

Milestones / Community Resilience Tracker



For reference:

[Fresno County Community Resilience Tracker](#)

[Fresno County Trauma & Resilience Network](#)

[Greater Richmond Community Resilience Tracker](#)

[Greater Richmond Trauma Informed Community Network](#)

*[PACEs](#) = Positive and Adverse Childhood Experiences (See more in [PACEs Science 101](#))

The following 14 milestones can be used by any organization — such as volunteer, advocacy, neighborhood association, parent association, small business, health clinic, faith-based, recreation, arts, school, school board — any group of people that organize around a goal or mission and who want to measure their progress in integrating PACEs science into their work.

1. PACEs science presentations to a volunteer or staff member of an organization — someone in the organization has attended a workshop or presentation about PACEs science.

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2. PACEs science presentations to ALL organization staff and/or members.
3. Organization participates in local PACEs initiative — Organization representatives attend PACEs initiative meetings, participate in workgroups or have signed an MOU with the local PACEs initiative.
4. Leadership committed to integrating PACEs science — Organization decision-maker(s), or the organization by consensus, as is applicable, publicly state the intention of, approve a committee to lead and provide resources for the entire organization to integrate trauma-informed and healing-centered practices and policies based on PACEs science.
5. Human resources department integrates healing-centered, trauma-informed practices and policies based on PACEs science, including such functions as membership, hiring, rules, supervision, etc., as applicable.
6. Organization members or staff receive PACEs surveys — Each person has anonymously completed an ACE survey (one that includes other questions, such as racism, bullying, involvement with foster care system, etc., that are reflective of experiences of staff members) and positive childhood experiences (PCE) and/or resilience survey to determine their own ACE, PCE and resilience scores so that the organization can determine its PACEs burden and opportunity to thrive. It is important for an organization or association to do this; it provides impetus to examine its practices through a PACEs science lens, including equity, and make appropriate changes, to make sure everyone in the organization or association is practicing self-care, and to create a physical and emotional environment that is safe and supportive. Anyone who takes an ACE survey should be educated about PACEs science, provided a resilience survey or information about positive childhood experiences and resilience factors, and the opportunity to talk with a peer support specialist, social worker, or someone designated inside or outside the organization by leadership. Individual employees should not provide their scores to the organization they work for, except as part of an anonymous survey.
7. People served by an organization are educated about PACEs science — This includes patients, students, prisoners, customers, community members, parents, activists, advocates — whomever the organization serves. They have a right to know the most

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powerful determinant of their — and their children’s — health, safety and productivity.

8. People that the organization serves receive PACEs surveys — This means that clients/ students/ customers/ patients/ prisoners/advocates — in other words anyone whom the organization serves — have completed an ACE survey (original or expanded) and PCE survey for themselves. It does not necessarily mean that they have provided that information to the organization that gave it to them; it may be for their own knowledge. It depends on the organization. For example, it’s appropriate for a physician to know the PACE score of a patient; it’s not necessary for a school to know the PACE score of a student. However, it would be useful for a school to know the PACEs burden and opportunity to thrive for its administration, staff and student body, and gather these PACEs scores anonymously. Anyone who takes a PACEs survey should be educated about PACEs science and be provided the opportunity to talk with a peer support specialist or social worker.
9. Implements healing-centered/trauma-informed practices for people served by the organization — Organization or association has applied a PACEs science lens to all practices for clients, students, patients, prisoners, customers, etc. — in other words, anyone whom the organization serves — and changed them to become healing-centered/trauma-informed, with the input of the people they serve.
10. Evaluates healing-centered/trauma-informed policies and practices — On an ongoing basis, organization evaluates changes it has implemented, and includes people it serves in that evaluation, and sets up a system to make continuous improvements.
11. Physical environment is healing-centered — Organization or association has examined good examples of the healing-centered/trauma-informed physical environments of other similar organizations, and made changes in their own physical environment. This includes waiting areas, work areas, recreation areas, with considerations that include but aren’t limited to lighting, fresh air, safety, noise, and privacy.
12. Diversity — Your organization has evaluated the diversity of its staff AND developed a plan to address its findings AND put a system in place for continuous evaluation.

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13. Equity — Your organization has evaluated its practices, structures, and policies for areas of inequity, AND taken steps to ensure that specific solutions and remedies are employed, AND put a system in place for continuous evaluation.

14. Inclusion: Your organization has evaluated its practices, structures, and policies to ensure and emphasize that all are welcomed, respected, supported, and valued; AND taken steps to ensure that specific solutions and remedies are employed, AND put a system in place for continuous evaluation.