



Self-Healing Communities Model (SHCM) Webinar February 28, 2019

Co-Sponsored by the National Center
on Domestic Violence, Trauma &
Mental Health





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acesconnection.com

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ACES Connection: Supporting communities to accelerate ACES Science to heal trauma and develop resilience

- active social network
- recognizes the impact of adverse childhood experiences (ACEs) in adult behavior and health
- promotes trauma-informed and resilience-building practices and policies across communities and institutions



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CTIPP 2019 Webinar Series: States Sharing Best Practices

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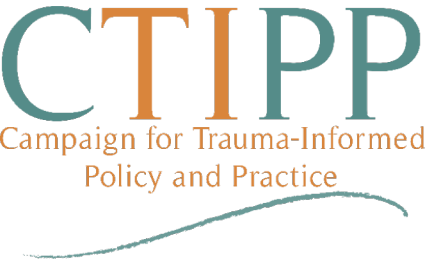
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- Policy briefs, science notes, and other materials (www.CTIPP.org)
- Monthly CTIPP Community Advocacy Network (CTIPP-CAN) conference calls (contact: dsp@VNF.com)
- Webinars
- Efforts to influence current policy discussions



NATIONAL
Center on
Domestic Violence, Trauma & Mental Health

**US DHHS ACF, FYSB, Family Violence Prevention and Services Program, Special Issue Resource Center
Dedicated to Addressing the Intersection of Domestic Violence, Trauma, Substance Use, and Mental Health**

- Comprehensive Array of Training & Technical Assistance Services and Resources
- Research and Evaluation
- Policy Development & Analysis
- Public Awareness

<http://www.nationalcenterdvtraumamh.org>

Follow us on Instagram and Twitter @ncdvtmh

312-726-7020

The Issues are Complex



Historical Trauma
Intergenerational Adversity
Sensitive Developmental Periods
ACE Accumulation
Progressive Nature of Adversity
Public and Private Costs
Community Variation

Resources are Finite

We need low-cost solutions that address the complexity of problems and foster big improvements in varied community environments.



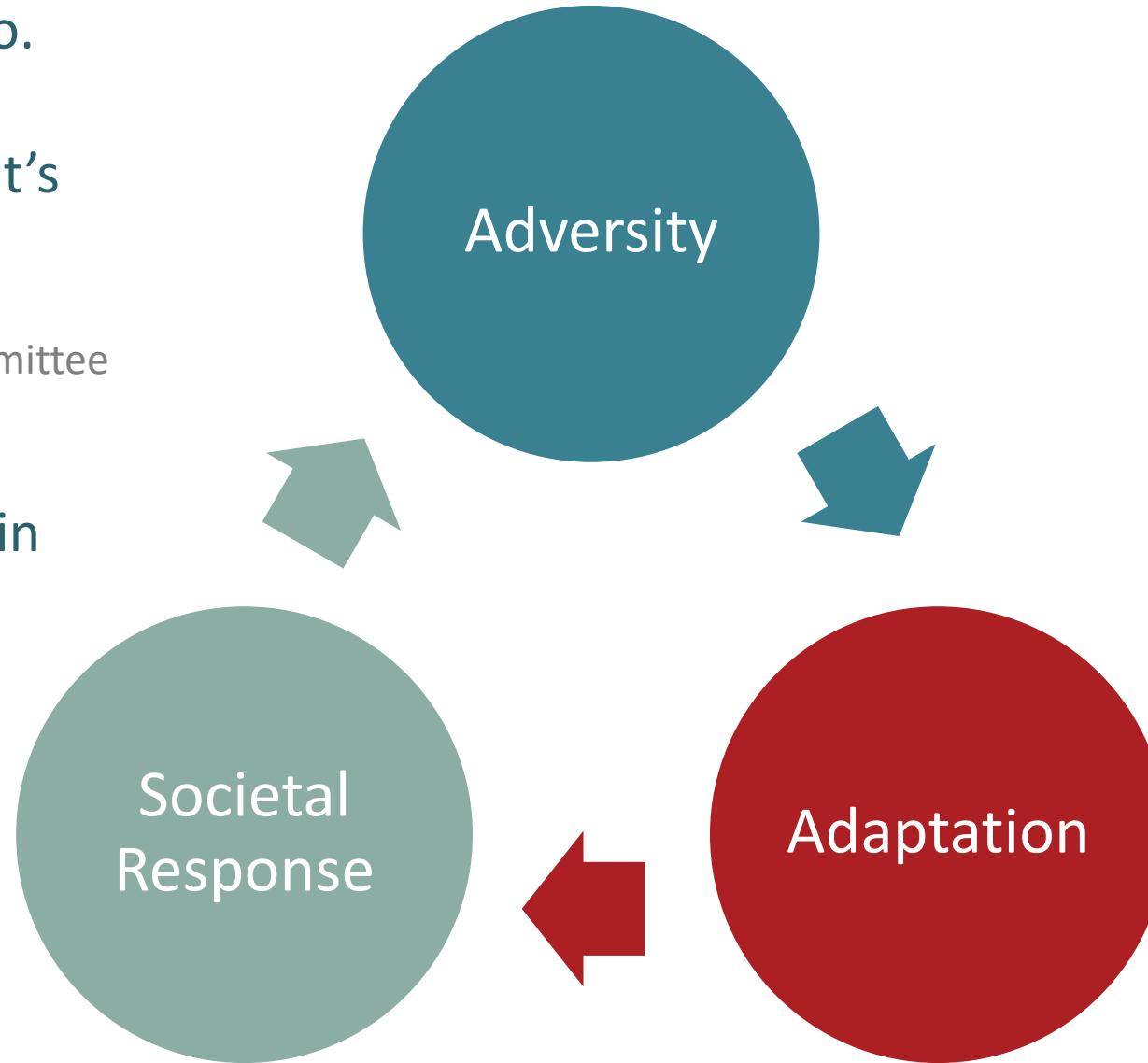
Perfectly “designed” to produce the status quo.

Every community has it’s patterns.

- Win, fail expectations, lose
- Committee, sub, sub, committee
- Survey, ignore, survey

Everyone participates in patterns

- Values & principles
- Mental models
- Structure





Communities are Powerful

“Community is a living,
spiritual entity,
supported by every
responsible adult.”

Gregory Cajete

The Self-Healing Communities Model Builds Community Capacity



Investing in the people with the most at stake, and with the most power – create conditions for them to:

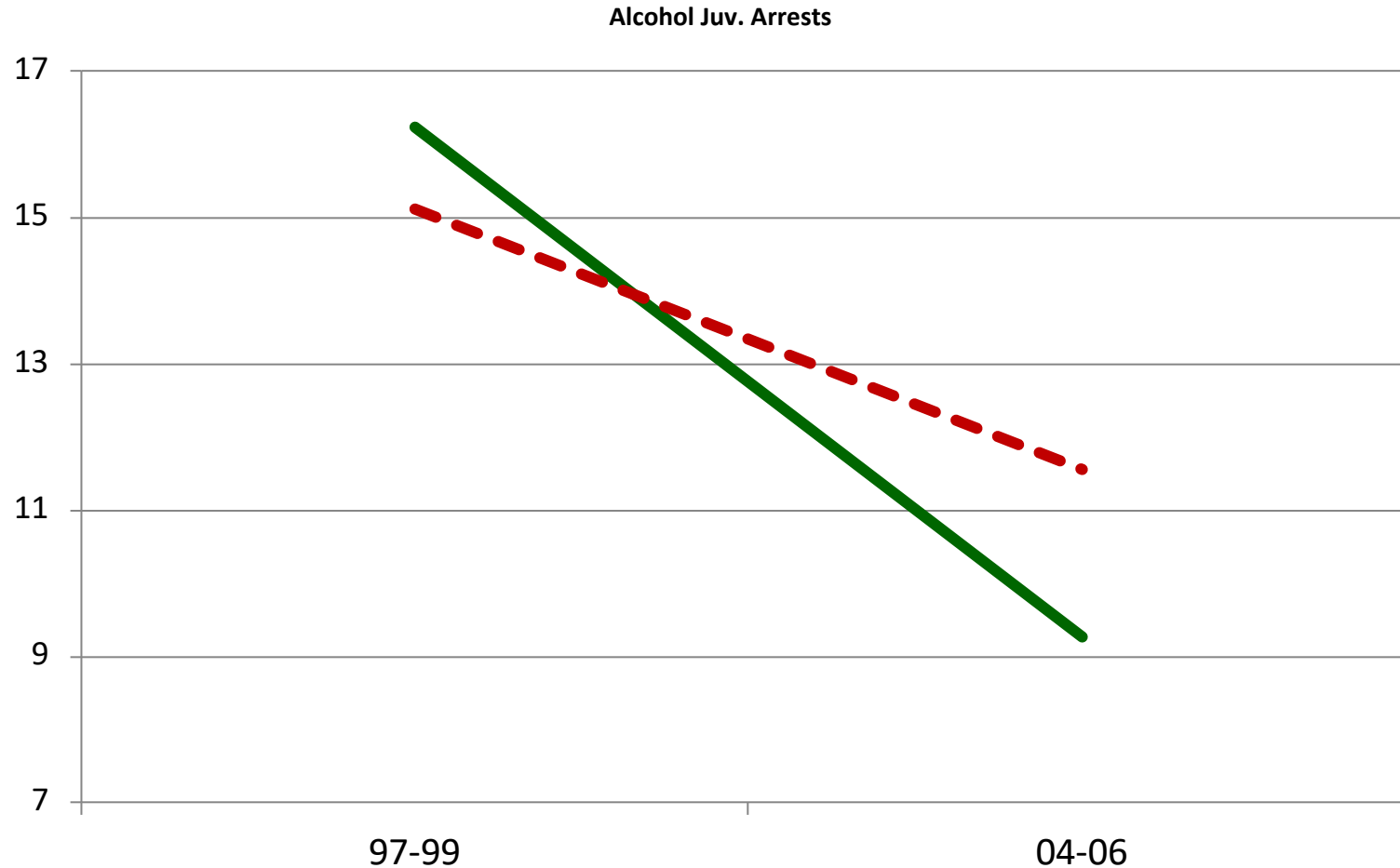
- Contribute their core gifts,
- Experience belonging, and
- Intentionally shape the future they would like for next generations.

Community Capacity Development is a public health approach to solving interrelated problems by improving people's connections, their shared responsibility, and the collective impacts of their efforts.

Communities Using Self-Healing Partnerships, Principles, Process

- Improved the rates of major social problems
- Reduced public costs in real time
- Generated lower-than-expected ACE Scores in youth aging into adulthood
- Produced long-term savings for public and private sectors

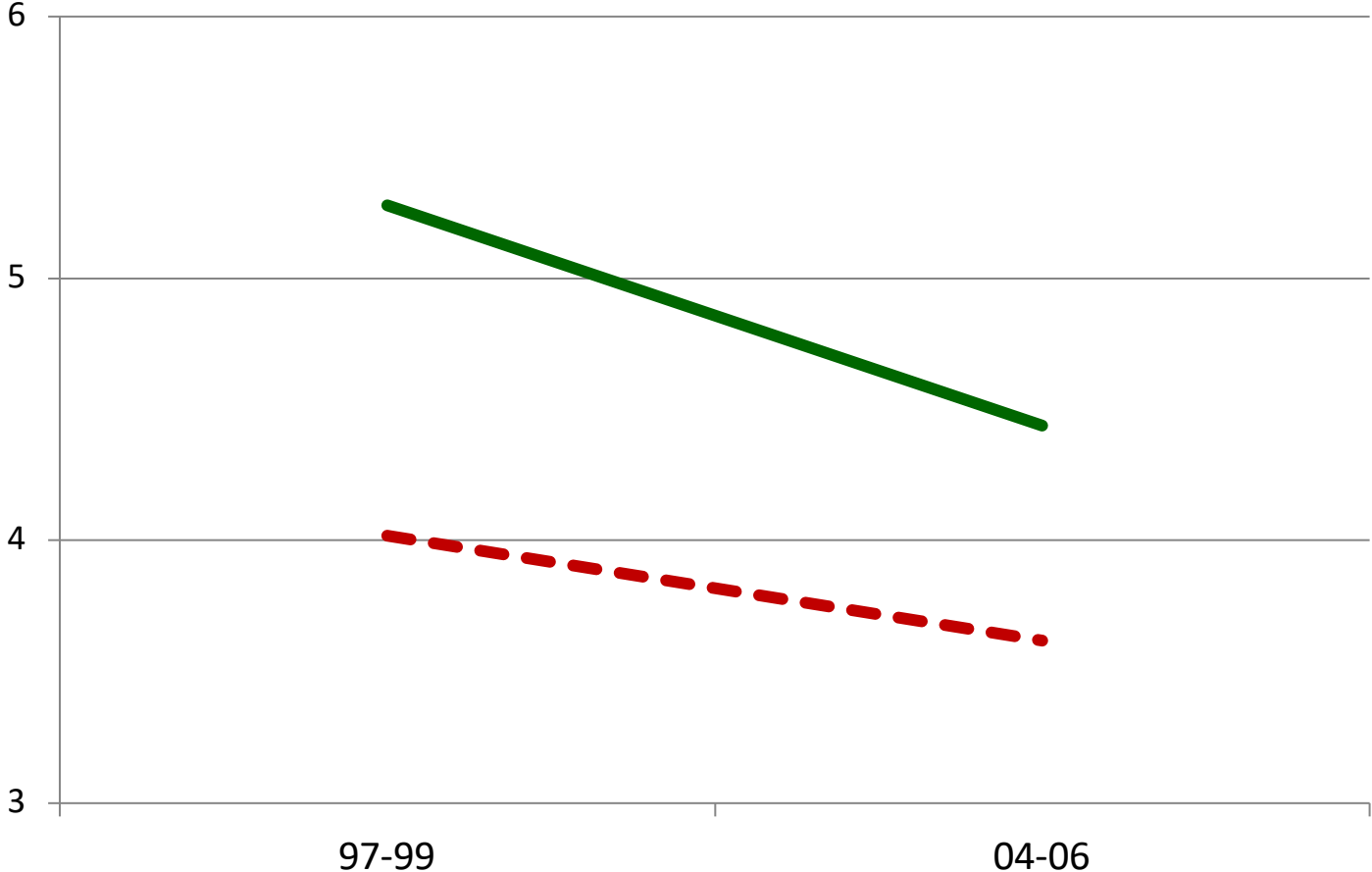
Juvenile Alcohol Arrests



	Alcohol Juv. Arrests	
	97-99	04-06
FPC Funded (n=28)	16.23	9.26
Non-Funded (n=10)	15.11	11.55

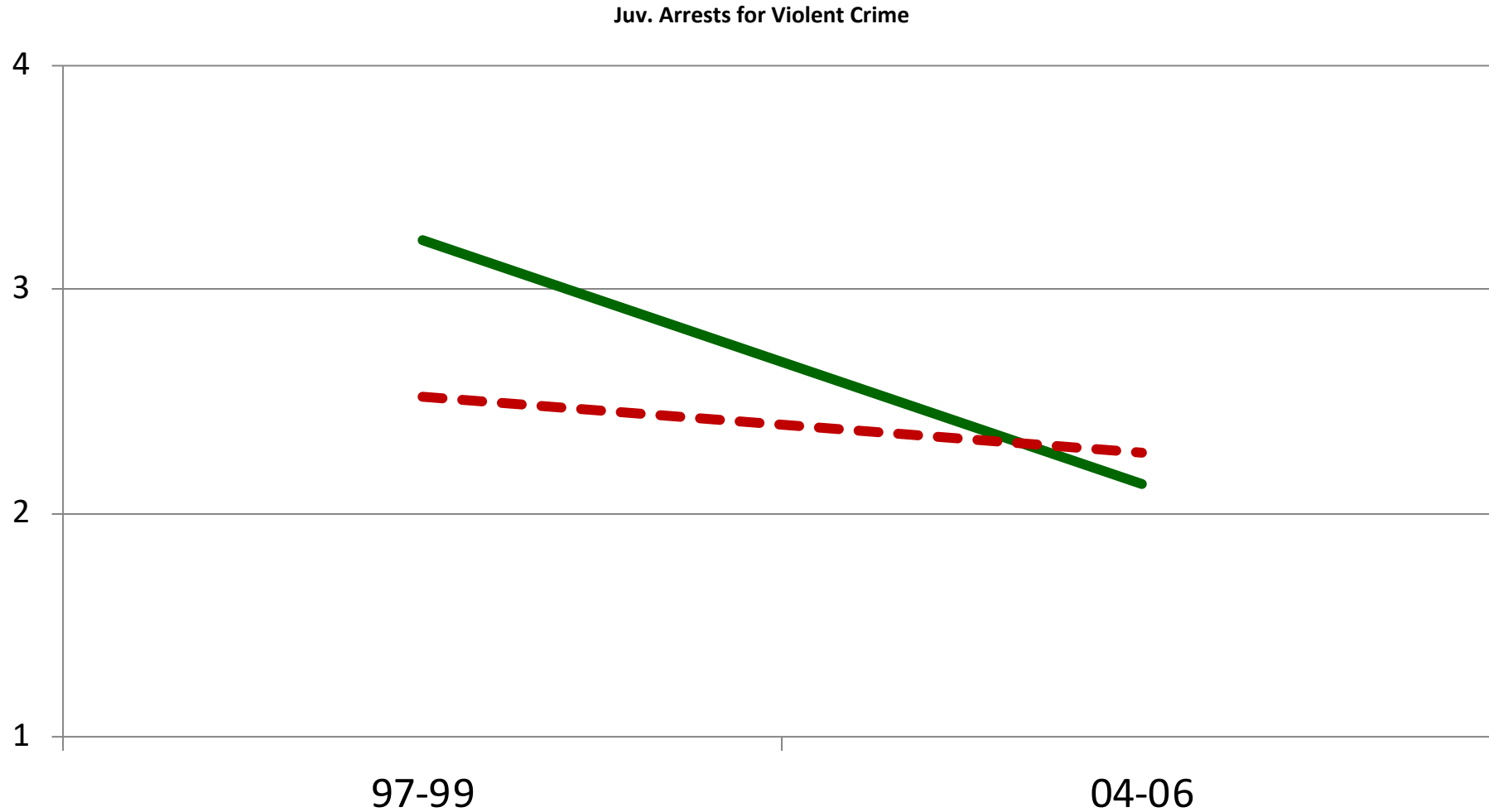
Juvenile Drug Arrests

Drug Juv. Arrests



	Drug Juv. Arrests	
	97-99	04-06
FPC Funded (n=28)	5.28	4.44
Non-Funded (n=10)	4.02	3.62

Juvenile Arrests for Violent Crime



97-99

04-06

Juv. Arrest for Violent Crime

97-99

04-06

FPC Funded (n=28)

3.22

2.13

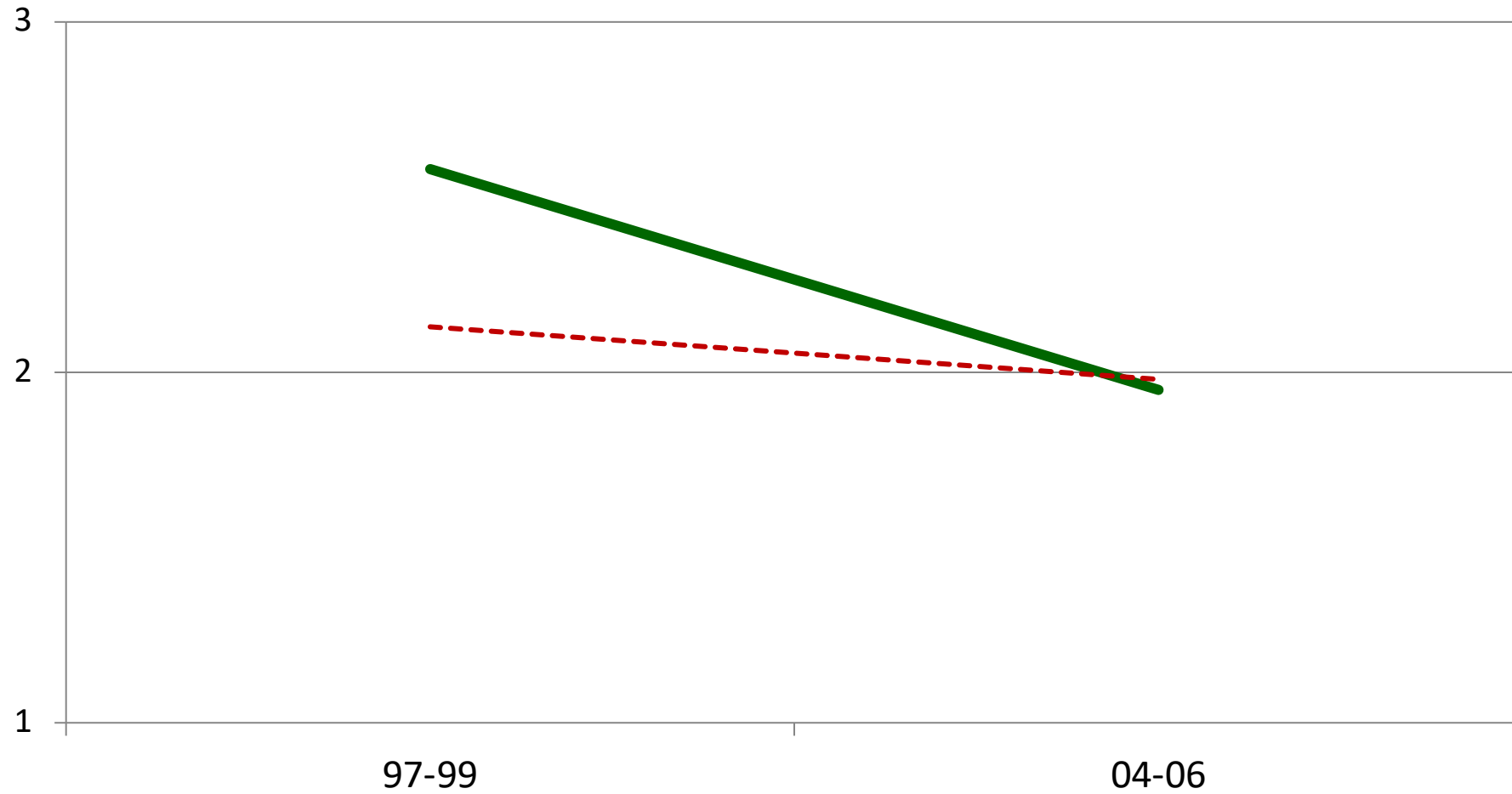
Non-Funded (n=10)

2.52

2.27

Juvenile Crime

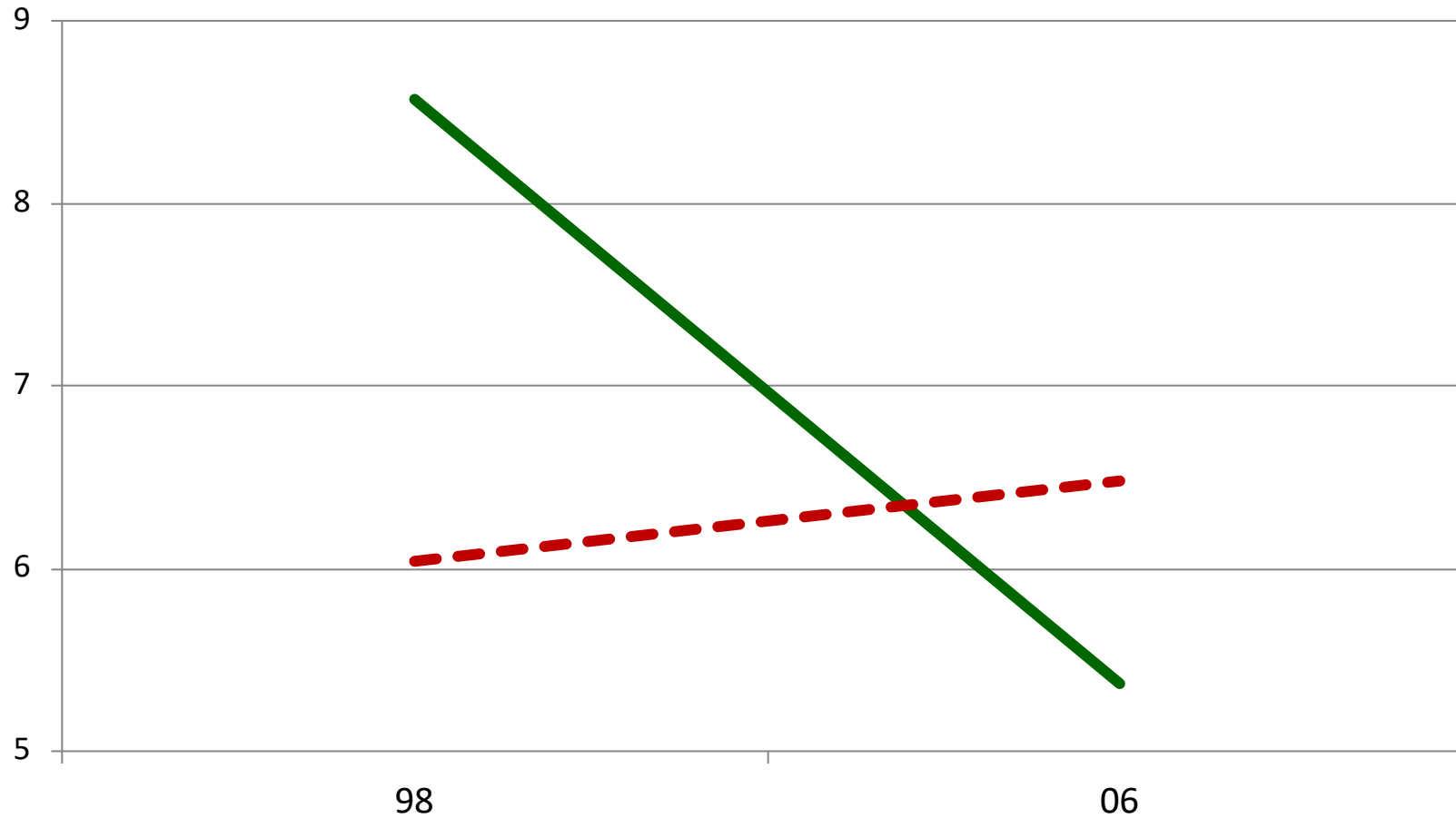
Juvenile Offenders



	Juvenile Offenders	
	97-99	04-06
FPC Funded (n=28)	2.58	1.95
Non-Funded (n=10)	2.13	1.98

Dropping Out of High School

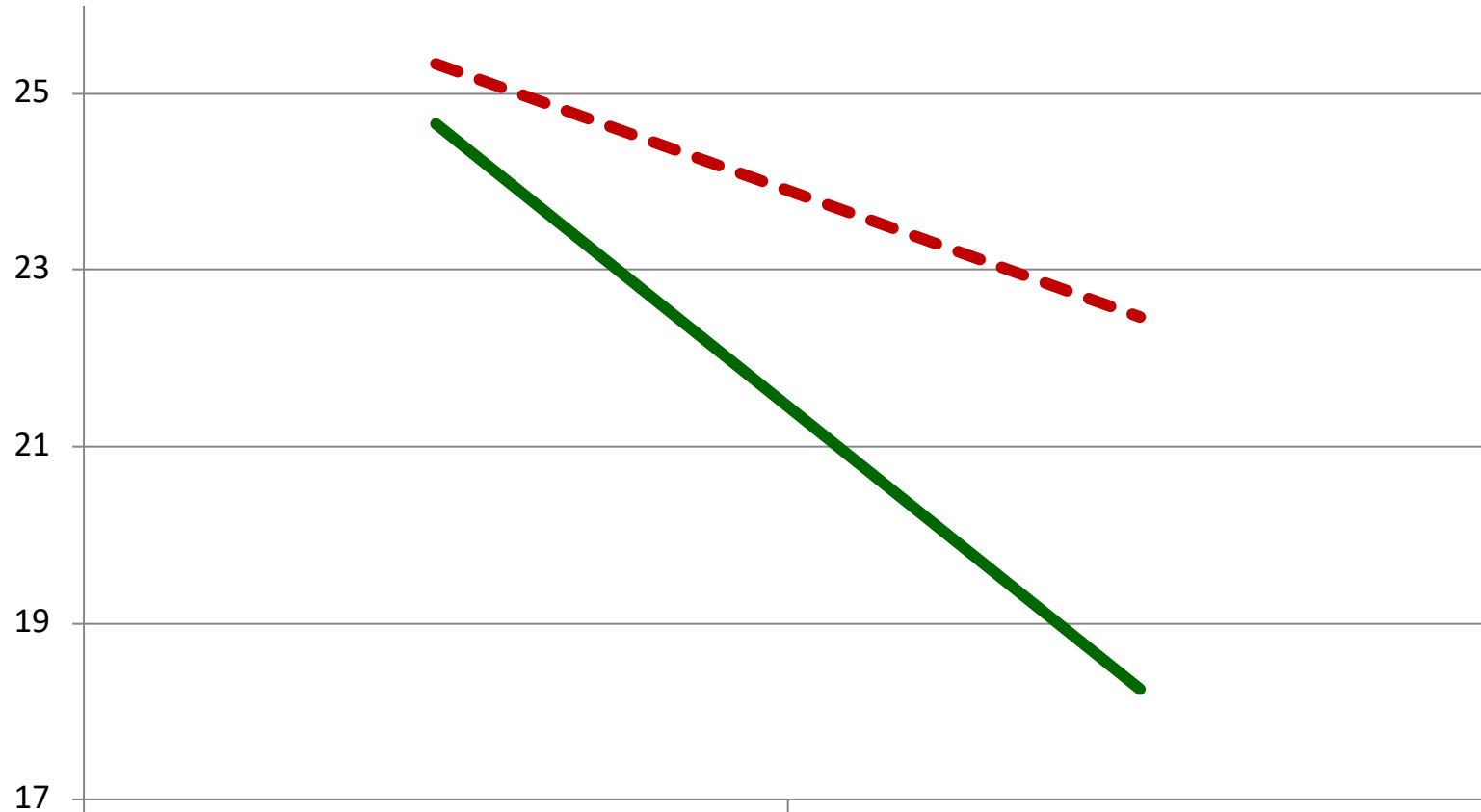
Yearly H.S. Drop-out



	98	06
FPC Funded (n=28)	8.57	5.37
Non-Funded (n=10)	6.04	6.48

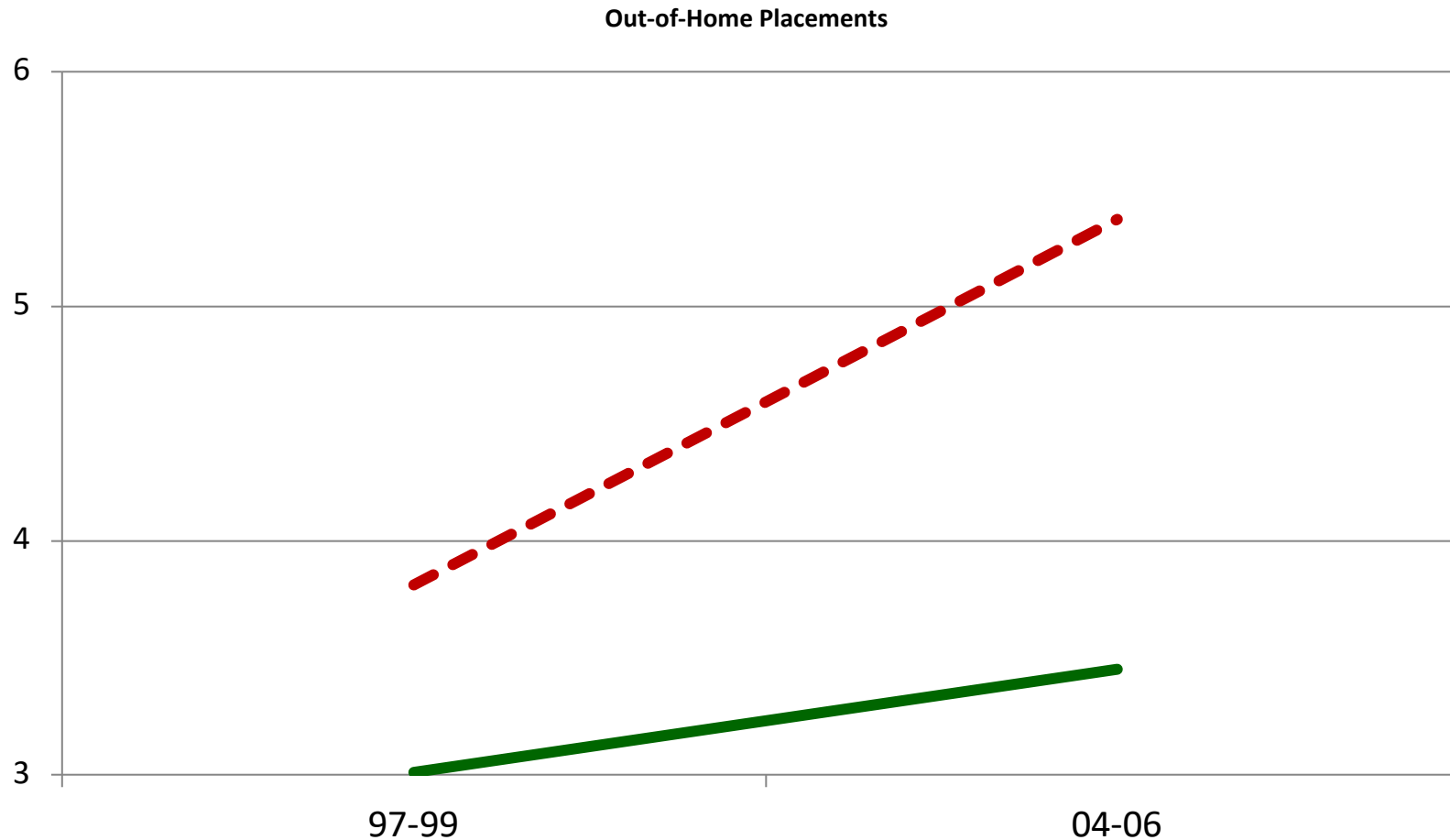
Dropping Out During High School

Freshman to Senior Drop-out



	98	06
FPC Funded (n=28)	24.66	18.25
Non-Funded (n=10)	25.34	22.47

Child Out-of-Home Placements

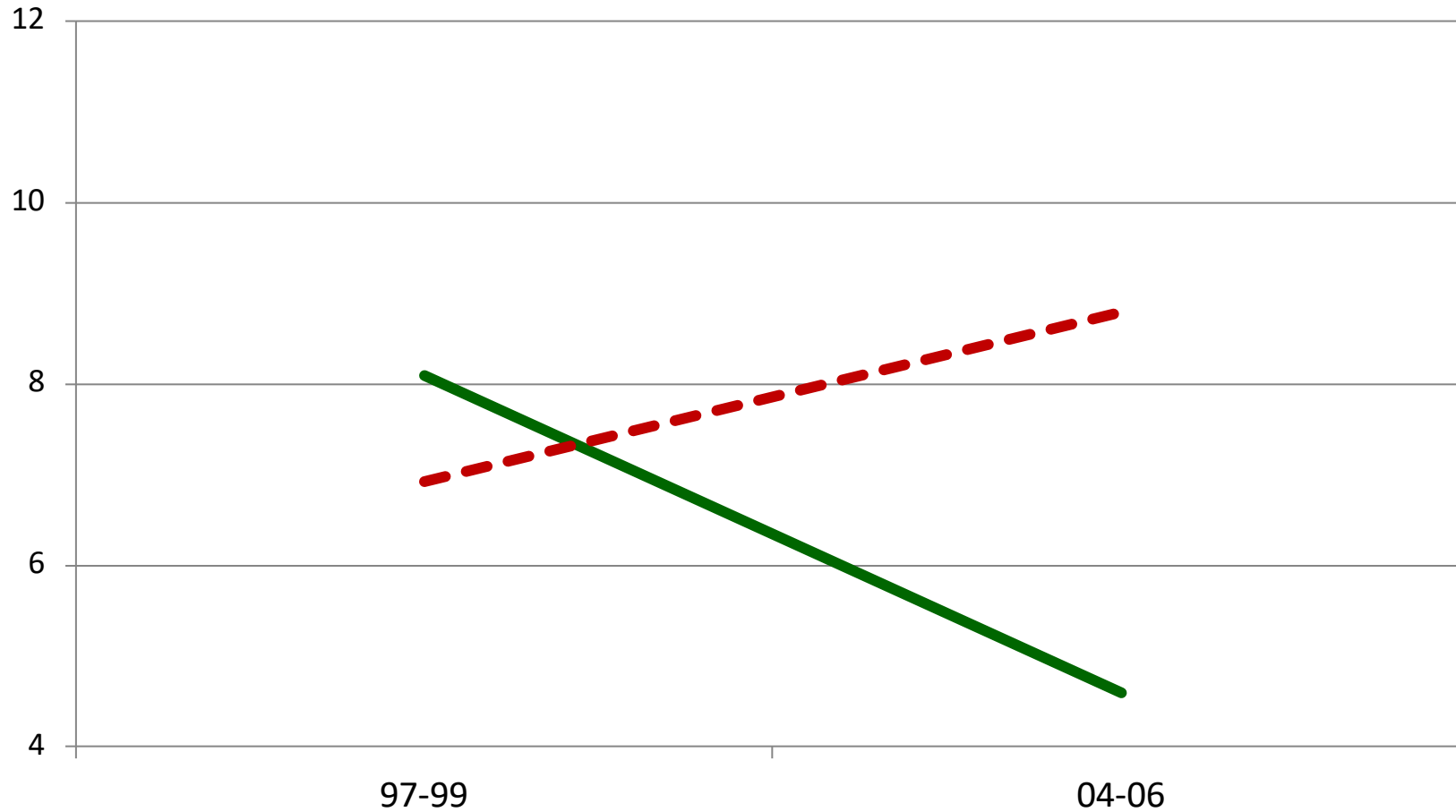


Out-of-Home Placements

	97-99	04-06
FPC Funded (n=28)	3.01	3.45
Non-Funded (n=10)	3.81	5.37

Births to Teen Mothers

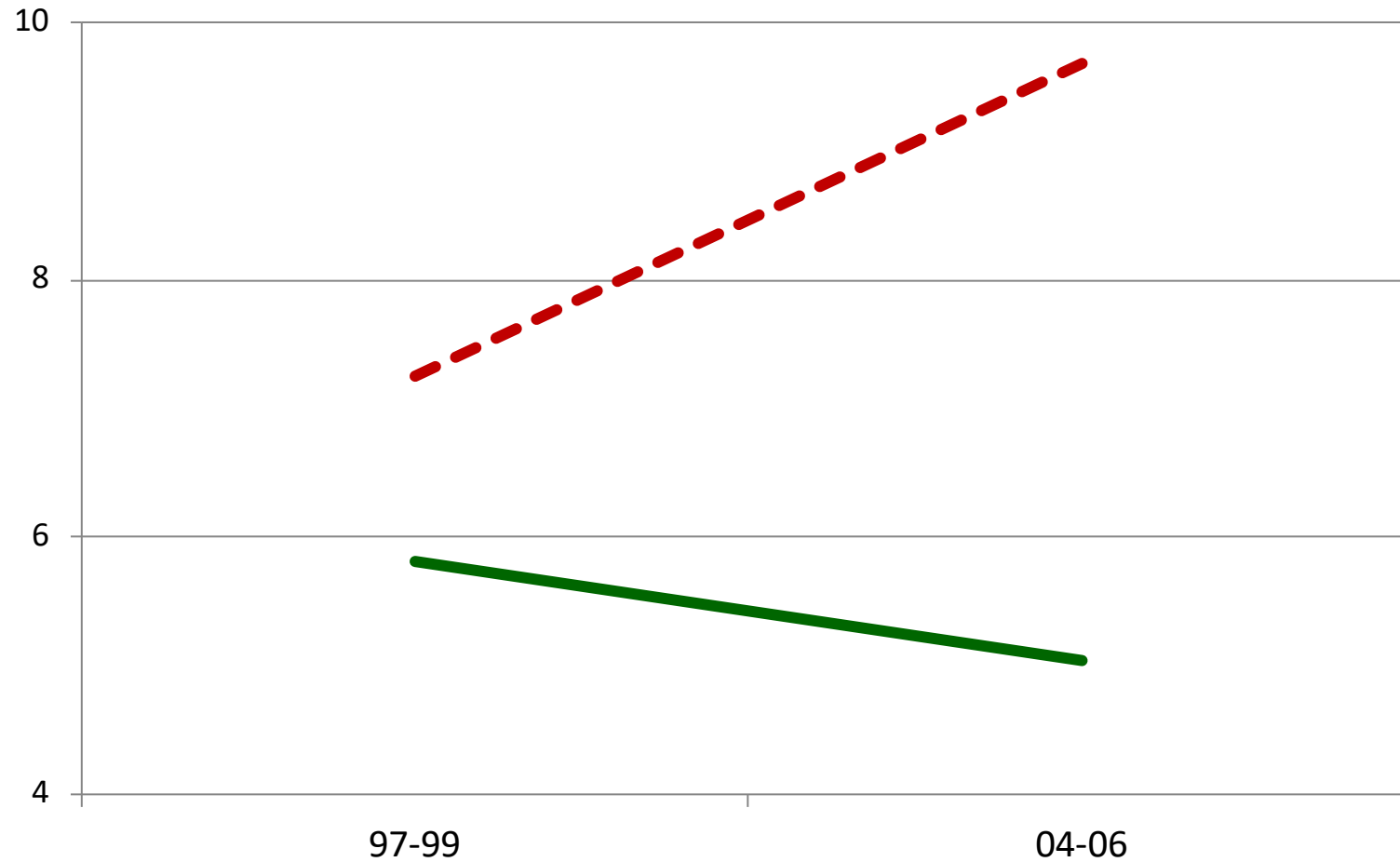
Large Communities**



	Large Communities**	
	97-99	04-06
FPC Funded (n=28)	8.09	4.59
Non-Funded (n=10)	6.92	8.79

Child Suicide

Large Communities



	Large Communities	
	97-99	04-06
FPC Funded (n=28)	5.81	5.04
Non-Funded (n=10)	7.25	9.68

Public Sector Savings

For a state-wide investment of \$4m/year

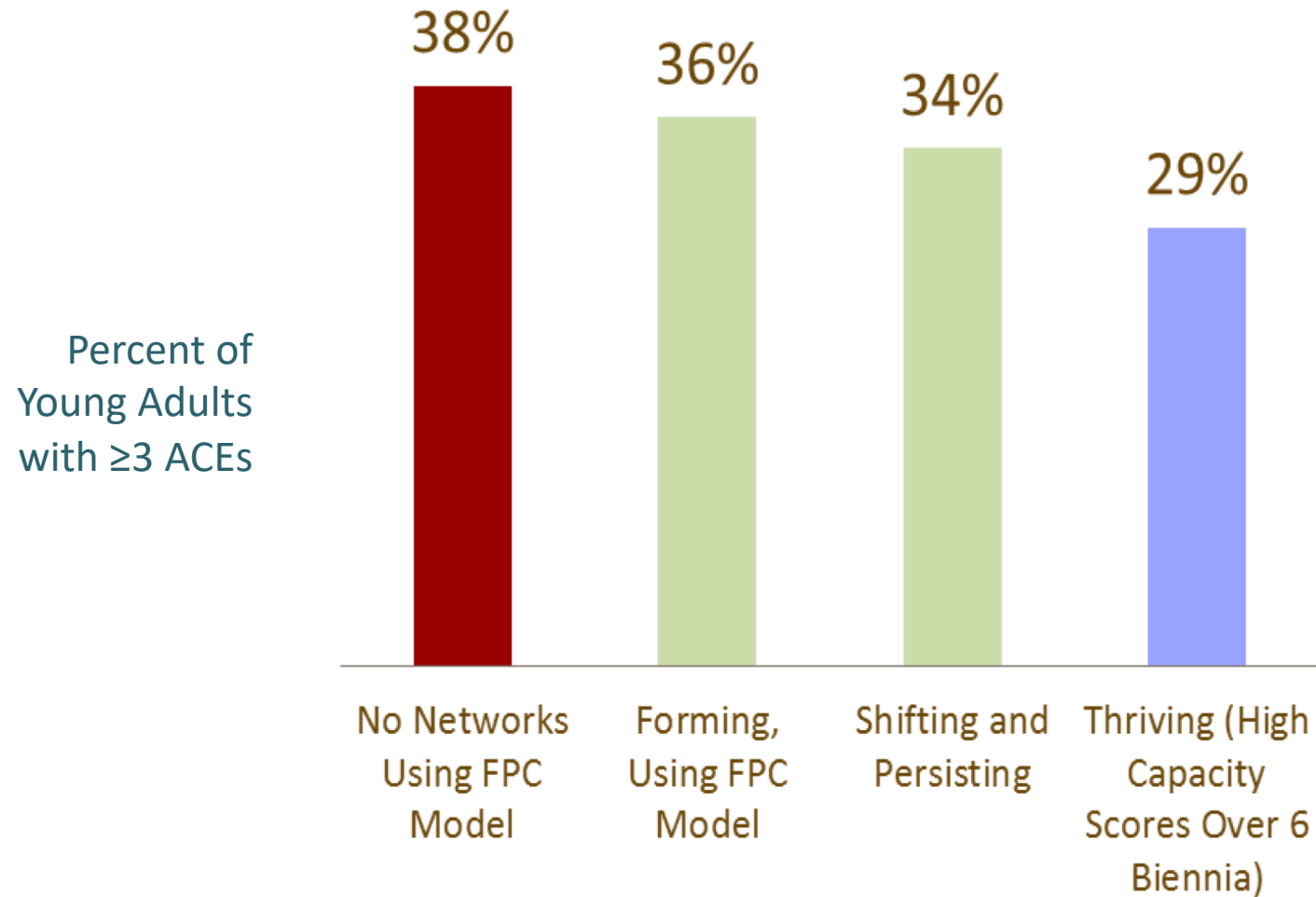
Conservative estimate for only

- Pregnancy ages 10-17
- Dropping out of high school
- Out of home placement
- Juvenile Felony crime

\$56m Biennial Savings (\$1/\$7 current biennium savings)

Long term savings: \$296m; Long term cost/cost avoidance
\$1/\$37

Reduced ACE Prevalence Among Young Adults (Ages 18-34)



Framework for Action.

- 1) Tell everyone, enlist everyone who wants to help. Ask them to act in their own sphere.
- 2) Focus on dynamics that sustain problems.
- 3) Use learning communities to fuel innovation.
- 4) Foster a results-orientation: periodically step back to reflect; make decisions based on the future we desire.



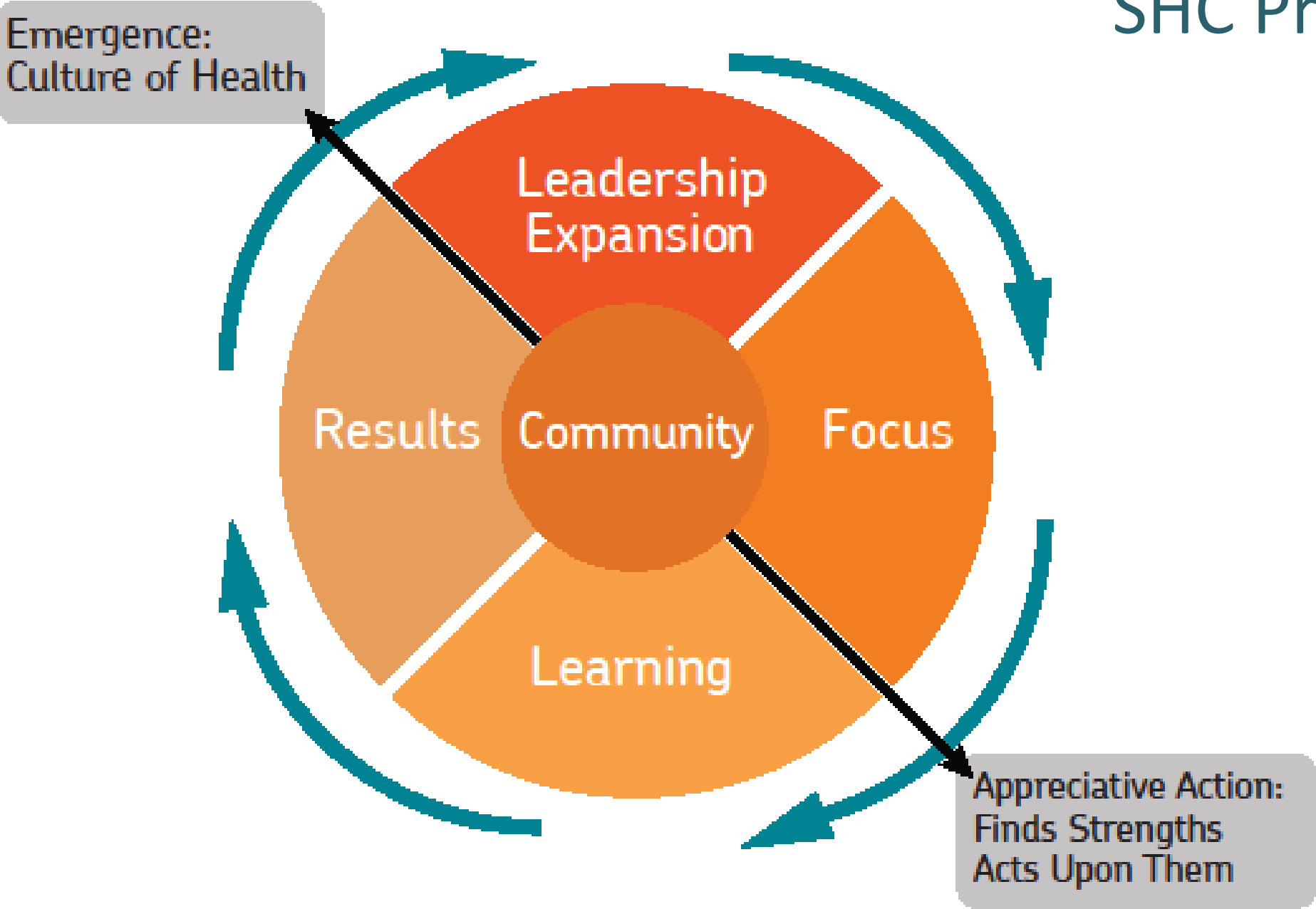
Questions?
Discussion?

THE SELF-HEALING COMMUNITIES MODEL

THREE ELEMENTS CHARACTERIZE THE SELF HEALING JOURNEY

1. PARTNERSHIP
2. PROCESS
3. PRINCIPLES

SHC Process



Appreciative Action

Using positive, appreciative, and participatory methods to

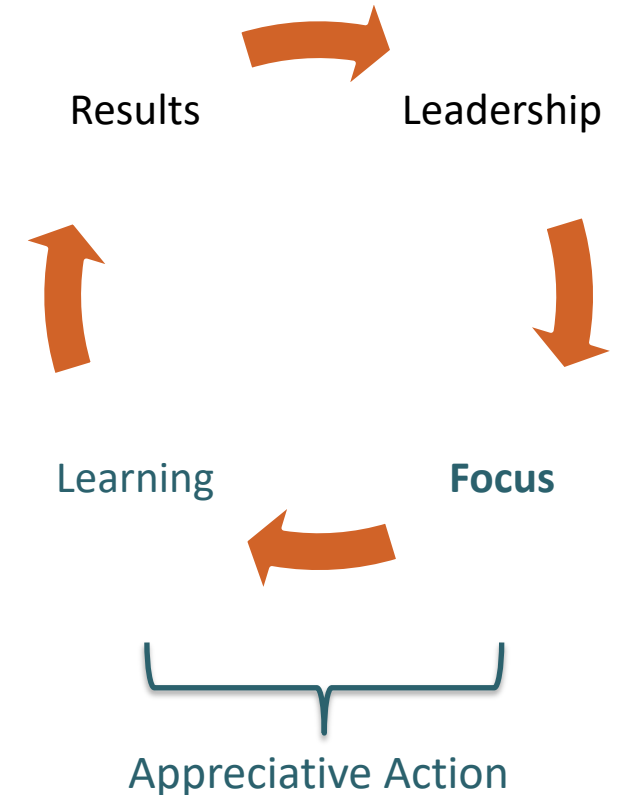
- Learn what's generating the status quo,
- Understand the dreams and aspirations of residents for the future,
- Learn what works for whom in what context, and
- Facilitate continuous improvements



Focus

Agree to discuss and act on matters of real and local significance, including the drivers of status quo outcomes

- When do community members generate a shared understanding of the dynamic factors that lead to status-quo outcomes?
- When do you discuss your use of a strategic framework, like ACEs, to get at root causes of an array of problems?
- When does the community work together to develop a rational body of work rather than single projects?



What might we actually do during this phase?

Focus – see dynamics clearly, enable action to be taken on matters of local importance

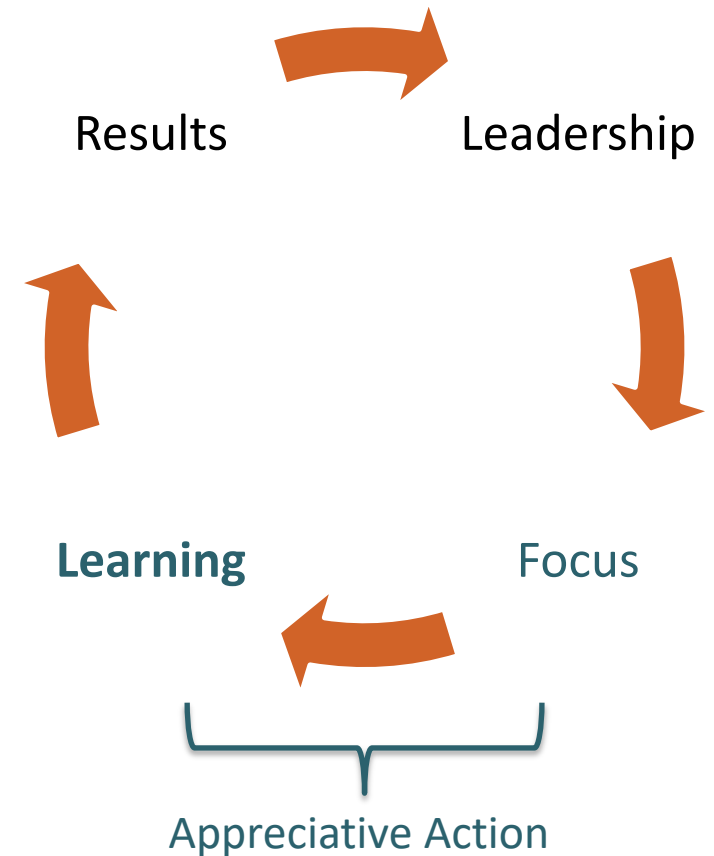
1. Provide places in neighborhoods where people can safely gather and talk
2. Package indicator data to reveal changes over time; ask community to inform meaning
3. Host and facilitate participatory events for people to consider chains of action-reaction, co-create causal loop diagrams about important issues, surface forces driving status quo
4. Conduct key informant interviews, analyze information obtained, turn info into tools
5. Change data collection in order to identify patterns in strengths, service usage, crisis
6. Sponsor Pro-Action Cafés; follow-up to support action ideas that were discussed
7. Go door to door gathering opinions about what matters for child and family wellbeing

Learn Together

Develop opportunities to learn, deepen understanding and build shared identity; support a learn-manage-improve approach to innovation

Do they emphasize learning as a value? Do they bring in outside experts and question their own assumptions?

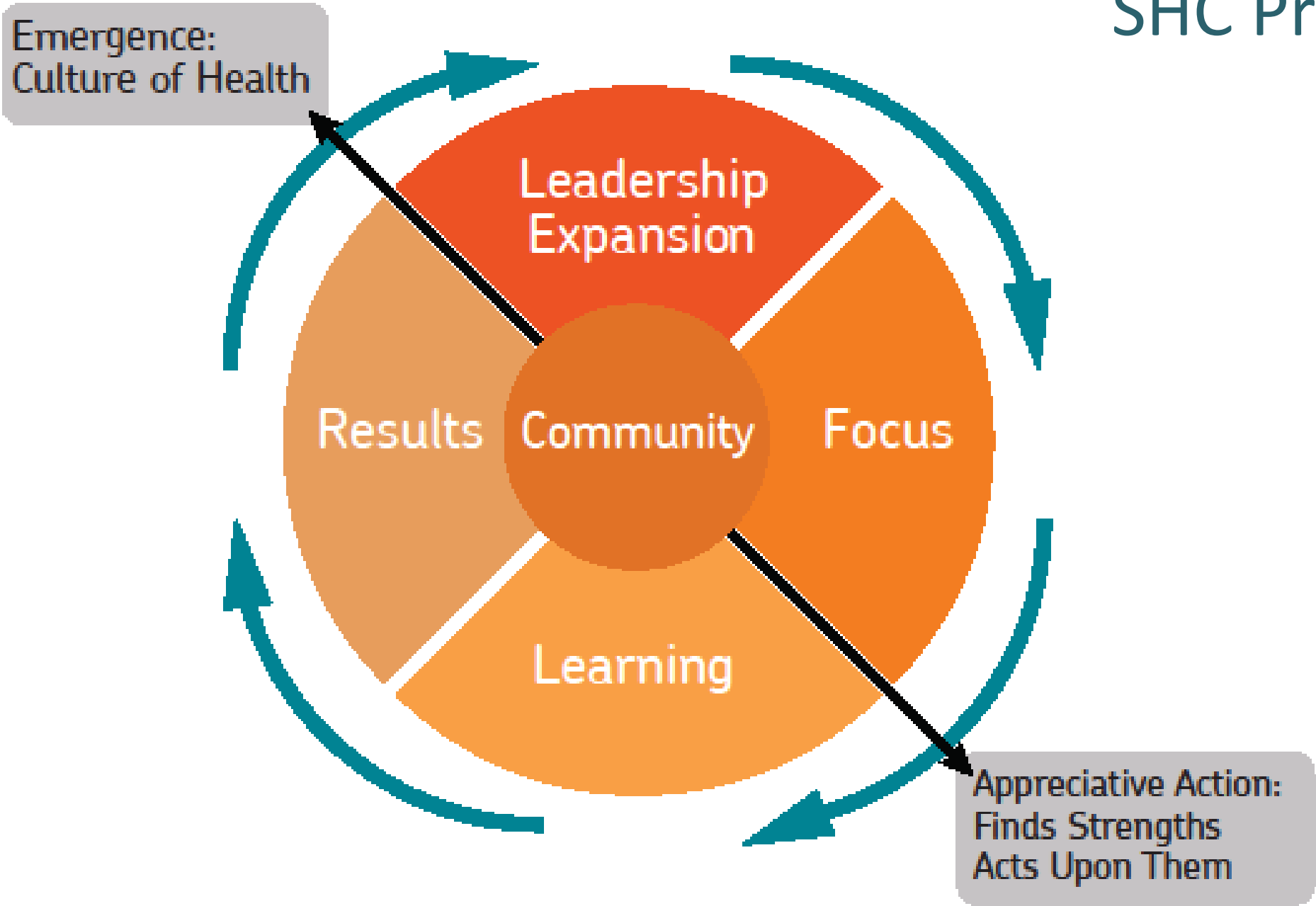
Do they invest in iterative cycles of action and reflection that support changes to the way they work and the work they do?



Learning – individuals learn new information and skills, as organizations and the community as a whole continuously learns from innovation to improve strategy, programming, cultural ways.

1. Bring speakers to where people are – free “pizza and learning” events
2. Sponsor teams to attend top-rated learning events – international conferences, interactive work sessions focused on building new skills, etc.
3. Provide an on-site coach for an organization
4. Organize Parent Cafés with strengthening families’ themes – or other themes that invite learning and dialogue related to the learning
5. Systematically gather data to learn whether staff are equally effective with clients with high and low ACE Scores; use the data to pair staff to promote skills-transfer
6. Train employees who deliver relationship-based services to conduct regular emic interviews and feed data back into the system so there is continuous learning about the experience of receiving services from, or living within the community
7. Write a “did you know” series of short articles for the local paper

SHC Process



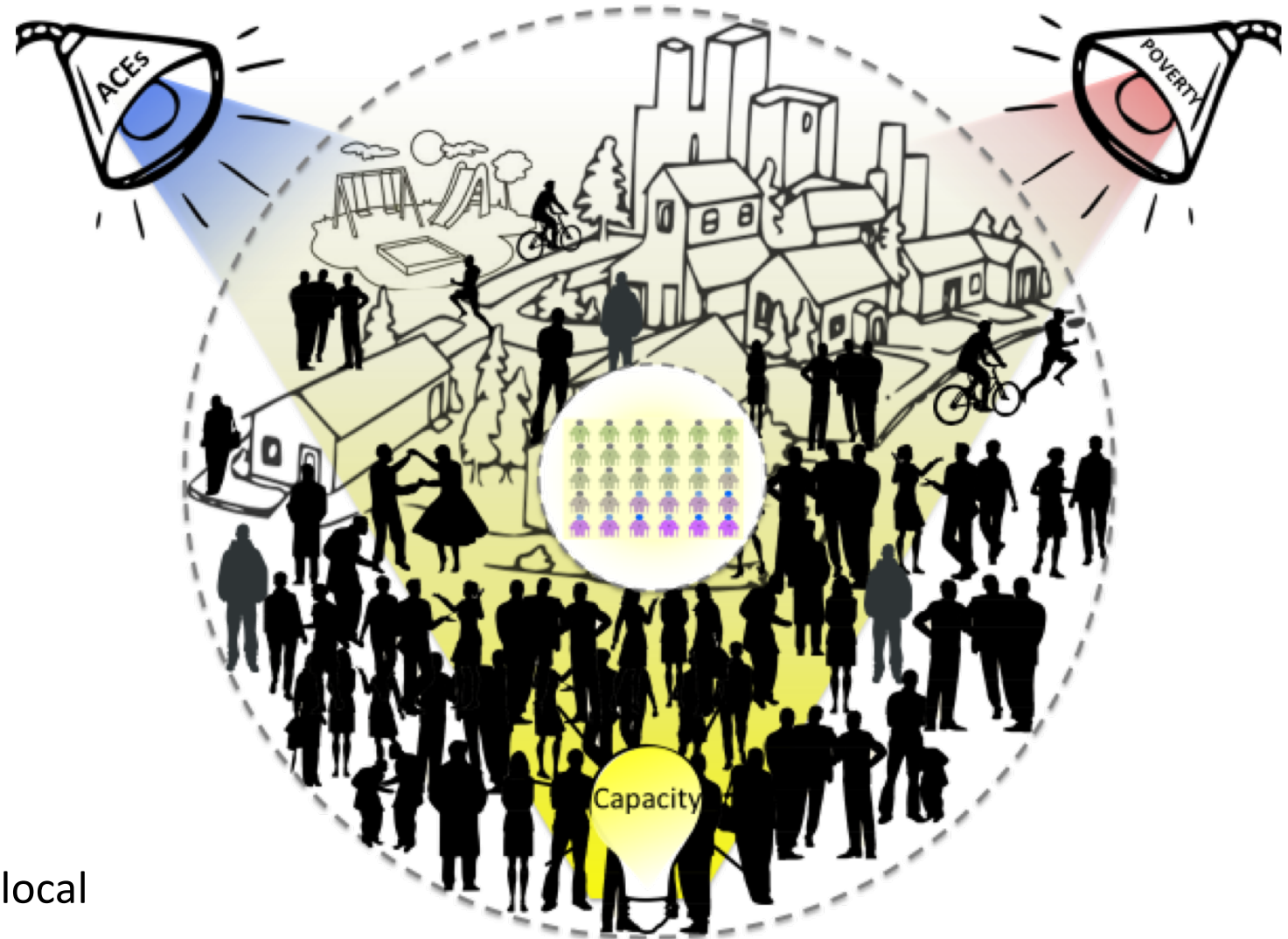
Emergence: Culture of Health

In nature, change begins as local actions spring up simultaneously in many different areas.

When these changes become connected, local actions can emerge in a powerful system that has many more capacities than could ever be predicted by analyzing the individual parts.

Emergent phenomena always

- Possess new capacities different from the local actions that engendered them
- Surprise us by their appearance
- Exert much more power than the sum of their parts



Emergent Capabilities

New lines of communication, peer support systems, self-organizing networks, and communities of practice augment the formal service-delivery system and generate an infrastructure for change.

Systematic noticing opens opportunity. Listen, Learn.

Results

Are we doing the work right?

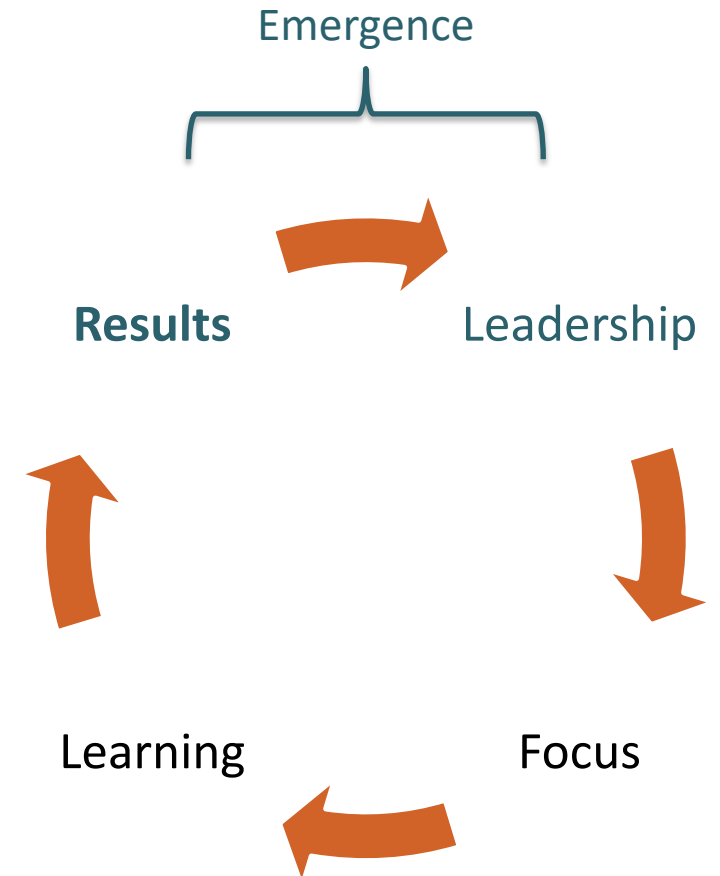
Are we doing the right work?

Are we monitoring a wide enough set of indicators to see progress and unintended consequences clearly?

When do we review these?

Are we acting on what people believe will matter? Is success inviting hope and efficacy?

Are positive results — both small and large — used to nurture the community's sense of progress and accomplishment on what is inevitably a long journey?



What might we actually do during this phase?

Results-Focused Decision Making

1. Respond to community crisis without being asked by sending someone to be present and useful in the eyes of those in crisis
2. Facilitate periodic meetings to discuss the gap between status quo and aspirations
3. Foster hope and optimism – catch people doing the right work well, doing the right work
4. Sponsor celebrations, recognition events or activities
5. Foster hope and optimism
6. Call the question: do the status quo outcomes reflect who we want to be? Are they good enough?
7. Organize a yearly or biennial community summit that focuses on reviewing past action and strategy, and discussing how we can improve upon our successes

Data Purposes

Describe

Prove

Learn

Engage & Motivate

Three Tiers of Facilitators

People: Groups that discuss and work together on current client/customer service improvement.

Plans: Groups that discuss and work together on activities with one-or two-year planning horizon.

Purpose: Groups that are focused on a ten-year view, having conversations about what needs to be in place for the capacity of the community to expand.

Questions?
Discussion?

Our primary task
as leaders
is to expand
leadership.



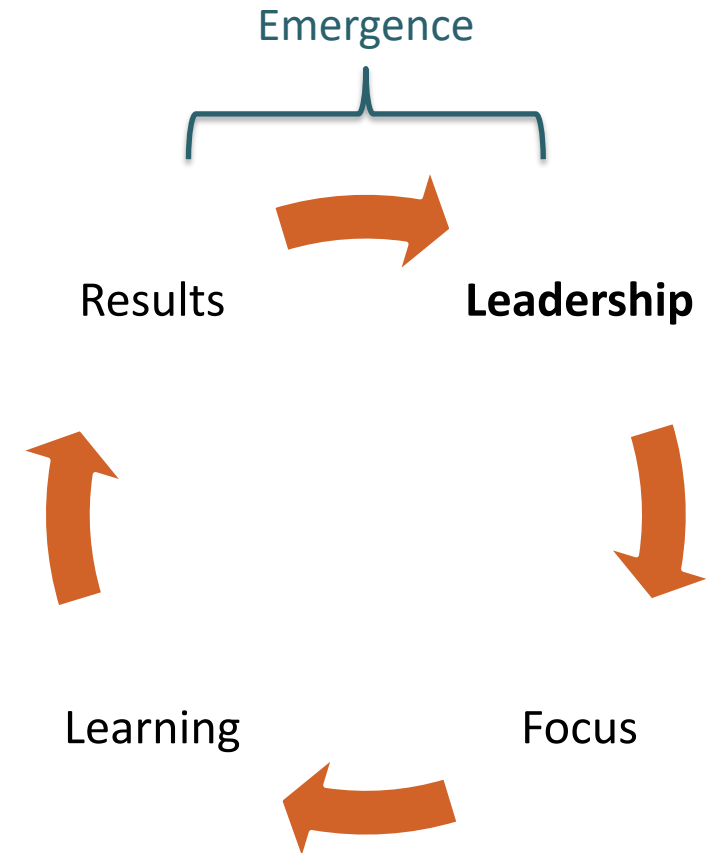
Everyone who wants
to help is a leader

Expand Leadership

NEAR informed invitation: include all sectors, classes, cultural groups, professional disciplines.

Is the community inviting everyone to contribute to leadership, cultivating new leaders who think about the system as a whole even while they work within their own sector or neighborhood?

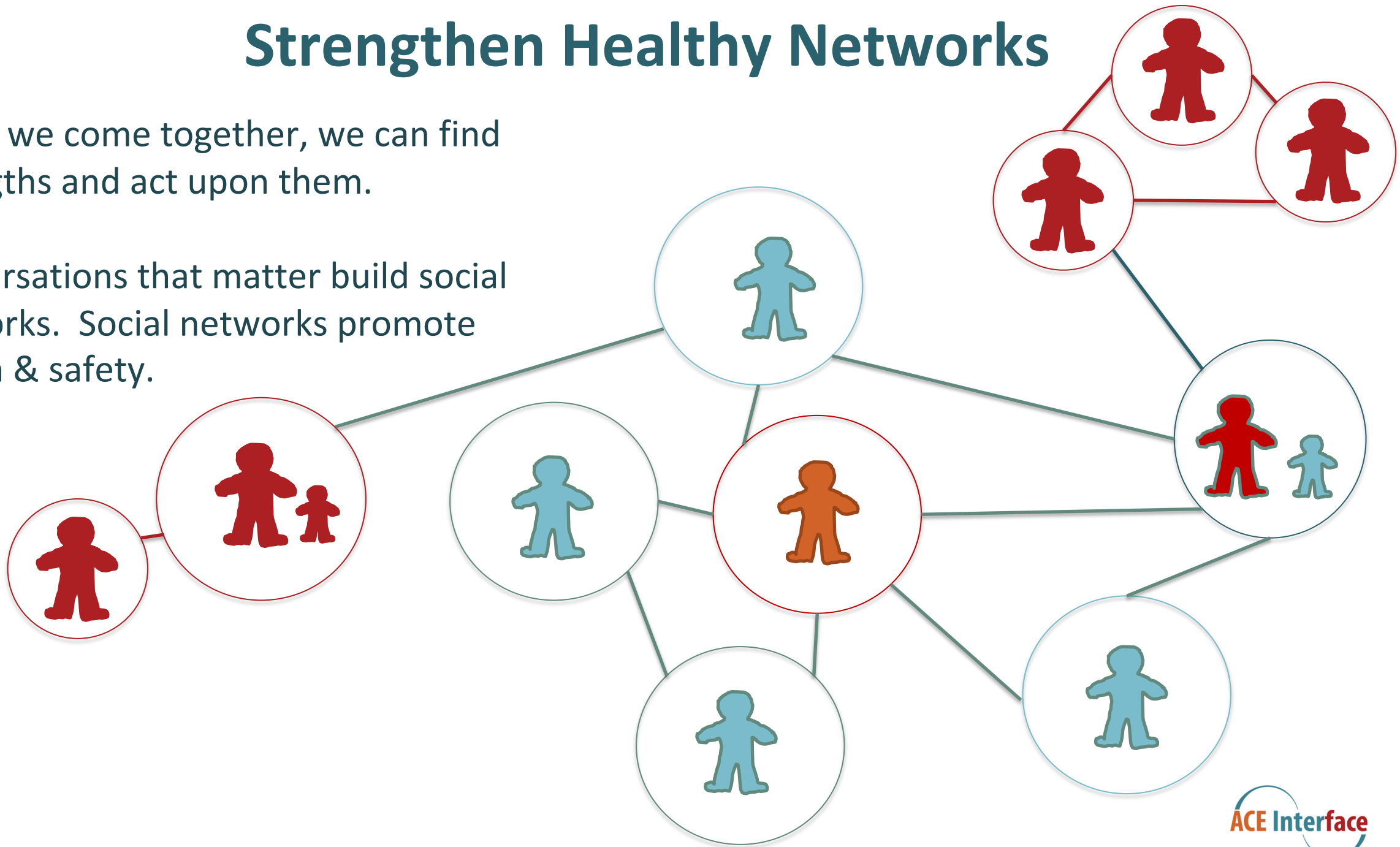
Do our processes intentionally build civic skills that help people to experience efficacy?



Strengthen Healthy Networks

When we come together, we can find strengths and act upon them.

Conversations that matter build social networks. Social networks promote health & safety.



Leadership Expansion

1. Directly invite individuals to contribute a specific skill or ability to a specific effort.
2. Recruit people to gather information going door to door in their neighborhood
3. Recruit people to accept a paid position as a facilitator/conductor
4. Use the ideas of people in a grant application, once awarded, go back and explain that because it was his/her idea, you need their help with implementation
5. Ask a service club for all members to interview residents in order to learn where residents go for help and support – once you know, ask the people in that place about supports that the staff may need in order to meet the demand from the public
6. Interview many service providing professionals – ask “have you seen anything during the course of your career that you believe would dramatically improve people’s lives here?” Once you see a pattern in the answers of many providers, call a meeting to discuss, challenge providers to change the way they work or the work they do.
7. Ask for “out of the box” kinds of help – music or art for an event, carpentry or maintenance skills, giving a ride to someone so he/she can come to a meeting, becoming a mentor-coach for someone interested in a particular type of work

U.S. Government

U.S. Dept. of Agriculture (USDA)

CULTURE MATTERS:

“Direct service programs can't solve widespread, complex, intergenerational social problems. Culture-change can, and at a fraction of the cost.”

Dr. Kim Martin, in Building Self Healing Communities, RWJF, 2016

What is Culture?

*Abstract, learned, shared
rules/standards/patterns*

used to interpret experience and shape behavior

The fundamental role of culture is to help us to interpret the world around us and adapt to our environments.

We Generate Healing & Health

“We are not consciously aware of most of our culture. Instead, culture becomes our autopilot. However, we have the ability to consciously take control of our perceptions, thoughts and behaviors and generate a culture that promotes healing and health.”

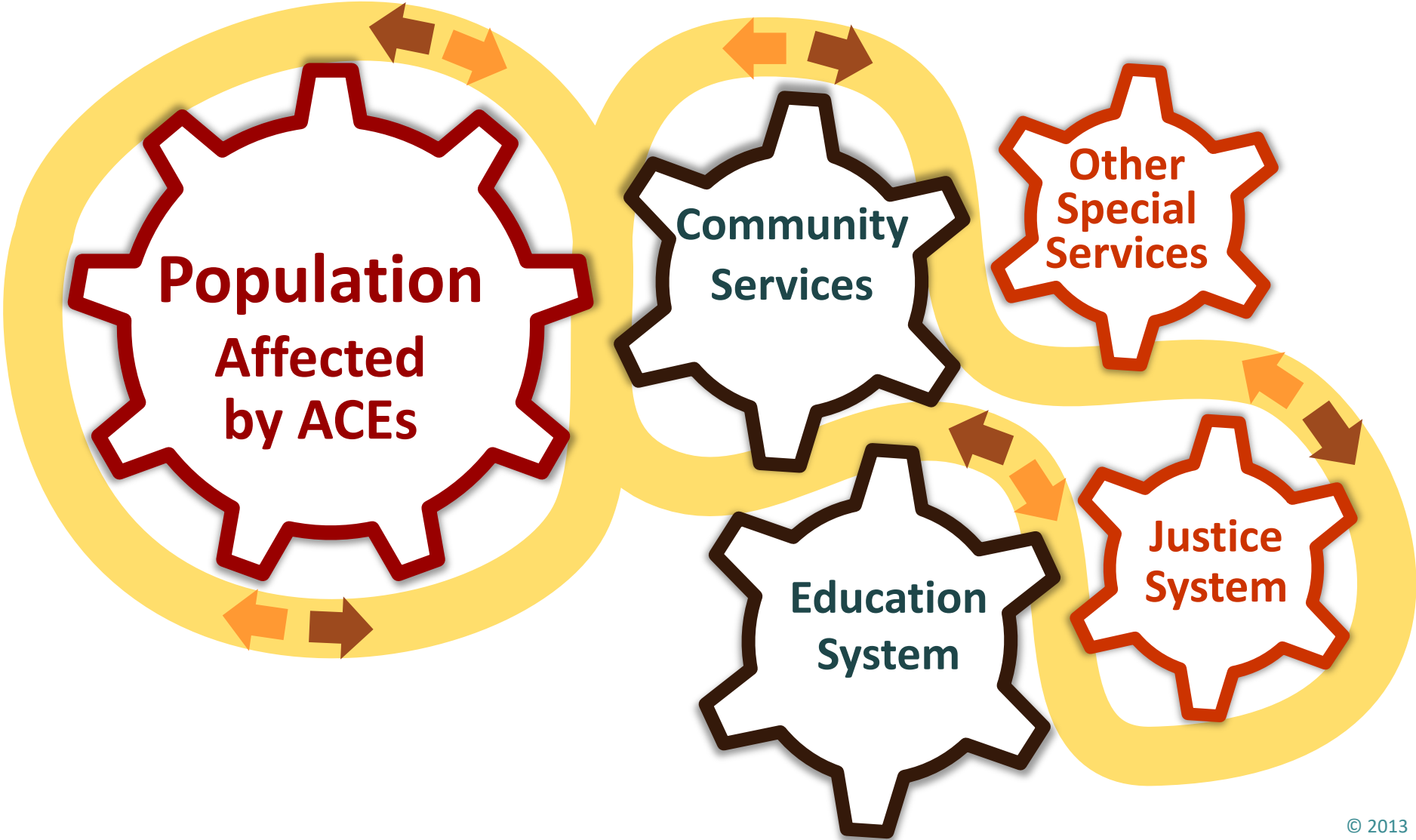
Kimberly Martin; Self-Healing Communities; RWJ 2016

Culture Change



We Create
Culture in Our
Moment by
Moment
Interactions with
One Another

Building Self-Healing Communities



Six Principles for Success

1. Inclusive leadership,
2. Learning communities,
3. Emergent capabilities,
4. Engagement informed by neuroscience, epigenetics, adverse childhood experience and resilience research (NEAR),
5. Right-fit solutions,
6. Hope and efficacy.

Holding Visible, What Once Was Invisible

*When I saw you
I fell in love, and
you smiled
because you
knew.*

*William
Shakespeare*

