

# COMMUNITY VOICES

Creating a Just, Healthy *and* Resilient World



**MARC**

Mobilizing action  
for resilient communities

# COMMUNITY VOICES

Creating a Just, Healthy *and* Resilient World

*created in collaboration with*



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# CONTENTS

INTRODUCTION .....4

CONTRIBUTORS .....5

## COMMUNITY VOICES

### ALASKA

*Principal Progress: Trauma-Informed Efforts at One Alaska Elementary School..... 6*

### ALBANY

*Wrapping Around the Kids: Police Department and Child Treatment Center Collaborate in Albany ..... 8*

### BOSTON

*Juggling Act: Boston Mom Champions Community and Self-Care ..... 10*

### BUNCOMBE COUNTY

*Tipping Point: Supporting Fathers Has Effect on Whole Families ..... 12*

### COLUMBIA RIVER GORGE

*Collaboration: Youth Services and School District Change the Story for At-Risk-Youth..... 14*

### ILLINOIS

*In Sickness and In Health: Chicago Hospital Learning Collaborative Aims for a Culture Shift ..... 16*

### KANSAS CITY

*Health and Healing: Building Resilience from the Ground Up..... 18*

ABOUT THE AUTHOR & ARTIST ..... 34

### MONTANA

*Sharing the Word: ACE Knowledge is “Secular Gospel” for Montana Pastor.....20*

### PHILADELPHIA

*Ripple Effect: Two Philly Activists Share ACE Knowledge Close to Home.....22*

### SAN DIEGO COUNTY

*Two-Way Street: Community Organizer and Trauma-Informed Guide Team Learn From One Another .....24*

### SONOMA COUNTY

*Trained: Sonoma ACE & Resiliency Fellowship Offers Science, Compassion, Community.....26*

### TARPON SPRINGS

*Healthy and Vibrant: A Tree Grows in Tarpon.....28*

### WASHINGTON

*An Agenda of Equity: Communities Lay Foundation for Trauma-Informed Change .....30*

### WISCONSIN

*“They Know My Name:” Parents Help Make a Collective Impact.....32*



# INTRODUCTION

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Mobilizing Action for Resilient Communities (MARC) is a vibrant learning collaborative of fourteen sites actively engaged in building the movement for a just, healthy and resilient world. Using the science of adverse childhood experiences (ACEs) and resiliency as their organizing framework, these communities have built strong cross-sector networks to help heal and prevent early childhood adversity.

From October 2016 through May 2017, we were privileged to travel to all fourteen MARC communities. During our whirlwind visits, we asked MARC leaders to show us concrete examples of how their networks were building community resilience—no small feat, given the often-intangible nature of our work. They rose to the occasion.

As we journeyed from coast to coast, small town to big city, we were fortunate to meet people from all walks of life – pastors, doctors, teachers, parents, police officers, young adults, artists, community organizers, legislators, business owners and more – who have come together to create the scaffolding that supports their communities in building a culture of health. The people we encountered, the programs and organizations we visited, and the stories we heard inspired the Community Voices collection.

These stories, captured so beautifully by Anndee Hochman, represent only a handful of the conversations we had and the places we visited. Together, they reveal the breadth, diversity and creativity present in

these communities. We hope that, like us, you will be moved and inspired by them and that you'll glimpse your own community, neighbors and possibilities in these portraits.

We are deeply grateful to the people who shared their stories in Community Voices, as well as the hundreds of others we met along our travels. We would also like to thank the Robert Wood Johnson Foundation and The California Endowment for their generous support of this work, and all the MARC communities for their passionate commitment to making this world a better place.

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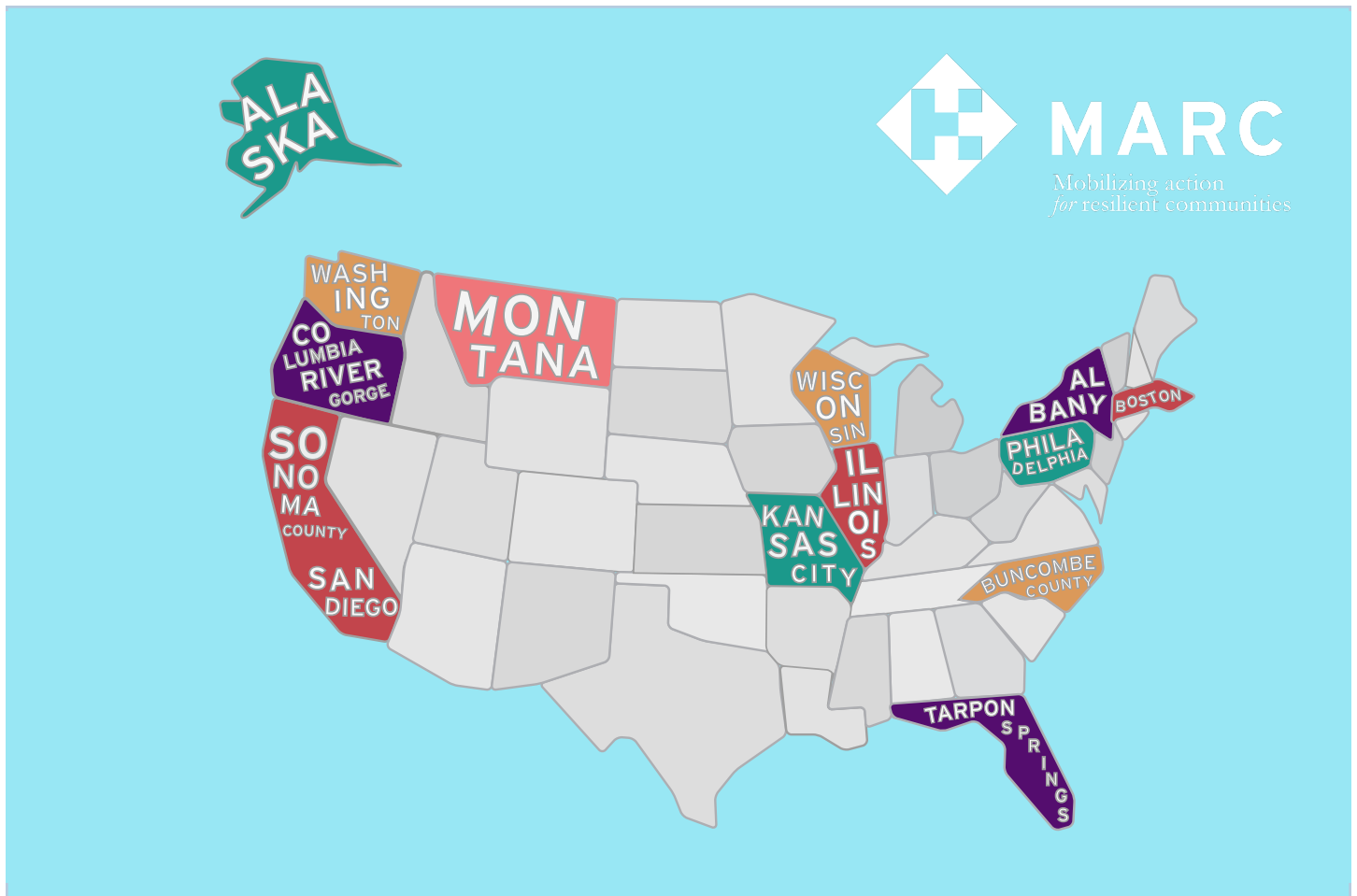
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## PRINCIPAL PROGRESS:

### *Trauma-Informed Efforts at One Alaska Elementary School*

Before Deanna Beck had ever heard of the 1998 ACE study, before she became principal of Northwood ABC Elementary School in Anchorage, she was a special education teacher who saw the ways trauma scrawled through her students' lives.

On the one-minute reading tests Beck administered, she would notice steady progress—40 words a minute, then 50—followed by dramatic drops; a child would suddenly be stumbling along at three or four words a minute.

She began to ask the kids what had happened. “My mom’s boyfriend was over last night...We had to go to the shelter...I didn’t get any sleep.” Beck started asking more questions in an effort to know her students better.

“When I moved to being a school principal, I saw this on a larger level—one or two kids in each classroom who were just blowing out. [I wondered]: Were they fed? Did they have a place to sleep? Do they feel safe? I realized that there was so much going on outside of school that was coming into school. I realized I had

to partner with parents and also help teachers understand.”

Beck was Googling “things that happen to kids” in 2013, when she came across the ACE study. The statistics confirmed what she’d been seeing; the study also gave her cause for hope and a spur to action.

She was struck by research on protective factors that showed one of the most important buffers a child can have is the presence of one unconditionally caring adult. “I thought: This is what we can do as a school. We can give these kids this one caring adult.” So Beck launched a three-year plan to make Northwood Elementary a compassionate constant in kids’ lives.

She knew teachers had to come first: if they were stressed and burdened, they wouldn’t be able to attend fully to their students. So the first year of her rollout focused on staff education and wellness. Teachers read and discussed *Fostering Resilient Learners: Strategies for Creating a Trauma-Sensitive Classroom*. She used Title I funds to bring staff in for extra professional development. Beck encouraged





them to take the ACE survey and reflect on their childhood histories; she was open about her own.

“I share that my ACE score is 2. I have teachers who have ACE scores of 9. They say, ‘This happened to me, and I want to be there for our students.’”

Word of the changes at Northwood reached Laura Norton-Cruz, program director of the Alaska Resilience Initiative (ARI); on a visit to the school, she was struck by the welcoming climate. A staff member stationed at the door greeted every child by name; “tardy slips” had been recast to read, “We’re glad you made it to school today. Have a great day!” Instead of after-school detentions, students who acted out were given “time in”—that is, one-on-one time with a teacher to talk about what motivated the problem behavior and what they could do to repair any harm.

ARI is a connector and convener; part of its mission is to link people and organizations that have been doing trauma-informed work for years. Norton-Cruz snapped a photo of Northwood’s “glad you’re here” slip and posted it on ARI’s blog.

“The immediate thing I needed to do was take pictures and post their story on social media,” Norton-Cruz says. “Something good is happening; people need to know about it. People need to be inspired by this example of how to apply the [trauma-informed] lens.”

Beck asked Norton-Cruz to speak at a fall showing of Resilience for Northwood parents; in turn, Norton-Cruz invited Beck to join the ARI’s trauma-informed systems change work group. And when Norton-Cruz spoke to a gathering of Anchorage’s 63 elementary school principals in early August, introducing ACE science and the concept of trauma-informed schools, she pointed to Beck’s work.

“I tried to share her as an example. Since then, a lot of principals have reached out to her,” Norton-Cruz says.

Those principals often want a blueprint for how to make trauma-informed change in their own schools. “I tell them there’s not a set curriculum,” says Beck, now in her sixth year as principal. “You have to figure out what works for your school, for your community.”

She’s eager to share what has worked at Northwood. The second-year focus was on school policies and students’ experience; an “adopt-a-student” program encouraged staff to reach out regularly to the students who seemed most isolated. After just one year of that concerted effort, surveys showed a 29% increase in the number of students reporting they had five or more adults at school whom they could rely on.

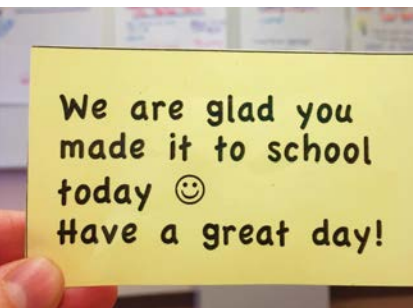
This year, the school is emphasizing parent and community engagement. Beck scheduled a second showing of *Resilience*; during a fall professional development day, teachers visited homes of selected students—not to discuss academic or social problems, but simply to build relationships with families.

Meantime, as a member of the ARI work group, Beck feels linked to others who are doing similar work, not only in Anchorage but across the state. She helped the ARI create a videotaped presentation about ACEs and trauma-informed schools that was shown in November at a training for the district’s elementary staff; each principal has formed a leadership team to map out next steps for that school.

“It makes me really happy that I’m not alone, that I’m not the only person who sees this,” Beck says. “There are people I can tap for help. We can affect a greater community.”



**‘I thought: This is what we can do as a school. We can give these kids this one caring adult.’**



Pictured upper left:  
Deanna Beck at  
Northwood ABC  
Elementary School



# WRAPPING AROUND THE KIDS:

## *Police Department and Child Treatment Center Collaborate in Albany*

For years, staff at St. Catherine’s Center for Children, a service and treatment center for at-risk children and families in Albany, New York, would call the police to help with situations that escalated out of their control: a teenager in residential treatment wielding a chair as a weapon, or a child who’d bolted from a foster home and might be in danger.

But this time, the police were coming to them.

At a meeting of Albany Police Department staff and representatives from what’s colloquially called “residential row”—the handful of treatment centers located within a mile-and-a-half stretch—the department’s anti-violence coordinator, Katie Clark, shared data on police calls (not involving arrests) for which children were present, ranging from incidents of domestic abuse to after-school fights.

From January 1 through March 7, the tally was already up to 500 kids—the youngest, a seven-day-old baby whose parents’ argument over custody had turned violent.

In 2014, the police department had developed a policy, accompanied with training for all officers, on trauma-informed approaches to children who are on the scene during an arrest—for instance, by trying to make the arrest outside the child’s presence or allowing a primary caregiver to make child-care arrangements before being taken into police custody.

What about those children who witnessed police calls that didn’t end in an arrest? For older children, the department was already talking with school district officials about starting a “Handle with Care” program similar to one in West Virginia—a heads-up e-mail that, without disclosing details about the incident, lets principals and teachers know that a child was present during a police call and might show signs of trauma: withdrawal, anxiety or uncharacteristic acting out.

But a closer look at the data showed that more than half the children who were exposed to police interactions were aged zero to five—an infant wailing in her crib while police helped





**“We hope to serve as a connector so that...rather than re-traumatizing kids who’ve just had a difficult experience, let’s try to engage our community to wrap ourselves around them.”**

mediate a custody argument that turned violent, or the toddler who witnessed a drug raid in his family’s living room. “We knew that somebody needed to be informed so they could have eyes on these kids,” Clark says.

After that meeting, Clark and Jaclyn Yusko, chief operating officer of St. Catherine’s, began brainstorming about a way to reach those children, and their parents. They wanted to connect adult caregivers with community resources and give them the opportunity to talk to a professional, but without stigmatizing or alienating the family. They figured that parents might be more open to a child-centered setting than an adult-focused one.

Perhaps a playgroup: free and open to the community, with a curriculum centered on brain-building and a way to help parents feel recognized and cared-for as well? “We hope to serve as a connector so that...rather than re-traumatizing kids who’ve just had a difficult experience, let’s try to engage our community to wrap ourselves around them,” Yusko says. “The hope is that we can create some programming that builds resilience for the children and families who have police presence in their homes.”

The program is still in the planning stages—Yusko and Clark are looking at possible funding and working out logistics—but it is a sign, both women say, of a new spirit of collaboration in the region among agencies and departments that have been traveling parallel paths of trauma-awareness and now have shared language, common understandings and an impetus to work together.

“What HEARTS (Healthy Environments and Relationships that Support) and MARC does is to give you a network, a sounding board and a forum to say, ‘Oh, my God, this is what’s happening

in our community; this is the impact we’re seeing. How do we support each other?” says Yusko. “Being part of the HEARTS initiative allowed us to have these conversations more, and more in-depth.”

Former Albany Police Chief Brendan Cox, whose commitment to trauma-informed policing took the form of new training modules on implicit bias and harm reduction, as well as partnerships with HEARTS agencies, says such networks are the only way to address complex community problems.

“There’s no one agency that can solve everything. Now, when we look at data, [we’re] recognizing that there are partners who can help us out. It doesn’t have to be just the police department.”



*Photos courtesy of the Albany Police Department. Photos taken by Officer Steve Smith.*



# JUGGLING ACT:

## *Boston Mom Champions Community and Self-Care*

Marisa Luse was accustomed to juggling multiple roles: as the mother of a three-year-old son, a parent ambassador for the Boston Children’s Museum and a board member for the Boston Association for Childbirth Education. She was used to helping youth and families access and achieve their goals: a healthy family, a school-ready child.

But when leaders of a Community Organizing for Family Issues (COFI) training asked Luse to name priorities for her own growth, she came up blank.

“It was hard for me to focus on myself,” she recalls. The three-day training, held in Chicago in October 2016, helped her realize “you’re not practicing self-care as you’re doing this work; you’re not setting boundaries, because you’re so passionate about what you’re doing. You’re forgetting your own needs, your own personal and professional growth. I thought that was very powerful.”

Luse has spent the majority of her career working on social justice issues. But new parenthood revealed a cache of challenges in her own backyard. As the mom of a 9-month-old, seeking breastfeeding support, the company

of other parents and quality early education programming close to her Roxbury home, Luse was thrilled to find a playgroup hosted by Countdown to Kindergarten, a program of Boston Public Schools (BPS), just around the corner. But she was dismayed when BPS eventually closed the group because attendance was so low.

“I knew there were families in the community who had babies, but they weren’t participating. That became an interesting question for me: Why aren’t parents in the community accessing this amazing and free resource?”

When the playgroup’s coordinator linked Luse first with the Boston Children’s Museum, then with the Vital Village Network, she found ways to turn that question into outreach and action.

Typically, she says, city leaders will examine statistics and note that a particular community has a high proportion of infants with low birth weights or children who are unprepared for kindergarten.

“But when it comes to creating innovative solutions to address these disparities, they develop programs without having

# BOSTON



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@Vital Village Network



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**Whether the program is a breastfeeding support group or an early-intervention program for toddlers, it's crucial to get resident voice and perspective.**

conversations” with potential recipients, often failing to ask even such basic questions as, “If we created this program, would you show up?”

Luse is aware of the barriers that might make someone answer “no”—lack of childcare or transportation; inflexible work schedules; language or cultural differences. Whether the program is a breastfeeding support group or an early-intervention program for toddlers, it’s crucial “to get resident voice and perspective,” she says.

Luse, now a Vital Village community champion for the Roxbury community, has organized extended play groups at her local library, helped initiate a family play night at a neighborhood eatery and started an online networking group, Roxbury Family Network. She receives a stipend—and training opportunities, including the COFI experience—for her work.

That training, with its role-plays and reflective exercises, left an indelible mark. In one role-play, Luse and a partner practiced talking with a “neighbor” to encourage them to sign up for a new program. “My partner just jumped into it without saying her name, hi or where she was from.” Luse, in the role of the neighbor, immediately responded, “I don’t have time right now.”

The exercise drummed home the importance of taking the time to make personal connections and listen to people’s needs. “If people feel as if you don’t hear them in that initial conversation, how are they going to believe you’ll hear them when it comes to the services or support they need?”

As a Vital Village community champion, Luse continues to work on family and community engagement: letting residents of Roxbury and other neighborhoods know about the Baby Cafes that offer breastfeeding support

or a new, free texting service that sends weekly messages to users about programming and resources in their areas.

Since the COFI training, Luse knows that she and her local compatriots are not alone. In September 2017, COFI brought a multi-day training to 22 Boston residents. “Participants not only gained new knowledge, strategies and tools, they also inherited a dynamic web of support,” she says. “Some of us are doing whatever needs to be done in order to make our blocks safer, to make our children happier...So being able to be with other like-minded individuals who are doing that work is critical.”



*Marisa Luse is pictured above, on the right.*





## TIPPING POINT:

### *Supporting Fathers Has Effect on Whole Families*

Robert Simmons had been working with incarcerated men since 1998 and thought he'd seen everything. But in 2010, he met a grandfather, a father and a grandson—all of them inmates at Buncombe County's Craggy Correctional Center in North Carolina.

"I saw how things are passed down from one generation to the next. That was a wake-up call for me," says Simmons. And it underscored his resolve to help thwart that cycle.

For years, Simmons had been volunteering at Craggy, a minimum- and medium-security prison; since 2002, he'd coordinated "Father Accountability," a 12-week series of classes in which men discuss ethics and parenting, relationships, anger and trauma.

"It's based on a very simple concept: men teaching other men and modeling what they're teaching," Simmons says. "It helps some of the men understand why they have made some of the choices they've made: They were not loved as kids, or nobody hugged them, or no one was there to encourage them. It made them realize they could be different fathers for their children."

In 2016, Simmons received a "tipping point" grant of \$4,000 from the Buncombe County Department of Health and Human Services—one of the ways the network used MARC funds to partner with community residents and build bridges between local people, government entities and social service agencies.

In the first round, a community panel reviewed more than 80 applications and awarded 23 grants; a second round in fall 2017, funded with \$70,000 from Buncombe County, resulted in 14 awards, including an additional \$5,000 grant to Simmons for his Father to Father Empowerment Project, a 10-week group held at two different community sites.

The grants allowed Simmons to grow and deepen the programs: to revise curricula for the prison group, to provide a weekly meal as an incentive for men to attend, to offer a small honorarium to his co-facilitator, a woman who is also an Episcopal priest.

The tipping grant also called for Simmons to track outcomes: not just the number of men who attended consistently, but the changes they reported in their attitudes and behavior. "I'd ask, 'What's different about you?' One man



**We're trying to foster that peer network. We're amplifying the work already being done to create those tendrils of trust and social capital in the community so it will be more sustaining than anything a helping professional can do.**

*Pictured upper left, Robert Simmons. Photo courtesy of the Robert Wood Johnson Foundation. ©2014 Mike Belleme.*

went in depth about how, before, it had never crossed his mind that he was selling drugs to somebody's mother, to somebody's child."

When Simmons came to the prison for 90-minute sessions on Thursday evenings, the men—most in their 20s and 30s—always wanted to talk about the family visits they'd had the previous Saturday. "They would comment on... how they were no longer trying to impose their will, how they'd found a different dynamic in terms of behavior," he says.

In the Father to Father groups, participants discuss their struggles to find secure housing and stable jobs, to regain custody or become more involved in their children's lives. "These are men who are seeking to be better than they've been," Simmons says.

He reminds them that changes in their own lives will also shape their children's futures. "One of the things highlighted in the curriculum is parental alienation and the impact it has on the child. This is not an absolute solution to all the ills that families suffer—but it is making a difference."

The tipping point grants have helped to inform government and agency decision-makers, says Lisa Eby, MARC project co-director and human resources and community engagement director for Buncombe County Health and Human Services. As Simmons and other grant recipients have met with county commissioners, those officials "are getting a deeper understanding of the needs within communities and the tremendous talents and resources within communities."

The grants are meant to recognize and amplify the changes already rippling at the grass-roots level, through the unsung (and usually unpaid) efforts of local residents. In Simmons' case, Eby says, "He has a lot of trust, a lot of good

will...it's allowing him to do what he can to tell us what is the best strategy because he lives in that community."

Simmons, 64, says the facts of his own life give him both credibility and empathy with the men in his groups, who have ranged from 19 to 48. In 1993, Simmons learned that his 23-year-old son, from whom he'd been estranged, had been shot and killed.

"I beat myself up. I wasn't there," he says. "I decided that if I had an opportunity to help others, I would. I thought: I can impact the entire family if I can offer support to the fathers."

Simmons has wide ambitions for his programs. He'd like to offer the men more resources when, at the end of each series, they inevitably ask, "What next?" He'd love to help organizations such as Head Start become more "father-friendly" by explicitly including men in their mailings and events.

And, as a result of his new connections with the ACE Collaborative, he's interested in joining efforts with stakeholders in law enforcement, schools and social services to gauge the impact of fatherhood programs on children and families.

Simmons, along with other tipping point grant recipients (and those who applied but were not awarded grants), participates in a monthly learning collaborative, which includes dinner, training on topics such as fundraising or bookkeeping, and an open forum for discussion.

"We're trying to foster that peer network," Eby says. "We're amplifying the work [Simmons] has already done to create those tendrils of trust and social capital in the community so it will be more sustaining than anything a helping professional can do."



# COLLABORATION:

## *Youth Services and School District Change the Story for At-Risk Youth*

There was a time in the Columbia River Gorge when a group of chronically truant high school kids would have been a problem that engendered a flurry of finger-pointing.

Oregon's Wasco County Department of Youth Services would have blamed the school district for failing to educate the students; school district staff, in turn, would have said the kids needed to be in detention.

And everyone would have found reasons why these high-risk youth were failing. "There were many excuses for students not learning: Well, they come from poverty... they're English language learners...they don't behave themselves," says Candy Armstrong, superintendent of North Wasco County School District.

But after leaders of five key sectors—education, mental health, law enforcement, juvenile justice and child welfare—began to learn about the Sanctuary Model, ACEs and trauma-informed care, the conversation took a significant turn.

"What we started to look at was: All these

children are our children. What can we do to meet them where they are and change the story for them?" Armstrong says.

She, along with Youth Services Director Molly Rogers and other members of the core team, started to understand that habits of divisiveness and blame were rooted in decades-old cultural upheavals such as the displacement of Native Americans and the bifurcation of the area into two separate-but-not-exactly-equal school districts.

"There's a lot of historical trauma that came out of The Dalles," says Rogers. "Every time we would try something new, we'd get told, 'That's not going to work here. That's not the Wasco County way.'"

But since 2011, area leaders have embraced trauma-informed ways to address the region's toughest problems. The MARC project furthered those efforts through a partnership between the Columbia Gorge Health Council, a community-based governing board for the local Coordinated Care Organization (CCO) that manages care for poor and vulnerable patients, and the Resilience





**I think the really cool thing is that two institutions are coming together. We're not co-mingling funding; we're both supporting the project. [Trauma-Informed programs don't] have to be owned or funded by one agency.**

Network of the Gorge, a multi-sector network.

So when they began talking about those truant high schoolers, Armstrong, Rogers and members of their staffs were willing to try something new.

Typically, the kids would show up at school for three or four days, then vanish. All had been suspended on at least one occasion. They often missed appointments at Mid-Columbia Center for Living (MCCFL), which provides behavioral health services. "They were pretty high-risk for substance abuse, mental health issues, criminal thinking, lack of attachment," Rogers says. "These students were not compliant, but we [at Youth Services] were seeing them every day."

That was no accident, Rogers reasoned; when the kids entered the two-story Victorian that houses Youth Services, her receptionist would thank them for coming, say something appreciative and offer them food and hot cocoa.

Why not provide an education program right there, in the conference room—sixteen hours a week of guided teaching, with opportunities for both individualized learning and small-group experience that could foster a sense of communal success?

"This idea didn't come from the top down," Rogers notes; it originated with probation officers on her staff. And it got a thumbs-up from the students themselves. Without her training in the Sanctuary Model principles of democracy and inclusion, she adds, "I'd never have talked to the boys and said, 'What do you guys need?' I'd never have had that conversation with them."

But the program couldn't happen without the superintendent's backing—and without hours of conversation to work out logistics for transportation, food services and curriculum. How

would the six students, who come from disparate neighborhoods, get to school? Could a trained food handler be present to deliver each day's lunches, provided by the school district? Could a cyber-curriculum work, or would the kids need an on-site teacher?

They resolved each of those quandaries: the school district would provide laptops, supplies and a teacher; Youth Services would offer the space, track enrollment and collect both quantitative and qualitative data on the students' progress.

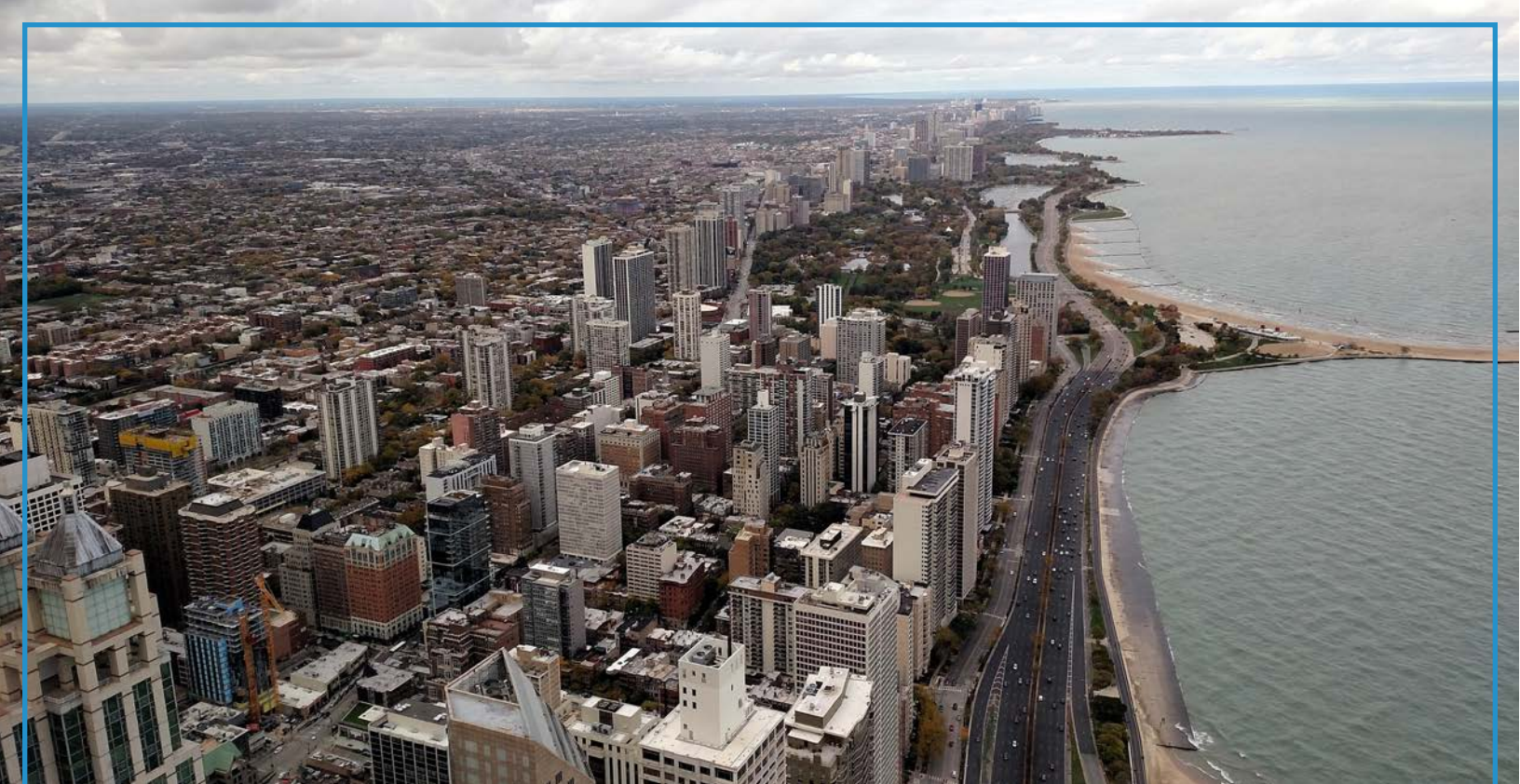
"I think the really cool thing is that two institutions are coming together... we're not co-mingling funding; we're both supporting the project," Rogers says. "That's going to be an interesting model for us as we move forward with trauma-informed programs. It doesn't have to be owned or funded by one agency."

Both women agree that the relationships built through years of training in trauma-informed practice made this innovation possible.

"[Armstrong] and I had developed the trust that even if it didn't work, neither of us was going to blame the other," says Rogers. "We could make it successful because we weren't worried about failure."

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*Photo courtesy of the Robert Wood Johnson Foundation. ©2016 Josh Kohanek.*



# IN SICKNESS AND IN HEALTH:

## *Chicago Hospital Learning Collaborative Aims for a Culture Shift*

When Chicago physician Audrey Stillerman first read the 1998 Adverse Childhood Experiences (ACEs) study, she felt gut-punched.

“I had been taking care of patients for over twenty years. I always had a sense that people’s experiences and relationships were really important in terms of their overall health,” said Stillerman, associate director of medical affairs for the University of Illinois Office of Community Engagement and Neighborhood Health Initiative.

For years, she’d felt like an outlier—a Western-trained family practitioner who was interested in integrative medicine and social determinants of health, a doctor who resisted the “pill for every ill” approach. The research on ACEs made her think, “Oh, this is what I’ve been noticing and couldn’t articulate.”

Stillerman connected with the Illinois ACEs Response Collaborative, a broad range of organizations and individuals committed to expanding the awareness of how ACEs and trauma impact Illinois children, families and communities.

She helped to plan the first Midwest Regional Summit on ACEs and arrange local screenings

of *Paper Tigers*. Now she co-chairs a cadre of like-minded practitioners and administrators—the Healthy Chicago 2.0 Trauma-Informed Hospital Collaborative, a work group launched in January that aims to bring trauma-informed care to hospitals and medical systems across the metropolitan area.

The work group includes representatives of 16 hospitals—mostly mid-level managers in policy, community relations, program development and behavioral health. It’s a subset of a larger hospital collaborative kick-started by the city’s Department of Public Health (CDPH) as part of Healthy Chicago 2.0, a plan to address traditional health issues along with systemic factors including education, housing, transportation and access to care.

That group’s focus on the dearth of mental health care led to an interest in trauma. Some members of the work group—for instance, Frank Belmonte, a vice president at Advocate Children’s Hospital—were already champions for trauma-informed change, while others were just discovering the research on the pervasive reach of ACEs.

Maggie Litgen, manager of the ACEs program for the Health & Medicine Policy Research





**Our goal is to make the whole system a trauma-informed system. We have 9,000 employees and 12 acute care hospitals. You can't just do a lunch-and-learn on this... We are starting a social movement, a cultural movement. It will take time.**

Group (HMPRG), which helped found the ACEs Collaborative, helped bring influential leaders including Stillerman, Marlita White from CDPH and Margie Schaps from HMPRG to educate the group on the biology of trauma and the foundations of trauma-informed care. She invited MARC advisor Sandra Bloom to speak and hosted a webinar with staff from Children's Hospital of Wisconsin, which is using the Sanctuary model to bring trauma-informed change to its 40 locations and 5,000 employees.

While members of the work group represent different types of hospitals and a range of departments, they found immediate common ground, Litgen said. "Everybody was worried about their staff. They viscerally understood that their staff were in pain because of the trauma they're steeped in."

And once work group members understood the outlines of ACE and resilience research, they were eager to put that knowledge into practice. "Everybody wants a tool kit, a clear road," Litgen said. "But we're not going to have a one-size-fits-all."

Instead, work group members have shared questions, obstacles and initiatives. One hospital conducts "resiliency rounds" for staff who work with cancer patients. The University of Illinois Hospital is piloting a "housing first" program, using \$250,000 to provide apartments for "superutilizers"—that is, frequent users of the emergency room who suffer physical and mental health issues compounded by homelessness—thus saving thousands of dollars per patient.

At Advocate Children's Hospital, Belmonte said, small teams of doctors, nurses and managers go on three-day paid retreats to talk about vicarious trauma and resiliency; the hospital also plans to pilot new screenings for trauma and social determinants of health in its pediatric and perinatal clinics.

"We have 9,000 employees and 12 acute

care hospitals," he said. "You can't just do a lunch-and-learn on this...We are starting a social movement, a cultural movement. It will take time."

But members of the work group also share a sense of urgency. The University of Chicago Medicine will open an adult trauma center next spring, and Max Clermont, chief of staff to the center's director, said the trauma-informed collaborative has helped him gather ideas and prepare for an influx of patients with complicated, long-term needs.

Members of the hospital collaborative said that while buy-in from top hospital administrators is ideal, having mid-level managers and practitioners foster change in their own departments is also effective. "It's been extremely helpful to have hospitals of different sizes and situations," Clermont said. "We're... learning about people's challenges and using those to course-correct. We don't have to start from scratch, and that's a great opportunity."

Litgen and members of the ACEs Response Collaborative believe learning groups are key to advancing trauma-informed awareness and practice; they included a recommendation to create learning collaboratives in the conclusion of their recent environmental scan.

For members of the Chicago group, the learning collaborative means feeling less alone in the gradual effort to shift hospital culture and practice. "I think this collaborative does pave the way for colleagues across institutions to pick up the phone and have more honest dialogue," said Leif Elsmo, executive director for community and external affairs at University of Chicago Medicine. "Part of that is because we've been in the room together."

"It's nice to come together with people who understand," said Belmonte. "When you're in that room with other folks, you feel like you're part of a movement."





# HEALTH AND HEALING:

## *Building Resilience from the Ground Up*

At Children’s Mercy Hospital in Kansas City, a first-floor chapel with a raised ceiling, generous windows and a carpeted central area is the site for twice-weekly guided meditation open to staff, patients and family members.

In Kansas City’s Crossroads Art District, the building that houses Truman Medical Center (TMC) Behavioral Health includes conference rooms called “Jazz” and “Vine,” located so that people can reach them without passing through clinical space, interrupting patients or breaching confidentiality.

And at Synergy Services, which provides shelter and support for children who have survived abuse, neglect and family disruption, the new Children’s Center incorporates open porches and courtyards that invite kids to explore and play.

“If we’re going to be sensitive to what has happened to the children, then before anyone even says anything, I want them to feel like this is a welcoming, safe place,” says Dennis Meier, associate executive director of clinical services at Synergy and chair of Resilient KC’s steering committee.

In all three locations, practitioners involved with

Resilient KC began looking at physical spaces—reception areas, exam rooms, even elevators—through a trauma-informed lens. They learned from local experts, including a professor of urban studies at the University of Missouri-Kansas City and architects from a firm that includes “agility/resilience” as a design goal.

“We took a look at the impact that environment has on people’s sense of safety, of belonging, of feeling supported. We looked at the core principles of choice and collaboration and empowerment,” says Marsha Morgan, formerly chief operating officer of TMC Behavioral Health and a founder of Trauma Matters Kansas City, a collaborative that partnered with the Greater Kansas City Chamber of Commerce to form Resilient KC.

When considering the design for Truman’s main building, known as “The Healing Canvas” because of its location in the arts district, architects consulted with young adult patients who would be using the space.

“It has Nintendos and PlayStations, an exercise area, their own private entrance,” Morgan says. And when designers came in with swatches for



**If we're going to be sensitive to what has happened to the children, then before anyone even says anything, I want them to feel like this is a welcoming, safe place.**

carpet and upholstery in bright, primary colors, the young people nixed them. “We’re not babies,” they said.

Instead, the building, which had housed horses, cars and a photo studio since it was built in the late 1800s, was painted in shades of soft green, including a color called “lemongrass.”

“We took it all the way down to the outside walls and opened it up; every floor was designed with...attention to the flow, the feel,” Morgan says. On the kids’ floor, chair-gliders provide a means for repetitive, calming motion. Work-stations for staff are arranged not in the typical maze, but in a horseshoe pattern, so clinicians have private space to chart notes but can easily consult with colleagues.

Morgan notes that even small changes—bulbs that cast gentle yellow rather than harsh white light, artwork that reflects clients’ cultures—can create a more healing atmosphere. “I think it’s important that we pay attention to little improvements every year.”

Not all design efforts succeed. Morgan recalls Truman’s attempt to create a modern, open space with concrete floors and concrete ceilings; it turned out that sound, including patients’ conversations with clinicians, leaked through the area, and offices had to be retrofitted with “lids” to ensure confidentiality.

At Children’s Mercy, where Patricia Davis is manager for trauma-informed care and serves on the steering committee for Resilient KC, the Kreamer Family Resource Center offers private areas where family members can use computers to learn more about their child’s diagnosis; a business center with fax, scanner and phone chargers; and an interactive children’s “Magic Space” with Lego models, a doodle reef and toys.

The hospital’s design, intentionally

child-friendly with kaleidoscopes in waiting areas and elevators dubbed “tiger,” “giraffe” and “unicorn,” also holds places where staff can unwind and debrief.

After a death or an especially difficult case, staff can call on the chaplaincy department for “tea for the soul,” Davis says. “They’ll create a space with music and water flowing; the lights are dim, and folks can come in and speak, or not, and have 15 minutes of mindfulness.”

Meier, who spent a few years avidly reading about trauma, the human brain and child development before he joined Trauma Matters KC, says Synergy had the perfect opportunity to put resilience principles to work when building the Youth Campus, a \$9 million project completed in 2009, and the Children’s Center, a \$7 million, 16-bed residential facility for crisis care, built in 2015.

The former involved a combination of rehabbing existing buildings—a 70-year-old farmhouse now houses an art studio—and adding new structures. “One of the architects said, ‘This is an example of making old spaces resilient.’ Which is a great metaphor for what we’re doing relationally and psychologically,” Meier says.

He knew the concepts had caught on when he overheard contractors—electricians, carpenters, plumbers—saying, “Yeah, this is for kids. We have to do this in a way that...what did Dennis call it? That resiliency thing.”

And he hopes the buildings will have long-term impact, in the way that centuries-old churches still embody a community’s faith and values. “What we’ve done is begin to put our trauma-informed beliefs systems into brick and mortar.”







# SHARING THE WORD:

## *ACE Knowledge is “Secular Gospel” for Montana Pastor*

When Reverend Tyler Amundson first read the 1998 ACE study, he realized that this landmark science could become a common language: a way to talk about adversity and healing with clinicians and government officials, devout churchgoers and people who would never step inside a place of worship.

“I call this the secular gospel,” he says. “It was easy to describe the ACE study to people. It opened a door for us to name how people face trauma and adversity and how positive relationships can help shift those realities.”

As a pastor of St. Paul’s United Methodist Church in Helena—and the spouse of a play therapist who works with young children—Amundson was already familiar with the effects of trauma. “When I address people [and think], ‘Wow, that was a stronger reaction than I was expecting in that situation,’” he says, further discussion often reveals an early trauma underlying the person’s current response. He saw how congregants carried their past hurts into church and how adversity shaped their relationships and reactions.

In 2014, Amundson became part of Challenge

Helena, a group that used TED-style talks to engage people in thinking about poverty; one of those talks, featuring Todd Garrison, executive director of ChildWise Institute, was about ACEs. More than 60 people showed up, and another 148 have viewed the YouTube video.

“We packed the venue,” Amundson says. “I had some incredible conversations with people who came up and said they had a high number of ACEs in their lives and this explained so much for them.”

Later, Amundson joined the Helena affiliate of Elevate Montana. The group’s first event was a screening of *Paper Tigers*, another packed house with 500 people in attendance. Amundson learned that ACE knowledge was spreading through clinical settings in Helena, and that the city’s non-profit organizations had a strong track record of cooperation.

At meetings of the network, “I kept asking: How do we get the community to be trauma-informed? How do we respond to people who are facing this trauma instead of reacting the way we always have?”

Amundson spread the message through





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sermons, including one in October 2015 in which he used the story of Job to illustrate the possibility of healing even when all seems lost. “If we look back to Job’s ending, it was the people that came into his life that helped give him hope for the future,” Amundson told his congregants. “God was present in the ‘ruach,’ wind, around Job and, in turn, we can be reminded of God’s love in the beauty of Montana. Hopefully that beauty will inspire us to share that love with those who need it most.”

“I think Rev. Tyler brought a perspective of the faith community that people are a little bit afraid to broach,” says Tina Eblen, Elevate Montana coordinator. “Having him give that message was so powerful, because people trust him and know that he’s full of compassion.”

Amundson became a community champion, using his network of relationships with people across sectors—attorneys, educators, social service providers—to foster partnerships and brainstorm ways to implement ACE knowledge.

In affiliate meetings, Eblen said, Amundson frequently offered to donate space at St. Paul’s for screenings or trainings. He also brought a younger generation’s affinity for using live TED talks, YouTube videos and social media to educate and spark conversation. In turn, Amundson says, working with Elevate Montana taught him about ways organizations can pool efforts for maximum impact.

“What I found was that...we’re much better off if we bring people together and focus on shared things we can do together instead of trying to mash our organizations together and make them line up with each other,” he says.

This fall, Amundson left St. Paul’s after six years; he’s now the pastor at Shiloh United Methodist Church in Billings,

nearly four hours east. Billings is different not only in location, he notes; the human services landscape there is more traditionally split by sector, which makes collective impact more of a challenge.

“I’m trying to understand, in a place that’s more siloed, how do I bring that knowledge [of ACEs and resilience] and hopefully break through some of those barriers,” he says.

For Elevate Montana’s Helena affiliate, Amundson’s move was both a loss and a possibility. “Losing an amazing champion like him is difficult: Who steps up and fills his shoes?” says Eblen. “But we are excited because he is so passionate about spreading the word about ACEs.”

Amundson plans to keep sharing the “secular gospel” of ACEs, which chimes with his faith. After the screening of *Paper Tigers* and his sermons about resilience, “for the folks who were affected by ACEs growing up, you could see both a sense of relief, learning this, and also a sense of grief. Now that they understood it, how do they reconcile that so they can feel whole?”

The answer, he believes, is in neither minimizing one’s trauma nor remaining stuck in its aftermath. “It’s my hope that folks can find the middle path: I’ve faced adversity, and now with the help of my community and God, I can reconcile that.

“As a citizen, my hope is that all organizations start to be trauma-informed, so we can respond better to people who are facing adversity, in a way—just like my theology—that’s a middle road. Own the story, but don’t let it own you.”





## RIPPLE EFFECT:

### *Two Philly Activists Share ACE Knowledge Close to Home*

Anthony Ballard grew up with multiple adverse childhood events (ACEs) before those disruptive childhood experiences had a name.

Ballard was raised, along with 11 siblings, in a North Philadelphia housing project by “a beautiful God-fearing mother and a loving father who suffered from alcoholism.” Ballard witnessed relatives who developed addictions or landed in prison; in his early 20s, he, too, abused alcohol.

He got sober. He became a firefighter. And when he learned about ACEs a few years ago from the director of Stephen and Sandra Sheller 11th Street Family Health Services, where he saw his doctor and used the gym, Ballard’s childhood suddenly snapped into focus.

“I said to myself: This is what I was going through. This is what my family was going through. This is what the people on the corners are going through. This is something I think everyone should know about.”

It was at 11th Street, on the health center’s community advisory board, that Ballard met Diane Monroe, a North Philly compatriot. Monroe’s mother had served as secretary of

their block, and Monroe recalls community clean-up days, when neighbors would pool efforts to scrub the street and use leftover parking-line paint to make hopscotch and King Ball courts.

It was a family tragedy that clarified her goals, as an adult; Monroe’s 14-year-old daughter died after being hit by a car. “That made me make a commitment: What can I do for children who didn’t have the opportunities she had?”

Work with the Salvation Army led Monroe to form her own non-profit, the Theresa L. Davis Hope Center, named for her daughter, which ran a two-week summer camp and other activities for at-risk kids and older adults.

Then she joined 11th Street’s advisory council and learned about ACEs. “I thought: This is the magic wand.” ACE awareness changed everything, Monroe says: how she thinks about family members, neighbors, even strangers on the street.

“I saw a man today, with no shirt and his pants hanging down, crossing JFK Boulevard. And I said to my husband, ‘Something has happened to that young man.’ [Learning about





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ACEs] changed...my reaction toward people, my empathy toward people. I'm easy to come to tears with people's circumstances."

Two years ago, both Monroe and Ballard joined the ACEs Messaging Group of the Philadelphia ACE Task Force (PATF), a committee working to design effective ways of spreading word about ACEs and resilience to older adults, teens and parents of young children. As members of that committee, Monroe and Ballard have played a critical role in shaping the PATF's communications strategy – both in how the Task Force communicates its own work and in how to develop messaging about ACEs and trauma that can best reach their peers.

At a March rally of 1,500 Philadelphia block captains, Ballard and Monroe handed out ACE postcards—"Have you been dealt a bad hand? Deal your kids a better one!"—and tested awareness messages in conversation with attendees.

"I was asking people, 'Have you ever heard of adverse childhood experiences?'" Monroe says, and if they looked blank, she would add, " 'You know, how your mom used to beat you half to death with the belt? We have this program to help you understand how maybe that wasn't appropriate. We have to stop that so we don't pass it on.' "

"The message I want to give to older adults in the community is this: Okay, maybe you didn't do it right. But you can make it right for your next-door neighbor, your niece. You can intercede if you see a young person hollering at a baby."

For Ballard, now retired from the fire department, ACE science is persuasive. "We've always heard, 'Stress can kill you.' Now we have the evidence."

Both remain on 11th Street's advisory

council; both are eager to take the next steps, beyond raising awareness, to guide their neighbors toward the help they need. "A lot of people really don't realize when they're hurting someone with their words or the way they behave," Ballard says. And once people understand the extent and impact of their trauma, "What resources can we send them to?"

Monroe believes in the ripple effect. "If I can reach one person with this... and that person institutes a change in themselves, it will begin to spread." Meantime, ACE awareness has altered every encounter; when she watched news footage of a woman rescued from Hurricane Harvey, she began to wonder about the woman's experience of trauma and survival, even before the storm.

"This work is giving me energy," Ballard says. "I'm not a firefighter anymore. But this is therapy for me, helping other people. I can share the love."



*Pictured upper left, members of the Philadelphia ACE Task Force including Diane Monroe (front, center) and Anthony Ballard (last on right).*





## TWO-WAY STREET:

### *Community Organizer and Trauma-Informed Guide Team Learn from One Another*

Barry Pollard told the San Diego Trauma-Informed Guide Team (SD-TIGT) how a small group of exasperated residents had rattled the corporate gates and won.

During the “trauma-informed journey” portion of January’s SD-TIGT meeting—a regular feature in which a member or guest shares challenges, triumphs and lessons learned in the course of implementing trauma-informed practices—Pollard, founder of San Diego’s three-year-old Urban Collaborative Project (UCP), told how residents in Southeast San Diego were disgusted by the condition of a local Food4Less store: wilting produce, dirty aisles, poor security.

At first, he said, community members felt hopeless. “It took me 45 minutes to convince them that they could actually do something.” A letter-writing campaign to the CEO of Kroger led to conversations with the company’s executive team and resulted in a million-dollar makeover of the store.

As Rosa Ana Lozada, CEO of Harmonium, Inc. (MARC project backbone organization), listened to Pollard’s presentation, she thought about

resilience, perceptions and change. “I was impressed by the multiple strategies [Pollard] was putting in place in an area of San Diego that has limited opportunities,” says Lozada, “Some of the projects he’s working on are helping to build opportunities and change perceptions about that area. Hearing his journey reminds all of us of what we each can do.”

Pollard’s relationship with SD-TIGT has been a two-way street. He’d long been aware of the deep-rooted troubles in southeast San Diego; he could see it in the “mad muggin”—the grim faces of teenagers lingering outside a neighborhood Starbucks. He could hear it in the steady wail of sirens, the whirr of police helicopters. Some called residents’ malaise the “hood disease.”

As UCP worked with town councils, neighborhood groups and other stakeholders on issues including K-12 school support, healthy food access, community infrastructure, resident leadership training and advocacy, Pollard could feel both the residents’ discontent and a real hunger for change. It was a UCP board member who first sent him articles about the Adverse

# SAN DIEGO COUNTY



San Diego Trauma-Informed Guide Team



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**When I first heard of ACEs and the whole trauma-informed model, I was ecstatic. I knew that the ‘war on drugs’ and the ‘war on crime’ were not solving the problem. I was relieved: maybe we’d stumbled onto something that could make all those efforts and dollars start moving the needle.**

Childhood Experiences (ACEs) study and trauma-informed care.

“When I first heard of ACEs and the whole trauma-informed model, I was ecstatic,” Pollard says. “I knew that the ‘war on drugs’ and the ‘war on crime’ were not solving the problem. I was relieved: maybe we’d stumbled onto something that could make all those efforts and dollars start moving the needle.”

At SD-TIGT meetings, Pollard learned more about trauma, resilience and the ways San Diego organizations were transforming their approach to community problems. He carried that thinking back to his work with UCP. In talking with stakeholders about an intersection notorious for drug activity, dubbed “The Four Corners of Death,” he urged them to be curious instead of punitive.

“In the past, the solution has been drug enforcement or suppression. We’re starting to look at: Can we provide support services? We’re asking, ‘What’s going on with your family? Do you need a place to stay? Job training? Medical insurance?’ I see the paradigm shift.”

In turn, Pollard shared stories with SD-TIGT members, describing community-led efforts to boost safety, civic engagement, health and neighborhood vitality. He told how a lack of public art in the neighborhood prompted him to call on local artists, resulting not only in colorful murals along “The Imperial Avenue Mile of Art” but a new policy—crafted by residents and now awaiting the mayor’s signature—that would streamline the process for initiating and completing community improvement projects.

Pollard, who is African-American, has encouraged SD-TIGT to reach for broader representation from people of color and members of the LGBTQ community. He urged members to engage at the grass-

roots level—“to get [trauma-informed work] deeper into neighborhoods, rather than just on an organizational level.”

That was already a goal of the Guide Team’s strategic plan, Lozada says, and Pollard’s work provided tangible examples of how that can happen. “One of the things Barry has been able to do is connect activities to resilience and self-sufficiency...shifting from a hopeless to a more hopeful place. Though he’s not a clinician, his interventions are therapeutic. This is a great illustration of how healing happens in many ways.”



*Pictured upper left, Barry Pollard.  
Photo credit: Sam Hodgson.*





## TRAINED:

### *Sonoma ACE & Resiliency Fellowship Offers Science, Compassion, Community*

In Sonoma County, invitations to speak about adverse childhood experiences (ACEs) and resilience kept pouring in. There simply weren't enough qualified trainers to go around.

When Sonoma County ACEs Connection leaders applied for the MARC grant, they proposed using some of the money to develop a speakers' bureau. Then they decided to expand that vision: Why not a nine-month fellowship for a cohort of 25 "master trainers"—two days of intensive education with Robert Anda and Laura Porter, creators of ACE Interface, along with monthly follow-up seminars led by local and regional experts?

And why not offer that training, at a reasonable price, with food and continuing education credits? Sixty-two people applied to be part of the ACEs & Resiliency Fellowship's first cohort. Twenty five (plus three ACEs Connection staff members) joined in the first cohort, with the understanding that they would then train a second group of 28.

Holly White-Wolfe, an analyst with the Sonoma

County Human Services Department, recalls the October 2016 training as a balance of statistics and stories. "We had so many complex questions for Anda and Porter: Where do we start? What do we do? Anda's answer is: Let's be more compassionate. Porter's message is: This is not something we can give you a cookie-cutter approach to solve; it's much better if your communities decide for themselves how to heal."

The two-day presentation aimed to give participants the knowledge (supplemented with binders, slides and handouts) to conduct anything from a 20-minute "ACEs 101" briefing to a multi-day presentation.

For Isabel Lopez, founder and director of the Raizes Collective, the most significant part of the training involved the other people who took part. She found herself among county administrators, physicians, heads of agencies—folks she might have pegged as having more privilege and less exposure to the kind of trauma

# SONOMA COUNTY, CA



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[www.acesconnection.com/g/sonoma-county-aces-connection](http://www.acesconnection.com/g/sonoma-county-aces-connection)



**Adversity crosses lines of race and class. You feel alone doing this work, like you're starting from scratch. But here, I felt like I had some reinforcement—people who really want to understand and share this information.**

she sees in Sonoma's communities of color.

What she learned is that adversity crosses lines of race and class. "You feel alone doing this work, like you're starting from scratch. But here, I felt like I had some reinforcement—people who really want to understand and share this information."

The training bolstered Lopez's understanding of the science that links ACEs to adult behaviors and illnesses such as crime, drug addiction, obesity and diabetes. "Anglos experience these things, too; it's across the board," Lopez says. "That was eye-opening for me—to experience [the training] with this particular cohort of people. I learned that we're all working toward the same vision and goals."

Detective Tim Raymond, who works with the Domestic Violence and Sexual Assault unit of the Santa Rosa Police Department, read an article about the ACEs & Resiliency Fellowship in the local paper and noticed a glaring omission: law enforcement.

By the time Raymond called White-Wolfe, it was too late to join the first cohort, but he was trained by that initial group and has attended one of the follow-up sessions.

At the Family Justice Center Conference in San Diego in 2016, Raymond says, he first encountered the science that affirmed what he'd seen on the streets as a patrol cop: that people who victimize others have often been victimized themselves, and that understanding someone's previous trauma can help explain their current behavior.

"Not everybody embraces a compassionate approach to dealing with people," Raymond says, but the hard-to-argue-with brain science can help overcome that resistance. He's

shared what he learned with other officers in his unit, and he draws on those lessons in the course of every ordinary day.

Recently, he was talking with two sisters who had experienced sexual assault when they were young; while some family members were unsupportive, the girls' father remained a steady, encouraging presence in their lives. Raymond told the girls what ACE trainers had said about protective factors. "I was able to key in on the idea that although trauma can impact people's lives in a negative way, research shows that when somebody has a positive adult figure in their lives, that can mitigate it."

Word is spreading; as of late June, trained speakers have conducted 62 presentations to groups including the child care staff of Santa Rosa Junior College, the district attorney's staff and personnel from several schools, says White-Wolfe.

As for Lopez, she feels less alone as she works to schedule bilingual yoga classes and intergenerational art labs, as she hustles to find work spaces and audiences for artists of color.

"I think I've found my purpose," she says, "and I'm really excited to continue learning and sharing and healing and building and hopefully changing communities for the better."

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*Pictured, Isabel Lopez attending a training session.*





# HEALTHY AND VIBRANT:

## *A Tree Grows in Tarpon*

The town of Dunedin claimed the Florida orange as its symbol. Safety Harbor had the grapefruit. But when members of the Peace4Tarpon marketing team were trying to design a new poster, the group's vice-chair, Mary Sharrow, suggested another image of native flora: the red mangrove.

Those trees, known officially as *Rhizophora mangle* and colloquially as “walking trees,” populate Tarpon's shoreline. At first, marketing team members were unsure about using them as Peace4Tarpon's symbol. Then Sharrow came back with a bundle of research.

“When I started reading about [the red mangrove], it blew me away,” she says. She learned that the trees rebuild shoreline, protect sea grasses and reefs and convert salt water to fresh water in their root systems. “The capacity of the mangrove to survive in the harshest of environments...these are work mules, giving you free carbon-scrubbing. *The Smithsonian* had a blurb: ‘The mangrove is a survivor.’ It resonated on so many levels.”

Artist Kris Gregg, a graphic designer and member of the marketing team, designed an image of the tree that could be used on

posters, brochures and window decals. But Peace4Tarpon leaders wanted to go further: Why not make the red mangrove the official tree of Tarpon Springs?

“It's another way to brand the city as desirable, as healthy, as vibrant,” says Robin Saenger, founder of Peace4Tarpon.

“The tree is able to bounce back. It's indigenous to this area,” says Wendy Sedlacek, MARC project manager. “We thought it was a beautiful metaphor that represents Tarpon Springs.”

Saenger brought the idea, along with a large, high-resolution image of the red mangrove graphic, to Tarpon's city commissioners in October 2016. They were intrigued, but wanted more support from community organizations.

So Saenger reached out to local civic and environmental groups—the Suncoast Sierra Club, the Garden Club—as well as individual business owners, faith leaders and community members, for letters of support.

When she returned to the city commissioners' meeting two months later, they passed a unanimous resolution making the red mangrove

# TARPON SPRINGS



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**The red mangrove is not only a metaphor of health and vibrancy but an example of how a home-grown resilience movement can capture local assets and symbols to raise awareness.**

the city tree of Tarpon Springs.

“The red mangrove is a survivor,” says city manager Mark LeCouris, a 30-year veteran of the police department. “That plant thrives when all other plants might fail. You will not find anything better to represent us.”

Though Peace4Tarpon has big visions for the red mangrove symbol—perhaps it could be painted on the wall of a meditation garden near the tennis courts—members agreed to start small, with “The Magical Mangroves Coloring Contest,” a color-in red mangrove poster, with information about resilience, that kids could design and personalize. With the mayor acting as one of the judges, the winners in various age categories received prizes, and the library displayed all the entries.

For Peace4Tarpon leaders, the red mangrove is not only a metaphor of health and vibrancy but an example of how a home-grown resilience movement can capture local assets and symbols to raise awareness.

Saenger receives several calls a week from communities asking how they can start their own “Peace4” trauma-informed initiatives, and similar efforts have launched in the city of Gainesville, the Big Bend Region of Florida, Crawford County, Pennsylvania and elsewhere.

“When I present to communities, quite often I’ll share the red mangrove story, but I’ll say, ‘It’s important for you to think through what would be a good brand for your city. What is an asset; what symbol would you want to represent you?’”

“This is not a cookie-cutter type of movement,” adds Sedlacek. “It’s something that will be unique for every single community.” Both leaders encourage those in other locales to reach wide, involving educators, city

government, health care providers, faith-based organizations, businesses and social service agencies in their efforts.

Meantime, there’s a red mangrove decal on the windshield of Saenger’s car. The image appears on postcards that go into Peace4Tarpon information packets. And on rough days in the city manager’s realm, LeCouris will glance at his red mangrove poster and let it remind him of strength and possibility.

“Sometimes you get frustrated,” he says. “[The image] helps bring me back to where I should be. I have [the poster] in my office, right in front of me every day I work.”



Photo on left: “Roots” by Lyanna L., licensed under CC BY-NC-ND 2.0.





# AN AGENDA OF EQUITY:

## *Communities Lay Foundation for Trauma-Informed Change*

Administrators in the Bellingham, Washington school district realized that a free public education actually came at a price. School supply lists could easily run up a \$250 tab at office supply stores; families were tapped for field trip fees, sports uniforms and musical instruments.

And those costs inevitably pinched hardest in the least affluent neighborhoods.

In the 11,000-student district, where one-acre wooded lots sit next door to apartment complexes housing migrant workers, disparities—of language, income, culture and access—were deeply embedded.

“In terms of haves and have-nots, how some schools have plenty and others struggle...we’d never been able to conquer that,” says Steve Clarke, the district’s assistant superintendent of teaching and learning. “We set out to eliminate the barriers.”

The district began to pay for school supplies and field trips. They added after-school enrichment programs to the poorest schools. They reduced the cost of sports-team participation from \$350 to \$150, then eliminated it altogether.

And instead of separate PTA fundraisers, which inevitably garnered more money in neighborhoods where families had wealth and professional connections, the district held one contribution-based fund drive and divvied the proceeds equally among Bellingham’s four middle schools.

“Our goal has been that...no matter where you live and what school you go to, you’re going to have the same opportunities,” Clarke says. “All kids deserve to have their dignity and respect upheld.”

That philosophy had been percolating in Washington state—not only among schools, but across community organizations, social service agencies and local government—since before the MARC grant enabled both the Community Resilience Initiative in Walla Walla and the Whatcom Family & Community Network to push their resilience-building work forward.

In Walla Walla, one school principal’s “aha” about kids’ neurodevelopment led, in 2011, to a daylong conference on ACEs and resilience attended by every staff member in the school district, from custodians to top-level administrators. “That was the real tipping point,” recalls Teri Barila, founder of the



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Community Resilience Initiative. “There was so much response that the school district didn’t know what to do with it.”

A new superintendent, now in his second year, is continuing that momentum with a five-year plan to train every certified and classified employee in the district, then let individual schools design resilience-building plans that grow from that core of knowledge.

*Paper Tigers*, the 2015 documentary chronicling the dramatic results of trauma-informed change at Walla Walla’s Lincoln High School, garnered national attention and community pride, along with a deluge of calls from schools wanting to mime that success. “We encourage them to have other partners at the table, to understand how to do this from the community capacity side, so it’s not just a flash in the pan,” Barila says. “Nobody should be expected to do this on their own.”

In Bellingham, it was the Whatcom Family & Community Network (WFCN) that laid the scaffolding for trauma-informed change in the school district, even before the landmark 1998 ACE study.

Partnerships with Western Washington University and the local neighborhood association brought mentors to Shuksan Middle School, where students speak 21 different languages and 65% of the student body qualifies for free or reduced-price lunch.

Geof Morgan, former WFCN director, says the shift at Shuksan had multiple catalysts. “There was this moment with a new principal, a new building, lots of community partners connected to the school. Shuksan had a really strong staff that cared about kids deeply.”

With help from the WFCN, the school added ACE-related questions to its risk and resilience survey and began using

that data to guide staff trainings and school policy. “We’d do ACE training with the staff every year. We were looking at trends over time, asking questions about when kids feel like they belong. The principal would say, ‘When they say yes to that, what does that mean?’”

Several grants, including one from the Gates Foundation, allowed Shuksan to expand staff development, hold community events and subsidize school supplies for kids whose families couldn’t afford them.

When Amy Carder—who had already worked with Shuksan from her post in the district’s central office—became principal three years ago, she continued using data from the risk and resilience survey to examine and change school practices.

The entire staff screened *Paper Tigers* as well as the documentary, *Resilience*, and read Paul Tough’s book, *Helping Children Succeed*. Carder encourages teachers to learn about their students’ lives and ask questions—“How was the soccer game?”—that build relationships.

“We use circles quite a bit—community-building circles, problem-solving circles, circles to repair when harm has been caused,” Carder says. She remembers the first time she heard of ACEs—she was walking, listening to an audio version of Tough’s first book, *How Children Succeed*. At first, she felt saddened, hearing about the adversities that burden some children.

“Then I came back around to a feeling of hope. With our own population, one of the most important things we can do is...be that person, the one adult who believes in the kid without condition and has high expectations for them to be their best self. It’s not just a good idea; it literally impacts the health and well-being of our kids.”





# “THEY KNOW MY NAME:”

## *Parents Help Make a Collective Impact*

Kimberlee Coronado recalls listening to a presentation of statewide data on children, poverty and trauma, and feeling acutely aware of the survey’s missing piece. It was a meeting on trauma-informed care; around the table were social service providers and representatives of local and county agencies.

Coronado felt her anger rising. “I said, ‘What’s not even on your radar are kids with disabilities; you’re missing a whole category of kids who experience daily trauma,’” she recalls. Coronado spoke from experience: three of her four children, aged 8 to 18, have autism, and all have suffered a range of mood, behavior and anxiety disorders.

In addition, she’d read that children with attention deficit and similar disorders are more likely to be disciplined at school; in a landmark Texas study of 900,000 children, among those who had been suspended eleven or more times, one out of six had learning disabilities (compared to one in twelve of those who’d been suspended just once).

When Coronado voiced her frustration with the data, she was startled to hear the presenter say, “We need your voice. Do you want to be a collective impact partner?”

Later, she learned what that meant: She was being invited to join a group of professionals, parents and youth who would engage in a collective impact initiative through the Wisconsin Office of Children’s Mental Health (OCMH), working to boost access to services and foster collaboration among all family-serving state agencies.

Now Coronado co-chairs that group’s executive council and is a member of the access work group; she also serves on several county-level advisory committees and the Wisconsin Council on Mental Health.

She’s learned how to translate her anger into action. “I am not the only person affected by the red tape,” she says. “Providers have a lot of red tape to go through, too.” As a collective impact partner (CIP), “I had to learn the value of getting everyone’s perspective. To not say, ‘Let’s just do that,’ but to say, ‘Do we have shared goals? Do we have a common agenda?’ I realized the work it takes.”

Kim Eithun Harshner, operations lead for OCMH and coordinator of the collective impact initiative, says Coronado and the other CIPs bring “a reality check for what it’s like to be living this every day and interacting with the





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systems—what’s helpful and what throws up barriers for families.”

The OCMH supports parent and youth partners with a stipend—\$100 a day for the monthly meetings, plus travel expenses and meals—as well as training opportunities and a structured session before each meeting to discuss agenda items and personal experiences relevant to those topics.

Harshner says Coronado has reminded the group about the importance of respite care, even for families that have a strong support network. “[Coronado] and another parent sat on a committee that changed an administrative rule on day treatment; what they said influenced the way the rule was revised,” Harshner says.

For Coronado, having a place at the collective impact table means bringing a sense of urgency to a process that sometimes moves with aching slowness. During a discussion about the lack of access to psychotherapy for children, Coronado shared photographs of one of her children, whose anxious skin-picking, combined with eczema, escalated into a MRSA infection that required ten days in the hospital and IV antibiotic treatment.

“It’s showing that perspective: that people can’t wait,” she says. “I’ve come to realize that it takes a generation—or at least five to ten years—to see some movement. But there’s also ‘kid time’—what can we do today? What can we do next week? Six months from now may be too late for a family that’s in crisis.”

The OCMH has now become a model, Harshner says, inspiring other state departments in Wisconsin to seek the expertise of parents and youth. In turn, those individuals bring their growing knowledge—of the collective impact model, of trauma-informed care, of budgeting and policy—back to their local schools, agencies and neighborhoods.

Coronado, who previously worked in the restaurant business, translates lessons from that field into her work as a CIP. “I look at the flow of new people coming in: What kind of training do they have? Do we need to supplement that training?” Part of the work involves “teaching other parents...how to craft their story in a way that’s purposeful and meaningful.”

She’d like to see more communication and less duplication among agencies, along with increased attention to families’ needs. Whether the topic is the opioid crisis or access to mental health specialists in public schools, she says, parents should be helping to shape policy.

“The connections that are made are so awesome,” Coronado says. “I have no qualms now about reaching out to somebody from the Department of Public Instruction; they know my name. The way folks treat us at the table has been elevated. There’s more understanding of what we live through.”



*Pictured right, Kimberlee Coronado.*



## ABOUT THE AUTHOR

Anndee Hochman is a journalist and essayist who listens intimately, asks fearlessly and writes frankly about people, families and communities. She cherishes small details and pokes at big questions; she believes stories can help us become less isolated and more generous, less rigid and more awake. Her column, “The Parent Trip,” appears weekly in The Philadelphia Inquirer; she is a regular contributor to WHYY Newsworks, Broad Street Review and Purple Clover. Her articles, essays and reviews have also been published in O, the Oprah Magazine, Redbook, Cooking Light and The Journal of the American Medical Association. Anndee is the author of Anatomies: A Novella and Stories (Picador USA) and Everyday Acts & Small Subversions: Women Reinventing Family, Community and Home (The Eighth Mountain Press). She lives with her partner and daughter in Philadelphia.



## ABOUT THE COVER

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