Appendix F: Understanding ACEs & Building Self-Healing Communities Assessment Tool

_____ County Family & Children's Mental Health Services Collaborative is holding Community Resilience Conversations to discuss local approaches for leadership expansion, coming together, shared learning, and results-based decision making. Conversations will include shared learning about NEAR Science (neuroscience, epigenetics, Adverse Childhood Experiences (ACEs), and resilience). Local data and community input, including findings from this Community Partner Assessment Tool, will be used to engage community members in Community Resilience Planning. This tool is intended for community partners helping to lead the self-healing community effort in _____ County.

About You

How do you identify? Please mark all options that apply.
□ Collaborative member □ Community partner/provider □ Parent recipient of services □ Youth
□ Other: _____

How long have you been involved in self-healing community efforts to address ACEs?
□ 0-6 months □ 6-12 months □ 1-2 years □ 3 or more years

Which of the following do you consider your sector(s) or domain(s)? Please mark all options that apply.
□ School staff □ City or county government □ Health care staff (public health, hospital, clinic)
□ Mental or behavioral health staff □ Community member □ Youth-serving organization
□ Law enforcement/corrections □ Civic/volunteer organizations □ Media □ Business
□ Other: _____

About Your Self-Healing Community

Please rate each of the 12 items below on a scale from 1 (low) to 5 (high). To the left of each rating scale is a description of what 1/low would look like for that item; to the right of each rating scale is a description of what 5/high would look like.

Leadership Expansion: Community capacity is most likely to improve when leaders come from all economic, social and cultural backgrounds who bring differing histories and viewpoints, and when community leaders are continuously creating new roles for new leaders. Leaders and partners include parent recipients of services and others most affected by ACEs.						
1. Leaders of our self-healing community effort represent a diverse array of backgrounds.						
There is no diversity among leaders.	**1**	**2**	**3**	**4**	**5**	Many leaders from a variety of economic and social and cultural backgrounds contribute to efforts. Leadership reflects the diversity of our community. We focus on building power and voice within the community.
2. Members of our community help define what successful community change/outcomes will look like.						
Only a few leaders define successful outcomes.	**1**	**2**	**3**	**4**	**5**	Many leaders, including parent recipients of services and partners from many sectors of our community, help define success on an ongoing basis.

3. Our community supports emerging leaders by inviting partners and parents to co-lead efforts.						
Only a few leaders, and no parent recipients of services, make decisions about efforts.	**1**	**2**	**3**	**4**	**5**	Many leaders, including parent recipients of services and partners from many sectors of our community, share power and influence to make decisions about efforts on an ongoing basis. Decision-making power is equitably distributed.
Coming Together: When people from all backgrounds and sectors gather together, they can find one another's strengths and act upon them. When people intentionally come together in conversation with an eye toward discovering what is important to self and others, learning and opportunity naturally arise. Coming together builds relationships and trust, which serve as the "connective tissue" for self-healing communities.						
4. There is time and space for community members to join in conversations about issues of mutual concern.						
Meetings generally occur in small groups or separate silos. Larger community gatherings are infrequent, and no efforts are made to ensure parent recipients of services and others most affected by ACEs are present.	**1**	**2**	**3**	**4**	**5**	A diverse array of community leaders and partners gather regularly to talk and plan. Gatherings take place in a variety of community settings and times of day that are safe and welcoming. Supports to increase participation, such as child care, transportation and food, are offered.
5. Community partners support work/efforts outside of their own sectors/domains that contribute towards overall community resilience.						
Each partner only works within their own sector, and reports out about what they're doing.	**1**	**2**	**3**	**4**	**5**	Our self-healing community work involves multiple sectors collaboratively hosting conversations, regularly sharing our experiences and learning, reviewing and interpreting local data and stories, collectively using data and stories for planning, informing policies and practices, and determining shared outcomes.
6. We make time for intentional, respectful and supportive relationship building.						
No time is made for getting to know each other. We jump straight to business. We don't take time to check-in with each other to make sure everyone feels safe, heard and appreciated.	**1**	**2**	**3**	**4**	**5**	We take time to learn about one another and develop meaningful connections. We welcome, honor and learn from our differences. We consciously focus on building trust. We create group agreements that guide our process and revisit them as needed. We practice listening to understand and listening with curiosity. We acknowledge and address tensions and concerns, and stay in reflective dialogue despite difficulty and discomfort.

Shared Learning: Communities don't renew, generate solutions, and produce relevant and productive opportunities without learning. New awareness and mental models are needed for collectively creating conditions for changing actions if we want to live in a community with different results.						
7. There is a shared understanding across sectors about NEAR Science, ACEs and resilience.						
Only a few sectors understand the science related to ACEs, the impact of trauma on the brain, and resilience.	**1**	**2**	**3**	**4**	**5**	We have shared understanding and comfort discussing the science related to ACEs, the impact of trauma on the brain, and resilience across many sectors in our community.
8. We gather and share data and stories from a variety of sectors and partners to help inform our efforts.						
Data are not shared across sectors. Stories are not gathered from community members and parent recipients of services. Decisions are not informed by the data and stories.	**1**	**2**	**3**	**4**	**5**	Data are regularly and systematically shared across many sectors. Stories and input are gathered from a diverse array of community members, including parent recipients of services and others most affected by ACEs. Data are always used to inform decision-making.
9. Our community has a culture of ongoing learning.						
We rarely gather across sectors or with service recipients for learning opportunities.	**1**	**2**	**3**	**4**	**5**	We continuously bring together new leaders, community experts (including parent recipients of services), state and national experts to expand our shared learning. We adapt and apply that new learning in our lives at home and work.
Results-Based Decision Making: Local data and stories are necessary to inform a local response. Research on best practices will help communities identify strategies that align with local data and show evidence of effectiveness. Ongoing evaluation that's shared with the broader community will help ensure shared success.						
10. We use community wisdom, and research and data on NEAR Science, ACEs and resilience, to guide decision-making.						
We move quickly to action, or stay stuck in old ways of ways of doing things, without taking the time to carefully consider research, data and local wisdom to inform our decision making.	**1**	**2**	**3**	**4**	**5**	We strategically apply research on NEAR Science and trauma-informed practices along with local data and stories to help guide community planning. Programs, policies and practices are based on evidence of effectiveness as well as what fits our community (i.e., resources, readiness, and the wisdom of cultures in our community).
11. Results of collaborative community efforts (lessons learned) are shared widely.						
Progress reports and outcomes are shared only with a few leaders.	**1**	**2**	**3**	**4**	**5**	Outcomes and lessons learned are shared widely in the community through multiple channels (i.e., reports, newspaper articles, presentations,

						community celebrations). A diverse array of leaders help interpret outcomes, make recommendations, and apply lessons learned to future efforts.
12. Our community is committed to aligning actions and resources with others to achieve greater impact.						
Each partner only carries out their own sector-specific work and activities. Resources are not shared across sectors/domains.	**1**	**2**	**3**	**4**	**5**	We make decisions about the systems of help and support as a whole, and empower community members to make their own decisions about their work as improving that whole. New models for improving results are developed and tested, and results are shared with a wider community audience to incentivize active learning and model improvement.

What will success look like <u>to you</u> in terms of achieving a self-healing community?

Thank you!!!