

Trauma Informed Hampshire County: A network responding to adverse childhood experiences by building resilience

Minutes

Thursday, March 11, 2021

1:00-2:30 p.m.

Item	Next Steps
<p><i>Present: Ruth Ever, TIHC Staff/consultant; Heather Warner, SPIFFY/CES; Laurie Loisel, Northwestern DA's Office; Jenifer Urff, Massachusetts Association for Mental Health; Chase Giroux, Clinical and Support Options; Geoff Naunheim, United Way of Hampshire County; Lexi Polokoff, SPIFFY; Heather Crawford, Early Childhood Mental Health@CES; Kelly Broadway, CCRT & CSO; Anne Marie Martineau, DMH; Melinda Calianos, MTCP; Naomi Bledsoe, NWDA's office; Heath Craig, Community Activist; John Bidwell, United Way of HC; Lisa Goldsmith, SPIFFY Coordinator.</i></p> <p>Ice Breaker today: what is something you used to do for self-care that you had to stop doing because of pandemic and how have you adapted it?</p>	<ul style="list-style-type: none"> ➤ Be connected to each other as we do this work
<p>Community Discussion and Reflection</p> <ul style="list-style-type: none"> ● What is the problem/challenge or issue we are trying to address? Jenifer U and Heather W led this discussion. Reflected on the past work we have done around visioning and imagining Hamp Cty if it were trauma informed. Out of Resilience conference with Laura Porter also came the development of the Resilience Roadshow and the assessment tool. Noted that only 3 people in the room were at those planning sessions several years ago, so seems like good time to revisit and regroup. In response to question of what is the challenge we are trying to address, many ideas came up including: <ul style="list-style-type: none"> *We want to decrease trauma in children. Do we focus on preventing trauma or treating it? Or a bit of both? We came back to this idea in different ways. We kept coming back to the question of what is our role in preventing or decreasing childhood trauma? A key piece seemed to be that focusing on one aspect might help raise our profile and get the word out more effectively. *Education is a key piece; education around the ACES, and how to not re-traumatize people in our community through our organizations and actions. There seemed to be agreement that is fairly fundamental. *Integrating cultural responsiveness into our work seemed to also be a critical piece to everyone. We can't make them separate issues; they need to be wedded together in all our 	<ul style="list-style-type: none"> ➤ Core team will review the ideas and keep planning for next steps in this strategic planning process. ➤ Everyone is encouraged to look over the Inclusion Tool and fill in some parts of it or make other suggestions.

work. It was pointed out that sometimes the resources or places that are supposed to be helping traumatized people ends up doing harm and being the problem. And how we all must be aware and informed about our own triggers to be able to effectively and compassionately help others.

*Our tools, like the Roadshow and the assessment tool, could be packaged and “sold” widely to help ensure basic principles are spread throughout the county.

*Are we reaching wide variety of groups who could benefit? So far, everyone seems excited and open to our work, but it was pointed out that some groups probably will be more resistant but it will be important to try to include them.

*Can we bring awareness to the roots and the branches of the trauma tree (from the roadshow slides that show the family traumas in the branches and the systemic traumas in the roots) and help others be able to think about what might be causing someone to be triggered or struggling in that moment?

*How do we make sure that people who aren’t like “us” are also heard and at the table? Challenge to change who is at the center of this movement and approach.

*In addition to raising awareness, we can try to raise skill levels.

*How do we not become siloed like the funding streams often are, and collaborate between primary prevention, treatment, etc. Noting that there is a lot of overlap with resilience and risk and protective factors for other issues like drug use, drop out, etc.

*How do we encourage more depth in addressing this among organisations, which often feel like they are checking a box that they addressed trauma, but it feels superficial and not meaningful or impactful. Working with these “helping” institutions came up several times, as being really important to meaningful change and impact with children and families.

- ACES Inclusion Tool: we reviewed this tool and how it can help us assess who is here and who is still missing.

We could add tabs across the rows for town names (or coding for towns), if they have received the Roadshow and/or are already a strong ally to trauma informed care. This could also help to create mentors among business or other sectors that we could foster and promote.

Heather and Ruth will figure out how to easily share this tool so everyone who participates in TIHC meetings can edit this and we can have one large document that we can all see and work on to create a county wide useful tool and then really look at who’s still missing. Suggestion: try to spend at

<p>least 15 minutes between this meeting and our next (April 8) filling in a few sections you are familiar with.</p>	
<p>Updates for TIHC and Others</p> <ul style="list-style-type: none"> • Roadshow update--Ruth and Chase have been accepted to present at MTA ESP Conference on April 10! 	<ul style="list-style-type: none"> ➤ Ruth and Chase present on April 10. Other presentations are continuing. Suggestions for other groups are encouraged or reach out directly and suggest they request a workshop.
<p>Next Network Meeting April 8 from 1-2:30p.m. Presenters are from UMass Medical Center Worcester: Jess Griffin, Jen Malcolm Brown and possibly Liz DeLaRosa Lawson will share their work and successes in this field</p>	<ul style="list-style-type: none"> ➤ Full Network meetings are monthly on the second Thursday from 1-2:30 pm