

Take Action with the Resilience Coalition

June 13, 2018

Key Take-aways

- 1. The work of awareness building must continue , with an aim to now reach out with targeted efforts to groups that have not yet been well engaged. To do this well, we need to think about framing the message in a way that will help it be received by the target audience. This links to being skillful in maintaining a "resilience" focus vs. an "ACES" focus.**
- 2. We will succeed better with many groups (doctors, pediatricians, school counselors) if resource lists are available so they can make an informed referral; potential clearinghouse for programs in County.**
- 3. The biggest return on awareness efforts could be made by getting into key training events, e.g., police academy, new correction officer training, school counselor/teacher training.**

Notes from small group exploration of opportunities follow.

Group 1

Question 1: What do we want to do more of or do differently?

Question 2: Who should be the ones to implement this change?

Key points shared:

- Move upstream (e.g., prenatal services)
- Connect to systems that impact large # of children
- Take a whole body approach
- Reach decision makers [with this topic]:
 - Elected officials
 - School boards
 - Superintendents
 - “Big 5” school districts
 - PTA councils
- Be part of professional training, e.g., police academy

Flip chart notes:

How do we begin Prenatally?

Universal ACE screen

Share this info to children early on. Collaborate with E.I. in getting the info to families. Understanding the concept of “It’s not what’s wrong with you - it’s what Happened to you”

- Across Systems

Funding implications must address this. Building base of triage model.

* Funding: Policy component orientation must change

- Value prevention
- VBS - shift toward outcomes
- Integrate health/mental health

Law enforcement trauma informed requirement for Police Academy training

Educators be trauma informed

* Working across systems to address poverty and D.V.

Additional modalities to address trauma

* Reach the decision makers

- Elected officials
- School boards
- Superintendents
- "Big 5" school districts
- PTA councils

Reach entire Community - Parents!

- Spiritual/Faith based partners

Building Community to deconstruct what separates us.

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Notes from small group exploration of opportunities

Group 2

Question 1: What do we want to do more of or do differently?

Question 2: Who should be the ones to implement this change?

Key points shared:

Promote Kendra Curriculum

- To share with school superintendents @ summer training/meeting
- Drama therapy

Expanded survey - [all](#) should look

Flip Chart Notes

- Pre - k
- Kendra curriculum added to all schools
 - Drama (trauma?) therapist (September, 2018)
- Educate the parents
- Counseling
- Toolkit for Seniors (ACE's work)
- Reduce stigma of Social Services
 - Mental Health Challenges
- Health care professionals trained
- Partnerships with Brave Heart to bring (example) information
- Video for parents before leaving hospital after giving birth
- Presentations in religious affiliations
- PD for teachers + administration
- * Superintendent Screening (training stakeholders)
- Expansion of Peer to Peer counseling/ A.A. , Braveheart

- Parent liaisons
- Processing after films
- Expatriate (sp ??) for systemic concerns
- Park + Recreation
- Navigating the system (teaching) adults + children
- Wellness Visits for Children
- Wellness visit for Adults

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- ACE's Walk
 - Brave Hearts
 - Youth Bureau
 - Website donations (ACE Score)
 - Recruit Partners
 - Training programs
 - Peer to Peer Counseling (Ms. Kendra Curriculum)
 - Use funds from Gofundme or website
 - Social Media
 - Increase Awareness
 - Film in Spanish / Survey

Identify Outcomes, Specific Subsequent Gatherings

- Geriatric Mental Health to incorporate into forum
- Ind. share on social media
- White Plains Coalition
- Podcast "Rose above it" to bring film to Yonkers
- Teachers, social workers, ind. Education
- Wellness partners to reach out

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Notes from small group exploration of opportunities

Group 3

Question 1: What do we want to do more of or do differently?

Question 2: Who should be the ones to implement this change?

Key points shared

- [Ground the conversation by strategic / targeted inclusion of multiple community groups \(see list!\)](#)
- [Frame message so it is appropriate for each audience](#)
- [Keep resilience focus \(VS, access\)](#)

Flip Chart Notes

* Grounding the conversation

Public awareness - bringing info to general public

*reduce blame - framing message

- Measuring impact

* Strength - based approach

- Addressing where trauma comes from / Intergenerational trauma
- Social stress factors
- Mindful/Awareness in diagnosis -> Pediatricians

Who? - individuals, organizations - current or that need to be created - might take these ideas forward

- Emergency Rooms/ hospitals
- Basic programs throughout Westchester - Universal Language
- Schools
- Parents

- Demand - more voices at the table
- Police
- Westchester Coalitions
- Legislators / politicians

(below was in different colored pen and idk what question it was addressing)

Businesses + nonprofits } office culture

Utilize our county's privilege

- * Go where the people are
 - Chamber of commerce
 - Places of worship
 - Local doctors
 - Health centers
 - Translated - other languages
 - Other voices in the film
 - Prep before film

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Notes from small group exploration of opportunities

Group 4

Question 1: What do we want to do more of/diff

Question 2: Who should be the ones to implement this change?

Key Points Shared

- Educate others
- Identify preventive approaches
- Know what's available
- Make Pediatricians aware of resources
- Who - pediatricians, gyn, officers, people in key positions
- Use ACES tool to see need + be prepared to respond

Flip Chart Notes

Home visits - ACES intake

Schools - How to integrate ACES into screenings

Integrations - get rid of Silos

- Physical / Behavioral

Trauma informed practices into schools, libraries, Rec centers

Introduce ACES to Doctors/ Gym

Probation - PINS - Family court

Schools of Social Work

Rehab

Law enforcement

Medical Schools

Local Physicians

- Awareness act policy (written on side)

Policy:

- Elim / strike
- Child Care quality
- Alt to suspension - relationship building
- Drug/Alc prevention

* Access to Mental Health

- TLC
- Social Workers You matter
- Parent education

Connect / Network/ Join Sciences

TLC - prisons/ Law enforcement

Group 5

Question 1: What do we want to do more of/diff

Question 2: Who should be the ones to implement this change?

Key points shared:

Build awareness [broadly](#) - **All of us**

Tips sheet of best practices

Train the trainer

Single point of entry for resilience

- “No wrong door”

Flip Chart Notes

What can we do more of?

Community prevention - engage families * conversations

Inform advocates / superintendents

Police departments / probation

Help Families - more home visiting / Family support

Recreation programs

- 211?

Pediatricians / Health Centers

What do we want to do differently?

- Change attitudes / reduce blaming behavior
- * share the news - routine conversations

- * Incorporating ACES/ Trauma - informed practices in existing resources in the community
- Internal organizational assessment

Who can help?

- Police department
- Rec programs
- More movie screenings
- Tip sheet of best practices
 - Geographic relevance and discipline
- Train the trainers -> community ambassadors
- "Single point of entry" on county website (Stop DWI model)

Group 6

Question 1: What do we want to do more of/diff

Question 2: Who should be the ones to implement this change?

Key points shared:

Holistic approach

- Eg Miss Kendra

Key players - nurses in schools

Training for nurses, law enforcement -> relationship building

- That makes the oppy for trauma clear

Flip Chart Notes

More early intervention - awareness of importance of early years

Need to know more about what's going on in communities - (MD)

* Holistic / restorative practices

Involve / include youth in conversation

Educations systems - more involvement (middle school, high school) Need for a "Safe" space - relationship- based

* More Ms. Kendrais mail-boxes - also in High school/ young adults (freedom writers)

* Training - so more holistic

- To ask the questions - movie available, as norm take to MDs

Include fathers / guardians ingenerak

One adult in persons life

Power of Peace program as a model

Challenge of CPS calls - impact of families

- black/brown families - fear [immunity , immense]

Relationships

- 1) (primary care) MD community - reach out to provide resources , connecting,
- 2) Spread Power of Peace model
- 3) Who is going to pay?
- 4) Follow Up protocol? Services _ support need also to be in place
- 5) Clinical enterprize - to respond
- 6) How to implement - PTA, etc
- 7) Miss Kendra's List - In MDs list, after school, etc. Modified in each grade level
- 8) Normalize - daily surroundings
- 9) Need to get buy in from the top - (at school)
- 10) Utilize local youth bureaus - Youth council, Juvenile Detention centers
- 11) Law enforcement , probation - at the table
- 12) All youth serving agencies (restorative practices) implicit biases
- 13) Training - training - training + showcase successful (relationship building, crisis intervention - for law enforcement