths to the process.

⁴ Retrieved from: <https://judicialstudies.duke.edu/programs/the-trauma-informed-court/>

Lessons Learned

- Stay centered on the circle of influence rather than focusing on the circle of concern.
- Taking on childhood trauma is a massive undertaking.
- The task force aims to identify early wins that can make our kids healthier and safer today as they confront larger issues that have been years in the making.

What's Needed for the Future:

- Mindset shift from focusing on funding punitive measures to funding prevention strategies.
- Commitment from the legislature to reinvest dollars saved from Justice Reinvestment into communities that can benefit from additional resources and prevention activities.
- Collaboration with subject matter experts to ensure science is communicated accurately and appropriate implementation of practices into the justice system.

Additional Information about Related Judicial Programs

The School Justice Partnership (SJP) is a program provided by the North Carolina Judicial Branch's Administrative Office of the Courts, and is a group of community stakeholders from schools, law enforcement, and the court system who develop and implement effective strategies to address student misconduct within the school system and the community rather than by a referral to the justice system⁵. Currently, SJPs have been implemented in 40 NC Counties, and the North Carolina Commission on the Administration of Law and Justice has recommended statewide implementation of SJPs. New Hanover County implemented an SJP in November 2015, which has resulted in a 67% decrease in school-based referrals since 2013–2014. In the same time period, the dropout rate in New Hanover County declined, and the high school graduation rate increased⁶.

⁵ Retrieved from: https://www.nccourts.gov/assets/documents/publications/SJP_fact-sheet_07282021_update01.pdf?u1ruUbvEZ9Kshyzf4_hM3a07KmMt7c61

⁶ Retrieved from: https://www.nccourts.gov/assets/documents/publications/SJP_fact-sheet_07282021_update01.pdf?u1ruUbvEZ9Kshyzf4_hM3a07KmMt7c61

ReCAST Mecklenburg

Initiative Name: Resiliency in Communities After Stress and Trauma-Mecklenburg (ReCAST Mecklenburg)

Key Contact/Title:

Andrea Quick, Senior Health Manager, Program Director of ReCAST Mecklenburg

Year Initiative Founded:
2018

Headquarter Location:
Mecklenburg County
(Charlotte, NC)

Initiative Mission: To advance equity and trauma-informed approaches for vulnerable youth and families through community-driven strategies grounded in healing and safety.

Overview/Summary: ReCAST Mecklenburg's [vision](#) is to invest in the inclusion, success, and overall well-being of all citizens. They utilize an [approach](#) that is both resiliency and trauma-informed and provide pathways for communities to better deal with toxic stress, and its impact on their health and overall well-being. ReCAST Mecklenburg develops pilots within three focus areas: (1) youth violence prevention, (2) racial equity and (3) equitable access to services. The community mental health and wellness group is ReCAST Mecklenburg's established work group. In partnership, they provide and establish building blocks of what it takes for an organization to become trauma-informed. In addition, they identify the steps individuals should take to become more resilient and to receive resilience training. ReCAST Mecklenburg's goals are to discover the interventions that best support youth and families in high impact zip codes, to establish violence as a public health issue, to increase access in services and to decrease duplication. Throughout all of their efforts, the project focuses on equity, and how it plays a part in all of the things individuals do on a daily basis.

Website:

<https://vision.recastmeck.com/>

Problem to Solve/Organization Evolution: In 2016, a man was fatally shot in Charlotte, North Carolina by a local city police officer. This tragedy led to riots and protests nation-wide; and particularly in Mecklenburg county, agitated old, but familiar wounds related to the historical racism and marginalization in certain communities. In 2018, the Mecklenburg County Health Department was awarded the [Substance Abuse and Mental Health Services Administration's \(SAMHSA\) ReCAST grant](#) to address stress and trauma in the community related to civil unrest. The ReCAST Mecklenburg project has led various community stakeholder meetings and focus groups around behavioral health as it relates to stress and trauma, and defining what resilience looks like when you hear the phrase: "resilient communities." ReCAST Mecklenburg has discovered that the community does not have a positive outlook on resilience and ultimately looks at resilience as another version of the phrase: "oh, brush it off". This insight has helped shape the way ReCAST Mecklenburg approaches their work. They have found that resilience is an important, individual concept that can look different from person to person (dependent on stress, trauma, everyday existence, etc). ReCAST Mecklenburg has conducted various trainings and foundational work with service providers and first responders, in different sectors of the Charlotte-Mecklenburg community, to talk about the idea of being trauma-informed as a concept, and what that looks like. ReCAST Mecklenburg is looking forward to pushing

resilience work into a broader conversation. Resilience has always been a relevant concept, but at this time especially, people worldwide are seeing that it cannot be ignored.

Strategies Used by ReCAST Mecklenburg:

| Strategy | Description |
|--|---|
| Common Framework | ReCAST Mecklenburg works under a trauma-informed umbrella and the three ReCAST focus areas. |
| Cross-Sector Partnerships | ReCAST Mecklenburg is one of twelve other communities, across the country, that have been awarded the ReCAST grant. ReCAST Mecklenburg shares a wonderful partnership with Resources for Resilience in Asheville, where they conduct basic training around resilience tools and resources for educators, health providers, law enforcement, faith communities, etc. |
| Training, Capacity Building, and Technical Assistance | ReCAST Mecklenburg is focused on capacity building in the areas of resilience and healing among high-risk youth and families in Mecklenburg County. ReCAST Mecklenburg develops community trainers (community members who have completed ReCAST Mecklenburg training) who can then train others within their work and respective areas. The overall hope is that when the grant goes away, the community concepts and ideas remain. |
| Policy/Advocacy Work: | Due to the large emphasis on violence prevention within Mecklenburg county and ReCAST Mecklenburg’s local connections, the project has been able to be at the forefront of policy work regarding racial violence as a public health issue. |

Measures of Success/Milestones: ReCAST Mecklenburg has trained over 1,500 service providers and first responders. ReCAST Mecklenburg provides individuals with daily tools, resources and interventions (within the project’s three focus areas) that help them understand stress and trauma, and the effects they can have on the brain. ReCAST Mecklenburg does not solely offer training to service providers, but to community members as well. The project has seen a progressive increase in participation from community members since its start in 2018. ReCAST Mecklenburg will offer additional and more expansive training opportunities for community members this Fall, 2021.

Funding Mechanisms/Funding Sources: ReCAST Mecklenburg is federally funded by a 5-year SAMHSA grant.

Lessons Learned

When establishing a new resilience focused project or initiative, it is helpful to spend time defining essential terms (trauma, resilience, etc) first, to ensure the team and necessary partners are all speaking the same language.

Bright Spots to Highlight: The ReCAST Mecklenburg project and Resources for Resilience offer a four-hour virtual workshop that provides individuals with three tools they can walk away with that same day to help further ground themselves in resilience. This training was previously offered in-person two days a week and may return to this model depending on appropriateness and safety.

What's Needed for the Future: Human Resources Department's that are willing to conduct work around the promotion of cities and counties setting the tone and the definition of resilience within their area, as opposed to corporate entities making this determination on projects with city and county arms.

The Resiliency Collaborative

Initiative Name: The Resiliency Collaborative

Key Contact/Title:
Tammy Blackard Cook, LCSW

**Year Organization
Founded:**
2017

Headquarter Location:
Raleigh, NC

Organization Mission: The Resiliency Collaborative partners with communities to increase capacity for resilience and hope through the development of tools, education, networks, resources, and support.

Overview/Summary: The Resiliency Collaborative (TRC) is a 501(c)(3) organization providing hands-on training and skill-building experiences, community-building, and resources for individuals, groups, and organizations seeking to improve individual and collective resiliency and to build capacity for wellness.

They provide training on models including the Community Resiliency Model (CRM), Reconnect for Resilience (RFR), Circle of Security Parenting (COS-P), and Wellness Recovery Action Plan (WRAP). TRC receives requests for trauma-informed and resiliency training from individuals and organizations, they connect with trainers and facilitate scheduling of the training.

Website:

<https://resiliencycollaborative.org/>

Strategies Used by TRC:

| Strategy | Description |
|----------|---|
| Training | TRC acts as a clearinghouse to manage training requests from organizations and individuals, and coordinates with teams of trainers to provide trauma-informed and resiliency education through four models. |

Measures of Success/Milestones: They have helped Southeast Raleigh Promise have some Resources for Resilience trainings together for youth and are planning their first in-person (COVID-19 permitting) training for September 2021 in Raleigh, NC.

Funding Mechanisms/Funding Sources: TRC is funded by earned revenue from trainings and donations.

Lessons Learned

From the start, focus on putting community and those who have experienced trauma first in all aspects of the work.

Bright Spots to Highlight: TRC has provided Reconnect for Resilience training for teams in Southeast Raleigh Elementary School and aims to create a peer support specialist parent mentorship program in the future to support individuals and children who have experienced trauma. TRC also hopes to secure funding for on-going mental health support in Southeast Raleigh by potentially putting a mental health clinic on the [Southeast Raleigh Promise](#) Beacon Site.

What's Needed for the Future:

- Bring trauma-informed training into the foster care system. Completely transform current systems and infuse trauma-informed approaches into state agencies that work with children.
- Expand programming and funding for peer support specialists services for those seeking additional mental health-related support, in conjunction with Southeast Raleigh Promise and their work in the community.
- Expand access to mental health professionals in Southeast Raleigh by opening a non-profit clinic in conjunction with Southeast Raleigh Promise.
- Need to develop TRC's board more fully and get more help establishing ongoing structures for TRC.

The Resilient North Carolina Collaborative Coalition (RNCCC)

Organization Name: The Resilient North Carolina Collaborative Coalition (RNCCC)

Headquarter Location:

| | | |
|--|--|--|
| Key Contact/Title: Kellie Reed Ashcraft, Ph.D, MSW, RNCCC Facilitator | - Watauga County- <i>Kellie Reed Ashcraft</i> | -NCPC Resilient Community Initiative/Formerly New Hanover County- <i>Mebane Boyd</i> |
| | - Jones County- <i>Tamra Church</i> | - Dare County- <i>Nancy Griffin</i> |
| | - Pitt County- <i>Kia Glosson</i> | - At Large, Benchmarks NC- <i>Jenny Cooper</i> |
| | - Wilkes County- <i>Jenn Wages</i> | - At Large, Center for Trauma Resilient Communities- <i>Meribeth Robinson</i> |
| Year Organization Founded: 2020 | - Columbus County- <i>Selena Rowell</i> | |
| | - Buncombe County- <i>Michael Hayes</i> | |

Organization Purpose: The purpose of the RNCCC is to gather local community collaborative leaders and other interested community members and partner organizations to identify and advocate for policy action related to resilient communities at the state and local levels.

Overview/Summary: The RNCCC resulted from Dr. Ashcraft's role as the Data and Policy committee co-lead for the Watauga Compassionate Community Initiative (WCCI), one of eight collaboratives a part of the North Carolina Extension for Community Healthcare Outcomes (NC ECHO) Adverse Childhood Experiences (ACE) Learning Collaborative, and her membership on the North Carolina Partnership for Children (NCPC) community advisory council. Dr. Ashcraft was given permission by the respective leadership of each of the above listed groups, to ask who would be interested in participating in external discussions regarding collaborative statewide policy action. The RNCCC's first coordinated discussion occurred in September 2020 and about 45 participants joined.

Website: N/A

Problem to Solve/Organization Evolution: Through Dr. Ashcraft's community-level and state-level resiliency work, she made the discovery that North Carolina is somewhat behind other states in statewide policy and advocacy work. In October 2020, Dr. Ashcraft chose a small group of volunteers that represented various local collaboratives to begin coordinating the RNCCC, thus establishing the RNCCC coordinating team. The RNCCC coordinating team prevents one individual from dictating the group's focus and also forms the group's meeting agendas based on discussions from previous group meetings. There are no specific criteria or credentials needed to join the RNCCC discussions, they are open to anyone who is interested. The RNCCC initially intended to work with Prevent Child Abuse North Carolina (PCANC) to enact a proclamation about resiliency that is prevention and promotion focused. In addition, the RNCCC also planned to use information from NCPC to conduct educational legislative work to address the lack of common language

across the state. Through ongoing conversations with NCPC, PCANC, NC Child and other state-level organizations, the RNCCC learned there are a number of different resiliency efforts happening currently at the statewide level by formal policy advocacy groups. This discovery caused the RNCCC to take a pause to determine direction. In January 2021, RNCCC members began meeting with other statewide policy advocacy groups in order to learn each group’s priorities and to determine where the RNCCC can fill-in gaps (instead of duplicating work).

Strategies Used by the RNCCC:

| Strategy | Description |
|----------------------------------|--|
| Common Framework | There is no established framework for the RNCCC at this time; however, the RNCCC is utilizing the recommendations from the CDC on education and awareness. The RNCCC also is utilizing NCPC’s Resilient Communities’ framework and language. |
| Cross-Sector Partnerships | The RNCCC is coordinated by ten individuals who represent various local collaboratives throughout the state. |
| Policy/Advocacy Work | The RNCCC is focused on statewide and local policy and advocacy. |

Measures of Success:/Milestones: The RNCCC’s specific measure of success has not yet been determined; however, the group will generally measure short-term progress by the ability to achieve policy implementation and long-term progress by culture changes.

Funding Mechanisms/Funding Sources: At this time, the RNCCC is a completely unfunded project.

Lessons Learned

➔ **Researching what others are already doing in your intended lane of focus before launching a project saves time and prevents duplication.**

Bright Spots to Highlight: August 2021 marks the one year anniversary since the group was first organized. The group continues to be a way that local community collaboratives and other organizational stakeholders can discuss common policy issues of concern at the local and state levels, problem-solve, and share information on a regular basis.

What’s Needed for the Future: As the state continues to develop its Resilient Community efforts, it will be incumbent for the RNCCC to work with other statewide organizations and groups to align efforts and avoid duplication.

Rural Opportunity Institute (ROI)

Organization Name: Rural Opportunity Institute (ROI)

Key Contact/Title:

- Seth Saeugling, Organizer, Co-Founder, Rural Opportunity Institute (ROI)
- Na'im Akbar, Community Ambassador & Certified Resilience Trainer, Rural Opportunity Institute (ROI)

Year Organization

Founded:

2017

Headquarter Location:

Edgecombe County,
North Carolina

Organization Mission: To end generational cycles of trauma and poverty by preventing adverse childhood experiences and toxic stress.

Overview/Summary: The Rural Opportunity Institute (ROI) is an organization focused on supporting trauma-healing processes by educating, reshaping systemic practices, and fostering deep connections within their communities. In 2017, ROI sought to better understand the biggest barriers to children's success, and engaged over 300 community members through a community-driven, human-centered design and [systems mapping](#) process. They found that ACEs and unresolved trauma as systemic issues plagued the well-being of their communities.

Website:

<https://www.ruralopportunity.org/>

Social Media:

Instagram: [@RuralOpportunity](#)

Facebook: [NCRuralOpportunity](#)

ROI started with ACEs prevention work in Tarboro and Edgecombe County, North Carolina with the goal of investing in local community leaders and public agencies to create healthier, safer communities for current and future generations. ROI continues to work with Tarboro/Edgecombe and is expanding their work into other communities interested in identifying systemic structures that cause individual, family, and community harm, while building strategies that address the root causes and improve outcomes.

Measures of Success/Milestones:

- Middle school students who participated in ROI's Biofeedback Program reported a 57% decrease in anxiety symptoms and 100% of the students (12 total) said that their ability to calm down had increased since the beginning of biofeedback and wanted to continue the program. See the [1-pager with results here](#).
- During the 2020-2021 school year, ROI supported Darden Middle School in their efforts to build more trauma-informed practices into their school. See the [1-pager with results here](#).
- Since January 2020 ROI has conducted 158 Awareness Building Presentations, 81 Reconnect for Resilience Trainings and Practice Groups, and 107 Listening Circles.
- \$85,000 in collective earnings has been paid to local training leaders and \$150,000 in scholarships have been given to over 600 community members to attend trainings. See the [1-pager here](#).

Strategies Used by ROI:

| Strategy | Description |
|--|---|
| Training, Capacity Building, and Technical Assistance | <ul style="list-style-type: none"> • ROI has several initiatives that promote learning, education, and healing by implementing practices that shift from punitive to restorative. • The Resilient Leaders Initiative is a nine-month program that helps organizations and agencies learn about and implement trauma-informed, healing-centered practices. This program is modeled after accelerator programs such as Uncharted. Their current cohort in Tarboro/Edgecombe County includes representatives from a courthouse, a local megachurch, a middle school, and an alternative school. They receive coaching, programming, and resources to pilot new approaches to identified opportunities to enhance trauma-informed practices within their organization. Applications for Cohort 2 will open this fall (2021). • The Biofeedback Breathing Program is a program where individuals can build the health of their autonomic nervous system to increase resilience and coping skills through biofeedback technology. Their pilot program, initially conducted at Pattillo Middle School, was so effective that they also piloted the biofeedback breathing program in the local detention center with individuals detained in the jail, one of the first times a biofeedback program has been used in a county jail setting in the US. • Trained Resilience Educators provide awareness-building presentations for the community and are a cross-sector group made up of 25+ community leaders. • Reconnect for Resilience Training is a trauma-informed and resiliency-focused training that teaches seven practical strategies that promote balance and well-being for individuals, organizations and communities. ROI partners with Resources for Resilience to provide these trainings. • Resilience Skill Cards & Posters provide visually appealing, easy to use prompts and reminders on how to practice each of the 18-22 skills taught in the Reconnect for Resilience training program. These cards were developed in partnership with Resources for Resilience. |

| Strategy | Description |
|---|--|
| Focus on Community Voice | ROI holds a monthly meeting with their six-member community accountability board, who helps them make decisions related to training and awareness building in line with community needs. |
| Cross-Sector Collaboration | ROI's " On the Edgecombe " Podcast explores stress, trauma, and resilience through conversations with law enforcement officers in Edgecombe County, NC in partnership with public health graduate students from UNC-Chapel Hill Gillings School of Public Health. In the series, 4 law enforcement officers are interviewed and share their strategies for how to build resilience and manage stress in their line of work. You can listen to the podcast here: https://anchor.fm/roi05/episodes/Trailer-ebimac . ROI has working relationships with local law enforcement and provides training on trauma-informed approaches for their staff. |
| Higher Education Evaluation Partnerships | ROI has worked for 4-years running with the UNC-Chapel Hill Gillings School of Public Health. Most recently the team did a year-long manuscript writing process for a peer-reviewed article titled Community Ownership: Qualitative Findings from a Systems Mapping Project to Address Adverse Childhood Experiences . Another manuscript that is being written, Implementation of a Social Accelerator Model to Address Intergenerational Trauma in Eastern North Carolina , should be finished for publication by Fall 2021. This work supports ROI's goal of having urban, high-wealth communities learn from the assets and strengths of rural communities like the ones where ROI is based, in rural Easter North Carolina. |

Funding Mechanisms/Funding Sources: When ROI first started, their funding was 100% philanthropic. Currently, about 80% of their revenue comes from grants and 20% is earned revenue that comes from their Biofeedback Breathing Program, Awareness-Building Presentations, and Resilience Cards. [Kate B. Reynolds Charitable Trust](#) provides funding for ROI through the [Healthy Places Initiative for rural communities](#) and a local construction company funded the Resilient Leaders Initiative. ROI has received Department of Health and Human Services funds and a [Department of Public Instruction School Safety Grant](#) and are starting to receive more public funding.

Lessons Learned

Small, specific steps toward progress and actions over time add up to make a big difference. Focus on doing a few things well, compared to doing several things not as well. For a deeper look at ROI's Core Values [click here](#).

For community engagement, allow anyone and everyone to attend meetings. All ROI meetings are open to anyone who would like to attend them.

Compensate community members who do not have a formal role at the meeting. Often in non-profit work there are paid professionals within public agencies and nonprofits who are paid to attend meetings and do this work. ROI explicitly fundraises to be able to have funds to provide gift cards as a thank you to community members for their time, contribution, and expertise.

Invest in community leadership. ROI's training collaborative is made-up of 100% leaders from the community from diverse backgrounds. No ROI staff members are trained or certified in the Reconnect for Resilience curriculum. This is an intentional effort to honor and elevate the deep assets within our community.

Bright Spots to Highlight:

- Resilience Educators provide trainings to principals and school leaders on ACEs and resilience, and they received encouraging feedback that the information is incredibly helpful to their daily work.
- ROI highly values community voice and prioritizes compensating their community partners who serve as Resilience Educators and provide trainings to the community and organizations.
- ROI holds quarterly community meetings where everyone is welcome, and they vary their meeting location to increase accessibility, including churches, county buildings, schools, community college, sheriff's offices. The purpose of these meetings is to a) share informational updates, b) include others in the progress of different resiliency projects within the community, and c) provide a space for connection and relationship building. During the COVID-19 pandemic these meetings have been virtual and have featured a keynote speaker who shares their story and information around trauma-informed and resilience-building practices.

What's Needed for the Future:

- Communications and storytelling support: we would greatly benefit from partnerships and projects with journalists, storytellers, and graphic designers who could document the success stories, failures, and lessons learned in our community. Often, we find that we are too close to the work and day-to-day operations to be able to distill the key insights and lessons.
- Graphic designers and toolkit builders who can document the practices and tools that have worked locally so they can be shared with others.

- Explicit funding from cross-community relationship building and knowledge sharing. Imagine a retreat in the mountains or by the ocean where leaders and community members from communities across the state could gather to build relationships and share best practices.
- Expertise around best practices in marketing and spreading the word about the work. Help around defining and building a marketing strategy.
- Expertise around building endowments. Building an endowment of assets that is owned by local community members who have decision-making authority, that supports resilience building work in perpetuity.

Watauga Compassionate Community Initiative (WCCI)

Initiative Name: Watauga Compassionate Community Initiative (WCCI)

Key Contact/Title:

- Denise Presnell, Co-Chair, WCCI; School Social Worker, Hardin Park Elementary School;
- Crystal Kelly, Co-Chair, WCCI, Director of Strategic Initiatives, Childrens Council of Watauga County

Initiative Representative/ Interviewee:

Kellie Reed Ashcraft, Ph.D, MSW, WCCI Data and Policy Committee Co-Lead

Year Initiative Founded:

2015

Headquarter Location:

Watauga County
(Boone, NC)

Initiative Mission: The [mission](#) of WCCI is to promote health and resiliency in the Watauga county community and to effectively prevent, recognize, and treat trauma by creating safe, stable, nurturing environments and relationships through education, advocacy and policy change.

Overview/Summary: WCCI embraces a [vision](#) for Watauga County to be a relationship-driven, compassionate, and resilient community that is knowledgeable, inspired, and empowered to prevent harm, promote well-being, and heal from adversity. To heal from the abuses of the past and the present, implementing change requires individuals, families, communities, and systems to address historical trauma and eradicate racism. WCCI supports the worldwide demand for racial justice and commits to doing the work to embrace and support anti-racist policies and practices within their organizations and community.

Website:

<https://www.wataugacci.org/>

WCCI is one of eight collaboratives a part of the North Carolina Extension for Community Healthcare Outcomes (NC ECHO) Adverse Childhood Experiences (ACE) Learning Collaborative through [Mountain Area Health Education Center](#) (MAHEC). WCCI operates through six sub-committees aligned with the [Centers for Disease Control and Prevention](#) (CDC) [Essentials for Childhood](#) model: (1) Awareness, (2) Data, (3) Funding, (4) Policy, (5) Prevention and (6) Events. WCCI hosts monthly [meetings](#) to discuss goals and to help implement plans for change within Watauga County.

Problem to Solve/Organization Evolution: In 2015, a group of different youth and family service agencies in Watauga county came together to address the need to better serve the youth in their county. To accomplish this mission, the group raised community awareness and provided education about trauma and resiliency, an approach modeled after the CDC “Essentials for Childhood” initiative. In May 2017, the group hosted a “State of the Child” forum regarding childhood trauma and trauma-informed communities with around 400 participants in attendance representing key sectors of Watauga County and surrounding areas. At this time, WCCI was established as a steering committee, designated to continue the important work that came out of this forum.

Strategies Used by ReCAST Mecklenburg:

| Strategy | Description |
|---|--|
| Common Framework | The Essentials for Childhood CDC initiative. |
| Cross-Sector Partnerships | The NC ECHO Learning Collaborative. |
| Policy/Advocacy Work | WCCI focuses on policy and advocacy at the local level through their policy committee . |
| Training, Capacity Building, and Technical Assistance: | WCCI plans yearly conferences dedicated to creating a shared understanding of the effects of trauma and resiliency. A link to information regarding WCCI's May 2022 conference can be found here . |
| Committees/ Leadership Team | WCCI's Leadership Team includes the WCCI co-chairs, co-leads for each committee, and other key leaders. The committees (awareness, data, events, policy, and prevention) lead the primary efforts of the WCCI. |

Measures of Success:/Milestones: WCCI reports progress through written summary reports, which can be accessed on their [website](#), and through their monthly [newsletters](#).

Funding Mechanisms/Funding Sources: WCCI's 2021 conference "[Community is the Solution!](#)" was sponsored in partnership with [Stepping Stone of North Carolina](#) and a variety of other sponsors as listed [here](#).

Bright Spots to Highlight: This Fall 2021, WCCI will present findings from their equity focused work at the ACE's southeastern regional conference. For the past year, WCCI has been engaged with a handful of community leaders of color in Watauga County to discuss their opinions on how to achieve more inclusion. WCCI has also proposed forums in communities of color to gain additional insight on both community and individual level needs.

What's Needed for the Future:

- Foundations with grant funding capabilities who understand that adequately compensating front-line workers is key for any collaboration or initiative.
- Strategic planning programs, at the statewide level, within the health and human services system that are focused on going further into work with communities of color and communities that have historically lacked equity in service delivery.

Resilient NC

Supporting Statewide Efforts to Build
Community Resilience

**Section:
State Summaries**



California (San Francisco)



Initiative Name: The Resilience Effect

Initiative “Owner”/Backbone Organization: Genentech, Inc.⁸

Key Contact/Title:

Elizabeth Hawkins, Principal
Manager, Corporate Giving,
Genentech

Year Initiative

Founded:
2016

Overview/Summary: Genentech is a biotechnology company dedicated to pursuing groundbreaking science to discover and develop medicines for people with serious and life-threatening diseases⁹. Together with partners, Genentech hopes to design, test and scale the most effective ways to address childhood adversity and strengthen resilience, so that all children can have healthy and vibrant futures. In 2016, Genentech launched The Resilience Effect, a philanthropic initiative to take on childhood adversity in the Bay Area and help foster lifelong health by going upstream to address social determinants of health. The Resilience Effect supports organizations working to address childhood adversity through grants, skills-based volunteering, community partnerships, and cross-sector collaboration and is focused on five key areas: clinical care improvement, community engagement, research and innovation, sustainability and scale, and cross-sector partnerships.

Website: <https://www.gene.com/good/local-initiatives/childhood-adversity/the-resilience-effect>

Social Media:

Facebook: [Genentech](#)

Twitter: [Genentech](#)

LinkedIn: [Genentech](#)

Youtube: [Genentech](#)

Problem to Solve/Organization Evolution:

Genentech is a company grounded in science, when they heard about the lifelong health impacts of childhood adversity, they saw an opportunity to use their talents to support the well-being of the children, patients, and communities they serve. Their focus is on early childhood, as they identified a gap in early childhood research and saw an opportunity to infuse ACEs, trauma, and resilience in systems that serve children 0-5 years old and their caregivers. Genentech has established a portfolio of funding initiatives that align with their aims for fostering resilience: advance science and biological understanding of ACEs (e.g. Genentech funded the PEARLS study and University of California San Francisco ACEs biomarker research), transform pediatric care environments (e.g., Federally Qualified Health Centers, FQHCs) to be trauma-informed, and supporting policy and advocacy leaders to advance early childhood legislation at the state level.

⁸Note: This report describes the efforts of a private sector corporation

⁹Retrieved from: <https://www.gene.com/about-us>

Key Data Points for State¹⁰:

ACEs Prevalence in State:

- 62.3% of Californians have at least 1 ACE
- 16.3% of Californians have 4 or more ACEs

Initiative Goals: To positively impact 100,000 low-income children and families affected by adversity across the Bay Area by 2022, with a focus on children under the age of five and their caregivers.

Strategies to Reach Goals:

| Strategy | Description |
|-----------------------------------|---|
| Framework | <p>Genentech uses a philanthropic framework that they developed, which focuses on systems-change and movement building.</p> <p>The Resilient Beginnings Collaborative has used a Johns Hopkins Resilience Framework in the past, but have since created their own framework to incorporate a stronger focus on racial trauma and the impacts of racism.</p> |
| Cross-Sector Partnerships | <p>One of The Resilience Effect's key areas focuses on fostering cross-sector partnerships by supporting and connecting community organizations engaged in resilience work.</p> |
| Common Measures of Success | <p>Measures of success are developed by grantees who are given the freedom to measure outcomes based on their unique project and service goals.</p> |
| Policy Advocacy/Change | <p>Genentech prioritizes funding for advocacy leaders to advance policies at the state level focused on early childhood development.</p> |
| Collect and Share Data | <p>The Resilient Beginnings Network consists of grantees across the Bay Area so they can connect and learn from one another throughout their 2-year grant period.</p> |

¹⁰Retrieved from: <https://www.acesaware.org/blog/new-data-report-264000-medi-cal-beneficiaries-screened-for-aces/>

| Strategy | Description |
|--|---|
| <p>Other: Supporting Grant Programs</p> | <p>The Resilient Beginnings Network, in partnership with the Center for Care Innovations, is a learning program dedicated to advancing trauma- and resilience-informed pediatric models of care delivery. The program will support 15 San Francisco Bay-Area clinics over two years to strengthen organizational capacity to prevent and mitigate the effects of trauma in young children. The program uses a multigenerational approach; builds on existing organization-led initiatives and interventions to address childhood adversity; enables organizations to further test, develop, and strengthen their role in addressing trauma and promoting resilience; and contributes to broader field-wide learning¹¹. Each clinic has a core team led by an executive champion, and supported by an expert coach in their quality improvement efforts. Each clinic receives funding to conduct a specific project within the clinic based on the clinic's needs and goals and grantees are interconnected so that they learn from one another throughout their 2-year grant period.</p> |

Measures of Success:/Milestones: Since 2016, Genentech has invested more than \$22 million to advance the healthcare field's understanding of early exposure to toxic stress, develop new models that bridge pediatrics with community resources, and shift the policy landscape¹².

Funding Mechanisms/Funding Sources: Genentech provides funding from their Charitable Giving Program to improve the health and wellbeing of all patients, and create a future of science that is more diverse, inclusive and equitable.

Lessons Learned

Policy and advocacy work needs to be funded for everything else to work. Policy lays the backdrop for this work and the foundation must be there for initiative and program sustainability.

Improve ways in which programs, policies, and funding are centered around the lived experience of children and families, particularly related to racial disparities.

¹¹Retrieved from: <https://www.careinnovations.org/programs/resilience/>

¹²Retrieved from: <https://www.gene.com/good/local-initiatives/childhood-adversity/the-resilience-effect>

Bright Spots to Highlight:

- Federally Qualified Health Centers in the original cohort of Resilient Beginnings Network grantees had the lowest turnover rates in the Bay Area, despite current traumas that are occurring (wildfires, COVID-19, etc).
- The Resilience Effect threads racial equity and social justice work throughout all their efforts, centering the importance of acknowledging racial trauma within the ACEs and resilience framework.

Key Ingredients to Building a Resilience Movement:

- Have a clear understanding of the benefits and downsides of ACEs screening, and determine whether or not that is a priority.
- Create a philanthropy funding network around trauma and resilience for private funders to engage in collaboration and communication, which can help alignment and pooling of resources.
- Don't reinvent the wheel. There are a number of states and initiatives that are doing great work already that can serve as models.
- Increase bridge building between education and healthcare sectors.

Additional Information about the State of California:

- The [California ACEs Learning and Quality Improvement Collaborative](#) (CALQIC) is a learning collaborative in partnership with the University of California, San Francisco that is dedicated to identifying evidence-based practices for trauma-informed care to support the California ACE's Initiative. CALQIC is collecting and analyzing data on best-practices and implications of ACEs screening interventions from 53 clinics in seven diverse counties, with a focus on health equity.
- The [Northern California ACE's Collaborative](#) is a group made up of 27 diverse organizations that identifies and addresses opportunities for policy and systems change that mitigate issues of trauma and domestic violence using the Life-Course Model. [The Population Health Innovation Lab \(PHIL\)](#) at the [Public Health Institute](#) serves as the backbone to support and enhance the efforts of six pilot target counties in Northern California.
- [The California Campaign to Counter Childhood Adversity \(4CA\)](#) is a multi-sector partnership of organizations committed to addressing childhood adversity throughout California by focusing on raising awareness about the impact of childhood adversity and addressing gaps and structural inequities in systems through policy change.

Connecticut



Initiative Name: Connecticut State Taskforce on ACEs and Resilience (CSTAR)

Initiative “Owner”/Backbone Organization: The Connecticut Women’s Consortium and Bridgeport Prospers/United Way of Coastal Fairfield County

Key Contact/Title:

- [Kathleen Callahan](#), MSW, she/her/hers, consultant
- [Katerina Vlahos](#), she/her/hers, [Director of Community Impact](#), Bridgeport Prospers
- Colette Anderson, LCSW, [Executive Director](#), Connecticut Women’s Consortium
- Allison Logan, [Executive Director](#), Bridgeport Prospers

Year Initiative Founded:
2019

Overview/Summary: The Connecticut Women’s Consortium (CWC) is leading the way to making Connecticut a trauma-informed and resilient state. Focused on organizational training, advocacy, community education and dialogue, the CWC facilitates cross-sector collaboration to change systems-level culture to be trauma-informed and gender-responsive. The Connecticut Department of Mental Health and Addictions Services (DMHAS) has partnered with CWC to provide trauma-informed programs and services to the community. Their collaborative Trauma and Gender Initiative (TAG) is a multi-year project that initiates a sustainable process for organizations to become trauma-informed and gender-responsive.

Bridgeport Prospers (BP), an initiative of the United Way of Coastal Fairfield County (UWCFC), works to build authentic partnerships with civic, community, and organizational leaders aligned to advance equitable change and promote the wellbeing of Bridgeport’s children, youth, and families. BP manages a Community Resilience initiative focused on raising awareness of the impact of trauma on health outcomes, as well as convenes the Bridgeport Baby Bundle, an ecosystem of partners working to increase the prevalence of positive childhood experiences from prenatal to age three.

Problem to Solve/Organization Evolution: In late 2019, CWC partnered with BP, a United Way initiative focused on building a system of care from cradle-to-career, to connect organizations committed to addressing childhood adversity, trauma, and resilience. A multi-sector task force, consisting of representatives from over 25 agencies/organizations, was created to identify root causes of adverse childhood experiences and to develop strategies to address them.

Website: <https://www.womensconsortium.org/>; <https://unitedwaycfc.org/bridgeportprospers>

Social Media:

Youtube: [The Connecticut Women’s Consortium](#)

Facebook: [@CTWomensConsortium](#)

Facebook: [@uwfc](#)

Instagram: [@unitedwaycfc](#)

Why They Do This Work/Rationale: Childhood trauma is strongly linked to mental, physical and behavioral health problems over the lifespan. It negatively impacts brain development, cognitive development, learning, social-emotional development, the ability to develop secure attachments to others, and physical health; it is also associated with a shortened lifespan. In the last two decades, they have learned that trauma is pervasive and distributed inequitably among vulnerable populations and under-resourced communities. As organizations serving these populations and communities, they recognize the role that injustice serves, from childhood to adulthood, for many people are living through racist systems that create the footings from which much trauma rests. Childhood trauma often shows up in adulthood, and this adversity builds up over time and contributes to negative outcomes in all aspects of life. Often, these effects can pass from generation to generation, leaving individuals, families, communities, and our society at-risk. They aim to prevent and mitigate these impacts through trauma-informed data, research on resilience and our work in the communities we serve.

Key Data Points for State:

ACEs Prevalence in State¹³:

- 59.1% of adults in Connecticut have at least 1 ACE
- 21.2% of adults in Connecticut have 3 or more ACEs

Estimated Cost of ACEs¹⁴:

- A study conducted by the [Connecticut's Office of Health Strategy](#) found that reducing ACEs in Connecticut could save Medicaid between \$1.1 to 1.9 billion between 2021-2030

Initiative Goals:

- **Educate:** Educate parents, families, and community members on ACEs and their impacts.
- **Activate:** Establish a statewide hub for individual and community resilience stakeholders: seek funding opportunities, engage opportunities for trauma-informed community building in all interactions, connect and share resources, projects, initiatives, progress, and education across stakeholders.
- **Elevate:** Center and raise community voice by including community members at all levels of initiatives and programs.
- **Legislate:** Lobby and advocate for [policy](#) and [legislation](#) at the state and local level that is trauma- and gender-informed.

¹³ Retrieved from: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/BRFSS/ACEs_in_Connecticut_BRFSS2017_Factsheet.pdf

¹⁴ Retrieved from: <https://www.ctoec.org/wp-content/uploads/2021/03/OEC-Testimony-Committee-on-Children-H.B.-5698-An-Act-Concerning-the-Collection-and-Reporting-of-Adverse-Early-Childhood-Experiences-Data-2.26.21-2.pdf>

Strategies to Reach Goals:

| Strategy | Description |
|--|---|
| <p>Engagement of Family Voice/ Lived Experience</p> | <ul style="list-style-type: none"> • Community members attended the CSTAR monthly meetings to communicate the needs of the community. • Clients and individuals with lived experience are included each step of the way for all CWC programming. • CWC and CSTAR host community screenings of various films on resilience, mental health, and diversity, equity, and inclusion, and facilitate discussions after the film. |
| <p>Cross-Sector Partnerships</p> | <ul style="list-style-type: none"> • CSTAR was founded in 2019 by Bridgeport Prospers, The Connecticut Women's Consortium, and ConnCAN to create an equity-based, trauma informed, and resilient Connecticut. They are a cross-sector collaboration of 20 groups that include scientists, analysts, service providers, social workers, philanthropists, nonprofits, business leaders, policymakers, educators, health care workers, and community members. • CWC and DMHAS partnered to create the Trauma and Gender (TAG) Initiative which guides agencies through a two year process on becoming trauma informed, and almost 40 organizations have participated. • CWC hosts a bi-monthly TAG Learning Collaborative meeting to discuss learning resources, consultations, and opportunities for mentorship to embed trauma-informed care within systems and organizations across Connecticut. |
| <p>Statewide Training & Capacity Building</p> | <p>CWC is the leading educational resource for trauma trainings in CT and provides hundreds of trainings for diverse organizations to transform organizational cultures to be trauma-informed.</p> |
| <p>Ongoing Technical Assistance for Service Providers</p> | <p>CWC works with organizations over a period of up to 2-years through their TAG initiative to train, implement, and assess trauma-informed care approaches. They also help organizations create fidelity measures to continually improve and maintain trauma-informed culture change.</p> |

| Strategy | Description |
|---|---|
| <p>Backbone Organization to Support Initiative</p> | <p>CWC is in the process of creating the backbone structure to support this work.</p> |
| <p>Common Measures of Success</p> | <p>CWC created the “Creating Cultures of Trauma-Informed Care: Program Fidelity Scale” with support from Roger Fallot and Stephanie Covington, with which includes staff and client surveys, ‘secret shoppers’, evaluations, and activity tracking tools to assess organizational quality assurance related to the TAG Toolkit. The goal is to make tools accessible via a mobile application in the future.</p> |
| <p>Policy Advocacy/ Change¹⁵</p> | <ul style="list-style-type: none"> ● Public Act 21-35: SB-1: An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic includes language for racism as public health crisis; race, equity, and language (REL) data collection, and definition of doulas. ● Public Act 21-46: SB-2: An Act Concerning Social Equity and the Health, Safety and Education of Children removed language for ACEs data collection and reporting (HB-5698) to address concerns related to privacy, age-appropriate survey and training of surveyors, and input from additional statewide stakeholders. ● HB 5698: An Act Establishing A Pilot Program For The Collection Of Adverse Childhood Experiences Data: Proposed that the Department of Education establishes a program to assess and analyze data related to ACEs in grades 4-12 in public schools in several municipalities in Connecticut (died in Joint Appropriations Committee – “adverse childhood experiences” language codified in state statute via PA 21-35). ● HB 6742: An Act Establishing A Task Force To Identify Evidence-Based Solutions To Reduce Children's Exposure To Adverse Childhood Experiences: Proposed to establish a task force to identify evidence-based solutions to reduce children’s exposure to adverse childhood experiences (referred to Joint Committee on Children). ● CWC actively advocates, provides testimony, and supports legislations and policies that promote trauma-informed, gender-responsive practices. ● CSTAR members were active in federal and state legislative action, providing in-person and written testimony on various bills. |

¹⁵ Note: Policies and legislative acts are statewide and may not be specific to the efforts of the initiative

| Strategy | Description |
|---|---|
| <p>Collect and Share Data Across State</p> | <p>CSTAR is collaborating with CT-PACES, CDC's Preventing Adverse Childhood Experiences: Data to Action grant via the Connecticut Office of Early Childhood.</p> |
| <p>Program Expansion</p> | <p>CWC has broadened training modalities to include healing arts, sound healing, aromatherapy, and integrated medicine.</p> |
| <p>Public Awareness</p> | <ul style="list-style-type: none"> ● CWC hosts a Trauma Matters publication to share information about trauma-informed care. ● CWC hosts a Trauma Matters podcast where they interview experts and share information on trauma and trauma-informed care. ● The Consortium Speaks is an online blog with articles on mental health topics and resources. ● Community messengers from BP have been active during COVID-19 pandemic, engaging community members in education and resources for ACEs and resilience. ● CWC's YouTube channel has videos on trauma- and gender-informed trainings, community conversations, and consortium updates. |

Measures of Success:/Milestones:

- Since its formation, CSTAR has regularly met monthly and has adapted to meeting more frequently during summer of 2020 due to collective national trauma of COVID-19 pandemic and exacerbation and recognition of racial trauma.
- During the remote connections of 2020-21, CSTAR held 2 statewide educational events: multi-day documentary availability for individual screening, followed by livestreamed panel discussion and Q&A. Both panels included impacted individuals, legislators, state department leaders, clinical staff, and activists; both films were viewed by over 1200 individuals; and Facebook viewers remained steady at over 150 at any given time, with consistent comments, questions, and live interaction with panelists. The chosen films to begin this work:
 - [PUSHOUT: The Criminalization of Black Girls](#)
 - [Resilience: The Biology of Stress & the Science of Hope](#)

- In 2021, BP and its Baby Bundle partners are working to leverage American Rescue Plan funds to scale up existing services for children and families. Specifically, BP is working to expand home visitation and developmental screenings to caregivers across the city and state, potentially impacting 14,000 newborns and families. This expansion builds on efforts started in 2016 to align systems and co-design with the community to build a neuroscience-informed, humanistic, multi-generational framework that supports families of color.
- In 2020, CWC invited CSTAR to join their annual International Women's Day event held that year at the State Capitol, A Celebration of Resilience.
- In 2020, CWC hosted 74 catalog trainings, 663 total participants attended 19 in-person trainings, and 1,985 participants attended 55 virtual trainings on various topics including ACEs, resiliency, and trauma-informed care.
- In 2020, CWC facilitated 10 private trainings, reaching 255 participants in 5 organizations.
- In 2020, the TAG Learning Collaborative held 8 meetings in 2020, and trained 87 participants over 26 organizations on trauma-informed care.
- Through 2019, BP hosted Resilience screenings and workshops for 1283 people, in 11 towns, and with 41 community partners.

Funding Mechanisms/Funding Sources: DMHAS provided funding for the TAG initiative for over a decade and in 2017 CWC transitioned to private funding streams for programs serving specific populations: individuals reentering their communities after incarceration; and women and/or women and children. The CWC has also received grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). As a key partner and funder to the work of CSTAR, UWCFC has been funding the virtual community film series throughout 2020-21 efforts.

Initiative Evolution/Change Over Time: The CWC was initially formed in 1998 in response to high infant mortality rates in New Haven, CT. In 2002, DMHAS created a trauma initiative to make behavioral healthcare trauma-responsive and CWC started to incorporate more trauma-informed principles into their work. They soon became the leading educational resource on trauma-informed and gender-responsive care in CT. CWC is known for its long history of legislation advocacy and has since expanded to use diverse strategies to promote trauma-informed and gender-responsive care in behavioral health systems in CT, in collaboration with diverse-sector organizations, agencies, and partners.

Lessons Learned

Engage supervisors and organizational leadership to earn buy-in around trauma-informed training before implementing trauma-informed care culture change training with staff, to increase fidelity, accountability, and sustainability of trauma-informed efforts.

Clearly communicate and build a culture that recognizes that staff care is more than just self-care: trauma-informed principles should be applied to working staff as well as to the client/end-user of services.

All efforts must center on those directly impacted by adversity and chronic, and often, complex trauma; those directly impacted need to be included, with a sense of belonging and empowered voices.

ACEs include personal, community, and climate adversity; expanding opportunity and addressing inequities and disparities is the essential thread through all our work; racism is a public health crisis that exacerbates ACEs; and as Trauma-Informed Oregon has stated, while trauma-informed care directs us to shift from asking “What is wrong with you?” to “What has happened to you?” we need to go further to determine “What have we (systems, institutions, and organizations) done to you?”

Bright Spots to Highlight:

- Focus is on systemic culture change for an equity-based, trauma-responsive, and resilient Connecticut.
- CSTAR centers and lifts community voices in all aspects of work and has a broad, diverse membership that includes community members and represents cross-sector collaboration.
- Their three educational statewide events were met with enthusiasm and significant interaction, all providing multiple views of both issues and solutions.
- [BP/UWCFC Community Messengers](#) are civic-minded volunteers who provide resources, advocate for families, and identify issues or unmet needs in order to co-design solutions to them. They are neighbors and friends who speak diverse languages and share the cultural values of those they serve. BP also engages a Public Ally as a community liaison. Since its founding, BP solicits input through community conversations to create a landscape analysis of supports – and gaps in support – for families. Community input continues through our Community Messengers and our Public Ally and importantly, these representatives sit on decision-making tables both locally and state-wide including CSTAR.

Additional Information about the State of Connecticut:

- [The Child Health and Development Institute of Connecticut](#) (CHDI) is a non-profit agency that aims to advance high quality physical and mental health care and early childhood policies, including a statewide trauma-informed system, that uses and advances effective, community, evidence-based practices to prevent and treat trauma-related issues in children.
- [The Early Childhood Trauma Collaborative](#) is a 5-year (2016-2021), \$2 million grant awarded to [CHDI](#) from SAMHSA to widen the scope of trauma-informed services provided to children under 7 who have experienced trauma in Connecticut.
- [The CONNECTing Children and Families to Care Initiative](#) is a statewide effort to integrate and blend all child serving systems into a Network of Care to equally and effectively serve all children and families. Members of the [CONNECT Steering Team](#) serve as “statewide system-of-care thought leaders” and help to support the development, implementation, and enhancement of policy and practice at local, regional, and statewide levels, and provides support to the [CONNECT Network of Care workgroups](#). Their workgroups include early assessment and intervention and trauma-informed school mental health.

Delaware



Initiative Name: Trauma Matters Delaware (TMD)

Initiative “Owner”/Backbone Organization: Trauma Matters Delaware

Initiative Interviewee: Leslie A. Brower, PhD, RN, President, Trauma Matters Delaware Board of Directors

Key Contact/Title:

[Nicole Carmichael](#), MPA (she/hers)
Analyst, Social Impact,
Social Contract, LLC.
(973) 934-7642

[Ben Logue](#)

Social Impact Associate,
Social Contract, LLC

**Year Initiative
Founded:**
2013

Overview/Summary: Trauma Matters Delaware is a statewide public-private, nonprofit backbone organization for Delaware’s efforts to prevent and heal trauma and ACEs. TMD supports communities as they adopt and implement trauma-informed approaches to create system-level change through the following strategies: (1) Coordinating a statewide platform to share information on trauma-informed initiatives and best practices; (2) Leveraging resources to support sustainable progress; (3) Educating to grow a trauma-informed environment through training, coaching, and technical assistance; and (4) Advocating to promote best practices through policy. TMD is made up of 3 active [workgroups](#): (1) Community Healing, (2) Higher Education, and (3) Primary/Secondary/Vicarious Trauma and Resilience. A fourth workgroup focused on outcomes and accountability is envisioned.

Website:

<https://traumamattersdelaware.org/>

Problem to Solve/Organization Evolution: TMD started in 2013 after a small group of advocates formed a network based on their passion to raise awareness about trauma and its impact. Following [Delaware’s Blueprint on Becoming Trauma Informed](#) which outlined stakeholder recommendations and a framework for action, the Governor of Delaware enacted [Executive Order #24](#) to prioritize efforts to become a trauma-informed state, and the Trauma Informed Delaware (TID) initiative was born. The efforts of TID and TMD merged to create Trauma Matters Delaware, and the steering group applied for 501(c)(3) status after recognizing the continual need for resilience-building and public awareness of toxic stress and trauma. Throughout 2019, Delaware had focused on training state workers and collaborating with critical partners to promote and implement trauma-informed systems of care.

Key Data Points for State¹⁶:

ACEs Prevalence in State:

- According to the 2019 Delaware Behavioral Risk Factor Surveillance System (BRFSS), 23.3% of adults have been exposed to 1 ACE and another 43.4% have been exposed to 2 or more¹⁷.

¹⁶Retrieved from: [https://www.cdhs.udel.edu/content-sub-site/Documents/2018%20epi/Adverse%20Childhood%20Experiences%20\(2018\).pdf](https://www.cdhs.udel.edu/content-sub-site/Documents/2018%20epi/Adverse%20Childhood%20Experiences%20(2018).pdf)

¹⁷Retrieved from: <https://dhss.delaware.gov/dhss/dph/dpc/brfsurveys.html>

- Having 1 or more ACE was associated with current rates of depression and smoking (BRFSS, 2019)

Initiative Goals:

- The state’s overall goal is to help mitigate the impact of adverse childhood experiences (ACEs) and build resilience in children, adults, and communities.
- TMD’s Vision: In Delaware, all people can feel safe, grow beyond adversity, and thrive.

Strategies to Reach Goals:

| Strategy | Description |
|--|---|
| <p>Statewide Framework</p> | <ul style="list-style-type: none"> • In 2018, the “From Trauma-Aware to Trauma-Informed: Delaware’s Journey to Become a Trauma Informed State 2018-2019” was released and provides a blueprint on how to make Delaware a trauma-informed state. • The Governor reestablished The Family Services Cabinet Council (FSCC) and with support from the Compassionate Connections Partnership, the FSCC ACEs Subcommittee created the “Delaware Developmental Framework for Trauma Informed Care,” adapted from the Missouri Model which helps move systems from being trauma-aware, to trauma-sensitive, to trauma-responsive, and trauma-informed. • TMD uses SAMHSA’s 6 Guiding Principles to a Trauma-Informed Approach as a framework for their training and coaching with organizations. |
| <p>Engagement of Family Voice/ Lived Experience</p> | <p>TMD’s Community Healing Workgroup is in the process of reaching out to faith and culture-based groups in Delaware to provide training on healing circles, and help organizations foster healing and resiliency through community discussions on healing, Sawubona circles, and empathy circles.</p> |
| <p>Cross-Sector Partnerships</p> | <p>The FSCC is breaking down silos to deliver public and private sector services efficiently and effectively for families. The goal of the council is to help coordinate often fragmented services that are critical for families, including workforce and job-related services, early childhood education programs, social services, and public safety programs.</p> |

| Strategy | Description |
|---|--|
| Statewide Training & Capacity Building | <ul style="list-style-type: none"> • TMD serves as the backbone organization for organizing training, education, coaching, technical assistance, and advocacy around trauma-informed culture in Delaware. You can find more information and resources on their website. • As outlined in Executive Order 24, the State of Delaware has trained their staff in trauma-informed care, with the goal of all state employees being able to understand and respond to trauma appropriately. |
| Ongoing Technical Assistance for Service Providers | TMD provides ongoing technical assistance in the form of coaching to transform businesses, organizations, and agencies into trauma-informed entities. |
| Backbone Organization to Support Initiative | TMD serves as a backbone organization to the state in advancing trauma-informed care. |
| Common Measures of Success | Several community organizations are reporting making progress along the trauma-informed continuum. |
| Funding Alignment | As a start-up non-profit TMD is seeking funds both to support the organization and to support programming in the community; the state has provided initial grant dollars for administrative support. |
| Policy Advocacy / Change | Executive Order 24 was signed into law on October 17th, 2018, and called for making Delaware a trauma-informed state. This order established that the FSCC would develop a toolkit for state employees, increase awareness about ACEs, and offer effective interventions to mitigate trauma and promote resilience. They were also tasked with developing an early intervention plan to help mitigate and prevent ACEs, as well as collect, evaluate, and report Delaware ACEs data. |

| Strategy | Description |
|--|--|
| <p>Collect and Share Data Across State</p> | <p>TMD’s Primary/Secondary/Vicarious Trauma and Resilience Work Group is conducting a Mapping Project to collect data on existing trauma-informed efforts across Delaware. TMD sent a survey to agencies in Delaware and recipients were asked to share information about their organization and where they believed they were on the trauma-informed continuum (from trauma-aware, trauma-sensitive, trauma-responsive, and trauma-informed). The data will be shared across the state to promote collaboration and coordination among organizations doing ACEs, trauma, and resilience-related work.</p> |
| <p>Regular Progress Updates (Public)</p> | <p>The Trauma Informed Delaware State Progress Report and Action Plan, for 2019-2020 shares the progress of agencies, their designation on the trauma-informed continuum (ranging from 1-4: (1) trauma-aware, (2) trauma-sensitive, (3) trauma-responsive, and (4) trauma-informed), and action steps to improve. All departments listed in the report were rated at least a 2, and the Education and Health and Social Services Departments were both rated a 3.</p> |
| <p>Program Expansion</p> | <p>TMD has received two grants from foundations in Delaware to support training and coaching on trauma informed approaches with all employees of a major hospital/healthcare organization.</p> |
| <p>Common Language Around ACEs / Resilience</p> | <p>The Governor reestablished FSCC to ensure that the State of Delaware has a common language for how to prioritize trauma-informed, organizational change.</p> |
| <p>Public Awareness</p> | <p>Executive Order 24 established May as Trauma Awareness Month where the state offers learning opportunities around trauma, resilience, and ACEs and it is also used to celebrate the success and progress made toward becoming a trauma-informed state, which includes announcing the Compassionate Champion Award winners, who are recognized and celebrated for their passion and dedication to trauma-informed care and promoting resiliency.</p> |

Measures of Success/Milestones:

- TMD held their third annual Trauma Awareness Month successfully in 2021.
- Launched app to collect data on organizations considering or implementing trauma informed approaches.

Funding Mechanisms/Funding Sources: MD operates mainly on volunteer efforts but hopes to have a paid executive director in the future. They aim to secure grant funding to support training programs and other projects.

Initiative Evolution/Change Over Time: TMD originally began as a group that met over coffee through a Substance Abuse and Mental Health Services Administration (SAMHSA) group on trauma-informed care. Now, over 1,000 people follow the work and are focused on becoming trauma informed. They range from organizations who have trained some staff, to large hospitals who train all staff on trauma-informed approaches. Discussions about resilience and post-traumatic growth were present from the beginning, but are coming more into focus due to Delaware's First Lady who developed the [First Chance Delaware Initiative](#), which has a component of ACEs and resilience. The First Lady of Delaware now serves on the board of TMD as an honorary member.

Lessons Learned

Move with the momentum, go with the energy. TMD started with a training event, listened to what people said they wanted more or less of, convened more events, created affiliation groups for further discussion, set up a LISTSERV, and so on. TMD's strategy was opportunistic and evolved as word spread and more partners engaged, including the state government itself. This approach kept TMD moving forward with the momentum to build and grow.

Prioritize collaboration among experts and professionals, which helps empower group members to own and drive the work.

Bright Spots to Highlight:

- Officially applied for 501(c)(3) legal status,
- Won grants to support training and coaching with healthcare organization,
- Established collaboration with multiple partners, including Governor and First Lady.

Additional Information about the State of Delaware:

- Created by first lady Ann Quillian Carney, the First Spouses Trauma-Informed Coalition (as part of the [National Governors Association](#)), will bring first spouses together across the country to focus on issues of trauma and resilience.

- In 2020, Delaware was [chosen](#) by the National Governors Association as one of four states (that later on expanded) to participate in the Improving Well-being and Success of Children and Families- Addressing Adverse Childhood Experiences Learning Collaborative, focused on recognizing and responding to ACEs, along with Pennsylvania, Virginia, and Wyoming. Delaware will analyze and share robust Delaware ACEs data, develop a state-level dashboard for trauma-informed implementation and assessment across state agencies, implement a universal initial training for all state employees and offer more training for front line service workers, and expand public and private sector collaboration to address ACEs. In addition, in 2021, Delaware will be part of a 8-state [Child and Family Well-Being Learning Cohort](#), that will help improve child abuse and neglect prevention and support child and family well-being, be paired with experts and have access to innovative tools, and receive in depth technical assistance tailored to state-specific goals which include workshops, webinars, peer-to-peer learning and more.

Florida



Initiative Name: No official title established

Initiative “Owner”/Backbone Organization: No statewide backbone exists at this time

Key Contact/Title:

Dr. Mimi Graham, Director
FSU Center for Prevention &
Early Intervention Policy

Year Initiative

Founded:
2009

Overview/Summary: [Florida State University’s \(FSU\) Center for Prevention and Early Intervention Policy \(CPEIP\)](#) focuses on vulnerable infants and toddlers (ages 0-3) who can be positively affected through nurturing relationships, strong maternal and child health, and quality early childhood care and education. The Center investigates the effectiveness of interventions to validate best practices, translate findings into public policy and programs, and evaluate their impact on children and families in the community¹⁸.

Problem to Solve/Organization Evolution:

About 20 years ago, Florida’s [Department of Juvenile Justice](#) (DJJ) implemented trauma-informed practices into their work by passing legislation, promoting statewide training of probation officers and other personnel, and engaging other state agencies. Later on, the [Department of Children and Families](#) (DCF) became interested in using the science of adverse childhood experiences (ACEs) to shift systems to be trauma-informed. Hosted by the DJJ, the [Statewide Interagency Trauma-Informed Care Workgroup](#) convened in 2009 as leaders realized many of the individuals that were being served across agencies had trauma histories. The workgroup aims to address ACEs and trauma through comprehensive assessment and individualized intervention, and to create agencies, organizations, and systems that are trauma-informed. Several programs now exist across the state, supported by trauma-informed communities, government agencies, and nonprofit organizations.

Website: <https://cpeip.fsu.edu/>

Social Media:
Facebook: [@PartnersFSU](#)

¹⁸ Retrieved from: <https://cpeip.fsu.edu/about.cfm>

Key Data Points for State:

ACEs Prevalence in State:

- 15.6% of children have 2 or more ACEs¹⁹
- 25.8% of adults have experienced 3 or more ACEs²⁰

Estimated Cost of ACEs:

- For every \$1 spent on ACEs prevention, society gets an \$7 return on investment over a person’s lifetime (Palm Beach County²¹)

Organization Goals: CPEIP’s vision is that one day all children will be healthy, equipped to learn, and nurtured to develop their full potential.

Strategies to Reach Goals:

| Strategy | Description |
|--|--|
| Engagement of Family Voice / Lived Experience | Florida utilizes parent partners in many programs including Early Childhood Court, programs addressing substance disorders, early intervention and other programs addressing trauma. |
| Cross-Sector Partnerships | Florida’s Statewide Interagency Trauma-Informed Care Workgroup consists of representatives from state and private agencies that meet to share information with the understanding that in Florida, trauma should be recognized and addressed through: Comprehensive assessment and individualized interventions designed to promote healing and foster hope and resilience; service environments that are sensitive and responsive, prevent victimization, abuse, or trauma as a result of receiving care; and are driven by the voices, needs, and choices of children, youth, adults, and their families. |

¹⁹ Retrieved from: https://www.americashealthrankings.org/explore/annual/measure/ACEs_8/state/FL

²⁰ Retrieved from: <http://www.floridahealth.gov/programs-and-services/womens-health/florida-life-course-indicator-report/childhood-experiences-jan%202017.pdf>

²¹ Retrieved from: <https://www.centerforchildcounseling.org/fightingacespbcc/>

| Strategy | Description |
|--|---|
| <p>Statewide Training & Capacity Building</p> | <ul style="list-style-type: none"> ● DJJ has conducted statewide training for probation officers and other personnel and underwent a trauma-informed paradigm shift in the services they provide. CPEIP created and implemented a 4-hour training module on trauma-informed childcare for DCF. ● An online Professional Certification in Trauma and Resilience, Level 1 was created by FSU’s Clearinghouse on Trauma & Resilience within the Institute for Family Violence Studies in the College of Social Work for cross-sector professionals interested in incorporating the science of trauma and resilience into their work. ● An online Professional Certification in Trauma and Resilience, Level 2 was developed by the FSU’s Clearinghouse on Trauma & Resilience to assist multi-disciplinary professionals to further develop knowledge and skills about the impact of individual and community trauma, along with a practical guide to developing resilience and posttraumatic growth. ● An online Professional Certification in Human Trafficking Prevention and Intervention was created by the FSU’s Clearinghouse on Trauma & Resilience and FSU Center for the Advancement of Human Rights to help multidisciplinary professionals provide victim-centered, trauma-informed services for human trafficking survivors. ● An online Professional Certification in College Student Wellbeing, Trauma, and Resilience was created by the FSU’s Clearinghouse on Trauma & Resilience to inform higher education professionals of the effect of trauma on mental health in students and how to apply trauma-informed principles, create an inclusive campus culture and provide resilience tools for students. ● An online Professional Certification in Social Emotional Supports and Intervention Techniques for Early Childhood was created by FSU’s Center for the Study and Promotion of Communities, Families and Children to equip early childhood educators with the knowledge and skills to teach children trauma-informed, student-centered cognitive behavioral supports. ● FSU’s Clearinghouse on Trauma and Resilience created an Advanced Judicial Studies in Domestic Violence course for Florida judges, which includes the effect of trauma on victims and children, trauma-informed court practices, therapeutic justice, and protective factors to avoiding vicarious trauma and burnout. ● CPEIP developed a Practitioner Series to increase the infant and early childhood mental health knowledge base and improve practice in managed care healthcare settings. ● Dr. Mimi Graham convened a summit of over 500 leaders from across the state, where Dr. Felliti spoke and then met to discuss best practices within their systems. Leaders followed up with Dr. Graham and submitted information on their trauma-informed program for the “Creating a Trauma-Informed State: A Showcase of Florida’s Cutting Edge Trauma Initiatives” report. |

| Strategy | Description |
|--|--|
| Common Measures of Success | The University of South Florida's College of Behavioral & Community Sciences has a Trauma informed care organizational self-assessment for organizations wanting to become trauma-informed, which can help to identify what trauma-informed practices are already in place and what next steps can be taken to improving trauma-informed policies and practices. |
| Policy Advocacy/Change | <ul style="list-style-type: none"> • SB 1530, signed into law in February 2021, establishes training for law-enforcement on trauma-informed responses for sexual assault and the use of culturally responsive and trauma-informed sexual assault response teams. • CS/SB 7078 signed into law in 2015, called for child welfare programs to serve children using best practices and give priority to trauma-informed evidence-based interventions. • CS/CS/SB 80 signed into law in 2021 embeds trauma science throughout child welfare practices. |
| Collect and Share Data Across State | <ul style="list-style-type: none"> • “Creating a Trauma-Informed State: A Showcase of Florida's Cutting Edge Trauma Initiatives” was compiled in 2018 and outlines trauma-informed programs and efforts across Florida. • The Florida Department of Health collects ACES data, which includes prevalence and demographic factors. • The Sunshine State Early Childhood Information Portal at the University of Florida is a project where researchers are geomapping children who experience abuse and linking these children with a geomap of high quality childcare with the intent of facilitating development and well-being. |
| Program Expansion | <ul style="list-style-type: none"> • CPEIP's website has webinars related to Child Parent Psychotherapy and Circle of Security Trainings and a directory of trained clinicians across the state based on their county and court circuit. • The Finding the Gold Within: Overcoming Adversity to Create a Happy Life Workbook is a guide to help foster resiliency that further builds on the mission and vision of CPEIP. |

| Strategy | Description |
|--|---|
| <p>Common Language Around ACEs / Resilience</p> | <p>Dr. Graham and her team aim to create measurement criteria to codify what it means to be a trauma-informed organization or program. Their email list consists of over 500 contacts, all of which are at various stages of being trauma-informed. A set of standards would help guide best practices, implementation, and capacity building, while providing a common language for what it means to be trauma-informed.</p> |

Measures of Success/Milestones: Systems and governmental agencies have become more aware of the impacts of childhood trauma and the importance of being trauma-informed.

Funding Mechanisms/Funding Sources:

- CPEIP is a unit under the administrative arm of the University's Institute for Science and Public Affairs and totally funded through grants and contracts with a current annual budget of approximately four million dollars²².
- Florida's [Children's Services Council](#) (voted on by residents in each county) uses property tax to provide dollars for prevention and early intervention programs for Florida's children and families. Florida is the only state in the nation that empowers communities to create a local government with the sole purpose of investing in the well-being of young children and their families.

Lessons Learned

- ➔ **The way you treat clients who come through various systems matters. The words and language you use related to those who have experienced trauma matters.**
- ➔ **You do not have to be a therapist to be therapeutic.**
- ➔ **It is all about relationships at every level. This should be modeled as a parallel process through work with colleagues, all the way down to parents and babies. It is critical to foster meaningful relationships with everyone, and at the end of the day, it is about connection.**

Bright Spots to Highlight:

- Florida's Early Childhood Courts, also referred to as "[Baby Courts](#)," are programs grounded in science that serve children and families involved in child welfare courts. The three components of the program include a trauma-educated judge, community coordinator, and a therapist trained in Child Parent Psychotherapy (CPP). The goal of these courts is to improve safety, permanency, and well-being outcomes for abused and neglected infants and toddlers.
- Since 2010, Tarpon Springs has been building a resilient community through a coordinated multidisciplinary effort, implementing trauma-informed practices within the community, called Peace4Tarpon. They received a

²² Retrieved from: <https://cpeip.fsu.edu/about.cfm>

grant from the Robert Wood Johnson Foundation and the California Endowment for the [Mobilizing Action for Resilient Communities \(MARC\)](#) initiative from 2015-2017. They were Florida's first trauma-informed community with Gainesville, Crawford County, Sarasota County and Big Bend joining the "Peace4" community initiative over time.

- The [FSU Student Resilience Project](#) is a web-based, research-informed toolkit created to foster student wellness and resilience. The toolkit provides tools to manage stress in healthy ways and increase the sense of student belonging. All incoming freshman and transfer students are required to complete the online course, but the tools are available 24/7 on any device. Over 20,000 students have completed the resilience toolkit since its launch in 2018. Five academic research papers have been written evaluating the design and implementation of the project.
- Palm Beach County's [Fighting ACEs](#) Initiative is a strong alliance of community partners to create a trauma informed community including trauma training within all the schools and tremendous buy-in from the business and non-profit community. Funding from Florida Blue and others enable extensive public awareness efforts and a [plan for change](#).
- [SRQ Strong](#) is a growing group of Sarasota County residents committed to promoting awareness about the causes of trauma, its effects, and help and healing after trauma. The mission of SRQ is to promote community-wide trauma awareness through **H**ealing, **E**ducation, **A**ction, and **L**eadership. Sarasota also now has a Special Mental Health District which will address trauma and mental health, from prevention to recovery, across the lifespan.
- Florida has been a leader in trauma informed courts and has a [trauma toolkit](#) and has promoted [trauma education](#) with many [judges](#) taking the FSU Trauma Certification and hosted Dr. Felitti for statewide judges conference in 2019.
- Florida's [First 1000 Days](#) statewide efforts focus on building positive relationships in the most pivotal time from conception to age three. Their statewide conference attracted 800+ in 2019 and they will have a virtual conference in September.
- Miami Dade researchers are analyzing data to see why some neighborhoods are more resilient than others. Dr. Rebecca Shearer and Mark Needle led this effort.
- Beginning of Florida Resilient Network to address research, policy and programs across the state and the intersection of opportunities for change.

[Additional Information about the State of Florida:](#)

- The University of Florida Lastinger Center for Learning created the [Trauma-Informed Care Map](#) to map out trauma-informed resources available within each school district in the state of Florida.
- Becoming a [Trauma Sensitive Community Action Team](#) in Palm Beach County is a multi-sector collaborative that promotes employing trauma-sensitive approaches, implements restorative practices with support and intervention, and provides spaces for youth to foster resiliency and flourish. Over 50 community organizations representing diverse sectors focus on various aspects of trauma-informed care implementation across the community. Their website outlines important [definitions](#) that help to unify language.

New Jersey



Initiative Name: New Jersey as a Trauma-Informed, Healing Centered State: Implementing the [New Jersey Adverse Childhood Experiences \(ACEs\) Action Plan](#)

Initiative “Owner”/Backbone Organization: The New Jersey ACEs Collaborative: (1) [Office of Resilience](#) (OOR), (2) Department of Children and Families, (3) The Burke Foundation, (4) Turrell Fund, (5) The Nicholson Foundation at this time

Key Contact/Title:
Dave Ellis, Executive
Director of the Office
of Resilience²³

Christine Beyer, MSW,
Commissioner of the
New Jersey
Department of
Children and Families

**Year Initiative
Founded:**
2018

Overview/Summary: Informed by community voices through focus groups and supported by state government and philanthropic organizations, the [NJ ACEs Action Plan](#) calls for a coordinated, cross-sector, statewide response to prevent and mitigate the lasting effects of ACEs on children’s health and well-being. The NJ ACEs Action Plan, which builds upon the opportunities identified in the NJ ACEs report, offers a path toward New Jersey’s goal to becoming a trauma-informed/healing-centered state through five core strategies ([p.14](#)) that aim to reduce and prevent ACEs in NJ.

Website:

<https://www.nj.gov/dcf/resilience.html>

Problem to Solve/Organization Evolution: The NJ ACEs Collaborative, established in 2018, is a partnership between The Burke Foundation, The Nicholson Foundation, Turrell Foundation, and the NJ Department of Children and Families. In 2019, the NJ ACEs Collaborative released a [report](#) developed from interviews with community leaders, researchers, policy makers, and nonprofit professionals that detailed the ACEs and trauma-related issues that NJ was facing. The report identified five areas of opportunity (parents/caregivers, service professionals, community, policy, research and learning), which outlines goals that the recently released NJ ACEs Action Plan aims to reach through concrete objectives and strategies. The newly established Office of Resilience was created with funding from the Collaborative to host, coordinate, and facilitate statewide initiatives related to ACEs and resilience.

Key Data Points for State:

ACEs Prevalence in State²⁴:

- 41.4% of children in NJ (ages 0-17) have had at least 1 ACE
- 18.1% of children in NJ (ages 0-17) had 2 or more ACEs

²³ Note: We were unable to interview leaders from New Jersey. This report is based on previous webinars and research.

²⁴ Retrieved from: <https://www.cahmi.org/data-in-action>

Initiative Goals:

- Help children and families in New Jersey reach their full potential by growing and developing in relationships that are safe, healthy, and protective.
- Reduce ACE scores in future generations.
- Develop and resource programs and services based on what we learn, rather than focusing on rigid metrics of success or failure.
- Look at solutions based on community input that address root causes rather than symptoms.

Strategies to Reach Goals:

| Strategy | Description |
|--|--|
| <p>Statewide Framework</p> | <ul style="list-style-type: none"> • NJ ACEs Action Plan is a blueprint for making New Jersey trauma-informed and healing centered. • Use a multi-generational, trauma-informed/healing centered approach through early childhood and single-point entry programs. |
| <p>Engagement of Family Voice/ Lived Experience</p> | <ul style="list-style-type: none"> • Families were interviewed to ensure that voices with lived experience were the most salient in development of the Action Plan. • The NJ ACEs Community Advisory Board sought individuals with lived experience to inform the content, messaging, and goals of the Actions 4 ACEs campaign, alongside professionals from child-and-family serving sectors. • OOR to survey NJ residents to determine priority populations for strategic communications campaign, and include stakeholders and community members to identify next steps and populations for ACEs training. • OOR to conduct a review of current ACEs prevention and treatment services and develop needs assessment to create goals that are tailored to community needs. |

| Strategy | Description |
|---|---|
| Cross-Sector Partnerships | <ul style="list-style-type: none"> • The NJ ACEs Collaborative partners with educational and law enforcement organizations and agencies to implement NJ ACEs Plan strategies. • Learning Labs were held in 2020 with 60 representatives from 5 targeted sectors to build on focus groups, brainstorm strategies, and connect across sectors. To ensure feasibility of strategies, the NJ ACEs Interagency Team (IAT) was created. After their review, the strategies were then shared with over 200 stakeholders for input and the final Action Plan reflects stakeholder feedback. |
| Statewide Training & Capacity Building | <p>OOR will offer evidence-based ACEs training programs from the ACE Interface Curricula for communities, parents, educators, law enforcement officers, physical and mental health providers, and child and family serving sectors, to improve standardized literacy in ACEs and understanding of the impact of trauma.</p> |
| Ongoing Technical Assistance for Service Providers | <p>NJ OOR will create a NJ Trauma-Informed Care Technical Assistance Center to coordinate state efforts and inform state policies and budgets related to ACEs.</p> |
| Backbone Organization to Support Initiative | <p>The New Jersey ACEs Collaborative acts as a backbone organization to support the implementation of the NJ ACEs Action Plan, along with cross-sector organizations.</p> |
| Common Measures of Success | <ul style="list-style-type: none"> • OOR will develop a Trauma-Informed Care Readiness assessment for non-governmental organizations and state agencies interested in earning a trauma-informed designation. The assessment will determine organizational readiness and staff knowledge about trauma-informed/healing-centered care and ACEs in order to determine required level of technical assistance. • Each core strategy from the NJ ACEs Action Plan will be assessed through specific evaluation strategies to track and measure progress. |
| Funding Alignment | <ul style="list-style-type: none"> • The NJ Funders ACEs Collaborative includes The Burke Foundation, Turrell Foundation, and the Nicholson Foundation, who launched a coordinated effort to support programs that help vulnerable children and families, and have supported ACEs initiatives in NJ since 2018. |

| Strategy | Description |
|---|---|
| Policy Advocacy/Change | A Legislator Education Institute will be created to raise awareness and educate lawmakers about ACEs, and ensure policies and legislation are trauma-informed and healing-centered. |
| Collect and Share Data Across State | <ul style="list-style-type: none"> • In 2019 the NJ ACEs Collaborative wrote the NJ ACEs Report which explained the challenges NJ was facing with ACEs and five areas of opportunity. The NJ ACEs Action Plan builds on this initial report. • NJ Resiliency Coalition online space will be maintained so ongoing learning and collaboration can take place. • OOR will conduct surveys of nonprofits, human services, and early childhood programs to understand service utilization, and measure outcomes through data that will be shared with child and family serving state agencies. |
| Common Language Around ACEs/Resilience | The NJ ACEs Action Report provides definitions (p. 5-7) for common terms to create consistent, shared language. |
| Public Awareness | In 2021, the NJ ACEs Collaborative launched the Actions 4 ACEs campaign, a statewide initiative to build awareness about childhood adversity and the role adults can play in reducing the impact of trauma and helping children heal. The YouTube replay of their launch can be viewed here . |

Funding Mechanisms/Funding Sources: [The Burke Foundation](#), [The Nicholson Foundation](#), and the [Turrell Fund](#) partnered with the [New Jersey Department of Children and Families](#) to fund, create, and share the New Jersey ACEs Action Plan.

Bright Spots to Highlight:

- A focus on community voice provides the foundation to promote cross-sector engagement and implementation of the Action Plan- every process, plan, and program involves thinking about “what does this community want and need?”
- Focus on racial equity permeates all aspects of the plan.

Additional Information about the State of New Jersey:

- [The BRICK \(Building Resilient Intelligent Creative Kids\)](#) Education Network has implemented screening students for trauma and equipping teachers with a framework for addressing trauma in the classroom.

- [The Greater Newark ACE Impact Team](#) is a coalition of stakeholders from the education, youth development, healthcare, social service and criminal justice fields. The ACE Impact Team is dedicated to educating the community about ACEs, trauma, and resilience, understanding and strengthening the practical interventions available in Newark to address childhood adversity and trauma in children and adults, and preparing the workforce with information and skills needed to incorporate trauma-informed practices into their service-delivery.
- [Cape Regional Medical Center](#) is leading this two-year project addressing Adverse Childhood Experiences (ACEs) as a health factor through the partnership and engagement of diverse sector agencies. The Medical Center and its key partners in the Cape Regional Wellness Alliance, including representation from over 30 community organizations, are striving to engage partners from all sectors of the community in this work. Since the inception of this work, 90% of all Cape May County educators have learned about the effects of ACEs and participated in resiliency training alongside law enforcement officers, recreation program directors and youth coaches in the community.

Pennsylvania



Initiative Name: Trauma-Informed PA

Initiative “Owner”/Backbone Organization:

- HEAL PA (Healing Empowerment Advocacy Learning Prevention Action) and,
- Resilient PA of the United Way partnership

Key Contact/Title:

Daniel Jurman, Executive
Director at Governor’s Office
of Advocacy and Reform
(OAR), HEAL PA

Year Initiative

Founded:
2019

Overview/Summary: Trauma-Informed PA is a cross-sector, state-wide initiative that works toward implementing systems-level culture change for Pennsylvania to become trauma-informed. The [Trauma-Informed PA Plan](#) was developed by the [Trauma-Informed PA Think Tank](#) established by Daniel Jurman, and is currently being implemented by HEAL PA, out of the Office of Advocacy and Reform (OAR), and Resilient PA, a grassroots trauma and resilience effort from the United Way of Pennsylvania. The Trauma-Informed PA Plan is rooted in core values of equity, inclusion, self-care, resilience, and acceptance. The plan recommends using a developmental framework to help state agencies and grassroots organizations move forward on a continuum from being (1) trauma-aware, (2) trauma-sensitive, (3) trauma-informed, to (4) healing-centered.

Website:

<https://www.uwp.org/resilient-pa/>,
<https://www.governor.pa.gov/about/office-of-advocacy-and-reform/>

Problem to Solve/Organization Evolution: In July 2019, Governor Wolf signed an executive order called “[Protection of Vulnerable Populations](#)” that created the [Office of Advocacy and Reform](#) with the mission of protecting and advocating for vulnerable people across the state. Dan Jurman is the Executive Director of the OAR that created and led the Trauma Informed PA Think Tank, which consisted of diverse private and public sector leaders and experts in trauma-informed care, to develop the “[Trauma-Informed PA: A Plan to Make Pennsylvania a Trauma-Informed, Healing-Centered State](#)” report. The report offers a comprehensive list of recommendations to move Pennsylvania forward in becoming trauma informed. [Governor Wolf released](#) the Trauma-Informed PA Plan in July of 2020.

Key Data Points for State²⁵:

ACEs Prevalence in State:

- 50% of Pennsylvanians have at least 1 ACE
- Over 19% Pennsylvanians have experienced 3 or more ACEs
- 38% of all Pennsylvanians have experienced physical or emotional child abuse according to a 2019 PA Department of Health Report

²⁵ Retrieved from: <https://www.uwp.org/wp-content/uploads/Resilient-PA-ACEs-1.pdf>

Initiative Goals:

- Ensuring that Pennsylvania state culture is trauma-informed through universal training.
- Ensuring all state agencies’ policies and practices are trauma-informed and more focused on prevention and healing.
- Mandating that all licensed and funded entities become trauma-informed.
- Building and supporting grassroots / community-based efforts to become trauma-informed in every part of the commonwealth.
- Recognizing and healing from the traumas of major crises like COVID-19.
- Preventing and healing racial, communal, and historical traumas, whether they be individual or systemic.

Strategies to Reach Goals:

| Strategy | Description |
|---|--|
| Statewide Framework | The Trauma Informed PA Plan includes a glossary of terms (pp.15-24) and strategic recommendations to promote shared language across the state. The plan includes a developmental framework (pp. 44-47) to use as a consistent metric to assess outcomes and growth over time. |
| Engagement of Family Voice/ Lived Experience | The HEAL PA Poverty Reduction Action Team is ready to launch a series of community conversations around ACEs and trauma with individuals living under the poverty line who are experiencing toxic stress. This series will include meals and childcare for participants and provide therapists on site for community members for support and healing. The goal of the series is to help empower and educate community members on how to foster resilience and reduce toxic stress. |

| Strategy | Description |
|---|--|
| Cross-Sector Partnerships | <ul style="list-style-type: none"> • The Trauma-Informed PA Think Tank was a diverse group of 25 individuals from the public and private sectors, including representatives from the fields of human services, medicine, research, law enforcement, community engagement, public health, faith, and more. Think Tank members wrote the Trauma Informed PA Plan with input from state agency leaders, and was disbanded once the plan was written and handed off to an implementation team (HEAL PA). • HEAL PA is made up of 150 cross-sector leaders who participate on 14 Action Teams that focus on tangible tasks that move the needle forward on the Trauma-Informed PA plan. A list and description of the Action Teams can be found here. |
| Statewide Training & Capacity Building | Resilient PA will hold community events, training on trauma and resilience featuring HEAL PA experts, and provide opportunities for communities to share the work of their local initiatives. Resilient PA will launch a separate website where interested organizations can access webinars/trainings, resources, and previously recorded trainings on trauma-informed care. |
| Ongoing Technical Assistance for Service Providers | OAR has worked with the Office of Mental Health and Substance Abuse Services and Office of Children Youth and Families to create trauma-informed surveys, assessments, and licensing for the first of each agency's residential providers that will be required to be trauma-aware by the end of the year (2021). |
| Backbone Organization to Support Initiative | HEAL PA and Resilient PA partnered to create a non-partisan backbone structure to lead implementation of the Trauma-Informed PA Plan and trauma-informed approaches. |
| Common Measures of Success | The Trauma-Informed PA Plan recommendations will be included on a public dashboard to measure long-term success. Short-term successes will be measured using SMART goals created by the HEAL PA action teams. |

| Strategy | Description |
|--|--|
| Funding Alignment | <p>OAR has made American Rescue Plan Act (ARPA) requests for funding to accomplish several Trauma-Informed PA Plan recommendations. While that request will require General Assembly appropriation, OAR is also looking for alignment with the strategic plans of other agencies where their teams have decision-making authority over ARPA dollars awarded directly to their agencies. They believe their recommendations align well with COVID-19 recovery.</p> |
| Policy Advocacy/Change²⁶ | <ul style="list-style-type: none"> ● SB 144 (2019). This bill recognizes the broad-reaching impacts of ACEs on students and children, and requires trauma-informed training for school administration, staff, school board members, and teachers to identify the signs and symptoms of trauma and incorporate trauma-informed practices into educational sectors. ● SB 1770 (2019-2020). This bill, called the Resilience Investment, Support, and Expansion from Trauma Act, or the RISE from Trauma Act, established and extended various programs to coordinate and offer services to children, infants, youth, and families who have experienced, or may experience, trauma. ● HR 72 (2021-2022). This resolution aims to direct the Joint State Government Commission to conduct a comprehensive study to find a developmentally appropriate measurement tool for childhood trauma. The bill was referred to the Education Department in March of 2021. ● HEAL PA has a Policy and Legislation Action Team that advocates for policy and legislative changes in accordance with the Trauma Informed PA Plan. They also serve as a support to all other action teams related to any policy or legislative needs. |
| Collect and Share Data Across State | <p>OAR and the Pennsylvania Department of Education (PDE) have been working together to share Youth Risk Behavioral Survey and PA Youth Survey data with HEAL PA to look for ACEs and trauma “hot spots” among PA students. In addition, several PA agencies are beginning to work together to align strategies, budgets, and team members around behavioral health priorities.</p> |

²⁶ Note: Policies and legislative acts are statewide and may not be specific to the efforts of the initiative

| Strategy | Description |
|---|--|
| Regular Progress Updates (Public) | OAR is planning to annually release the progress dashboard to the public. The first is set to come out this summer. In the meantime, they sent a progress update out in a press release in January of 2021 to mark the first year's work since hiring an Executive Director. |
| Program Expansion | In July 2021, OAR added six new team members, expanding the office from its original three to nine people. The office will take a leadership role in the commonwealth's internal diversity, equity, and inclusion efforts using a trauma-informed lens, and will become much more involved in coordinating behavioral health strategies across agencies. |
| Common Language Around ACEs/Resilience | The Trauma-Informed PA Plan contains definitions (pp. 15-24) for common terms to create shared language and related goals. |
| Public Awareness | Since the release of the Trauma-Informed PA Plan in July of 2020, OAR has conducted 76 webinars, panel discussions, or workshops on the plan and how trauma intersects with multiple sectors and disciplines. Resilient PA has also begun its grassroots communications effort with a new, shared website to launch this summer (2021). On the site, people can sign up to join Resilient PA, a HEAL PA action team, or both. The site will also make HEAL PA tools and resources available to the public. OAR is also working on a partnership with two PA public television and radio stations on a series devoted to behavioral health. |

Measures of Success/Milestones: The Trauma-Informed PA Plan is being implemented in various entities across the state, with each Action Team working hard to meet specific SMART goals and activities that align with the values and mission of the plan.

Funding Mechanisms/Funding Sources: The funding for implementing the Trauma-Informed PA plan comes from the Office of Advocacy and Reform and the United Way of Pennsylvania. Resilient PA and HEAL PA will seek joint funding together in the future, however OAR has made ARPA requests for funding.

Lessons Learned

Design programming to work without funding, instead of designing for funding first and then having to find dollars to support initiative,

There are so many people who are passionate about this, who are waiting for the chance to connect with other passionate individuals engaging in this work. This effort was partially about having a place for them to come together collectively.

Bright Spots to Highlight:

- The Office of Mental Health and Substance Abuse Services (OMHSAS) and Office of Children Youth and Families are working on Trauma-Informed Care Licensing with Trauma-Informed PA continuum.
- OAR is working to make their first recorded tested training public.
- PA Insurance Department (PID) and OMHSAS are working on parity and telehealth (National Governors Association).
- Governor Wolf appropriated \$368.7 million for broadband access.
- Universal Healing strategy coming out of National Governors Association ACEs collaborative
- Attorney General and OAR created a PA Trauma-Informed Network page on PACEs Connection with partners.
- Legislature - Trauma-informed training for law enforcement Title 53, Sec 2164, (18).
- Legislature - Enhanced de-escalation training Title 53, Sec 2164, (6).
- Community Conversations are starting in fall.
- OAR is actively advocating for funding and policies based on Trauma-Informed PA.
- Strong partnerships and relationships established across agencies, disciplines, sectors, and geographies.

Additional Information about the State of Pennsylvania:

- Reverend Paul Abernathy, a member of the Trauma-Informed PA Think Tank, is the CEO of the [Neighborhood Resilience Project](#) which was developed in response to generational trauma experienced in primarily Black and brown neighborhoods in Pittsburgh. The organization's mission is to support the transformation of neighborhoods from trauma-affected communities to resilient, healing and healthy communities through trauma-informed community development (TICD).
- The [Erie Coalition for a Trauma Informed Community](#) (ECTIC) is a cross-sector coalition that aims to enhance community healing and resiliency by reducing the impact of trauma. The group is made up of

individuals from faith-based organizations, service providers, businesses, schools, person-serving systems, and community centers. ECTIC provides training, resources, and programming events to Erie County, PA to promote resilience.

- The [Philadelphia ACE Project](#) is a community resilience Task Force that aims to improve the emotional and physical health of children, families, and communities through preventing and mitigating the impact of ACEs. In 2015 the task force joined the [Mobilizing Action for Resilient Communities](#) (MARC) initiative, which has been integral in helping Philadelphia become a resilient community. Their [strategic plan](#) includes goals of strengthening the network of professionals addressing ACEs, enhancing ACEs research, partnering with communities to promote awareness and understanding of specific needs around ACEs, educate policymakers, and advocate for improved systems that implement trauma-informed practices. To access their full strategic plan report, follow this [link](#).
- The [Chester County ACEs Coalition](#) is a collective impact coalition housed within the Chester County Health Department that aims to bring awareness, knowledge, prevention, and initiatives throughout the county on ACEs, trauma, and toxic-stress. Through trauma training, community discussions, film screenings, and strategic partnerships with stakeholders in the county, their goals are to foster hope and resiliency to offset the impact of trauma on their communities, building strength and long-term physical health benefits.

Tennessee



Initiative Name: Building Strong Brains Tennessee (BSBTN)

Initiative “Owner”/Backbone Organization: BSBTN’s leadership is composed of a Coordinating Team (ranking staff of Departments of Children’s Services, Health, Education, and Human Services; staff of the Tennessee Commission on Children and Youth; three private sector representatives), a Public Sector Steering Group (government agencies), and a Private Sector Steering Group (diverse private sector leaders).

Key Contact/Title:

- [Richard Kennedy](#), Executive Director, Tennessee Commission on Children and Youth (TCCY)

- [Becky Haas, National Author/Speaker/Trainer](#) (content expert and trauma-informed care leader in Tennessee)

Year Initiative Founded:
2015

Overview/Summary: [BSBTN](#) is a [public-private partnership](#) involving the state government (executive, legislative, and judicial branches) and private sector leaders to prevent and mitigate the effects of adverse childhood experiences (ACEs) and promote resilience in Tennessee. BSBTN has received national attention for creating a model that uses the latest brain and communication science to change systems-level culture, philosophy, policy, programs and practices for children, youth, and adults to be informed by ACEs, trauma, and resilience.

Problem to Solve/Organization Evolution:

In 2015, Tennessee’s Commissioner of the Department of Children’s Services went to an event on ACEs and childhood adversity and quickly realized that ACEs were an urgent public health issue. A private foundation in Memphis contracted FrameWorks Institute to kickstart a public health campaign to engage the community in understanding the impacts of childhood adversity.

In November 2015, 150 individuals—including legislators, nonprofit leaders, supreme court justices, state agency commissioners, and other diverse sector leaders—attended a day-long summit on ACEs, communication science, and early brain development. FrameWorks held a series of FrameLabs, intensive three-day sessions to help leaders learn and apply framing techniques, and hosted a series of symposia to provide further knowledge to those who were invested in ACEs policy and programmatic innovations. Following the summit, Deputy Governor Jim Henry established a public-private sector workgroup to focus on ACEs and trauma-informed practices across the state, which morphed into “Building Strong Brains Tennessee.” Around the same time, Governor Haslam appropriated an initial \$1.25 million in ACEs Innovation Grants, which receive recurring funding today.

Website: <https://www.tn.gov/dcs/program-areas/child-health/aces.html>

Social Media:

Tennessee Commission on Children and Youth (TCCY) (Search #BSBTN to find Building Strong Brains content)

Facebook: [@tccyonfb](#)

Instagram: [@tccy_nashville](#)

Youtube: [Tennessee Commission on Children and Youth](#)

Key Data Points for State:

ACEs Prevalence in State²⁷:

- 61% of Tennesseans had at least 1 ACE
- 27% of Tennesseans have 3 or more ACEs

Estimated Cost of ACEs²⁸:

- ACEs cost Tennessee \$5.2 billion dollars in 2017

Initiative Goals²⁹:

- Increase the potential that every child born in Tennessee has the opportunity to lead a healthy, productive life.
- Raise public knowledge about ACEs.
- Impact public policy in Tennessee to support prevention of ACEs and to reduce community conditions that contribute to them.
- Support innovative local and state projects that offer fresh thinking and precise measurement of impact in addressing ACEs and toxic stress in children.
- Seek sustainable funding to ensure the state maintains a long-term commitment to reduce the impact of adverse childhood experiences.
- Embrace open, responsive governance through statewide planning groups and the Three Branches Institute, comprised of leadership from the Executive, Legislative and Judicial branches of government, who were invited by the Governor to form a common agenda to advance child welfare and realign the juvenile justice system.

Strategies to Reach Goals:

| Strategy | Description |
|----------------------------|---|
| Statewide Framework | Becky Haas and Dr. Andrea D. Clements co-authored the “Building a Trauma Informed System of Care” Toolkit to provide a blueprint for organizations to become trauma-informed. |

²⁷ Retrieved from: <https://www.tn.gov/content/dam/tn/tccy/documents/ace/ACEs-Handout.pdf>

²⁸ Retrieved from: <https://www.sycamoreinstitutetn.org/wp-content/uploads/2019/02/2019.02.01-FINAL-The-Economic-Cost-of-ACEs-in-Tennessee.pdf>

²⁹ Retrieved from: <https://www.tn.gov/dcs/program-areas/child-health/aces.html>

| Strategy | Description |
|--|---|
| Cross-Sector Partnerships | <ul style="list-style-type: none"> Summits engaged several cross-sector leaders that learned about ACEs, brain science, and communication science. Cross-sector leaders make up BSBTN's leadership structure. BSBTN is working to increase the number of ACEs and trauma-focused community level collective impact initiatives. |
| Statewide Training & Capacity Building | Knowledge mobilization enacted through train-the-trainer efforts for individuals and organizations, and training educators and administrators (developed with Harvard Center for the Developing Child). |
| Backbone Organization to Support Initiative | Coordinating team, with public and private sector steering groups, create an informal backbone structure of BSBTN. |
| Funding Alignment | <ul style="list-style-type: none"> Governor Haslam appropriated \$2.45 million in recurring funding to address ACEs (2019) and made ACEs a recurring budget item. Funds support diverse sector ACEs Innovation Grants. |
| Policy Advocacy/Change | <ul style="list-style-type: none"> SB 170: Required trauma-informed discipline policies in schools and ACEs assessment administration. Tenn. Code § 49-1-230: Established train the trainer model for school teachers and staff on ACEs and trauma. SJR 166: Urged that all teachers be trained in ACEs. BSBTN provided education to lawmakers on ACEs through summits and FrameLabs. |
| Regular Progress Updates (Public) | BSBTN actively shares webinars and updates via their YouTube channel . |

| Strategy | Description |
|---|--|
| <p>Public Awareness Campaign</p> | <ul style="list-style-type: none"> • Knowledge mobilization: BSBTN’s ‘brain architecture analogy’ (developed in partnership with FrameWorks) educational messaging helps the community understand the importance of healthy brain development. • TCCY’s Roots and Wings Podcast provides information and conversation on topics that impact children and families. • Developed a social media campaign to widely disseminate information (search #BSBTN hashtag). • PBS 6-Part video series: Building Strong Brains-The Tennessee Story, on ACEs as a public health issue. |

Measures of Success/Milestones:

- More than 1,200 sector trainers of diverse backgrounds have trained 80,000+ people in all 95 counties.
- The Department of Education has trained over 7,000 educators and administrators.

Funding Mechanisms/Funding Sources: In 2016, Governor Haslam appropriated \$1.25 million for ACEs-related activities, and in 2019, he appropriated \$2.45 million and established a recurring budget item to ensure continued funding.

Evolution/Change Over Time: The ACEs movement in Tennessee started with many local coalitions mobilizing around ACEs and trauma-informed work. Eventually, leaders recognized the need for a more formal, statewide approach to addressing childhood adversity to promote positive development and resilience across the lifespan. These smaller statewide coalitions are still active and BSBTN aims to engage the existing coalitions in continued ACEs, trauma-informed, and resilience-related work.

Lessons Learned

- ➔ Navigating governance changes, differences in funding priorities, and opposing legislation can be difficult; be flexible and adaptable, while still focusing on the mission,
- ➔ Communicate the importance of prevention and early intervention, not just awareness,
- ➔ Distribute funding through multiple sources to increase sustainability,
- ➔ Create infrastructure (e.g., website, resource hub) and clear plan of how ACEs Innovation Grantees could share information and products early on.

Bright Spots to Highlight:

- FrameWorks evidence-based communication strategies to create “knowledge mobilization” around ACEs and childhood trauma,
- Sustainable resources for funding and long-term activity through a public-private partnership model,
- BSBTNs focus on transforming systems- and community-level culture to be trauma-informed.

Additional Information about the State of Tennessee:

- [All Children Excel \(ACE\) Nashville](#) is a multi-sector, public-private collective impact based in Nashville, TN using a public health approach to address childhood adversity and toxic stress, and with the goal of making Nashville a safe, stable, nurturing community for all. The organization uses a knitted backbone structure made up of several leaders from various organizations, from state and local government, higher education, and community-based organizations. You can learn more about their organization from this pre-recorded webinar.
- The [Roadmap to Resilience \(R2R\) Model](#): A GPS to Organizational Trauma Resilience is a training program that was developed through Resilient Tennessee, a partnership between All Children Excel (ACE) Nashville and The University of Tennessee at Knoxville College of Social Work. R2R is a series of dynamic, interactive, online learning modules that includes previously recorded trainings and resources, available 24/7, on trauma-responsive approaches, including an Organizational Trauma Resilience Assessment for fidelity assessment.
- [The Northeast Tennessee ACE's Connection](#) is a regional coalition that meets bi-monthly to continue moving trauma and resilience initiatives forward in Northeast Tennessee, hosted by the Strong Brain Institute at East Tennessee State University.

Utah



Initiative Name: Trauma-Informed Utah (TIU)

Initiative “Owner”/Backbone Organization: Trauma-Informed Utah (TIU) Center

Key Contact/Title:

- Sarah Shea, CSW, MSW, Project Manager, Trauma-Informed Utah Initiative

- Mary Beth Vogel-Ferguson, CSW, PhD, Research Associate Faculty, Social Research Institute, University of Utah

Year Initiative Founded:
2020

Overview/Summary: The Trauma-Informed Utah (TIU) Center is working toward becoming Utah’s central hub for systems-level trauma-informed approaches and trauma-informed care for individuals and families. The TIU Center will be a central location where organizations, agencies, and initiatives across the state can connect, share resources, and provide support to organizations and agencies who are interested in changing systems to be more trauma-informed. The [TIU Center Development Committee](#) identified four main operational areas: (1) Education, (2) Technical Assistance, (3) Research, and (4) Community Networking. As a hub, TIU’s role is to listen and respond to the needs of organizations and to support strategy implementation and systems sustainability, not to act as a stand-alone authority on trauma-informed approaches. The TIU Center will be a community networking hub that can identify and support local experts and more easily connect them to local organizations and initiatives.

Website:

<https://traumainformedutah.org/>

Problem to Solve/Organization Evolution: The TIU Center is the product of a multi-year effort to reduce the prevalence of ACEs in Utah. In 2017, then Utah Lt. Governor charged Resilient Utah, a subcommittee of Utah’s Intergenerational Poverty Committee, with making Utah a trauma-informed state. Around the same time, statewide organizations started expressing interest in trauma-informed systems change. Resilient Utah implemented a statewide needs assessment to learn what was already happening in the community and identify areas of support and resources as requested by community service providers. Results from the survey indicated interest in training, the need for coordinating resources and strategies to become trauma informed. In 2020, the TIU Center’s Development, Scope, and Research Committees, made up of 80 stakeholders from diverse sectors, used the survey results as a foundation for coordinating and creating [the plan](#) for the TIU Center. The TIU Center is in the process of gaining 501(c)(3) status to become a nonprofit organization.

Key Data Points for State:

Prevalence of adverse experiences in Utah:

- Only 16.9% of Utah’s children have had 2 or more adverse experiences as measured by the Child & Adolescent Health Measurement Initiative. This is 7th lowest in the US³⁰
- Utah 2018 BRFSS data shows that 16% of adult Utahns have 5 or more ACEs³¹; this is true for just over 61% of Utahns receiving cash assistance benefits³²

Initiative Goals:

- TIU aims to “promote and support efforts to move Utah toward becoming a trauma-informed state,”
- Their vision is “that all Utahns can understand the potential impact of adversity in childhood and as adults and work to implement the trauma-informed approach for building resiliency and reducing the impact of adversity across the lifespan,”
- Long-term goal is to prevent adverse childhood experiences (ACEs) in the next generation via structural and institutional change.

Strategies to Reach Goals:

| Strategy | Description |
|--|---|
| Statewide Framework | TIU frames their work through the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Concept of Trauma and Guidance for a Trauma-Informed Approach and uses a prevention lens to assist organizations in designing and implementing a trauma-informed approach reflective of the unique needs and goals of each entity. |
| Engagement of Family Voice/Lived Experience | In initial development, individuals with lived experience (those who had interacted with service providers regarding the use of trauma-informed practices) were included as stakeholders informing the writing of the TIU Plan. |
| Cross-Sector Partnerships | TIU’s scope areas of Networking & Community Outreach and Research include plans to engage statewide cross-sector collaboration, networking, and data collection efforts. TIU is considering offering training and education to cross-sector groups to further encourage collaboration. |

³⁰ Retrieved from: <https://www.pacesconnection.com/g/state-aces-action-group/fileSendAction/fcType/0/fcOid/473769386031113542/filePointer/476303634640435119/fodoid/476303634640435115/2018%20-%20Utah%20-revised%205-18-18.pdf>

³¹ Retrieved from: https://ibis.health.utah.gov/ibisph-view/query/result/brfss/LandlineCellAgeAdj5_ACE/ACE.html

³² Vogel-Ferguson, M.B. (2020) Family Employment Program (FEP) Refocus Study of Utah. Social Research Institute, University of Utah.

| Strategy | Description |
|--|--|
| <p>Statewide Training & Capacity Building</p> | <p>One of the top requests for the center was to provide training and education on trauma-informed approaches. TIU aims to implement training and workforce development programs to support trauma-informed practices and policies, targeting needs of both rural and urban environments.</p> |
| <p>Ongoing Technical Assistance for Service Providers</p> | <p>One of TIU Center’s main goals is to provide ongoing technical assistance and training for organizations and agencies wanting to incorporate a trauma-informed approach.</p> |
| <p>Backbone Organization to Support Initiative</p> | <p>TIU will be a public-private collaborative, to promote cross-sector investment and partnership. The TIU Center is being established as a 501(c)(3) to allow for increased accessibility and diverse funding streams to support sustainability over time.</p> |
| <p>Common Measures of Success</p> | <ul style="list-style-type: none"> ● For each domain scope (networking and community outreach, education, research, and technical assistance) TIU has created accountability indicators to measure progress toward various goals. For example, for providing community and statewide education, they can identify how many downloads their PDF resource has or count the number of organization representatives in attendance at yearly conferences and learning events, as accountability indicators. These metrics will help TIU adjust their goals and celebrate accomplishments as the center grows and develops long term outcomes. ● TIU aims to measure organizational change through assessment, potentially tracking organizational assessment data on attitudes and level of understanding of trauma to see shifts in organizational culture. Their measurement tools are still under development. |
| <p>Funding Alignment</p> | <p>Seed funding for TIU Center development was provided by the Utah Dept. of Health. Startup funding is being sought from the state; private funding will grow as partnerships develop.</p> |

| Strategy | Description |
|--|---|
| <p>Policy Advocacy/Change³³</p> | <ul style="list-style-type: none"> ● HB 373, Act No. 446: This act states that the State Board of Education shall provide training for school personnel on the impact of childhood trauma and provisions were amended related to student support and health services, related to the SafeUT Crisis Line and the SafeUT and School Safety Commission. ● HB 177: In 2018, this bill called for making the criminal and juvenile justice system in Utah trauma-informed. A multi-disciplinary trauma-informed committee was created to review the current and recommended trauma-informed policies, procedures, programs, and practices and recommend standards to make the system trauma-informed. ● HB 323, Act No. 202: This bill includes school mental health funding amendments, including training school personnel on the impact of childhood trauma on learning, and provides funding for school-based mental health support, to include trauma-informed care. ● Utah has a local chapter of Center for Campaign for Trauma Informed Policy and Practice (CTIPP) that meets monthly to discuss opportunities for policy legislation and tracks local and national policies with trauma-related language and intent. |
| <p>Collect and Share Data Across State</p> | <p>TIU Center will be a central hub for sharing data and resources across the state with resources for organizations wanting to implement a trauma-informed approach.</p> |
| <p>Regular Progress Updates (Public)</p> | <p>Community stakeholders receive a monthly newsletter update on progress of the TIU Center proposal.</p> |
| <p>Common Language Around ACEs/Resilience</p> | <p>TIU Center Proposal document has a glossary which establishes shared language across the state on terms such as ACEs, historical trauma, lived experience, resilience, toxic stress, and trauma-informed care.</p> |

³³ Note: Policies and legislative acts are statewide and may not be specific to the efforts of the initiative

Measures of Success/Milestones:

- Broad spectrum engagement and support of public and private stakeholders.
- TIU planning committees reviewed and approved the TIU Center organization proposal.
- Established structure for future non-profit corporation, including state business registration, formation of initial Board of Directors, drafting of Articles of Incorporation and Bylaws.
- Submitted IRS paperwork to secure federal 501(c)3 tax exemption status.
- Received first financial partnership award in July 2021 for partial funding of staff positions.
- Continue to receive expanded community support and advocacy for TIU from public and private entities.

Funding Mechanisms/Funding Sources: TIU Center will be funded through public (state dollars) and private sources. State dollars provided initial seed funding and as partnerships develop, more private dollars will be invested.

Lessons Learned

Implementing a statewide needs assessment illuminated existing strengths, defined starting points to form an organization, and provided data to justify the formation of the statewide entity,

Different sectors are in different places regarding understanding and utilizing the trauma-informed approach. Efforts must be willing to meet each individual partner, even within the same sectors, where they are,

Be intentional about how you define and use terms, for example, “lived experience,”

Continuously use clear communication and check-ins to support mutual understanding amongst all stakeholders,

Discussing trauma can trigger trauma responses. When working in the community, recognize that some individuals may have trauma responses. It is important to acknowledge this up front, provide resources for support, time for processing and reflection as is appropriate to the setting; the process for developing a trauma-informed entity must be trauma-informed itself.

Bright Spots to Highlight:

- Conducting a statewide needs assessment to determine starting point and goals.
- Community-focused orientation and responding to community needs/desires to become trauma-informed.
- Broad community involvement in designing and directing the TIU Center Proposal.
- Receipt of positive feedback and support from initial conversations with potential stakeholders.

Additional Information about the State of Utah:

- [Resilient Utah](#) is a statewide program in association with the Utah Family Partnership Network (a non-profit organization) that focuses on enacting strategies to build resilience in Utah's children to grow inner strength and socio-emotional life skills. Through channels such as music and media, Resilient Utah focuses on spreading messages of how to foster resilience to children and families across the state.
- The [Trauma-Resiliency Collaborative \(TRC\)](#) is a multidisciplinary collaborative composed of professionals and paraprofessionals who are invested in raising awareness about health and resiliency, and the long-lasting impacts of trauma across the lifespan. The TRC was founded in Salt Lake City, Utah in 2014, by psychiatrist Susie Weit, MD and is made up of over 30 organizations and 3 working groups: education and resources, research and statistics, and leadership and advocacy. Their website has several, thorough resources for many sectors including educators, faith leaders, and survivors, and provides education about ACEs and their impact on health and wellbeing outcomes.
- The [Trauma Informed Care Network \(TICN\)](#) started as a grassroots organization in 2013 that focuses on issues surrounding trauma and trauma-informed care. They engage in outreach and education surrounding trauma and mental health, bringing individuals from multiple disciplines together to increase awareness, provide resources, facilitate networking, and promote the use of evidence-based interventions for clients and patients who are trauma survivors.

Virginia



Initiative Name: Virginia Trauma-Informed Community Network (TICN)

Initiative “Owner”/Backbone Organization: Greater Richmond SCAN; other nonprofit agencies and community-based organizations act as backbones relative to regional TICNs.

Key Contact/Title:

Melissa McGinn, MSW, LCSW, Director of Community Programs,
State Coordinator for Virginia’s Trauma Informed Community
Networks, Greater Richmond SCAN (Stop Child Abuse Now)

**Year Initiative
Founded:**
2012

Overview/Summary: The Trauma-Informed Community Network (TICN) are multisector community collaboratives convened by Greater Richmond SCAN (Stop Child Abuse Now) that aim to prevent and mitigate the impact of adverse childhood experiences (ACEs) and build individual and community resilience. Greater Richmond TICN (GRTICN) was the first collaborative that now has 9 committees and over 500 members from more than 160 different organizations and sectors. There are currently [26 regions](#) in Virginia that have TICNs and 3 more will soon be added to the network.

Problem to Solve/Organization Evolution:

In 2011, Stop Child Abuse Now (SCAN) Virginia noticed that various child-serving agencies were making decisions and implementing practices without considering the potential for a child’s trauma history. Recognizing a need for agency practices to be more trauma-informed, SCAN

Virginia (based in Richmond) hosted a think tank to brainstorm how they could help improve systems to better serve the needs of children and families. This meeting, established as the Trauma-Informed Community Network, continued to expand as leaders recognized the importance of including leaders from multiple sectors in this work. As the group expanded across sectors, other communities across the state reached out, wanting to get involved in the work and TICNs were established in other areas of the state. To coordinate this statewide effort, Melissa McGinn hosts monthly meetings with leaders of various TICNs to share their work, problem solve, and brainstorm solutions and ideas together.

Key Data Points for State³⁴:

ACEs Prevalence in State:

- 61% of Virginians have experienced at least 1 ACE
- 14% have experienced 4 or more ACEs

Website: <https://grscan.com/trauma-informed-community-network/>

Social Media:

YouTube: [Greater Richmond SCAN](#)

Instagram: [@rvascan](#)

Facebook: [@GreaterRichmondSCAN](#)

Twitter: [@rvaSCAN](#)

³⁴ Retrieved from: <https://www.fairfaxcounty.gov/community-services-board/sites/community-services-board/files/assets/documents/pdf/ace-2020-data-trends.pdf>

Initiative Goals: The overall goals of Greater Richmond TICN (GRTICN) are to prevent and mitigate ACEs and work toward building resilient individuals and communities. While TICNs in their respective regions may have different goals and strategies that serve the needs of their community, they all operate from a collective impact model and share a similar passion for fostering resilient communities.

Strategies to Reach Goals:

| Strategy | Description |
|---|---|
| Statewide Framework | <ul style="list-style-type: none"> • Melissa McGinn and Lisa Wright of GR SCAN created a report titled, “8 Key Elements to Building and Sustaining a Trauma-Informed Community Network” with guidance on best practices for TICNs. • The Family & Children’s Trust Fund (FACT) developed a framework for building and maintaining trauma-informed community networks like the TICNs. The framework helps guide funding decisions and provides guidance for newly forming TICNs across the state of Virginia (Note: FACT is funding six of Virginia’s TICNs in the 2020-22 grant cycle). |
| Cross-Sector Partnerships | <p>The TICNs engage in multi-system and multi-sector collaboration with nonprofits, public and private organizations, government, and community members to maximize resources, encourage network sharing, and improve communication.</p> |
| Statewide Training & Capacity Building | <ul style="list-style-type: none"> • Melissa McGinn at GRTICN convenes a network meeting every other month with TICN leaders and other state partners, including Families Forward Virginia, Voices for Virginia’s Children, and Families First Virginia. • TICNs offer general and tailored training on topics around trauma and resilience and resilience film screenings, open to community members. |
| Ongoing Technical Assistance for Service Providers | <p>Melissa McGinn provides ongoing technical assistance and training for TICN leaders and members.</p> |
| Backbone Organization to Support Initiative | <p>Greater Richmond SCAN serves as a convening entity and backbone organization for GRTICN and regional TICNs.</p> |

| Strategy | Description |
|--|---|
| Common Measures of Success | <ul style="list-style-type: none"> ● GRTICN uses a training post-survey to collect data on the effectiveness and solicit feedback on trainings. ● GRTICN implemented the PACES Connection Community Resilience Tracker tool to measure how many steps organizations and communities have taken to become trauma informed. ● A community resilience dashboard is under development at the state level (Governor’s Children’s Cabinet) to provide a snapshot of communities’ trauma-informed status. |
| Policy Advocacy/Change | <p>House Joint Resolution No. 653: This resolution commends Trauma-Informed Community Networks for their work in helping organizations and communities become trauma-informed and resilient.</p> |
| Collect and Share Data Across State | <p>Every other week, VA TICN sends out a newsletter, which they call “enotes” to all TICN sites filled with resources, news, trainings/workshops, and other events.</p> |
| Regular Progress Updates (Public) | <p>GRTICN shares an annual report each year with highlights, progress, and activities.</p> |
| Program Expansion | <p>TICNs continue to grow. There are 26 TICNs with 3 more coming soon.</p> |
| Public Awareness | <ul style="list-style-type: none"> ● Governor Northam signed a resolution marking the first week of May Resilience Week. TICNs hosted activities, workshops, and events around trauma, healing, and resilience. ● Campaign for Trauma Informed Virginia: GRTICN participated in the campaign run by Voices for Virginia’s Children to influence policymakers and advocate for trauma-informed policies at the state level. |

Measures of Success/Milestones:

- Greater Richmond TICN:
 - Led efforts for a Resolution in the VA General Assembly recognizing TICN as a best practice model,
 - Led efforts to include new language in VA State Board of Education requiring trauma-informed courses for university K-12 teaching programs.

Funding Mechanisms/Funding Sources: Grant funding from various agencies supports some TICNs, but many exist due to the hard work of passionate volunteers and funding from backbone agencies, such as the United Way.

Lessons Learned

TICNs began with professionals and had to work backwards to ensure community members were represented at the table. They recommend starting with community involvement and engaging people with lived experience from the beginning.

Nonprofit structure has allowed for independence, flexibility, creativity, and adaptability.

Networks are more sustainable and beneficial to the community if there is a person with a position (full or part-time) who is dedicated to the network.

Bright Spots to Highlight:

- Connecting TICNs through a monthly work session to discuss wins, address challenges, and share resources enables innovation and a stronger network.
- GRTICN has a strong connection to legislative policy, focused on systems-level change.

Additional Information about the State of Utah:

- The Trauma Informed Care Work Group is part of the Governor's Children's Cabinet that works to establish and implement trauma-informed systems in Virginia. The workgroup is made up of multi-sector leaders and meets to discuss progress and collaborate on shifting systems and child-serving agencies to be trauma-informed.

Resilient NC

Supporting Statewide Efforts to Build
Community Resilience

**Section:
Other Resources**



ACES Aware (California)

Initiative Name: ACEs Aware

Initiative “Owner”/Backbone Organization: Nadine Burke Harris, MD, MPH, FAAP, California Surgeon General and the Department of Health Care Services (DHCS)

Key Contact/Title:

No interviews were able to be conducted with ACEs Aware leaders

Year Initiative

Founded:
2019

Overview/Summary: Dr. Nadine Burke Harris’ Office of the Surgeon General is leading California in preventing and mitigating adverse childhood experiences (ACEs) through a multi-sector, systems-level, public health approach that uses primary, secondary, and tertiary prevention strategies. In partnership with the Department of Health Care Services, the ACEs Aware Initiative offers Medi-Cal (California’s medicaid healthcare program) providers training, screening tools, clinical protocols, and payment for screening ACEs, to help prevent, screen for, treat, and heal trauma-induced toxic stress. ACEs Aware also hosts a Trauma-Informed Network of Care to improve collaboration and coordination across health care and social service organizations once toxic stress and ACEs are identified. Not only is California implementing ACEs reduction strategies in primary care, but they are coordinating efforts across sectors to disseminate information on toxic stress and resilience through training and public awareness campaigns.

Website: <https://www.chhs.ca.gov/>,
<https://www.acesaware.org/>

Social Media:

Facebook: @CASurgeonGeneral,
@ACEsAwareInitiative
Instagram: @ca_osg, @acesaware
Twitter: @ACEsAware
LinkedIn: ACEs Aware
YouTube: @ACEs Aware

Problem to Solve/Organization Evolution:

In 2017, the California General Assembly passed a bill establishing a Trauma Screening Advisory Group (TSAG) to provide recommendations on specific trauma screening tools used by Medi-Cal and in 2019, TSAG formally recommended screening for ACEs, and the PEARLS screening tool was selected. This legislation laid the foundation for Dr. Nadine Burke Harris’ current work on ACEs, toxic stress, and resilience as California’s Surgeon General. She released the [*Roadmap for Resilience: The California Surgeon General’s Report on Adverse Childhood Experiences, Toxic Stress, and Health*](#) that details an extensive cross-sector, public health intervention to promote awareness and reduce toxic stress and ACEs. The approach is grounded in evidence-based interventions and emerging science.

Initiative Goals: Reduce the prevalence of adverse childhood experiences and toxic stress by half within one generation.

Strategies to Reach Goals:

| Strategy | Description |
|---|--|
| Statewide Framework | Roadmap for Resilience Report is a 438-page document that serves as a rigorous scientific blueprint for policy action and cross-sector strategies to mitigate and prevent ACEs in California. |
| Cross-Sector Partnerships | <ul style="list-style-type: none"> • The ACEs Aware Trauma Informed Network of Care spans across disciplines (e.g., social work, psychology, psychiatry, nursing) to connect communities and resources. • Trauma-Informed Primary Care Implementation Advisory Committee advises the CA-OSG on promising models, best practices, and clinical expertise for implementing trauma-informed systems. |
| Statewide Training & Capacity Building | <ul style="list-style-type: none"> • A critical component to the ACEs Aware initiative is provider training, which helps primary care providers understand, recognize, and treat ACEs and toxic stress. • CA-OSG aims to increase sector-specific training in trauma-informed tools and practices for all providers engaging with children and families. • ACEs Aware holds monthly webinars on ACE screening and toxic stress intervention tools to promote ongoing clinical improvement among California providers. |
| Ongoing Technical Assistance for Service Providers | <ul style="list-style-type: none"> • ACEs Aware engaged the FrameWorks Institute to help grantees with technical assistance, consistent and effective messaging, and capacity building. • California ACEs Learning and Quality Improvement Collaborative (CALQIC) provides virtual coaching, technical assistance, site visits, and grants to clinics that are dedicated to improving the science of ACEs identification and treatment. |
| Backbone Organization to Support Initiative | California Office of the Surgeon General and Department of Health Care Services act as backbone structure. |

| Strategy | Description |
|---|---|
| Funding Alignment | Governor Newsom allocated state dollars (<i>see funding mechanisms/funding sources</i>) to support ACEs Aware. |
| Policy Advocacy/Change | <ul style="list-style-type: none"> • Assembly Bill 340 established a Trauma Screening Advisory Group, which recommended that the ACE screening tool be used by Medi-Cal. • Assembly Bill 791 this bill calls for expanded trauma-informed care training for childcare facilities in California. |
| Regular Progress Updates (Public) | The ACEs Aware Initiative and Dr. Burke Harris share news and updates on their respective social media accounts (@AcesAware #StateOfCare #AcesAware). |
| Common Language Around ACEs/Resilience | The Roadmap for Resilience Report contains a glossary to create common language and shared meaning of definitions and key terms. |
| Public Awareness | The Number Story Campaign is a public awareness campaign that aims to educate the public not only about ACEs and their impacts, but also that resilience and healing is possible. |

Measures of Success/Milestones³⁵:

- More than 17,100 providers have taken the “Becoming ACEs Aware in California” training.
- About 9,700 Medi-Cal providers in California have attested to completing the training and are receiving Medi-Cal payment for conducting qualified ACE screenings.
- Medi-Cal providers (primarily pediatric, family medicine, and behavioral health professionals) have conducted over 315,000 ACE screenings of more than 264,000 unique Medi-Cal beneficiaries (there are just over 11,000,000 enrolled in Medi-Cal³⁶).

Funding Mechanisms/Funding Sources: Governor Newsom, in partnership with the California legislature, allocated \$143.1 million over 2 years³⁷ (2019-2020 and 2020-2021) to ACEs Aware to support routine ACEs screening among Medi-Cal adults and children. \$64.7 million was allocated to reimburse medical

³⁵ Retrieved from: <https://www.acesaware.org/blog/new-data-report-264000-medi-cal-beneficiaries-screened-for-aces/>

³⁶ Retrieved from: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

³⁷ Retrieved from: <https://osg.ca.gov/sg-report/#:~:text=Roadmap%20for%20Resilience%20serves%20as, challenges%20facing%20our%20world%20today> p. 224)

providers for completing an ACEs screen, and \$78.4 million was allocated to train Medi-Cal physicians on how to screen for ACEs and toxic stress and respond with trauma-informed care and evidence-based interventions. ACEs Aware has provided \$14.3 million in [grants](#) for medical providers on training, communications, and provider engagement around ACEs and childhood adversity.

Adverse Childhood Experience (ACE) Resource Network

Contact:

Sarah Marikos, Executive Director
of ACE Resource Network

Overview/Summary: The ACEs Resource Network is an initiative that aims to spread awareness about adverse childhood experiences (ACEs). They educate, connect, offer guidance, and provide hope around ACEs. Dave Swartz, is the [Chief Vision Officer of Anonymous LLC](#) and is currently leading the development of a national ACEs awareness campaign with Sarah Marikos, Executive Director of the [ACEs Resource Network](#). They have spent about the last 2 years building out a repository of information because they wanted to prepare to have resources for individuals to use as they learned about ACEs, as without supportive resources unintentional panic or fear may result. That led to developing a public health and epidemiologically-focused approach for a campaign that is geared toward laypeople. In 2021, the [ACE Resource Network](#) launched “The Story of Your Number” public awareness campaign that provides education on ACEs and their impact, but highlights a larger narrative that an ACEs score does not define who you are.

Website: <https://aceresourcenetwork.com/>, <https://numberstory.org/>

Social Media:

Facebook: MyNumbersStory

Instagram: @mynumberstory

Twitter: @mynumberstory

The Number Story campaign seeks to help individuals and communities foster resilience, hope, and healing. The ACEs Resource Network took part in a prospective research study to pilot a large variety of different advertisements and approaches to determine what are the best ads to run across the country, to identify how to have the greatest impact.

The ACE Resource Network is working in tandem with Dr. Nadine Burke Harris to roll-out the Number Story campaign, and has funded a first-of-its-kind research effort at the Stanley Center for Psychiatric Research at the Broad Institute of MIT and Harvard, where experts in human genetics will leverage large-scale clinical and genetic data from the UK Biobank to investigate mechanisms underlying ACEs and identify factors that protect against their ill effects. This study is currently being conducted. The ACE Resource Network is also exploring community-based prevention models to interrupt intergenerational trauma.

ACE Resource Network Goals:

- That the ACE Resource Network can help to inform, and to heal, and ultimately, to disrupt the intergenerational cycle of ACEs.
- Their goal is to amplify and unify: bringing together a vast network of amazing people and organizations who care deeply about ACEs, childhood, health, community and resilience.

Alberta Family Wellness Initiative-Canada

Organization Name: The Alberta Family Wellness Initiative (AFWI)

Key Contact/Title:

[AFWI Staff](#): Noreen Samra,
CPA, CA, Director of
Finance; Ashley Chapman,
Program Officer

Year Organization

Founded:
2007

Headquarter Location:

Alberta, Canada

Organization Mission: The AFWI makes scientific knowledge about brain development applicable and useful to policy-makers, practitioners, front-line workers, and the public. It contributes to the development, mobilization, and communication of this knowledge in ways that respond directly to needs and gaps in relevant systems—gaps that are identified through direct engagement with these systems³⁸.

Overview/Summary: AFWI is an initiative of the [Palix Foundation](#), a private foundation in Alberta, Canada that focuses on mental health, addiction, and childhood development. AFWI was created to bridge the gap between what is known scientifically about early brain development and what is done in policy and practice. Their strategy aims to change systems to improve the health and wellness of individuals, children, and families by employing strategic messaging and cross-disciplinary engagement. AFWI facilitates research and shares knowledge about the science of brain development to support positive lifelong health outcomes for everyone. In partnership with the University of Oxford, AFWI aims to educate families and professionals on the science of brain development through their free online course, called [Brain Story](#).

Website: <https://www.albertafamilywellness.org/>

Strategies to Reach Goals:

| Strategy | Description |
|-------------------------------|--|
| Knowledge Mobilization | AFWI partnered with FrameWorks to develop “ The Brain Story ,” the core story of brain development, which is now the basis for all AFWI’s communications. They also have a toolkit that provides resources, information, and videos to further learning. |

³⁸ Retrieved from: <https://www.albertafamilywellness.org/who-we-are/theory-of-philanthropy>

| Strategy | Description |
|---|--|
| Cross-Disciplinary Collaboration | In 2010, AFWI and the Government of Alberta launched two, three-year interdisciplinary knowledge mobilization strategies in the form of two symposia, one on early brain and biological development and one on recovery from addiction. Participants from diverse sectors discussed, learned, and connected with each other to advance this knowledge. |
| Public Awareness | AFWI provides lectures, presentations, and webcasts to share the brain story message across different sectors and levels, reaching nearly 600,000 people a month. In 2016, AFWI launched an online course for professionals and the public. |
| Policy Advocacy | AFWI affiliated with the Frontiers of Innovation in 2011, which is a network created by the Harvard Center on the Developing Child to connect practitioners, policymakers, and researchers to community groups. |

Measures of Success/Milestones: AFWI actively collects data on the [impact](#) of their initiatives. From November 2013 to June 2014, the evaluation collected qualitative data from 90 people through interviews, stakeholder meetings, Reflective Practice sessions, and Ripple Effects Mapping sessions, as well as quantitative data through a survey of 299 AFWI activity participants, 148 website visitors, and more than 500 AFWI documents. The evaluation showed that these tools prompted individuals to change their understanding of brain development, lifelong health, and addiction. Individuals also changed their attitudes and work strategies and, in many cases, developed plans to bring their organizations in line with new knowledge about brain science.

Funding Mechanisms/Funding Sources: AFWI is funded through the [Palix Foundation](#).

Bright Spots to Highlight:

- AFWI's [Change In Mind: Applying Neuroscience to Revitalize Communities Initiative](#) is a three-year coalition between philanthropists and nonprofit organizations. The goal of the coalition is to promote policy and program decisions that will support and improve the well-being and long-term life prospects of children, youth, families, and communities. You can find a list of their participating organizations on their website:

<https://www.albertafamilywellness.org/what-we-do/change-in-mind>.

- The Palix Foundation and AFWI [provide funding](#) for research that explores issues related to early brain and biological development, mental health, and addiction.

Campaign for Trauma-Informed Policy and Practice (CTIPP)

Resource Name: Campaign for Trauma-Informed Policy and Practice (CTIPP)

Key Contact/Title:

- Jesse Kohler, Executive Director, CTIPP
- Dan Press, General Counsel, CTIPP

“Healing doesn’t happen in isolation; healing happens in community.”

-Jesse Kohler, CTIPP

Overview: CTIPP is a cross-sector, national coalition that advocates for policies and practices at federal, state, tribal, and local levels that are trauma-informed, evidence-based, and prevention-focused. CTIPP was created in 2016 by 25 representatives from diverse sectors, including education, justice, mental health, and government. CTIPP acts as a central hub for trauma-informed work and actively shares national resources. You can join the National Trauma Campaign for information, resources, webinars, and opportunities to connect and engage with trauma-informed policy and practice work.

Website: <https://www.ctipp.org/>

Social Media:

Facebook:

<https://www.facebook.com/CTIPPorg>

Twitter: <https://twitter.com/CTIPPorg>

Youtube: <https://www.youtube.com/channel/UCjf1qVRYIMrjHNFTR1zxTNQ>

CTIPP Goals:

- **Mission:** CTIPP aims to build trauma-informed, resilience-focused, and healing-centered systems through policies and practices that help all individuals, communities and families thrive.
- Make Congress and all government staff trauma-informed by providing training and education. Educate policymakers and policy leaders in trauma-informed practices to make all legislation trauma-informed.
- Establish sustainable funding for local cross-sector, trauma-informed coalitions to make every community and sector trauma-informed. Their long-term goal is to have block grants to sustain the level of funding so communities can learn, grow, and evolve over time to meet the communities’ needs and create a resource hub where communities can learn from each other’s efforts.
- Instill the teaching of trauma informed care in higher education and provide knowledge of neuroscience in all disciplines.

- Work to align local initiatives together to broadly inform legislators about the difference trauma-informed programs are making in their communities.

Lessons Learned

- ➔ Lead with the “why” earlier, versus the “what,”
- ➔ Be intentional about bringing everyone to the table, across disciplines and identities,
- ➔ The importance of the private sector in making the country trauma-informed,
- ➔ Local coalitions need full time staff and funding to most effectively move initiatives and programs forward, and needs/resources in communities lead to different looking efforts.

Resilient NC

Supporting Statewide Efforts to Build
Community Resilience

**Section:
Contact Directory**



North Carolina Contact Directory

ACEs-Informed Courts Task Force

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Center for Trauma and Resilient Communities

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North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Child Mental Health Team

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Stella Bailey

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Prevent Child Abuse North Carolina

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Resilient NC

Supporting Statewide Efforts to Build
Community Resilience

**Section:
Appendices**



Appendix 1: Resilience Related Efforts Across the United States: A State-Level Snapshot

Note: Several states, in addition to the states that were included in this report, are advancing ACEs, trauma, and resilience related efforts. This appendix includes information about efforts from states that were not interviewed for this project, but are pioneering trauma-informed approaches. The following information is based on publicly available online resources including but not limited to: presentations, websites, documents, and reports.

Alaska

The [Alaska Resilience Initiative \(ARI\)](#) is a network of nonprofit, tribal, state government organizations, schools, businesses, and community coalitions working to solve complex social problems and promoting a healthy, just, and resilient Alaska. Their goal is to mobilize Alaska to end child maltreatment, intergenerational and systemic trauma through healing and strategic advocacy. A report titled, "[Toward a Trauma-Informed, Resilient, and Culturally Responsive Alaska](#)" outlines the work that ARI is doing, as well as what other states have done, to become trauma-informed.

Georgia

[Resilient Georgia](#) is a statewide, trauma-informed coalition that combines public and private efforts to support resiliency for all persons aged 0-26 and their families through collaboration of cross-sector networks. Resilient Georgia focuses on prevention, early intervention, research, advocacy and policy, and System of Care implementation and coordination.

Ohio

The Ohio Departments of Mental Health and Addiction Services and Developmental Disabilities collaborate on a statewide [Trauma Competent Care \(TCC\) Initiative](#) intended to promote a greater sense of safety, security and equality among consumers/clients and aims to have organizations understand the impact of trauma and adopt a culture that considers and addresses this impact. The initiative hosts [6 regional collaboratives](#) to promote widespread awareness, training, and intervention across the state.

Oregon

- [Trauma-Informed Oregon](#) is a statewide collaborative and information hub that aims to prevent and mitigate the impact of ACEs on children, adults, and families. They work in partnership with

providers, individuals with lived experience, and families to promote and sustain trauma-informed policies and practices across systems.

- Proposed in March 2021, [House Bill 2337](#) would declare racism a public health crisis, acknowledging the historical and systemic racism perpetuated by the state's systems. The bill acknowledges that racism causes harm, trauma, illness and death to Black, Indigenous, and People of Color in Oregon.

Maine

The [Maine Resilience Building Network \(MRBN\)](#) is a statewide, public health, nonprofit organization with a network reaching close to 2,000 individuals and organizations across Maine. MRBN is at the forefront of leadership and action to promote awareness and change that addresses systemic inequities and root causes of poor outcomes related to ACEs. MRBN is recognized as a leader, convener, catalyst and key resource for informing organizations, leaders, and communities, to create systemic change and policy to improve the health and well-being of Maine's children and families.

Massachusetts

- The [Childhood Trauma Task Force](#) was established by Chapter 69 of the Acts of 2018 (An Act Relative to Criminal Justice Reform), and is charged with determining how the Commonwealth can better identify and provide services to youth who have experienced trauma, with the goal of preventing future juvenile justice system involvement.
- [Healthy Outcomes from Positive Experiences \(HOPE\)](#) focuses on mitigating the effects of ACEs with Positive Childhood Experiences (PCEs) through education and training, research, and community engagement. In 2021, HOPE launched an [online learning management system](#), a self-paced learning platform that offers free access to comprehensive research on how PCEs drive healthy development and can mitigate the effects of Adverse Childhood Experiences (ACEs).

Michigan

The [Michigan ACE Initiative](#) was established by the Michigan Association of Health Plans and works to expand statewide efforts to increase awareness of ACEs. Their goal is to educate and train the community to better identify signs of ACEs in children and help create community-based interventions. They also created a statewide coalition to recommend appropriate interventions and policy. Their [July 2020 Impact Report](#) highlights their accomplishments and discusses their approach to healing communities.

Missouri

- [The Missouri Model for Trauma-Informed Approaches](#) is a nationally recognized model for organizations and programs that aim to shift systems to become trauma-informed. The model is on a continuum, which begins with being trauma-aware, then trauma-sensitive, trauma-responsive, and finally trauma-informed. The purpose of the model is to ensure that agencies do no harm; to assess the implementation of basic principle of trauma-informed approaches into various organizational settings; to develop a common language and framework for discussion; to help increase the effectiveness of services, wherever and whatever they are, by increasing awareness of trauma.
- [Alive and Well Communities](#) is a nonprofit organization based in Missouri that focuses on community healing related to trauma throughout Missouri, Kansas, and Illinois, that is “dedicated to shifting cultures and systems and helping people develop pathways to healing, well-being and equity.” In 2018, Alive and Well Communities joined the [Building Community Resilience Collaborative](#) through the George Washington University’s Milken Institute School of Public Health to address the Pair of ACEs (Adverse Childhood Experiences and Adverse Community Environments) and support community resilience.

Washington

- [The Washington ACEs Public Private Initiative](#) is a group of private, public and community organizations in Washington State working together to learn how communities can prevent and reduce children’s exposure to trauma. The collaborative studies how communities can engage in cross sector work, translate research into practice, and promote sustainable trauma-informed practices.
- The [Community Resilience Initiative \(CRI; Walla Walla\)](#) is a nationally recognized leader and nonprofit organization that conducts training, consultation, webinars, and community engagement on ACEs, trauma, and resilience across the continent. The documentary Paper Tigers was based on one of several community building initiatives happening in Walla Walla.

Washington DC

The [Center for Community Resilience \(Milken Institute School of Public Health\)](#) provides technical assistance, facilitation, analysis and policy guidance to help institutions, organizations and collaboratives create measurable, lasting change to prevent and mitigate ACEs in the context of Adverse Community Environments, also known as the [Pair of ACEs](#). Their [Building Community](#)

[Resilience \(BCR\) Collaborative](#) connects community organizations with larger systems to improve community wellbeing, and there are several BCR sites across the US.

Wisconsin

- The [Menominee Indian Tribe of Wisconsin](#) has become a leader in educating and integrating practices based on ACEs science. Hundreds of tribal members have been educated about ACEs science, starting with historical trauma and the schools have integrated trauma-informed practices, with the result that graduation rates soared from 60 to 99 percent.
- From 2012 - 2020, the [Wisconsin Trauma Project \(WTP\)](#) aimed to respond to the needs of children, families and their communities through training for caregivers, community members, child-serving professionals, mental health professionals, as well as training and technical assistance for tribal/organizational and systems level change.

Appendix 2: State Level Overview of Resilience Strategies

Note: This table provides an overview of strategies used by states across the country that were included in our interviews. An (*) denotes a state that was included in the report, but did not participate in a formal interview.

State Level Overview of Resilience Strategies

| | Statewide Framework | Engagement of Family/ Lived Experience | Cross-Sector Partnerships | Statewide Training and Capacity Building | Ongoing Technical Assistance | Backbone Organization | Common Measures of Success | Funding Alignment | Policy Advocacy/ Change | Collect and Share Data Across State | Regular Progress Updates | Program Expansion | Common Language | Public Awareness |
|--------------|---------------------|--|---------------------------|--|------------------------------|-----------------------|----------------------------|-------------------|-------------------------|-------------------------------------|--------------------------|-------------------|-----------------|------------------|
| California | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ |
| Connecticut | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | | ✓ | | ✓ |
| Delaware | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Florida | | | ✓ | ✓ | | | ✓ | | ✓ | ✓ | | | ✓ | |
| New Jersey* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| Pennsylvania | ✓ | | ✓ | ✓ | | ✓ | | | ✓ | | | | ✓ | ✓ |
| Tennessee | ✓ | | ✓ | ✓ | | ✓ | | ✓ | ✓ | | ✓ | | | ✓ |
| Utah | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | |
| Virginia | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | ✓ | | ✓ |

Appendix 3: Comparison of Important Definitions by State

Note: This table contains definitions of terms that states are using to frame their work that were interviewed for this project. Some states that were interviewed did not have formal definitions for terms they were using, so references for where the definitions were found are provided.

Definitions by State

| | Adverse Childhood Experiences (ACEs) | Resilience | Trauma- Informed Care/Approach | Trauma | Definition Source |
|-------------------|---|--|--|--------|--|
| California | When capitalized, this term refers to 10 specific categories of adversity in three domains experienced by age 18 years, studied in the 1998 Centers for Disease Control/ Kaiser Permanente study. These include physical, emotional, or sexual abuse; physical or emotional neglect; and growing up in a household with incarceration, mental illness, substance use, household challenges. | (Individual Resilience) The ability to withstand or recover from stressors, resulting from a combination of intrinsic factors (such as self-regulation or telomere length), extrinsic factors (like safe, stable, and nurturing relationships with family members and others), and predisposing biological susceptibility. | Care that includes awareness of the prevalence of trauma and adversity (including early adversity) and understanding of the impacts of trauma on physical, emotional, and mental health. Its principles help support a strengths-based and nonjudgmental approach to toxic stress risk assessment and intervention, and to prevent inadvertent retraumatization of patients and vicarious traumatization of service providers. | N/A | Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health |

| | Adverse Childhood Experiences (ACEs) | Resilience | Trauma- Informed Care/Approach | Trauma | Definition Source |
|--------------------|---|------------|---|---|--|
| Connecticut | ACEs are stressful or traumatic events, including abuse and neglect, and household dysfunction. | N/A | Trauma-informed approaches integrate understanding of trauma throughout a program, organization, or system to enhance the quality and scope of services for those affected by trauma. | Extreme stress that overwhelms an individual's ability to cope. Involves events or experiences that confront the person directly or as a witness, indirectly regarding an intimate relationship or through repeated or extreme exposure, or to a real perceived threat of death, human suffering, severe bodily harm or injury, coercive exploitation, harassment, sexual violation, or violence. | Retrieved from State of Connecticut's Department of Mental Health & Addictions Services Trauma-Informed Systems and Services Policy: https://portal.ct.gov/-/media/DMHAS/Policies/Chapter65pdf.pdf |

| | Adverse Childhood Experiences (ACEs) | Resilience | Trauma- Informed Care/Approach | Trauma | Definition Source |
|-----------------|---|--|---|--|--|
| Delaware | Adverse Childhood Experiences (ACEs) refer to events that can happen before the age of 18 which increase the risk for health and social problems across the lifespan. ACEs can be abuse (physical, emotional, or sexual), neglect (physical or emotional), and household dysfunction (mental illness, mother treated violently, incarcerated relative, substance abuse, and divorce). | Resilience lessens the impact of adversity and allows people who experience it to “bounce back.” For some, resilience is an inherent personal characteristic. But developing resilience is also a process of acquiring a set of skills to help weather adversities faced at the individual, family, community, and society levels. | Trauma informed care is an intentional approach to understanding and interacting with people who have or may be experiencing trauma. It assumes that most people are likely to have at least one traumatic event at some point in their lives and that, for some, this impacts the way they perceive the world and engage with others. By asking “what happened to you?” rather than “what’s wrong with you?” trauma informed approaches foster accepting and supportive environments that can minimize the impact of traumatic events and prevent re-traumatization. | While we often think of trauma as associated with violence, it could also refer to natural disasters, personal losses, and other life changing events. It is important to understand the difference between occasional, everyday stressors and significant experiences with the potential for long lasting negative impacts. Trauma includes 3 E’s: Exposure to an event, series of events, or set of circumstances, the event(s) is experienced as physically or emotionally harmful or life threatening, exposure frequently results in lasting effects on health and wellbeing. It is important to recognize that trauma happens at the community and societal levels and these also must be addressed. | Trauma Matters Delaware website, What is Trauma? |

| | Adverse Childhood Experiences (ACEs) | Resilience | Trauma- Informed Care/Approach | Trauma | Definition Source |
|-------------------|--|--|---|--|-------------------------------------|
| Florida | N/A | N/A | N/A | N/A | N/A |
| New Jersey | ACEs are stressful or traumatic events that occur before the age of 18. Examples of ACEs can include childhood physical or sexual abuse, food insecurity, or having an incarcerated parent or other significant caregiver. | The word resilience refers to the process of adapting and overcoming in the face of adversity, trauma, tragedy, threats, or significant sources of stress. | Trauma-informed care is an approach defined by treating the whole person, considering past trauma and resulting coping mechanisms. A strengths-based approach to service delivery is grounded in an understanding of, and the responsiveness to, the impact of trauma. This approach emphasizes physical, psychological, and emotional safety for both providers and survivors and creates opportunities for survivors to rebuild a sense of control and empowerment. | Trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening with lasting adverse effects on physical, social, emotional, or spiritual well-being. | NJ ACEs Action Plan |

| | Adverse Childhood Experiences (ACEs) | Resilience | Trauma- Informed Care/Approach | Trauma | Definition Source |
|---------------------|---|---|---|--|--|
| Pennsylvania | <p>Adverse Childhood Experiences (ACEs) are defined within the context of the original CDC-Kaiser Permanente ACE study, which are experiences of abuse (emotional, physical, or sexual), neglect (emotional or physical), or household challenges (mother treated violently, substance abuse or mental illness in the household, parental separation or divorce, or incarceration of a household member). Trauma-Informed PA recognizes that ACEs are under the umbrella of the larger topic of trauma.</p> | <p>Resilience is seen as an ongoing social process enacted through ordinary practices of everyday life and situated in people’s local contexts that enables them to achieve favorable outcomes in relatively unfavorable situations. “An extraordinary atypical personal ability to revert or ‘bounce back’ to a point of equilibrium despite significant adversity.”</p> | <p>Trauma-Informed Care is a strengths-based approach to service delivery and organizational structure grounded in an understanding of and responsiveness to the widespread impact of trauma, including historical and identity-based trauma, that: Recognizes the symptoms of trauma and its effects on individuals, families, communities, and those who provide services or work in care settings; Understands multiple, complex paths to recovery; Emphasizes physical, psychological, and emotional safety for providers, survivors, and their families; Creates opportunities for survivors to rebuild a sense of safety, control, and empowerment; Responds by fully integrating knowledge about trauma and recovery into policies, procedures, and practices, and, Seeks to actively prevent re-traumatization.</p> | <p>Trauma results from an event, series of events, or a set of circumstances experienced by an individual as physically or emotionally harmful or life threatening. Potentially traumatic events may include those directly experienced by the individual, as well as witnessing such events as threatening to others (e.g., a loved one). Depending on the presence of resilience factors, trauma can create biologically-based responses and can have long-lasting, adverse effects on the individual’s learning, relationships, functioning, and mental, physical, social, emotional, and spiritual well-being. Not all individuals will experience a potentially traumatic event in the same way. An individual’s reaction to the event may influence its effect on their functioning and wellbeing.</p> | <p>Trauma-Informed PA Plan</p> |

| | Adverse Childhood Experiences (ACEs) | Resilience | Trauma- Informed Care/Approach | Trauma | Definition Source |
|------------------|--|---|--|---|---|
| Tennessee | Adverse Childhood Experiences, or “ACEs,” are stressful or traumatic experiences that disrupt the safe, nurturing environments that children need to thrive. Exposure to ACEs can lead individuals toward the adoption of unhealthy habits and the onset of negative long-term health and economic issues. | (No formal definition found, but their website references Harvard's Center for the Developing Child's resiliency scale). | (Trauma informed care) Referred to variably as “trauma-informed care” or “trauma-informed organization” this difference in terms refers to the context and nature of service delivery. | (Individual Trauma) May result from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. (Substance Abuse and Mental Health Service Administration, 2014) | Adverse Childhood Experiences in Tennessee. TDMHSAS Best Practice Guidelines: Trauma-Informed Care |

| | Adverse Childhood Experiences (ACEs) | Resilience | Trauma- Informed Care/Approach | Trauma | Definition Source |
|-----------------|---|---|---|--|---|
| Utah | Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (birth – 18 years). Such events include family focused issues as identified in the original ACE Study but also adversity experienced in the local community as well as climate and natural disasters. Events related to generational and historical trauma can be experienced as ACEs in subsequent generations. | Resilience is a combination of protective factors that enable people to adapt in the face of serious hardship, and is essential to ensuring that children who experience adversity can still become healthy, productive citizens. | (Trauma-informed organization) A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. | May result from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. | Trauma Informed Utah Final Proposal |
| Virginia | N/A | N/A | N/A | N/A | N/A |

Appendix 4: Map of Initiatives

This Google map provides an overview for where the resilience initiatives and programs are happening across North Carolina and the US. These pins are only representative of the sites that were interviewed for the project.

Google Map Link:

<https://www.google.com/maps/d/edit?mid=1MriwUIQCtIKPjgMDicC7Sjclkg2eHvuZ&usp=sharing>

Glossary

| Term | Definition |
|---------------------------------------|--|
| Adverse Childhood Experiences | Adverse Childhood Experiences (ACEs) are defined by the original CDC-Kaiser Permanente study as experiences of abuse (psychological, physical, sexual), neglect (emotional or physical), or household dysfunction (substance abuse and/or mental illness in the home, parental separation or divorce, incarcerated family member, or mother treated violently) that occur between the ages of 0-18 ³⁹ . |
| Atrocious Cultural Experiences | The original adverse childhood experiences, atrocious cultural experiences, are atrocities committed on the basis of denial of human rights. Examples include: slavery, genocide, colonization, forced family separations, sanctioned attacks on bodies, and removal of property/land ⁴⁰ . |
| Cross-Sector Collaboration | A process where various community organizations come together to collectively focus their expertise and resources on a complex issue of importance to a community they serve ⁴¹ . |
| Community Trauma/Violence | Community violence is exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim. Common types of community violence that affect youth include individual and group conflicts ⁴² . |
| Diversity | The representation of different and unique identities, characteristics, experiences, and perspectives ⁴³ . |
| Equity | Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome ⁴⁴ . |

³⁹ Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

⁴⁰ Retrieved from: Michiko & Ippen, 2019.

⁴¹ Retrieved from: <https://www.traumainformedutah.org/glossary>

⁴² Retrieved from: <https://www.nctsn.org/what-is-child-trauma/trauma-types/community-violence>

⁴³ Retrieved from: Trauma-Informed Utah Proposal

⁴⁴ Retrieved from: <https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/>

| Term | Definition |
|------------------------------|---|
| Historical Trauma | Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans ⁴⁵ . |
| Community Resilience | A dynamic process at the community and systems level in which communities respond and adapt to stresses and challenges. Key attributes include a community response that: a) promotes safe, secure, and nurturing environments for all; and b) draws on interconnected social networks and coordinated, easy-to-access, and comprehensive resources that help communities thrive. |
| Individual Resilience | Resilience is a combination of protective factors that enable people to adapt in the face of serious hardship, and is essential to ensuring that children who experience adversity can still become healthy, productive citizens ⁴⁶ . |
| Inclusion | Inclusion is a state of being valued, respected and supported. It's about focusing on the needs of every individual and ensuring the right conditions are in place for each person to achieve his or her full potential ⁴⁷ . |
| Lived Experience | In the context of developing trauma-informed organizations, lived experience refers to individuals who can speak to experiences interacting with systems and organizations along the continuum of trauma-informed to non-trauma informed ⁴⁸ . |
| Toxic Stress | Prolonged or excessive activation of stress response systems in the body and brain, that have lasting impacts on health, learning, and behavior across the lifespan ⁴⁹ . |

⁴⁵ Retrieved from: <https://www.acf.hhs.gov/trauma-toolkit/trauma-concept>

⁴⁶ Retrieved from: <https://developingchild.harvard.edu/science/key-concepts/resilience/>

⁴⁷ Retrieved from: https://www.hud.gov/program_offices/administration/admabout/diversity_inclusion/definitions

⁴⁸ Retrieved from: <https://www.traumainformedutah.org/glossary>

⁴⁹ Adapted from: <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

| Term | Definition |
|-----------------------------------|---|
| Trauma | Trauma is the result of an event that an individual perceives as physically or emotionally harmful or threatening to an individual that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. Trauma can affect anyone, no matter their race, ethnicity, religion, gender, sexual orientation, socioeconomic status, age, ability, or geography ⁵⁰ . |
| Trauma-Informed Care | Trauma-informed care refers to an approach used in care or treatment settings that integrates knowledge about the impact of trauma and seeks to reduce the retraumatization of the individuals in their care. SAMHSA’s Four “Rs” of trauma-informed care are that the organization, program, or system (1) realizes the widespread impact of trauma and potential paths to recovery, (2) recognizes the signs and symptoms of trauma in individuals and families, and (3) responds by fully integrating knowledge about trauma into policies, procedures, practices, and systemic culture, to actively resist (4) re-traumatization ⁵¹ . |
| Trauma-Informed Approaches | A trauma informed approach is inclusive of trauma-specific interventions, whether assessment, treatment or recovery supports, yet it also incorporates key trauma principles into the organizational culture. |

⁵⁰ Retrieved from: <https://www.samhsa.gov/trauma-violence>

⁵¹ Adapted from [SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach \(2014\)](#)

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