

The Northern ACEs Collaborative (NAC) proudly presents,

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# Bridges to Belonging: Rural Innovations and Best Practices to Address Trauma and Build Resilience

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a one-day summit to learn, share, generate, and connect.

Tuesday • March 5 • 2024  
8:30 am - 4:30 pm

**Gaia Hotel & Spa**  
4125 Riverside Place, Anderson, California, 96007



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# Welcome In

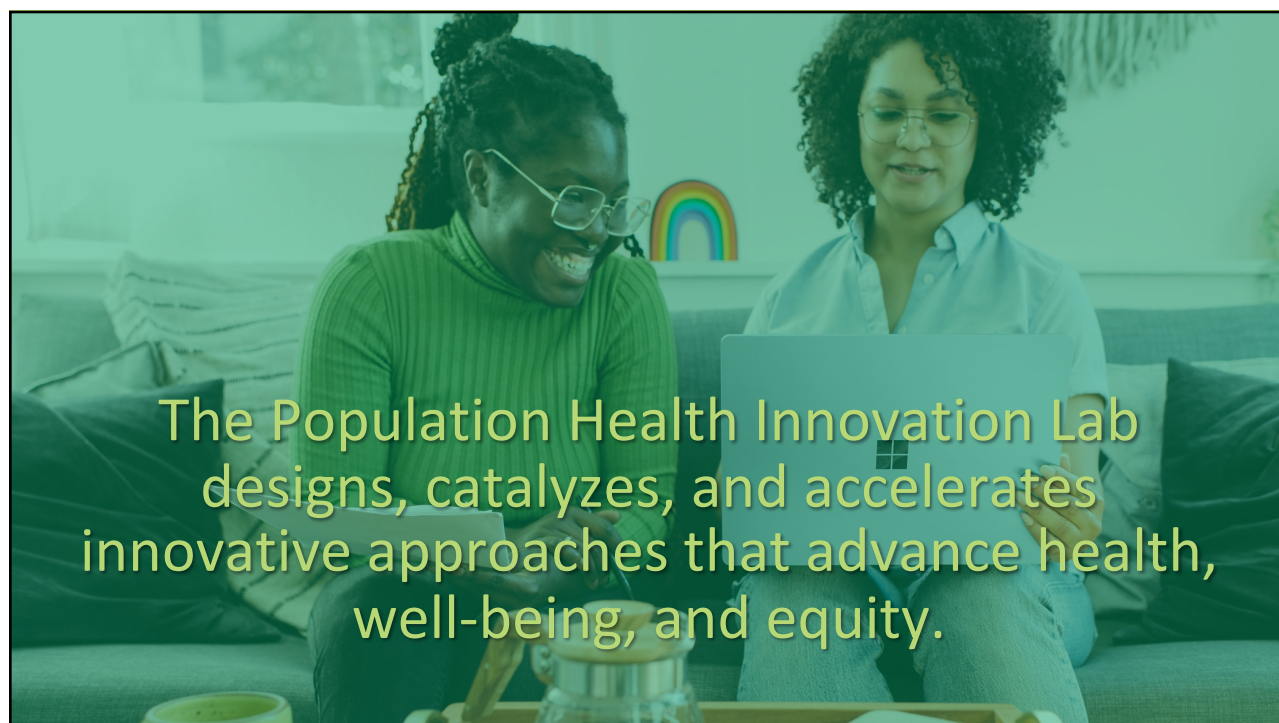
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Kathryn Stewart  
*Population Health Innovation Lab*



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Thank you to our generous sponsors!



The Population Health Innovation Lab designs, catalyzes, and accelerates innovative approaches that advance health, well-being, and equity.

## Announcements & Housekeeping

- Introductions: PHIL Staff and NAC Steering Committee Members
- Venue Logistics
- Name Tags & Summit Programs
- We want to hear from you! Look for the questions and flipcharts throughout the venue and share your thoughts with us!



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## Summit Objectives

Learn

Share

Generate

Expand

Rural Innovations and Best Practices to Address Trauma and Build Resilience in Rural Northern California



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## Meeting Agenda

- Land Acknowledgement
- Northern ACEs Collaborative: Past, Present, and Future – NAC Steering Committee
- Musical Networking
- Keynote 1: Harnessing Belonging and the Power of Collective Resilience
- Innovation Spotlight: North Valley Community Foundation C.A.R.E Team
- Exploring the Numbers Part. 1: Looking at trauma and resilience across rural Northern California
- Innovations Lunch Panel: Supporting ACEs & CalAIM opportunities through partnerships
- Keynote 2: Systems Thinking for Addressing Trauma and Promoting Resilience
- Exploring the Numbers Part 2: Meaning Making and Communicating Data
- Innovation Spotlight: The Office of the California Surgeon General
- Reflections, Close, and Innovation Networking



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## Land Acknowledgement

Irvin Watkins

*Northern Valley Indian Health*



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# The Northern ACEs Collaborative (NAC): Past, Present, and Future

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The NAC Steering Committee



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## NAC Steering Committee

<p><b>Wendy Dickens, MSW</b> <i>Executive Director</i> <i>First 5 Shasta</i></p>	<p><b>Erin Morrissey</b> <i>Program Manager, Health &amp; Wellness Initiative</i> <i>North Valley Community Foundation</i></p>
<p><b>Heidi Mendenhall, MA</b> <i>Executive Director</i> <i>First 5 Tehama</i></p>	<p><b>Shelly Ohlms</b> <i>Community Action Manager</i> <i>Colusa-Glenn-Trinity Community Action Partnership</i></p>



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# 2019: Northern ACEs Collaborative (NAC)

Advancing opportunities for policy and systems changes that mitigate issues of Adverse Childhood Experiences (ACEs), trauma, and domestic violence.

## VISION

All Northern California residents have everything they need to live resilient and happy, healthy lives.

## GOAL

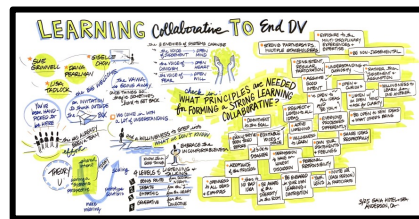
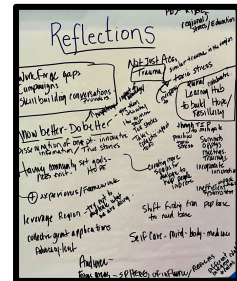
Reduce ACE scores in Rural Northern California while ending domestic violence.



Participating Counties:  
Butte, Colusa, Glenn, Shasta, Tehama, and Trinity



# 2023: NAC Strategic Planning



“ *How might we **enhance, leverage,** and **activate** our regional network of partners, resources, and opportunities to realize the vision of NAC that all Northern California residents have everything they need to live resilient and happy, healthy lives?* ”



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## NAC Vision, Mission, and Goal

- **VISION:** All Northern California residents have everything they need to live resilient and happy, healthy lives.
- **MISSION:** NAC brings together rural Northern California champions to address trauma and promote resilience in the region through a collaborative approach of building relationships and sharing, learning, examining, and generating new ideas.
- **GOAL:** Increase the capacity of rural Northern California champions to address trauma and promote resilience to improve the health of the communities they serve.



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## NAC Strategic Approach

- NAC will serve as a **Rural Resilience Innovation Hub** for hosting generative dialogue, disseminating on-point, innovative information, and facilitating action to address trauma and promote resilience.
- NAC will continue with a **Regional Approach**
- NAC recognizes that there are **Multiple Realms of Trauma and Opportunities for Resilience**



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“*Know better, do better.*”



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## 3 Realms of ACEs



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## NAC Objectives & Activities

### SHARE & LEARN

- Quarterly Champion Meetings
- Summit
- Newsletter and Communications

### GENERATE

- Storytelling opportunities
- Collect, analyze, and disseminate data
- Lab/Sprint focused on addressing regional challenges

### ADAPT & EXPAND

- Steering Committee
- New Partnerships



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## NAC Member/Partner -> NAC Champion

### Previous Definition

An active NAC member will have attended at least two (2) of the last six (6) quarterly NAC Partner Meetings and/or participate in a NAC subcommittee in the year.

### Revised Definition

A NAC Champion will:

- Be actively interested in the vision and mission of NAC – which does not have to show up in their work
- Advocate for the work of NAC
- Participate in some NAC meetings and events

*\* NAC Champions can be from outside the current 6 county NAC region*



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## Musical Networking



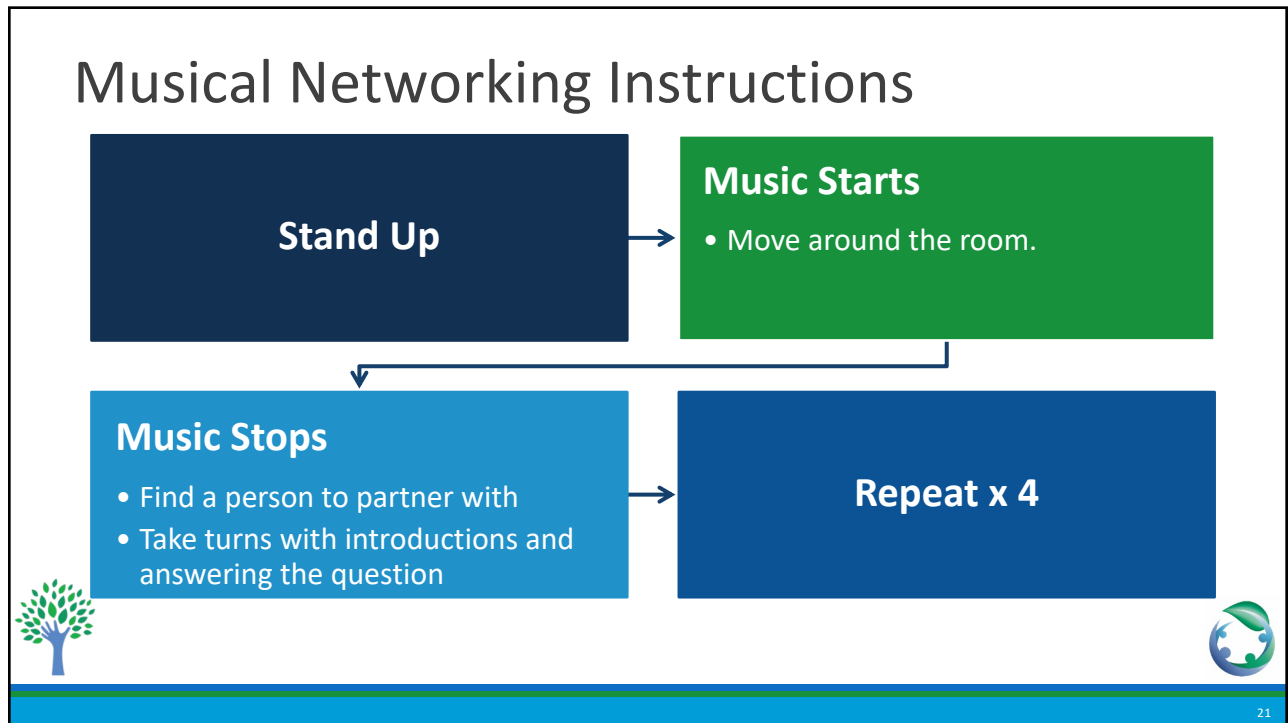
Sue Grinnell

*Population Health Innovation Lab*




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## Networking Question 1

If you could hang-out with any cartoon character, who would you choose and why?



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## Networking Question 2

What drew you to this summit?



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## Networking Question 3

What are the most notable ways you have seen local context and experiences influence the way that trauma and toxic stress are addressed?



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## Networking Question 4

What challenges or barriers are you encountering when it comes to decreasing trauma and toxic stress?



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## Harnessing Belonging and the Power of Collective Resilience

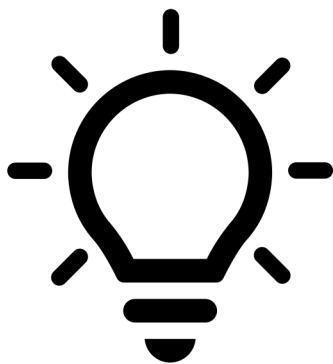
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Steve Sawyer, LCSW  
*Founder, Speaker, Trainer, Author*  
*Dynamic Interventions, LLC*



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# Innovation Spotlight: North Valley Community Foundation CARE Team

Erin Morrissey, *Program Manager*  
Michele Thorpe, *Program Coordinator*



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## The CARE Team

Community, Assessment, Response & Education

March 5, 2024

Erin Morrissey, Program Manager  
Michele Thorpe, Program Coordinator



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## The Path to CARE Team

- In 2020 there were 3 youth suicides and a teacher took their life at Chico High
- In 2021 the Surgeon General released an advisory detailing the crisis levels of distress that youth were experiencing globally and nationally.
- Community wide cry for help and support
- The national crisis was hitting Butte County especially hard due to high ACE scores, multiple natural disasters and shared community trauma



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## Local, County and State Youth Suicide Data

Thrive mobilized in response to a growing need for youth-suicide related relief and support during the COVID-19 pandemic, and following a spike in youth-suicide related deaths both locally, and nationally.

- Conducting youth focus groups to assess need.
- Delivering trainings and education rooted in ACE science and trauma informed healing.
- Assembling a team of community healers, stakeholders, and youth voices to help us act responsively and engage preventively.



of local high school youth know someone who is struggling.  
(Youth focus groups, Butte Co. 2021)



Butte County has the highest Adverse Childhood Experiences (ACE) scores in the state of California. ACEs scores are correlated with higher suicide rates.

(Center for Youth Wellness Report, 2013)



(Center for Disease Control and Prevention, 2019)

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End the Silence





<https://bit.ly/3TDoLUZ>

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What is  
the CARE Team?

Community, Assessment, Response & Education

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- ❖ The CARE Team is a group of highly trained, compassionate, community healers able to respond quickly to support individuals and their immediate circle in mental health crises as they navigate the network of healing resources.
- ❖ The CARE Team can provide support and assistance to youth and families in moments of crisis when:
  - **Level 1: A young person is experiencing suicidal ideation.**
  - **Level 2: A young person has attempted suicide.**
  - **Level 3: A young person has taken their life by suicide.**

No Wrong Referral Source, No Insurance or Payment Required.



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### The CARE Team is NOT ... a 24 hour crisis hotline.

When you place a call to the CARE Team activation line, a member of the team will return your call within 24-48 hours. When necessary, this may be followed by a professional evaluation by a CARE Team clinician, and/or connection with a CARE Team coach to walk the young person, and their loved ones, through the process of navigating and accessing resources to support long term healing.

**If there is a youth in your life experiencing an emergency mental health crisis and requires immediate support, please call 911, or contact the Butte County Behavioral Health Crisis Line at (530) 891-2810.**





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### Identified Gaps

- Response times were slow or non-existent
- Lack of clarity around what support was available and how to access
- Very challenging to navigate systems to access the support
- Families gave up / were on waiting lists for weeks

### Filling the Gaps

- Ensuring no duplication of services
- Individualized Approach
- No wrong door - no wrong referral sources
- Prompt, compassionate response
- Whole family/network/community/village approach
- Supported, paid staff

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## Data Dashboard: Oct 6, 2021- Feb 22, 2024

Total Calls <b>434</b>	Total Active Cases -youth and family support <b>29</b>	Closed and/or Referred Cases <b>322</b>
Average number of hours to first call back <b>18.63</b>	Total Youth Assigned a Coach <b>291</b>	Total Caregivers Assigned a Coach <b>57</b>
Average days to closure <b>76</b>	Average number of sessions - youth <b>5</b>	Average number of sessions - caregivers <b>3</b>
Number of youth who have been hospitalized <b>119</b>	Hospitalized more than once <b>86</b>	Average number of hospitalizations <b>2</b>

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# CARE Team Toolkit

Available in English, Spanish, and Hmong for families, educators, and youth serving agencies in the community.

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## Why does it work? Simplicity.

Formalizing a structured network of support for youth and families

- connecting them to the resources already available in their community
- offering education on youth mental health and suicide prevention
- finding what sparks joy and passion for youth (getting an escape from the heaviness/clinical)
- providing a safe, healthy adult connection(s)

→ All of which serve as protective factors against the long term impact of ACE's, & building blocks for post traumatic growth & resilience.

**AND...** Mobilizing & equipping a workforce/community to support youth through education & partnership

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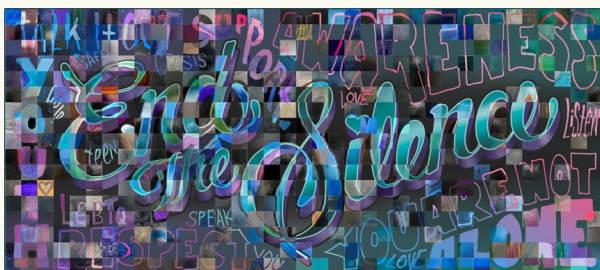
You Are Not Alone.



<https://bit.ly/49QttEw>

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## Activating the CARE Team



[www.nvcf.org/careteam](http://www.nvcf.org/careteam)

530-783-CARE (2273)



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# Exploring the Numbers Part 1: Looking at trauma and resilience across rural Northern California

Andy Krackov  
*Hillcrest Advisory Group*



## 3 Realms of ACEs



# Three Realms of ACEs: NAC Data Online on Infogram

The full set of data compiled for NAC can be viewed online on Infogram. Please scan the QR code or use the link to access and view the data.

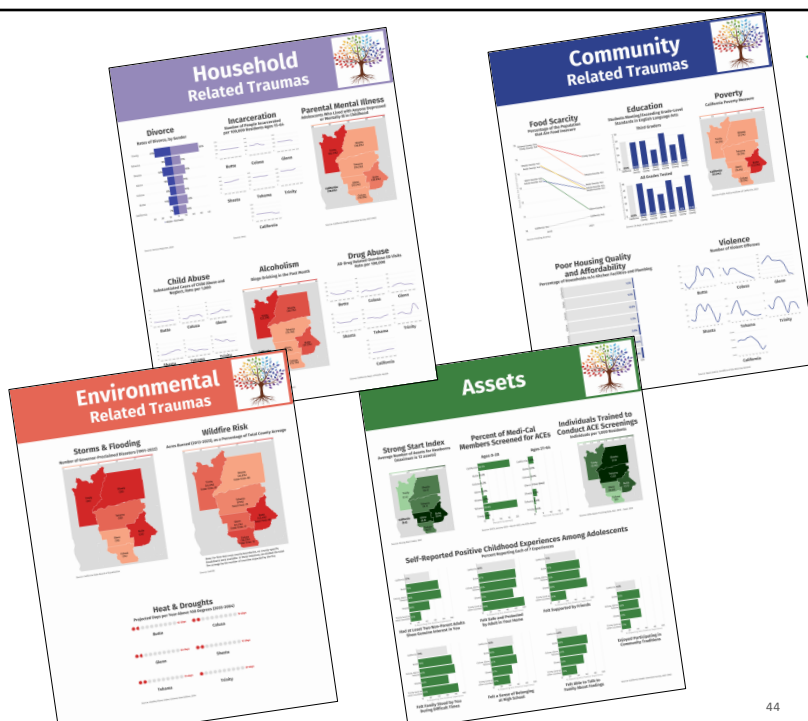


<https://bit.ly/3T3YIKa>



## Data Gallery Walk

15 minutes



## Data Gallery Walk Instructions (15 min)

Walk around the room viewing the data posters

Reflect on both the assets and the deficits

Put a green dot above five charts or maps that you think your community needs to address and / or leverage.

*Note: If your county is not represented in the data, reflect on what you know about your county. If interested in knowing more about your county data, please see Andy!*



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## Reflections from the Data Gallery Walk



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# Innovations Lunch Panel: Supporting ACEs and CalAIM Opportunities through Partnerships

UCLA-UCSF ACEs Aware Family Resilience Network

Northern Valley Indian Health

Partnership HealthPlan of California



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## Innovations Lunch Panel

**Leena Singh, DrPH, MPH**

*Director, Clinics & Community, UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN)*

**Cheryl Wold, MPH**

*Chief of Operations, UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN)*

**Teresa Martins, MSN, RN**

*Community Health & Outreach Director, Northern Valley Indian Health*

**Alisa Sinclair, CMA**

*ACEs Program Coordinator, Northern Valley Indian Health*

**Chloe Ungaro**

*Program Manager, Partnership HealthPlan of California*



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# Innovations Lunch Panel: Supporting ACEs & CaAIM Opportunities through Partnerships

March 5, 2024



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## UCAAN: Advancing ACEs Aware



- In October 2021, DHCS contracted with the UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN) to implement the ACEs Aware initiative, with oversight provided by DHCS and CA-OSG.
- UCAAN is a multi-campus, health equity organization that leverages the substantial interdisciplinary resources of UCLA and UCSF to advance the mission of ACEs Aware by building on the evidence base to develop statewide, sustainable capacity for ACE screening and response.

**UCAAN**

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## ACEs Aware Initiative



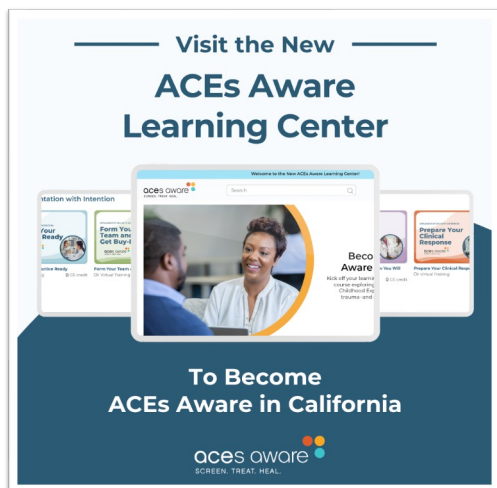
### Reduce Adverse Childhood Experiences (ACEs) and toxic stress by half in one generation by:

- Developing, promoting, and sustaining evidence-based methods to screen for ACEs, treat the impacts of toxic stress and trauma, and help patients heal.
- Investing in communities to generate new and innovative ways to address one of the most harmful, persistent, and expensive health challenges facing our state and nation.
- Leveraging academic and community resources to transform clinical practice through quality improvement, training, and technical assistance.



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## ACEs Aware Learning Center



- *Becoming ACEs Aware in California* core training
- 93+ hours of training content
- More than 37,000 views


#### Training topics also include:

- How to launch and sustain an ACE screening initiative in primary care clinics
- ACE screening and trauma-informed care in reproductive health settings
- Evidence-based strategies for mitigating toxic stress



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## Resources for the Clinical Response to ACE Screening



**Stress Busters: Seven Ways to Manage Stress**

We all have stress in our lives, but did you know that using strategies to manage stress, or prevent it in the first place, can help us live healthier and longer lives?

Stress Busters are seven ways you can manage your day-to-day stress as well as counter toxic stress from Adverse Childhood Experiences. All Stress Busters have been shown to improve brain health and immune function and balance stress hormones. See which ones might work best for you and the people you care about.

Check out Stress Buster tips and strategies in our new patient handouts, and find additional resources on the individual Stress Buster webpages listed below.

[READ THE STRESS BUSTERS OVERVIEW HANDOUT](#)

More information and resources on the seven Stress Buster strategies:

SUPPORTIVE RELATIONSHIPS

QUALITY SLEEP

BALANCED NUTRITION

PHYSICAL ACTIVITY


MINDFULNESS PRACTICES


EXPERIENCING NATURE

MENTAL HEALTHCARE

Go to [acesaware.org/managestress](https://acesaware.org/managestress) to find:


- Patient handouts
- Online course for providers
- Short videos
- Crisis and safety resources
- And more!





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## Training & Provider Engagement Webinars




**Implementation with Intention**


WEBINAR SERIES

Continuing Medical Education credit will be available for each session.




**ACES AND TRAUMA-INFORMED CARE IN REPRODUCTIVE HEALTH**





**SCIENCE AND INNOVATION SPEAKER SERIES**







**COMMUNITY SPOTLIGHT**



- **36+** webinars
- **17,000+** live attendance
- **16,000+** recorded attendance



[training.acesaware.org](https://training.acesaware.org)



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# Technical Assistance

## ACEs Aware Clinical Implementation Pilot Program

**The ACEs Aware Clinical Implementation Pilot Program**

**Background**  
Adverse Childhood Experiences (ACEs) are a preventable root cause of numerous health conditions and social challenges. In California, 50 percent of adults have experienced at least one ACE, and 19 percent have experienced four or more ACEs. Among Californians enrolled in Medi-Cal, 80 percent report that they have at least one ACE, and 20 percent have had or miss ACEs. Identification of exposure to ACEs and other risk factors to look ahead - through universal and routine ACE screening - helps clinicians provide more effective, equitable, specific, and high-quality health care.

The ACEs Aware Initiative offers Medi-Cal providers training, screening tools, clinical protocols, and payment for screening children and adults for ACEs. Screening for ACEs, assessing for toxic stress, and responding with evidence-based interventions can significantly improve the health and wellbeing of individuals and families.

The purpose of the ACEs Aware Clinical Implementation Pilot Program is to help California Medi-Cal providers overcome barriers to implementing and sustaining an ACE screening and response initiative in their clinic.

**Eligibility**  
To be eligible for the ACEs Aware Clinical Implementation Pilot Program, applicant organizations must meet the following requirements:

- Be a clinical service provider located in California.
- At least 20 percent of patient/clinic population at the clinic must be enrolled in Medi-Cal.
- Is not currently screening for ACEs or screens less than 20 percent of patient/clinic population for ACEs.

Additionally, organizations that receive an ACEs Aware Clinical Implementation Pilot Program award will commit to:

- Ensuring all clinical staff complete the Becoming ACEs Aware in California core training and attest to completion (as appropriate).
- Forming an ACE screening and response implementation team.
- Attending three virtual meetings with the ACEs Aware technical assistance team (before, midway, and at the end of the grant period, which begins when the organization receives funds).
- Launching an ACE screening and response pilot within three months of receiving the award.
- Submitting a final report.

Number of Eligible Providers*	Funding Amount
1-10 providers	\$5,000
11-20 providers	\$10,000
21+ providers	\$15,000

**Number of Eligible Providers\* **Funding Amount****

1-10 providers \$5,000

11-20 providers \$10,000

21+ providers \$15,000

Health systems with multiple clinics are encouraged to submit one application, instead of each clinic, applying separately. Additional funding for health systems with multiple locations and more than 10 providers will be provided. Exceptions must be justified.

**Timeline**  
Applications for the ACEs Aware Clinical Implementation Pilot Program will be accepted on a rolling basis.

**Application Process**  
Organizations are invited to complete the online application form at: <https://www.acesaware.org/forms/submitting-the-application-form>

Questions about the application process can be submitted to [questions@acesaware.org](mailto:questions@acesaware.org)

UCAAN

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# Technical Assistance

**Contact Us**

**We are here to help!** Please use the form below to submit any questions you have about the ACEs Aware Initiative.

**Technical Assistance:** Health care teams are invited to use the form to request technical assistance to implement ACE screening and response. *If you are requesting support for the Becoming ACEs Aware in California training, please use the support form on our [learning management system](#).*

Please fill out the form below and a member of our team will respond back soon.

Name:

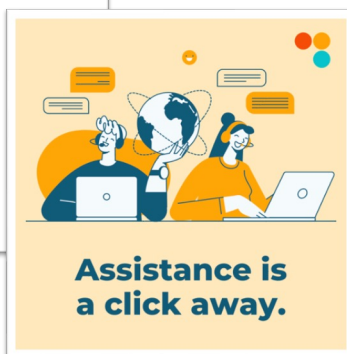
Email:

Organization:

I'm not a robot

What is the general nature of your question?  
----- Choose a category -----

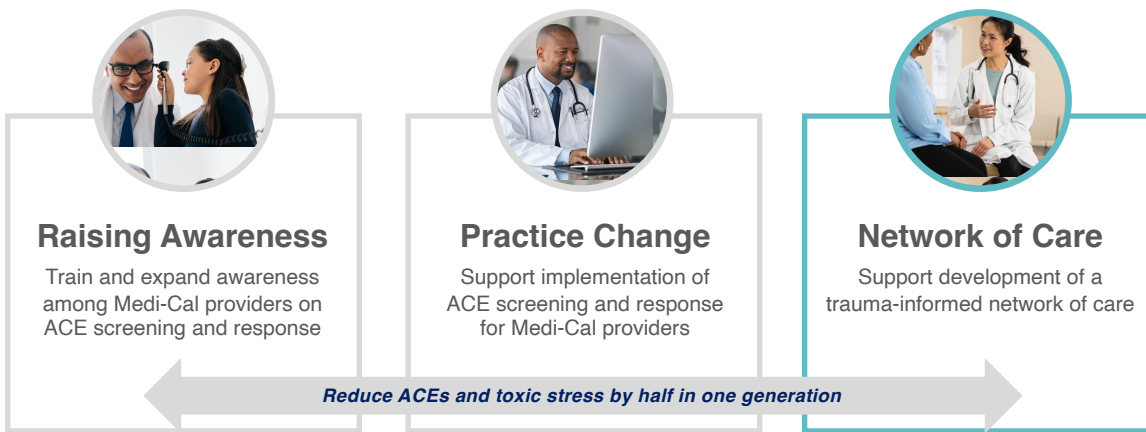
Your question(s):  
Please explain the question or issue in detail so that we can better assist you.



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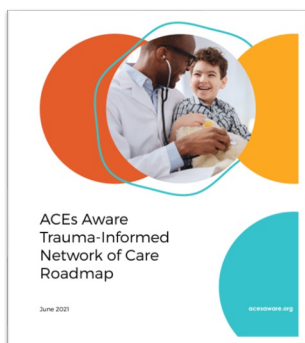
## ACEs Aware Goals and Objectives



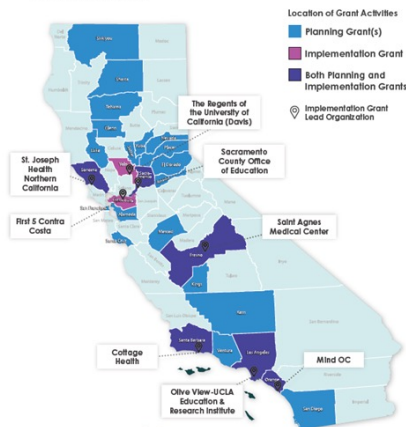
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## Growing Trauma-Informed Networks of Care

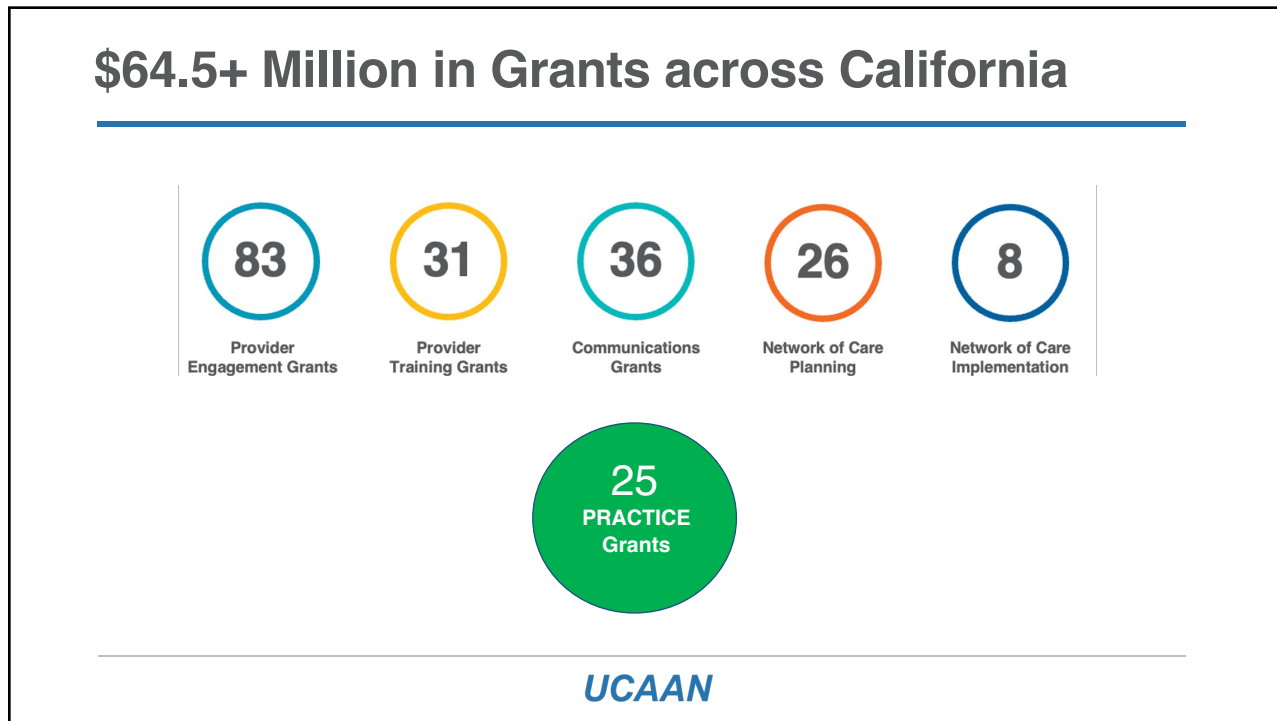


Trauma Informed Network of Care Grant Awards



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## PRACTICE

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The 25 grantee teams, from 15 California counties, serve a wide range of diverse patient populations.

Grant cycle runs through March 2024

Goal: increase the workforce and services needed for primary care clinics to expand and sustain screening and response to ACEs and toxic stress in local communities.

Leverage new sources of funding made available through the transformation of Medi-Cal, through initiatives such as CalAIM

Location of Lead Clinic Entity  
● Catalysts  
● Pathfinders

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# Northern Valley Indian Health

Rural Innovations and Promising Practices




Northern Valley Indian Health  
YOUR HEALTH. OUR MISSION.


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**Terri Martens, MSN, RN**  
Community Health and Outreach Director  
[teresa.martens@nvih.org](mailto:teresa.martens@nvih.org)



**Alisa Sinclair, CMA**  
Family Wellness Program Coordinator  
[alisa.sinclair@nvih.org](mailto:alisa.sinclair@nvih.org)



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## Overview of Our PRACTICE Work



### Northern Valley Indian Health: Tribal FQHC

Providing integrated health services in Willows with expanded medical services via Mobile Clinic at Grindstone Indian Rancheria in Elk Creek.



### Glenn County Community Action Department (CAD): Community Based Organization

Manage a variety of grant-funded programs including emergency services, housing services, income and employment.



### Anthem Blue Cross: Managed Care Plan

- ★ Glenn County- Northern California, Ancestral lands of the Wintun- Wailaki Tribe Rural community Approximately 29,000 residents



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## Promising Practices

**Adult ACE Screening:** Expanded ACE screening from children to adults to cover the entire lifespan. All patients who are screened are provided with education on ACEs and stress reduction. Integrated CHW into medical department and created workflow for referral/warm handoff following the screening.

**Stress Buster Series:** Program offered to the Tribal Community Members at Grindstone Indian Rancheria. Provided education and resources to mitigate the effects of toxic stress in both children and adults. Simultaneously, worked to build resiliency in children to provide them with healthy coping mechanisms.



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# Adult ACE Screening Expansion

- Gradual increase in screening.
- Education on ACE's and Stress Busters given to all patients.
- Referral or warm handoff to CHW is offered to every patient, regardless of score.
- Integrated CHW's into the medical department for whole person care.

**Our Mission: Excellence in Healthcare Services to Native Americans and All Community Members**

Care Coordination services will support system navigators' home visits, application assistance and individual programs such as parenting, family, and youth groups.

**WHAT ARE ACE'S?**  
ACE measures that occur during childhood that can result in high levels of stress in your body and your brain. They also can have lifelong health effects if not managed and treated.

**WHY ARE ACE'S?**  
In addition to supporting families, the Family Wellness Program focuses on education, early intervention, and the prevention of Adult Childhood Experiences (ACEs).

**ACE'S**  
- Physical Abuse  
- Emotional Abuse  
- Neglect  
- Physical Neglect

**ADDITIONAL CHALLENGES**  
- Mental Health  
- Substance Use  
- Diabetes  
- Hypertension  
- Asthma  
- Depression

**2/3 of us have had at least one ACE**  
**1.6 of us have at least three or more ACEs**

**OUR STORES ARE HOME TO A MARRIED**  
The important thing is to identify and understand our ACEs and stress and then work to fix what we can.

To learn more, visit [nvhindian.org](http://nvhindian.org)

**Family Wellness Program**  
EMPOWERING FAMILIES FOR LIFE

**Northern Valley Indian Health**  
YOUR HEALTH. OUR MISSION.

**HEALTHY WAYS TO MANAGE STRESS**

**GET SOME SLEEP**  
Sleep is a key to managing stress. Lack of sleep can lead to irritability, mood swings, and difficulty concentrating.

**GET SOME EXERCISE**  
Exercise releases endorphins, which are natural mood lifters. It also helps reduce stress hormones.

**GET SOME FRESH AIR**  
Spending time outdoors can help reduce stress and improve your mood.

**GET SOME SOCIAL TIME**  
Spending time with friends and family can help reduce stress and improve your mood.

**GET SOME EDUCATION**  
Learning new skills and taking classes can help reduce stress and improve your mood.

**GET SOME ORGANIZATION**  
Organizing your life can help reduce stress and improve your mood.

**GET SOME POSITIVITY**  
Focusing on the good things in life can help reduce stress and improve your mood.

**GET SOME GRATITUDE**  
Practicing gratitude can help reduce stress and improve your mood.

**GET SOME MINDFULNESS**  
Mindfulness can help reduce stress and improve your mood.

**GET SOME SELF-CARE**  
Taking time for yourself can help reduce stress and improve your mood.

**GET SOME SUPPORT**  
Seeking support from others can help reduce stress and improve your mood.

**GET SOME PROBLEM-SOLVING**  
Identifying and solving problems can help reduce stress and improve your mood.

**GET SOME POSITIVE THINKING**  
Thinking positively can help reduce stress and improve your mood.

**GET SOME OPTIMISM**  
Being optimistic can help reduce stress and improve your mood.

**GET SOME RESILIENCE**  
Building resilience can help reduce stress and improve your mood.

**GET SOME CONFIDENCE**  
Building confidence can help reduce stress and improve your mood.

**GET SOME SELF-ESTEEM**  
Building self-esteem can help reduce stress and improve your mood.

**GET SOME SELF-RESPECT**  
Building self-respect can help reduce stress and improve your mood.

**GET SOME SELF-LOVE**  
Building self-love can help reduce stress and improve your mood.

**GET SOME SELF-ACCEPTANCE**  
Building self-acceptance can help reduce stress and improve your mood.

**GET SOME SELF-FORGIVENESS**  
Building self-forgiveness can help reduce stress and improve your mood.

**GET SOME SELF-COMPASSION**  
Building self-compassion can help reduce stress and improve your mood.

**GET SOME SELF-EMPATHY**  
Building self-empathy can help reduce stress and improve your mood.

**GET SOME SELF-RESPECT**  
Building self-respect can help reduce stress and improve your mood.

**GET SOME SELF-LOVE**  
Building self-love can help reduce stress and improve your mood.

**GET SOME SELF-ACCEPTANCE**  
Building self-acceptance can help reduce stress and improve your mood.

**GET SOME SELF-FORGIVENESS**  
Building self-forgiveness can help reduce stress and improve your mood.

**GET SOME SELF-COMPASSION**  
Building self-compassion can help reduce stress and improve your mood.

**GET SOME SELF-EMPATHY**  
Building self-empathy can help reduce stress and improve your mood.

# Stress Buster Series

- Group developed to provide Grindstone community with tools and resources to build resiliency and cope with stress.
- Held on the Rancheria to increase access.
- All community members encouraged to attend.



## Mobile Medical Clinic

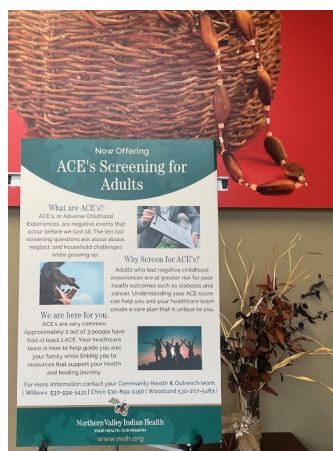
- Weekly Mobile Medical Clinic held on the Grindstone Indian Rancheria.
- Provides more opportunities for ACE screening.
- CHWs on site and available for warm handoffs to support patients' additional needs.



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## Continuing the Work

Plan to utilize CalAim initiative as Enhanced Care Managers to continue program development with the integration of CHWs.



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Family Wellness Program Coordinator  
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EXCELLENCE IN HEALTHCARE SERVICES  
TO NATIVE AMERICANS AND ALL COMMUNITY MEMBERS

All Patients Welcome



# Systems Thinking for Addressing Trauma and Promoting Resilience

David Stroh  
*Author, Founder, Speaker*  
*Bridgeway Partners*



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Systems Thinking for Addressing Trauma and Promoting Resilience  
NAC Summit, March 5, 2024  
David Stroh, Bridgeway Partners

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## You Will Learn

- Why people's best intentions to improve systems are not enough
- Differences between systems and conventional thinking
- Basic systems thinking tools and a case example
- Understanding childhood trauma through a systems lens
- Implications of a systems view for promoting resilience

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WHY GOOD INTENTIONS  
ARE NOT ENOUGH

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### In the News

- Homeless shelters perpetuate homelessness
- Food aid increases food insecurity
- “Get tough” prison sentences fail to reduce fear of violent crime
- Job training programs increase unemployment
- Drug busts increase drug-related crime

**What do these stories have in common?**

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## Failed Solutions Have Common Characteristics

- Address symptoms vs. underlying problems
- Obvious and often succeed in the short run
- Short-term gains undermined by long-term impacts
- Negative consequences are unintentional
- If the problem recurs, we do not see our responsibility

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## Good Intentions Are Not Enough

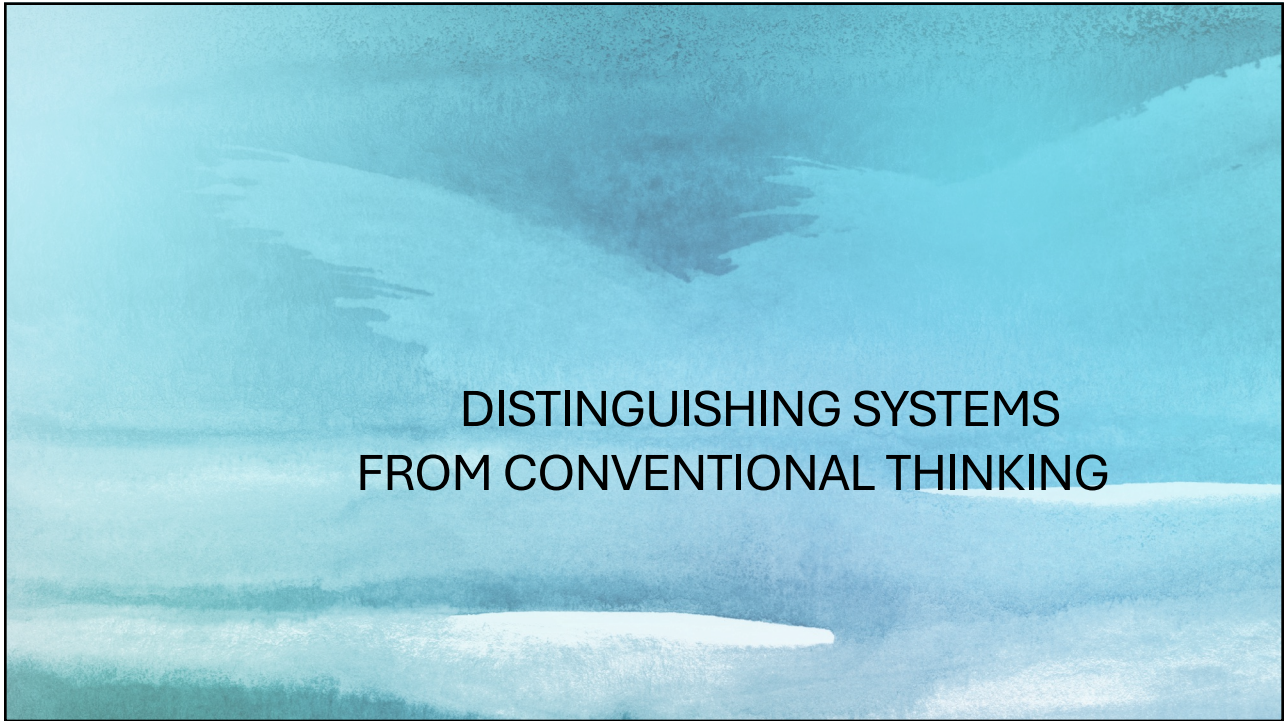
*When you are confronted by any complex social system ... with things about it that you're dissatisfied with and anxious to fix, you cannot just step in and set about fixing with much hope of helping. This is one of the sore discouragements of our time.*

*If you want to fix something you are first obliged to understand ... the whole system.*

Lewis Thomas  
 Physician, poet, etymologist, essayist, educator, policy advisor, researcher  
 Dean Yale Medical School & NYU  
 President, Memorial Sloan-Kettering Institute

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Definitions

**System**  
an interconnected set of elements that is coherently organized in a way that achieves something  
(Donella Meadows)

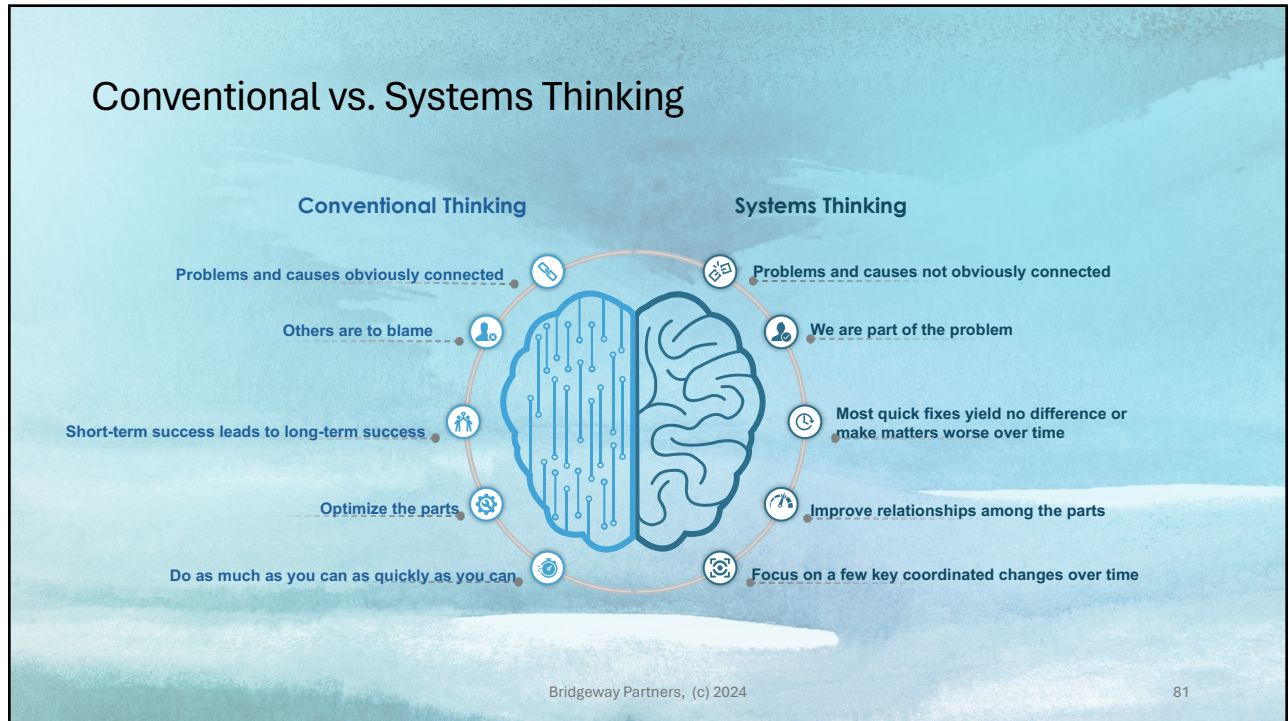
**Systems Thinking**  
the ability to understand these interconnections in such a way as to achieve a desired purpose

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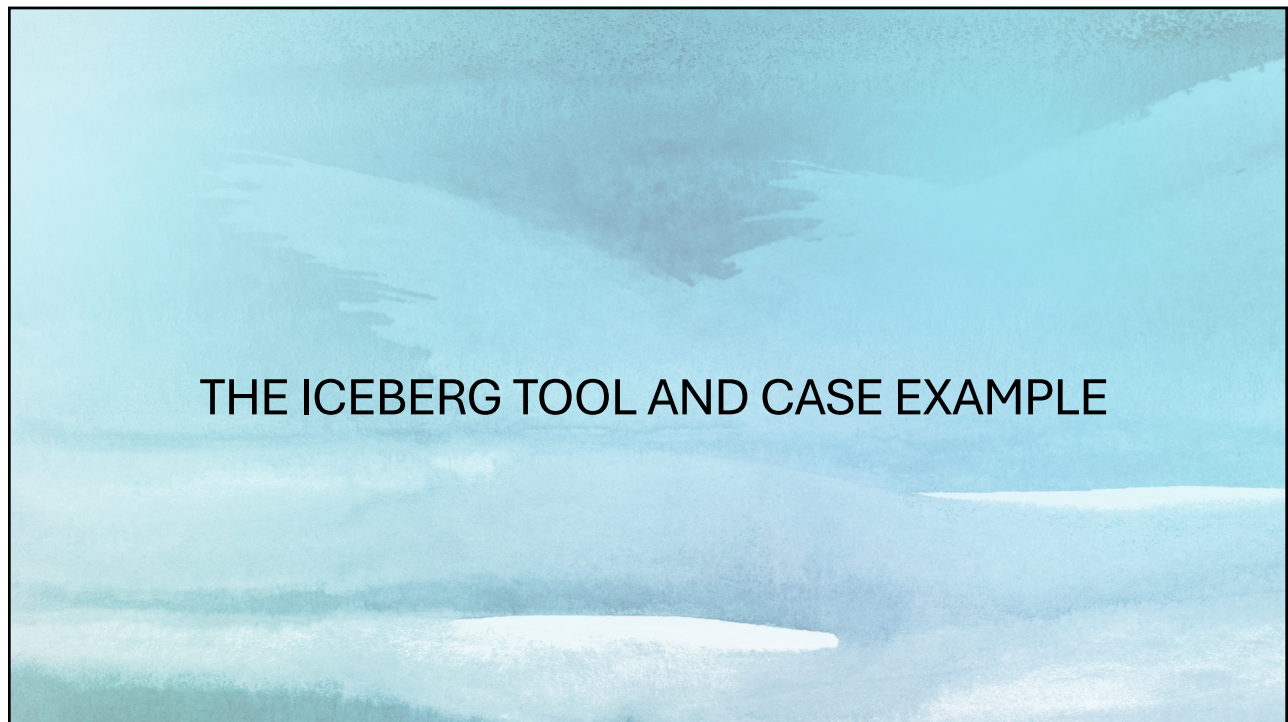
The diagram consists of two overlapping circles. The left circle is blue and contains the text "System" in bold, followed by a definition and the name "Donella Meadows" in parentheses. The right circle is green and contains the text "Systems Thinking" in bold, followed by a definition. The background is the same abstract teal and blue pattern as the title slide.

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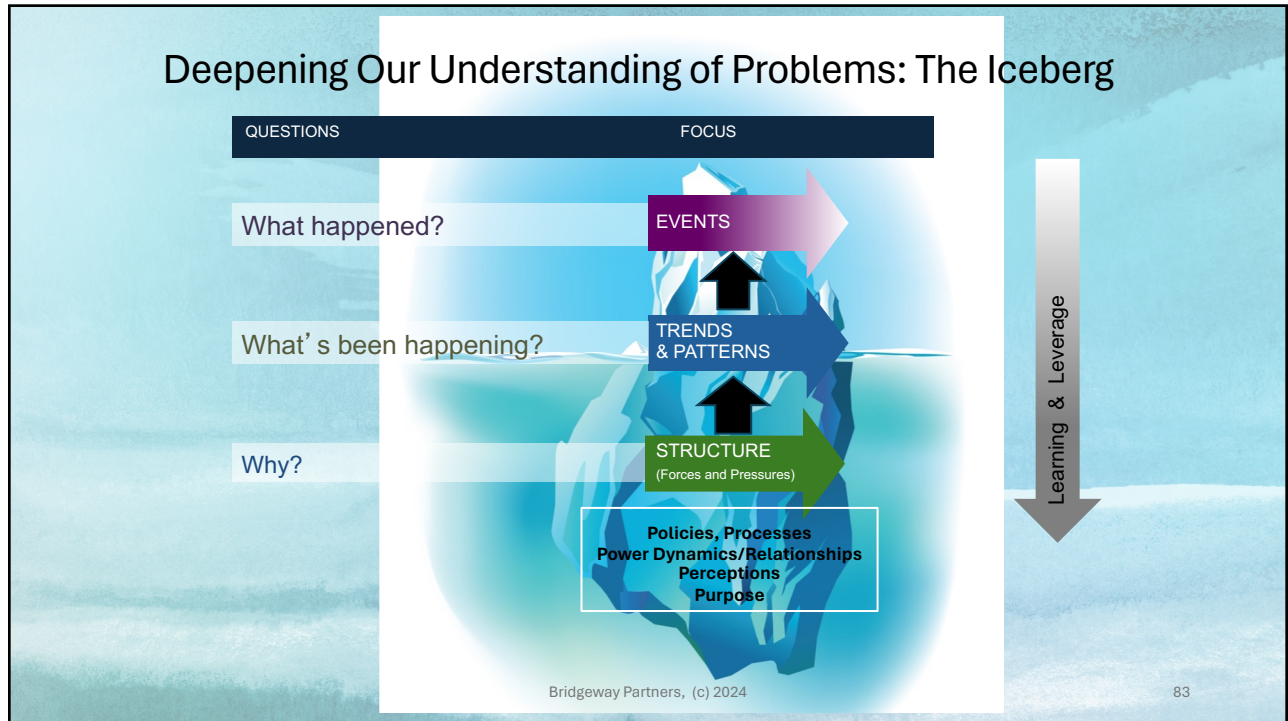




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## Events

### Ending Homelessness in Calhoun County (Battle Creek, MI area)

Calhoun County, MI: recent count estimated 1,400-1,600 people homelessness among population of 100,000

Homeless Coalition\* meetings fail to deal with the problem: disagreements, competition, and lack of knowledge cited

Opportunity to receive funding to develop ten-year plan to end homelessness

**Systems thinking integrated with community building process** – involving political and business leaders, service providers, *and* homeless people – to produce the plan

\*A collaborative workgroup of the Coordinating Council of Calhoun County involving 40 providers of services, consumers of those services, funders & city/county reps.

### Focusing Question

*Why, despite our best efforts, have we been unable to end homelessness in Calhoun County?*

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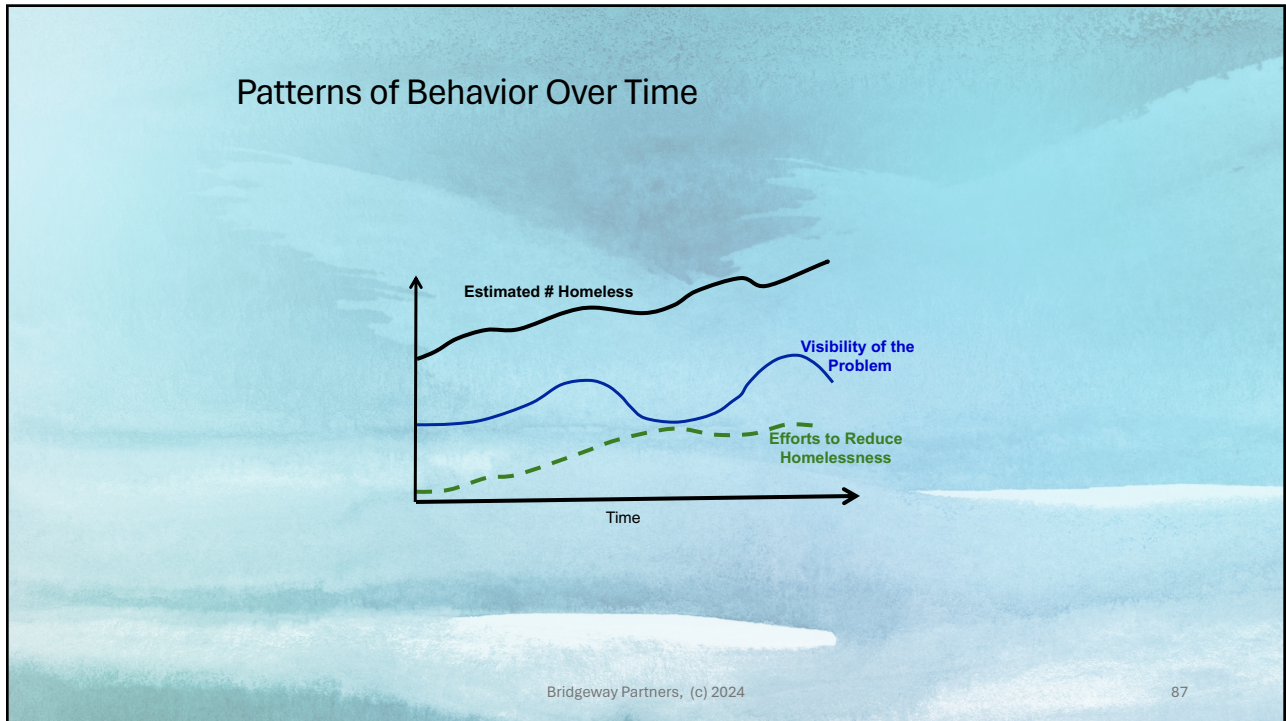
## A Typical Homeless Coalition Meeting

Role	Espoused Purpose	Other Priorities
<b>Elected Official</b>	Permanent housing with support services and jobs are important	This takes a long time, is expensive and the community has other more immediate issues
<b>Business Leader</b>	It's important for everyone to have shelter	Our primary concern is homeless people downtown who hurt business
<b>Homeless Shelter Director</b>	Giving people shelter is humane	The more beds we fill, the more money we get
<b>Health Care for Homeless Director</b>	Homeless people need basic health services outside the ER	We have to compete with other providers for limited funding
<b>Affordable Housing Advocate</b>	All people need permanent housing first	We need to attract people who can afford to pay for housing
<b>Funder</b>	We are committed to helping homeless people	Our board wants to show results now
<b>Concerned Citizen</b>	No one should be homeless, and shelters provide a humanitarian solution	I don't want homeless people living near me; taxes should go to more pressing problems
<b>Homeless Person</b>	Permanent housing gives me ongoing security	My community is other homeless people; I don't know if I can make it in mainstream world

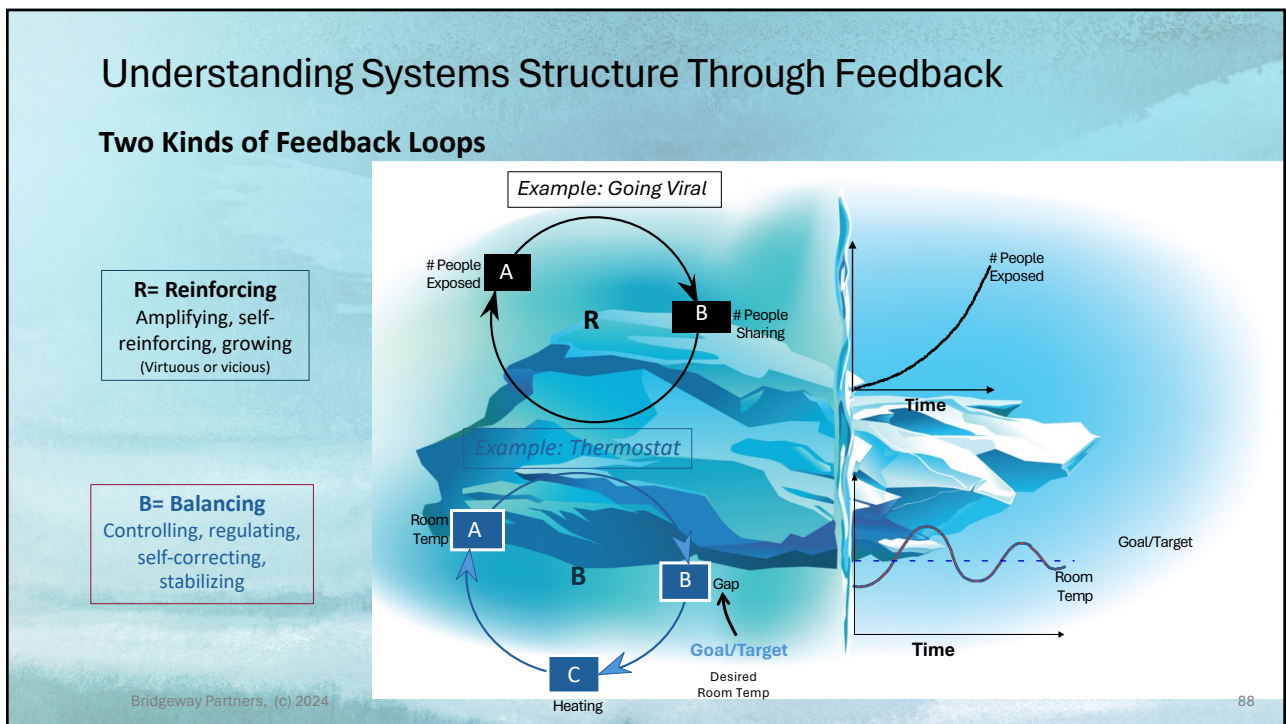
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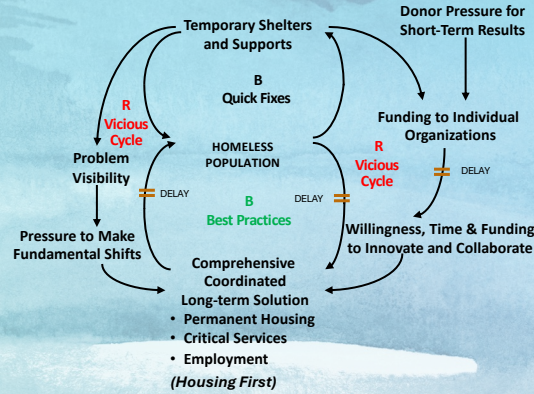


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## Underlying Systems Structure: The Irony of Temporary Shelters

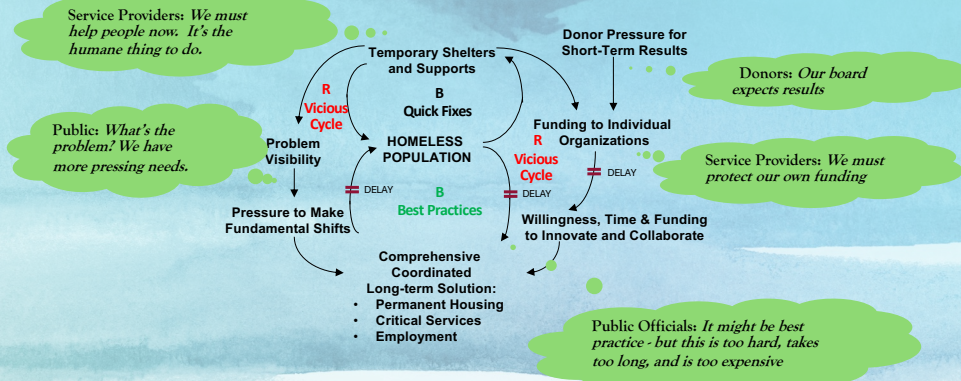


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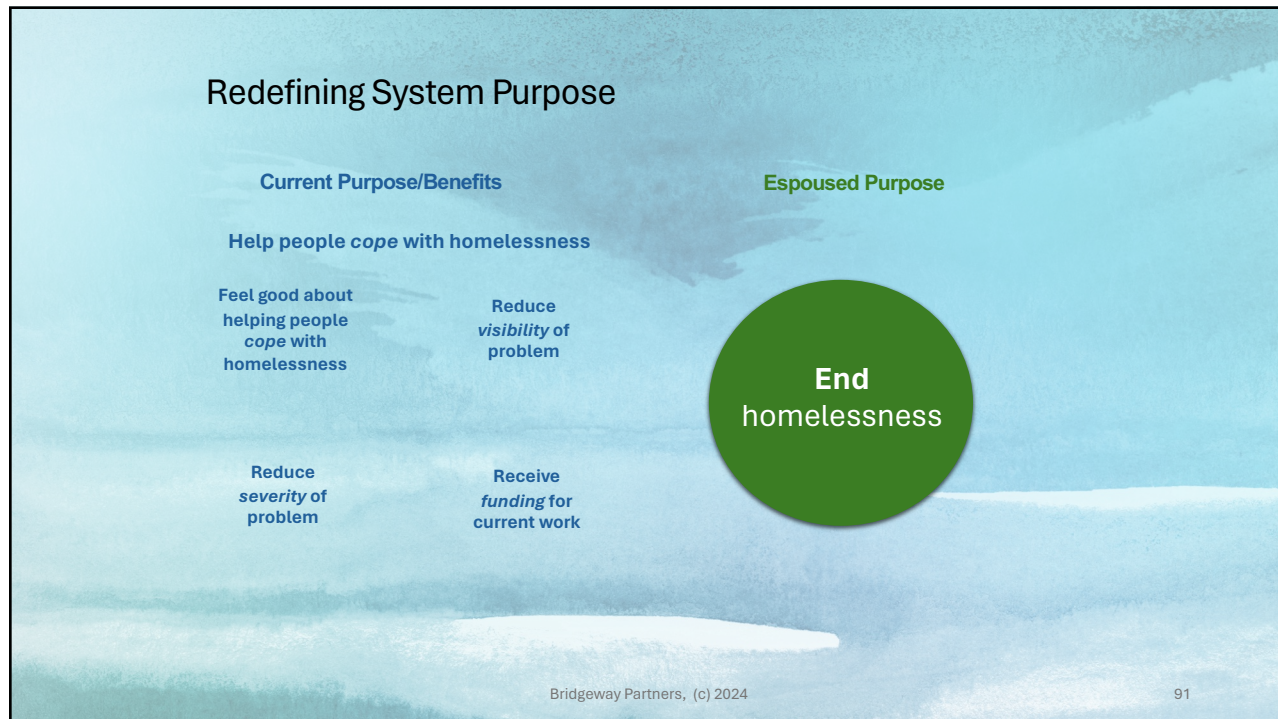
## Underlying Systems Structure: Mental Models



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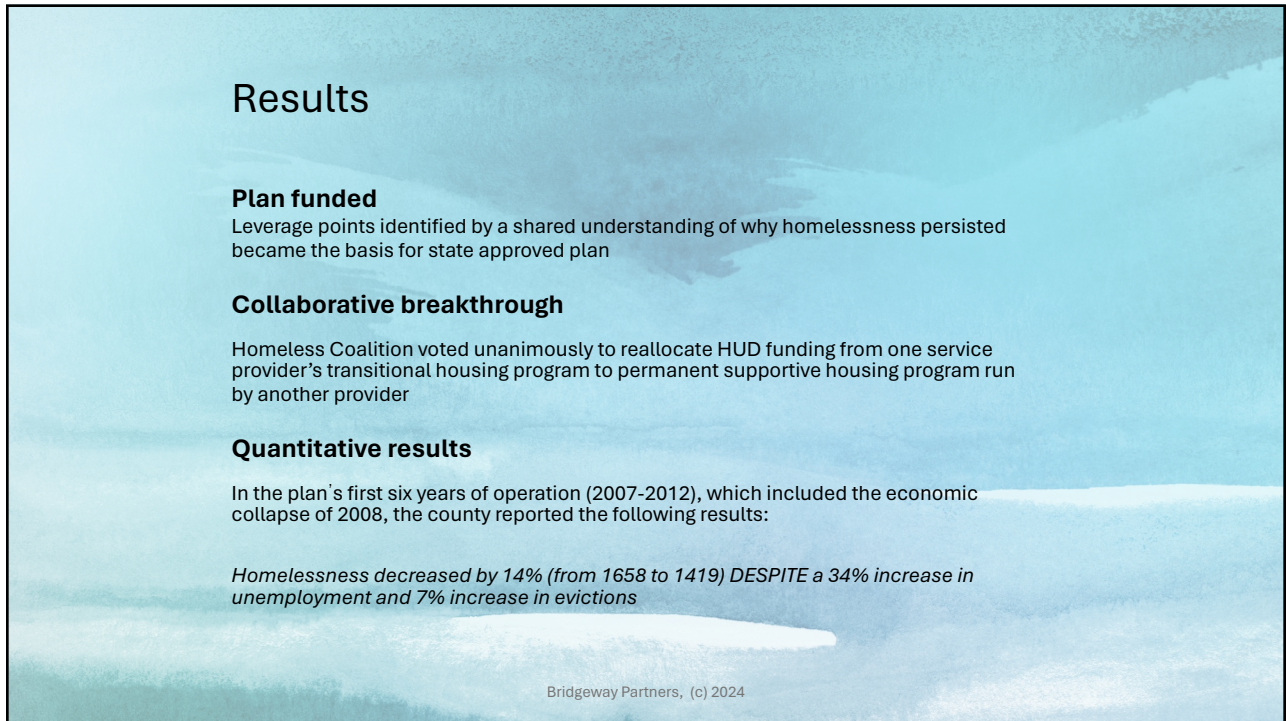
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## Results

**Plan funded**  
Leverage points identified by a shared understanding of why homelessness persisted became the basis for state approved plan

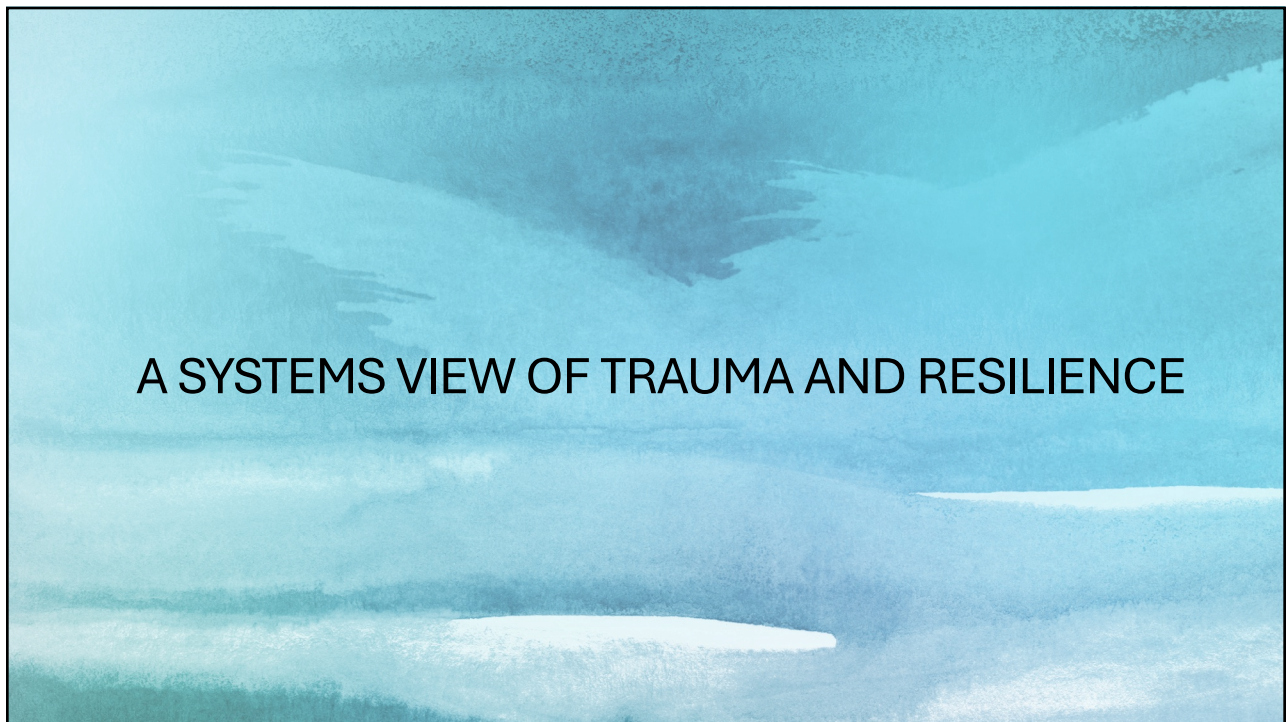
**Collaborative breakthrough**  
Homeless Coalition voted unanimously to reallocate HUD funding from one service provider's transitional housing program to permanent supportive housing program run by another provider

**Quantitative results**  
In the plan's first six years of operation (2007-2012), which included the economic collapse of 2008, the county reported the following results:

*Homelessness decreased by 14% (from 1658 to 1419) DESPITE a 34% increase in unemployment and 7% increase in evictions*

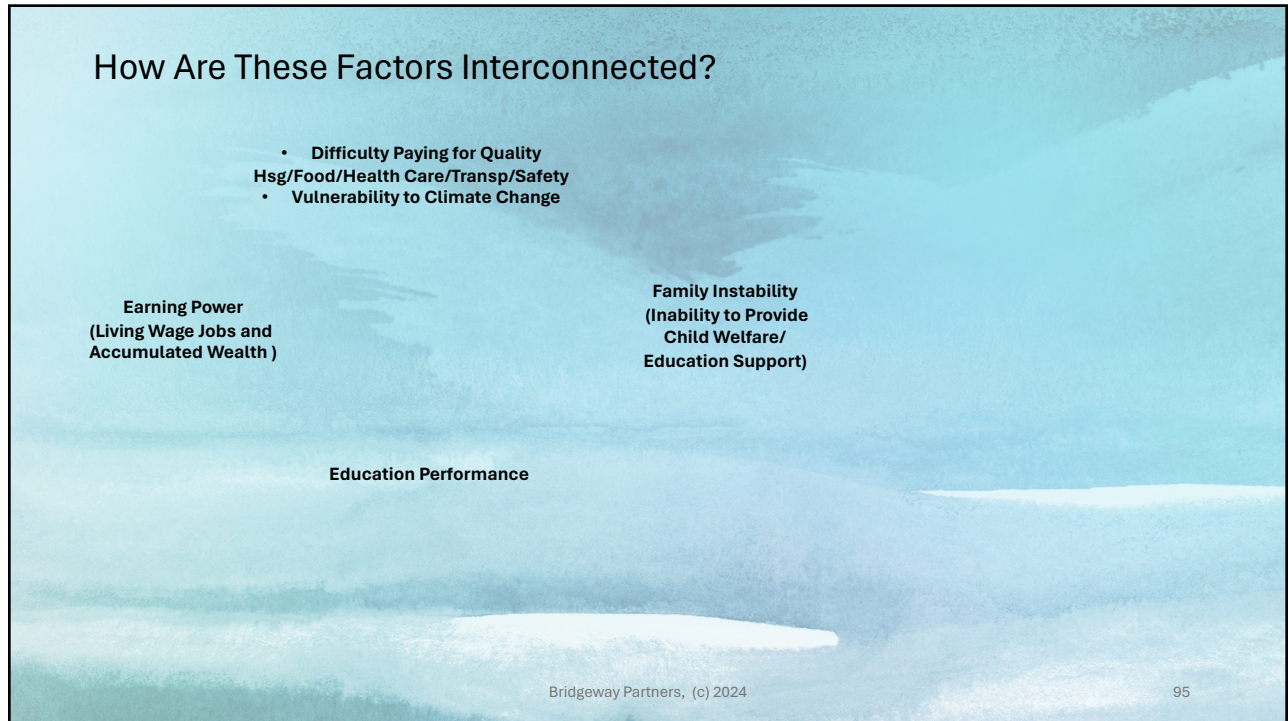
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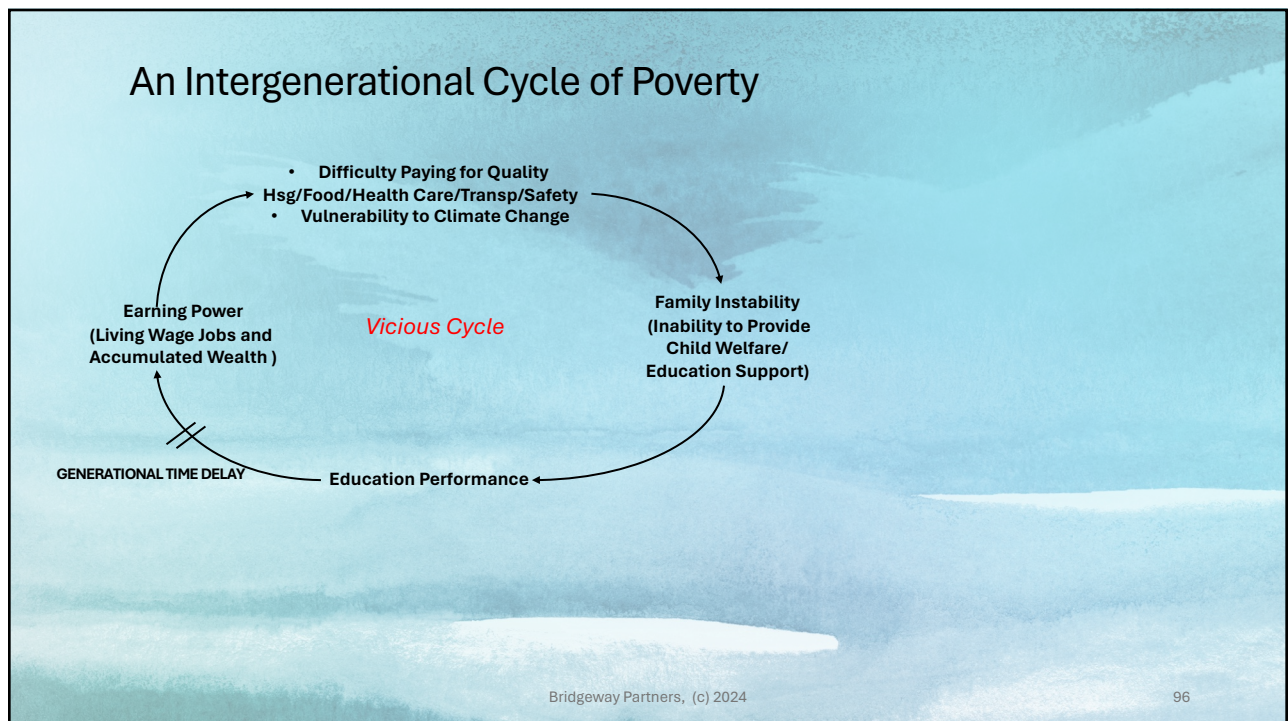


# A SYSTEMS VIEW OF TRAUMA AND RESILIENCE

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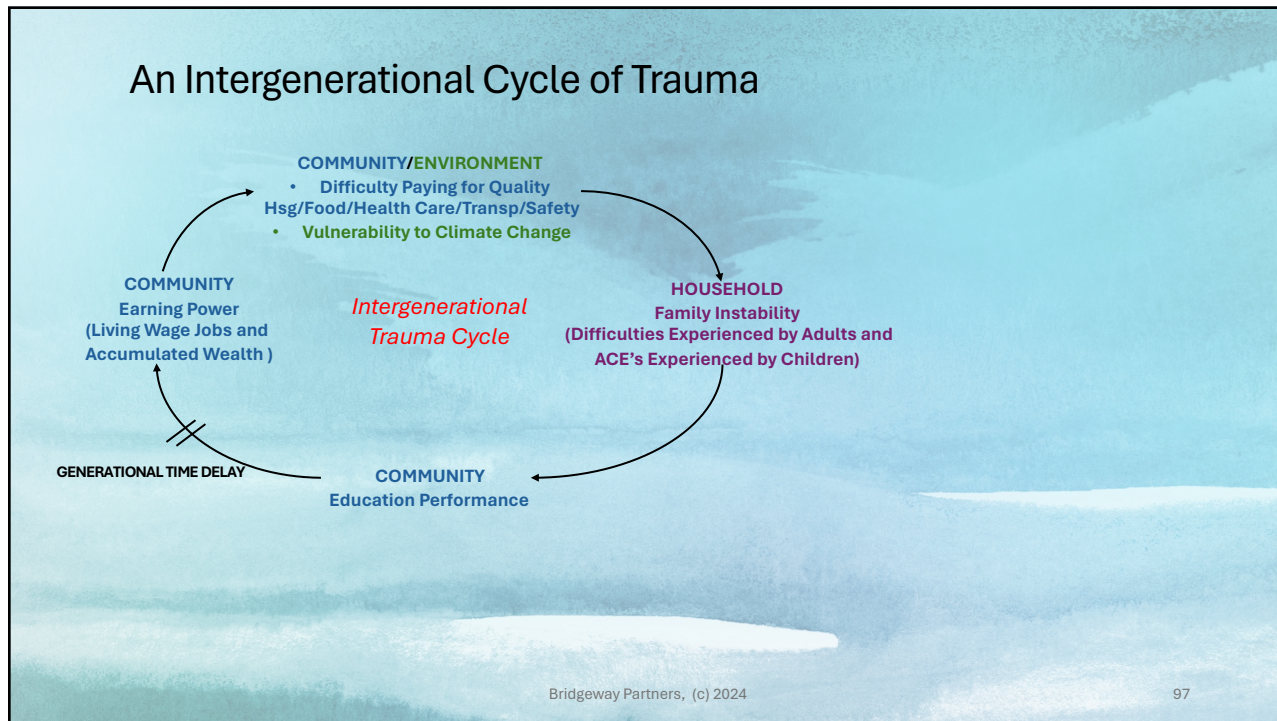


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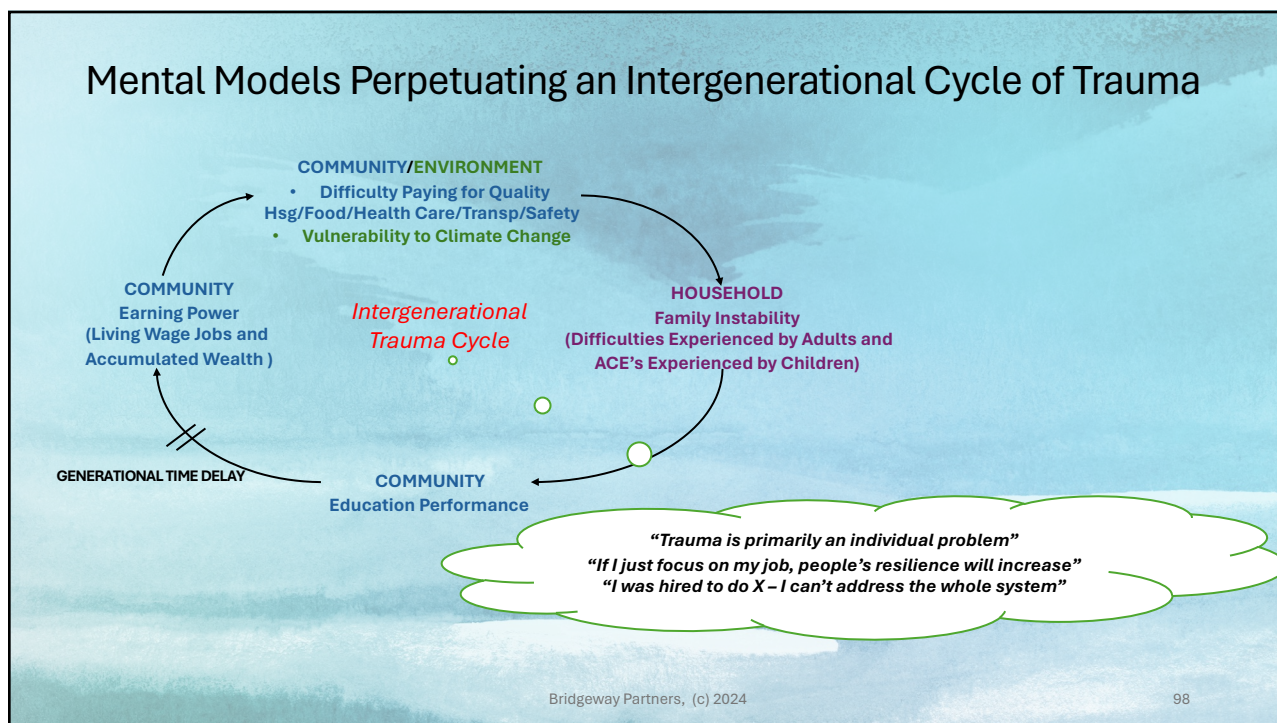


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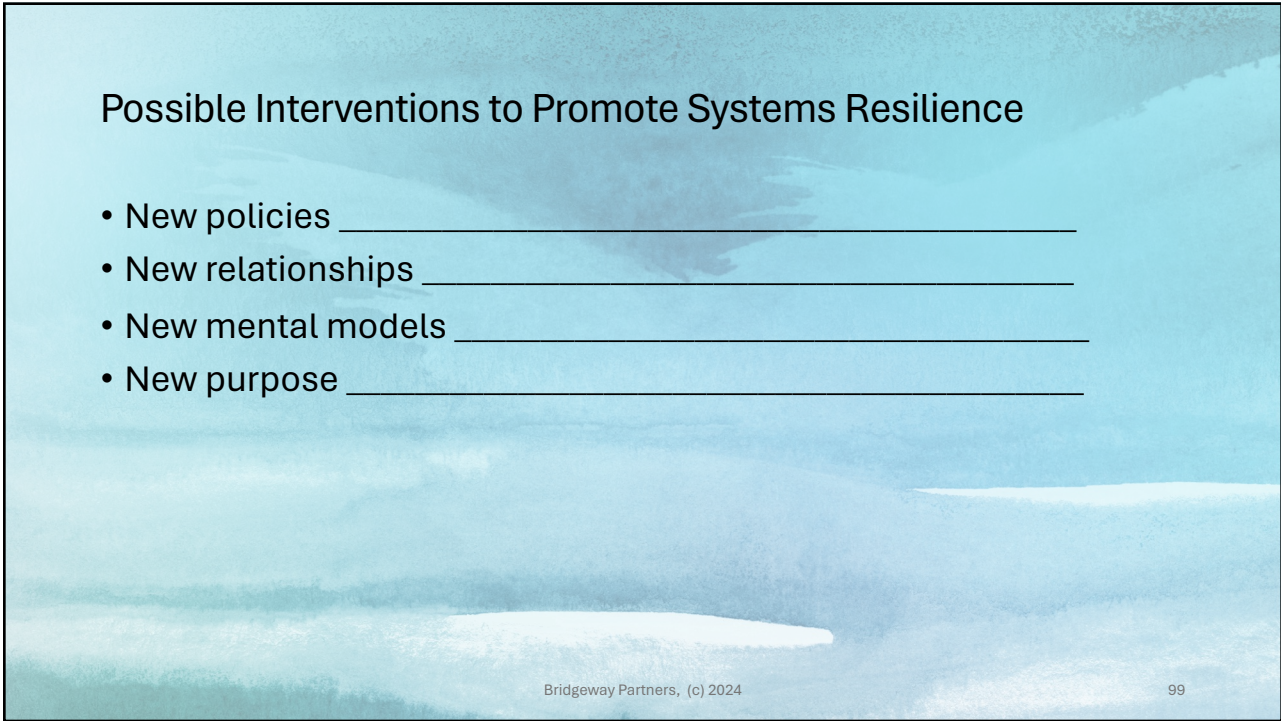




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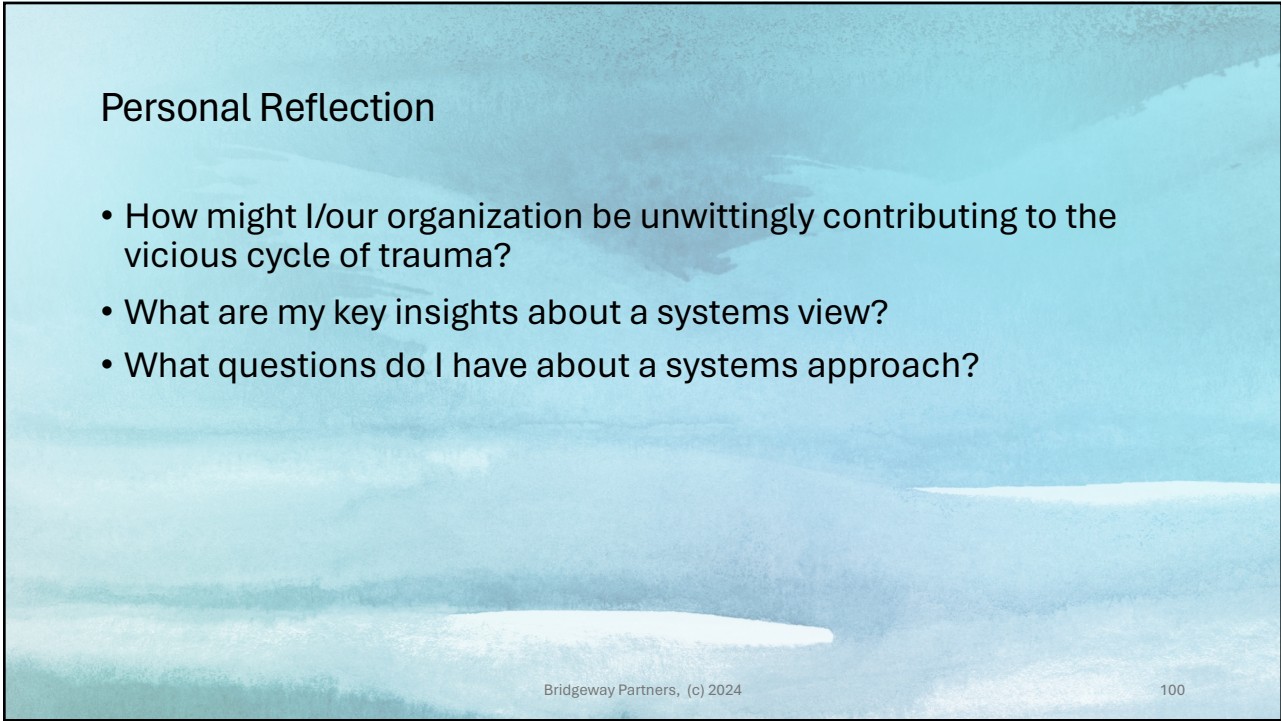


## Possible Interventions to Promote Systems Resilience

- New policies \_\_\_\_\_
- New relationships \_\_\_\_\_
- New mental models \_\_\_\_\_
- New purpose \_\_\_\_\_

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## Personal Reflection

- How might I/our organization be unwittingly contributing to the vicious cycle of trauma?
- What are my key insights about a systems view?
- What questions do I have about a systems approach?

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### Resources

- [Systems Thinking for Social Change \(Chelsea Green, 2015\)](#)
- [Bridgeway Partners Website](#)
- [Applied Systems Thinking Website](#)
- [Waters Center for Systems Thinking Website](#)
- [Email David at: Dstroh@bridgewaypartners.com](mailto:Dstroh@bridgewaypartners.com)

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## Silent Reflection – 5 minutes

- 1) How might I/our organization be unwittingly contributing to the vicious cycle of trauma?
- 2) What are my key insights about a systems view and or approach?
- 3) What questions do I have about a systems approach?



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## Exploring the Numbers Part 2: Meaning making and communicating data

Andy Krackov  
Hillcrest Advisory



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## Top 5 Metrics for Discussion

- 1) Parental Mental Illness
- 2) Housing Quality
- 3) Drug Abuse
- 4) Child Abuse
- 5) Food Scarcity



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## Small Group Discussion

- Tables in the room marked with the top 5 metrics (the highest number of green dots)
  - Select the table with the data you are most interested in and want to discuss
  - 8–10 people per table
- Group reflect on the discussion questions
- Spend 5-7 minutes per questions
  - Use your program to write responses
- When it is time to transition next question – You will hear a chime
- Select a person to report out for the group
- Report out – 20 minutes (4 minutes each topic/table)
  - What are the top 2-3 insights that emerged from you group discussion?



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## Group Discussion Questions

- 1) What underlying assumptions about this issue has come to mind for you?
- 2) What relationships need to be initiated or strengthened to address this issue? That is, who would need to work together in your community to help get out of the vicious cycle that the data point to?
- 3) How might the Northern California region or other regions coordinate together to address this issue?
- 4) What new policies could be proposed and or acted upon to address these issues?
- 5) What assets presented here as data- or that you can separately think of – can help your community get out of the vicious cycle that David describes?
- 6) What are ways that you can see communicating this information back to your community to impress upon them for action and or approach you're advocating? Diagrams? Stories of individuals? Data?



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March 5, 2023

## SAFE SPACES:

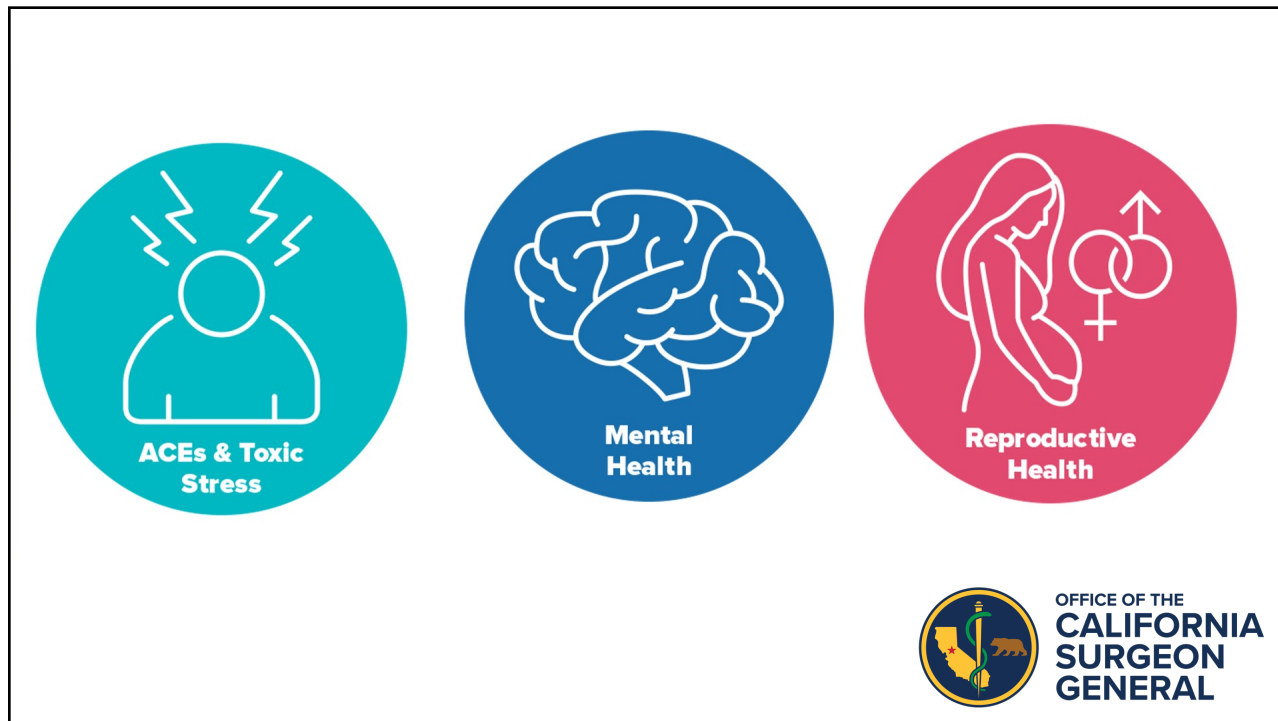
Foundations of Trauma-Informed Practice  
for Educational and Care Settings



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**CALIFORNIA  
SURGEON  
GENERAL**



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**The future of healthcare is *outside* of healthcare's four walls.**

Seamless integration

- Public health
- Communities
- Schools
- Social services
- Healthcare

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Stress and trauma can have a significant impact on a child's **health, development and ability to learn.**



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## IMPACT TO CHILDREN IN SCHOOL

- Lack of school engagement
- Not completing homework
- Absenteeism, repeating a grade
- Behavioral/learning disabilities
- Increased diagnosis of ADHD
- Impaired executive and relational functioning
- Need for special education

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Educators and other school personnel are uniquely positioned to help children **feel needed, seen, understood, and cared for.**

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TAKE THE TRAINING

# SAFE SPACES

Foundations of Trauma-Informed Practice for Educational & Care Settings

WATCH NOW

OFFICE OF THE CALIFORNIA SURGEON GENERAL

<https://bit.ly/3Vb5UkZ>

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# SAFE SPACES

Training helps adults recognize and respond to signs of trauma and stress.

- 1 Online
- 2 2 Hours
- 3 3 Age Groups
- 4 Self-Paced

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# HOW TO IMPLEMENT

- Individual
- Collective
- Systems

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# TESTIMONIALS SAFE SPACES

<https://bit.ly/48McDoD>



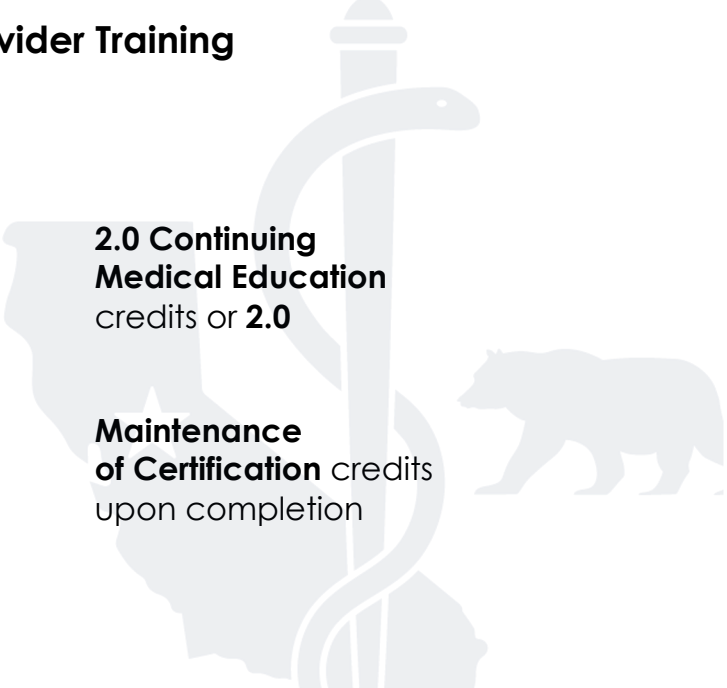

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Creating Safe Spaces in Irvine

So I'm really thankful for the Safe Spaces training because I

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## California ACEs Aware Provider Training

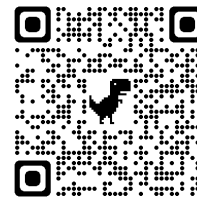


**2.0 Continuing Medical Education** credits or **2.0**

**Maintenance of Certification** credits upon completion

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# NEW APPS JUST LAUNCHED!





**QUESTIONS?**  
[Julie.Rooney@chhs.ca.gov](mailto:Julie.Rooney@chhs.ca.gov)  
[Berit.Mansour@osg.ca.gov](mailto:Berit.Mansour@osg.ca.gov)

**Take the Training →**



# Reflections, Close, and Innovation Networking




Heidi Mendenhall  
*Executive Director*  
*First 5 Tehama*





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## Networking Reflection Questions

-  What's on your heart right now
-  Who is someone you are going to contact and connect with after today?
-  What is one action you are going to take?



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## Join Us!

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- Sign-up for the NAC Newsletter
- Follow us on Facebook and Instagram
- Become a NAC Champion and invite your friends and colleagues
- Join future NAC Champion Meetings
- Stay in touch!



Leesville Road (Williams, Colusa County) – Max Whittaker



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## Evaluation Survey

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<https://bit.ly/49QhaHC>



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