Community Resilience Conversations and Plans: Pilot Evaluation

March 2019

Summary report produced by EpiMachine, LLC on behalf of the Minnesota Department of Human Services Behavioral Health Division and Minnesota Communities Caring for Children
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OVERVIEW

From October of 2018 through March of 2019, Minnesota Communities Caring for Children (MCCC) piloted Phase III (Community Resilience Conversations and Plans) of the ACE Collaborative Partnership Initiative. Through funding from the Minnesota Department of Human Services (DHS) Behavioral Health Division, the Initiative entailed:

- **Phase I:** Completing at least one ACE Interface presentation sponsored and promoted by the Collaborative and co-presented by MCCC
- **Phase II:** Training and certifying community members to present the ACE Interface curriculum
- **Phase III:** Hosting up to two Community Resilience Conversations in conjunction with MCCC staff to help Collaboratives’ communities move from understanding neurobiology, epigenetics, ACEs, and resilience (NEAR) Science to planning for possible community responses (Collaborative communities may choose to conduct more Conversations on their own)

A map of Minnesota counties by phase can be found in Appendix A.

Collaboratives must meet the minimum expectations of Phases I and II before beginning their Community Resilience Conversations. The intent of Phase III is that communities will discuss ideas to promote resilience by decreasing the probability of ACEs and increasing protective factors. The priorities identified and ideas generated will determine the strategies and activities to shape their Community Resilience Plans.

These plans may contain a pilot project or program to propose and implement later as a Community Resilience Initiative. DHS hopes to offer opportunities to support these initiatives as part of Phase IV. Seed funding for initiatives may begin in early 2020. The process for Phase IV is still evolving as are some parts of the processes for Phase III.

Community Resilience Conversations were co-planned and co-facilitated by MCCC staff and Collaboratives’ community members, partners and coordinators. Conversations were held in Becker, Grant, Itasca, Stevens, and Winona counties. A Conversation was held in Olmsted County, though not during the pilot phase. While the timing, size, duration, format and promotion of Conversations varied from community to community, core elements included:

- An intentional relationship building activity
- Sharing and reviewing local data, to include county-specific ACEs and Protective Factors fact sheets
- Having conversations built around important questions facing the community

All five pilot communities also completed an Understanding ACEs & Building Self-Healing Communities Assessment Tool. The means by which the assessment tool was distributed in communities varied greatly and the survey results were not always incorporated into the Conversations. The tool, made available via custom Survey Monkey links, was sometimes completed prior to a Conversation and sometimes during a Conversation. Collaborative communities continuing to use the tool beyond their first two Conversations are encourage to save their findings to help inform planning efforts, and to potentially share data with policy makers and prospective funders.

Conversation evaluation feedback forms were completed either on paper forms at the end of the Conversation or via Survey Monkey as a follow-up to the Conversation. Survey Monkey links yielded low
response rates. An updated version of the tool can be found in Appendix G. Analyzing and summarizing evaluation findings from Conversations will be the responsibility of community level planners and/or their partners. Collaborative communities are strongly encouraged to continue evaluating their future Conversations using the same tool for consistency, and encouraged to share findings with MCCC to help improve future Conversations in Minnesota.

The Conversations provided an opportunity for Collaborative members, community members, providers, and family/parent recipients of services to come together to learn, share, listen, and connect with each other. During the pilot of Phase III, one or two Conversations proved to be initial steps towards future planning rather than a means to producing a finalized Community Resilience Plan. Collaborative communities may find that it takes ongoing Conversations to adequately discuss community strengths and needs, and to fully develop plans of action.

The ultimate goal of Phase III is for Collaboratives' communities to develop Community Resilience Plans that incorporate leadership expansion, community collaboration, shared learning, and results-based decision making. Community stories and local data gathered in the Conversations will help frame this planning phase. The goals of the plan are two-fold:

1. Enhance community collaboration and capacity
2. Implement strategies to enhance protective/resilience factors and reduce ACEs

The Phase III pilot was evaluated by EpiMachine, LLC using a mixed methods approach. Process and outcome evaluation data were gathered through Conversation evaluation feedback forms, telephone interviews with community members involved in planning Conversations, discussions with MCCC staff, Conversation agendas, and MCCC tracking tools.
PILOT COLLABORATIVE COMMUNITIES

MCCC staff held multiple planning meetings across the state with key community contacts via Zoom. MCCC staff shared sample agendas, potential discussion questions, and lessons learned from other communities’ Conversations. Local planning partners customized the agendas to fit their needs and selected three discussion questions that would produce the information desired to develop effective resiliency planning. The number of community members involved in planning varied greatly from community to community (see Table 1). Both presenter and participant agendas were developed collaboratively. A planning checklist, discussion questions, and sample agenda can be found in Appendices B-D.

Community-level planners were responsible for finding locations for the Conversations, and for promoting the events. Common marketing methods were flyers, emails sent to a listserv of community members interested in ACEs, and promotion through partnering initiatives (see Table 1). Sample promotional flyers can be found in Appendix E.

<table>
<thead>
<tr>
<th>Number + spacing of Conversations</th>
<th>Becker Co.</th>
<th>Grant Co.</th>
<th>Itasca Co.</th>
<th>Stevens Co.</th>
<th>Winona Co.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2 in same week</td>
<td>1</td>
<td>2 on same day</td>
<td>2 held 6 months apart</td>
</tr>
<tr>
<td>Number of people involved in planning</td>
<td>5 + 2 MCCC staff</td>
<td>2 + 3 MCCC staff</td>
<td>1 + 2 MCCC staff</td>
<td>9 + 2 MCCC staff</td>
<td>3 + 1 MCCC staff</td>
</tr>
<tr>
<td>Promotion of Conversations</td>
<td>Listserv</td>
<td>Flyer</td>
<td>Social media</td>
<td>Listserv</td>
<td>Flyer</td>
</tr>
<tr>
<td></td>
<td>Flyer</td>
<td>Social media</td>
<td>News-paper</td>
<td>News-paper</td>
<td>Newspaper</td>
</tr>
<tr>
<td></td>
<td>Radio</td>
<td>News-paper</td>
<td>Shared via Collaborative partners</td>
<td>Shared via other initiatives working on health and wellness</td>
<td>Scrolling marquees</td>
</tr>
<tr>
<td></td>
<td>Invitation to leaders</td>
<td>Co-promo with existing event</td>
<td>Invitation to crisis center users</td>
<td>Shared via Early Childhood partners</td>
<td>Shared via Early Childhood partners</td>
</tr>
<tr>
<td></td>
<td>Invitation to A Place to Belong</td>
<td>Invitation to crisis center users</td>
<td>Invitation to A Place to Belong</td>
<td>Co-promo with existing event</td>
<td>Co-promo with existing event</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Planned to send letters home with students</td>
</tr>
</tbody>
</table>

Every Conversation began with an intentional relationship building activity, often paired with a meal or snacks. Participants were asked to sit with someone they did not already know well and answer two questions; “What helps you feel safe?” and “What helps you recover after a hard time?”. In some
communities, participants were asked to select cards (from the game *Compatibility*) with images that best represented safety and recovery.

During each community's first Conversation, the *Resilience* trailer was shown to set the stage and provide a brief introduction for those participants new to NEAR Science. Time was allotted at each conversation for introductions, and a brief description of the self-healing communities model and theory of change. Each community shared information about county-level efforts to-date.

The Conversations' agendas included review and discussion of local-level data. All communities shared the county-specific *ACES and Protective Factors* fact sheets developed by EpiMachine, LLC. Three of the five communities also reviewed local data from their Community Health Needs Assessments.

Small group discussions were held during each Conversation. In all but one community, small groups answered three discussion questions. Participants were asked to rotate to a new table after each question was discussed. Incorporating this technique allowed participants to hear and share perspectives and ideas with variety individuals. Notes of these conversations were written on table-top newsprint. In three communities, key points were written on sticky notes; in two of those communities MCCC staff reviewed overarching themes from the sticky notes for question one while small groups discussed question two. All ideas generated were "harvested" by the event planners.

One community planner noted, "The Conversations were really shaped by the participants." Some communities took steps to boost participation by community members, families, and those most impacted by ACEs. These steps included holding Conversations in the evening or on a weekend, providing childcare, holding conversations in conjunction with other community events, and extending invitations to groups working with those most impacted by ACEs (see Table 2).

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Scheduling</th>
<th>Duration</th>
<th>Number of participants</th>
<th>Make-up of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becker 1st</td>
<td>Weekday, early evening</td>
<td>2.5 hours</td>
<td>40</td>
<td>Mostly community members, including shelter residents and people with mental health issues</td>
</tr>
<tr>
<td>Grant 1st</td>
<td>Weekday at school</td>
<td>3 hours</td>
<td>8</td>
<td>Mostly providers and professionals; some parents</td>
</tr>
<tr>
<td>Grant 2nd</td>
<td>Weekend at library with existing event</td>
<td>1.5 hours</td>
<td>23</td>
<td>Mostly community members</td>
</tr>
<tr>
<td>Itasca 1st</td>
<td>Weekday afternoon</td>
<td>3.5 hours</td>
<td>55</td>
<td>Mostly providers and professionals; some parents</td>
</tr>
<tr>
<td>Stevens 1st</td>
<td>Weekday afternoon meeting with existing event</td>
<td>2 hours</td>
<td>40</td>
<td>Mostly providers and professionals; some parents</td>
</tr>
<tr>
<td>Stevens 2nd</td>
<td>Weekday evening event at school</td>
<td>1.5 hours</td>
<td>14</td>
<td>Mostly providers and professionals; some parents</td>
</tr>
<tr>
<td>Winona 1st</td>
<td>Weekday, early afternoon</td>
<td>3 hours</td>
<td>20</td>
<td>Providers and professionals</td>
</tr>
<tr>
<td>Winona 2nd</td>
<td>Weekday evening at history center</td>
<td>2 hours</td>
<td>22</td>
<td>Providers and professionals</td>
</tr>
</tbody>
</table>
Two communities asked participants to complete the *Understanding ACEs & Building Self-Healing Communities Assessment Tool* live during the Conversation; results were also shared live and discussed. One community invited people to complete the online assessment in advance of the Conversation, and results were shared during the Conversation. The last two communities to host Conversations in the pilot phase invited community members to complete the assessment in advance of the Conversation. These results were not shared during the Conversation but rather after the fact with only the planning team. A copy of the tool can be found in Appendix F.

The majority of Conversations ended with a brief discussion of next steps, participant commitment cards, and an evaluation of the event. In two of the communities, time did not permit evaluation so questions were sent on a later date via a Survey Monkey link.

Communities have begun to share their harvest ideas to some extent with planning partners, during local initiatives' meetings, and/or via email with interested community members. Four of the communities are planning additional Conversations, and will wait to share the harvest ideas more widely once they can incorporate the new findings.
SUCCESSES AND RECOMMENDATIONS

Planning and Promotion: What Worked Well

Conversation planners from all five communities realized their communities were ready for Phase III because participants from the first two phases kept asking "what's next?" During Phases I and II, community members were exposed to several trainings on ACEs and NEAR Science. Several of the pilot communities had held multiple showings of Resilience. One community’s Community Health Needs Assessment pointed to ACEs as a top concern among community members. After presentations, training events and showings, community members asked "What's already happening to address this?" and "What can I/we do to help address this further?"

Success Story: Itasca County Family Services Collaborative

A groundswell has been building in Itasca County. There are many existing efforts working towards collaborating for a healthy community, just not all under the banner of ACEs. One such effort is the Blandin Foundation supported SPARK initiative, a cradle-to-career effort with the vision of stronger futures for all. Partners from the SPARK Board, public health, area schools and the local Planning & Implementation substance abuse prevention grant all meet regularly to collaborate and support each other. They use local data to connect the dots between ACEs, truancy, substance use, mental health, and protective factors such as supportive relationships. Partners from these initiatives helped promote the Conversation, leading to a strong turn-out. There are numerous community stakeholders involved in multiple efforts; they blend their work, support each other's efforts, and collectively work toward leadership expansion.

Community planners from every community appreciated MCCC's help in providing the layout, structure, flow, and agenda. One person shared: "We had the passion, but not the how." Planners from three communities especially appreciated having pre-developed discussion questions to select from and adapt. Planners from three communities were happy to have MCCC help facilitate the Conversations. Two communities appreciated learning from MCCC staff about what worked well elsewhere and what others were doing. Two planners noted that having an outside expert involved helped lend credibility and importance to the work. One person appreciated the guidance provided by MCCC staff on how to host Conversations on their own moving forward.

Several planners stressed the importance of planning to provide child care during Conversations. Steps involved identifying providers, ensuring background checks were conducted, and establishing activities. While child care was ultimately not utilized in two of the communities, making it available each time will help reduce potential barriers to parents attending.

In one community, a pre-Conversation survey was sent along with an email invitation to the event and a copy of the county-specific ACEs and Protective Factors fact sheet. The survey asked people which ACEs data most concerned them, which protective factors most needed strengthening, current activities their organization or sector was already engaged in to address ACEs or build resilience, and one new action
step that could be taken. This allowed for sharing of efforts underway by those who could not attend the Conversation, and findings that served as a springboard for discussion during the Conversation.

**Planning and Promotion: Recommendations for Improvement**

Two community planners recommended better clarification of roles and responsibilities—what MCCC staff will be responsible for and what the community planners will be responsible for. One community with multiple planners recommended designating a point person responsible for making sure all of the pieces fall together. A request was also made for more clarification on what Collaborative communities can expect from MCCC and DHS in terms of support after the first two Conversations. MCCC staff recommended that communities have at least three members involved in planning, in the event that one or two people are not able to attend the Conversation due to conflicting scheduling needs.

Evaluation findings from Conversation participants revealed an interest in having more people at the table, and a more diverse array of people. Several planners echoed this sentiment. Participants from two communities expressed interest in having representation from law enforcement, probation, social services, etc. at the Conversations. In two communities, people asked that more community leaders and decision makers be present. In one of those two communities, leaders were present but didn't identify themselves as such. Planners from one community expressed the importance of thinking carefully about who to invite; inviting individuals with little-to-no prior exposure to NEAR Science and ACEs work requires time on the agenda for covering background information.

**Lessons Learned: Winona County Family & Children's Mental Health Services Collaborative**

Winona County's first Conversation was invitation only. Community leaders and decision makers were specifically invited to attend, given their ability to influence policy. While the information on ACEs and resilience "opened the eyes" of some elected officials, planners noted: "They were there to represent their agency, but didn't bring the passion." The second Conversation was widely promoted, but resulted in a mixture of people new to ACEs and those steeped in ACEs work and ready for action. Planners wished they would have done more targeted invitations to the second event in order to reach those they hadn't seen in a while, and who may have felt out of the loop. "We want you at the table!"

Importantly, planners were responsive to the community's desire to slow down and continue conversations before moving into action planning. Planners and participants also recognized all of the work currently being done to build resilience, and the need to track and evaluate existing efforts.

Several planners wished they would have been able to reach more community members who are most impacted by ACEs. One planner noted that attendance and participation has more to do with relationships than with stipends/incentives. "Participation starts small and grows as people feel more confident and safe in those spaces. The key is building one-on-one relationships."
Success Story: Becker County Children's Initiative

As part of Becker County's Community Health Needs Assessment, in addition to a community survey, focus groups were held with people who had utilized a local crisis center as well as members of A Place to Belong (a club serving adults with serious and persistent mental illness). The focus groups helped build connections with adults in the community most impacted by ACEs. Prior to the Conversation, a presentation on ACEs was delivered at the local shelter. Individuals who had used the shelter, and members of A Place to Belong were included in the invitation to the Conversation. The director of A Place To Belong brought several people; her presence helped them feel more safe and comfortable.

Conversations helped expose disconnects between those providing services in the community and those receiving services. "Providers think they are providing what people need. Those on the receiving end think providers aren’t listening to them. But there is a misperception; not giving someone what they want doesn’t mean you’re not listening. Someone may want housing, but the provider they are talking to may not be able to deliver that."

Conversations ranged in duration from 1.5 hours to 3.5 hours. Planners recommended finding the "right" amount of time. Over three hours is helpful, but not always feasible given people's schedules. Less than two hours is not enough time for both conversation and planning. One community planner noted: "Conversations are not one-and-done. Two hours is not enough time to listen and share, generate ideas, and create an action plan." Another planner shared: "Be open to what you’re going to hear. Don't go in with preconceived notions. Allow for community wisdom and ownership."

Hosting Conversations: What Worked Well

Several community planners commented on the importance of the room and table configuration in a way that's most conducive to small group discussion and that conveys a sense of comfort and safety. Several planners also appreciated the intentional relationship building activity. Planners appreciated the establishment of ground rules/agreements, which set the tone for safe, honest discussions. Participants agreed; several noted feeling both safe and heard.

Planners and participants alike commented on how well the small group discussions worked. The pre-set questions help guide conversations. Participants appreciated moving from table to table to meet with new people. They commented on the diversity of participants and perspectives. People appreciated learning about local resources and what's happening already in the community.

Participants liked having time for idea generating and planning. In each community, participants commented on the importance of sharing and using local data. Participants spoke about feeling a sense of energy and hope during the Conversations, and the extent of caring in the community and other strengths. Participants shared comments, such as: "We have amazing and passionate people who want to find solutions!"
One planner noted that there were a lot of "aha" moments during their Conversations. "You think you know your community, but sometimes you find that you don't know it as well as you think. There are still things you can find out about your own community."

**Hosting Conversations: Recommendations for Improvement**

Both planners and participants recommended providing a clearer explanation of the vision for the Conversations and for the next steps in the process from the beginning of the Conversation. Planners also noted the need to manage participant expectations for what can be accomplished over the course of one single Conversation. In some communities, the intent of building relationships during the meal at the beginning of the Conversations was not clear. In one community, participants thought that they didn't start on time (not realizing the meal and relationship building was the start). In another community, people sat with their friends and colleagues rather than someone they didn't know as well.

Several comments were made about lack of introductions. Participants in several communities wished facilitators had more clearly stated who they were. A number of participants recommended more time for introductions, wanting to know who each person was and why they were there. In one community, participants didn't think leaders were in the room when indeed several were. However, planners acknowledged that introducing everyone would be a challenge with 40 or more participants.

Numerous participants also expressed in the evaluations that they'd hoped to walk away from the Conversation with an action plan. It may have helped to clarify that the goal was to come together, listen, share, and generate initial ideas. Three of the pilot communities are currently planning additional Conversations; it may help to explain at each that multiple Conversations will take place in order to inform future planning efforts.

Community planners recommended having fewer agenda items; doing less, but taking the time to do it better. On this topic, there were two specific reflections. One is that the Understanding ACEs & Building Self-Healing Communities Assessment Tool took a lot of time to conduct live during the Conversation, and even more time to discuss and interpret. The other is the need to provide adequate ACEs 101 background for people new to the work.

Communities may not have all of the necessary people at the table to complete the Understanding ACEs & Building Self-Healing Communities Assessment Tool live during Conversations. The tool may need to be implemented multiple times in multiple settings. One community noted that conducting the assessment live doesn't work well with too few people. Another community felt that the tool was not user-friendly as it included unfamiliar terminology. Communities also tended to see scores that were middle-of-the-road across all measures, making interpretation difficult. Solutions proposed included having the planning team complete the assessment and share results during the Conversation to see if their assessment was accurate, and looking at elements that had particularly high or particularly low scores.

Participants and planners both reflected on the challenge of expanding the number of community members at the table while trying to accommodate varying levels of exposure to NEAR Science. Those new to the effort expressed a need for more background information about ACEs research, the prevalence of ACEs, their impact on health and well-being, and what role resilience plays. Those in the room more steeped in this work wanted to move to action, but also recognized the need to bring others up to speed. One planner noted "A Conversation is not an ACEs training."
The process for having Conversations built around important questions facing the community morphed over the course of the pilot. Small group discussions were an element in early Conversations, but the addition of a list of prompt questions for community planners to select from aided the facilitation of those discussions. Initially, notes were captured on table-top paper or large flip charts. Capturing key ideas on sticky notes helped with the "harvest." At later Conversations in the pilot, facilitators reviewed the sticky notes for key themes on the spot while small groups discussed the next question. Based on planner and participant feedback, each change in the process was an improvement. In one community, planners recommended limiting the number of chairs at each table as the groups tended to be too large to permit each person to share.

Lastly, planners stressed the need to make intentional time for evaluation at the end. The two communities that sent out an evaluation via Survey Monkey after the Conversation saw low response rates. One planner also recommended clarifying roles and responsibilities for compiling evaluation results. Planners noted the importance of sharing evaluation results sooner rather than later so as to not miss the window of energy. "People don't want to complete evaluations if they don't see results and feel heard."

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>AVOID</strong></th>
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<tbody>
<tr>
<td>Involve multiple Conversation planners</td>
<td>Only inviting the &quot;usual suspects&quot;</td>
</tr>
<tr>
<td>Promote the Conversations widely across all sectors</td>
<td>Trying to pack too much into the agenda</td>
</tr>
<tr>
<td>Consider holding Conversations in conjunction with other community events/meetings</td>
<td>Skipping introductions of presenters</td>
</tr>
<tr>
<td>Identify someone who will be responsible for holding the information harvested</td>
<td>Expectations that one or two Conversations will result in an action plan</td>
</tr>
<tr>
<td>Provide child care and gas cards</td>
<td>Assuming community members with no background in ACEs and resilience can't provide input on what the community needs</td>
</tr>
<tr>
<td>Set the stage for what you hope to accomplish during the Conversation</td>
<td>Postponing the evaluation until after the Conversation--response rates will likely be greater if done via paper at the end of the Conversation versus electronically after the event</td>
</tr>
<tr>
<td>Provide opportunities for those new to the effort to learn the basics about ACEs and resilience</td>
<td>Snowy winter months</td>
</tr>
<tr>
<td>Establish ground rules and agreements to ensure participants feel safe in sharing</td>
<td></td>
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Ripple Effects and Next Steps

Pilot communities have already seen ripple effects resulting from the Conversations. In one community, the immediate food security needs of a group greatly impacted by ACEs were met as a result of a Conversation. In another community, a group supporting Hispanic families and others new to the community was formally connected with the county’s Early Childhood Initiative. In a third community, the Conversation harvest has already helped inform city planning.

Three pilot communities are in the process of planning additional Conversations. Three communities are planning other events: one is planning a summit, one is planning a cross-initiative data-sharing event, and one is planning a big event to help bridge their college-community divide. Two pilot communities have core groups meeting regularly to move efforts forward. Two communities have begun work on branding their ACE and resilience efforts. All five communities intend to continue with planning efforts.

Next Steps: Stevens County Family Services Collaborative

Stevens County’s Building Resilience Committee has been working to move the effort forward, and was eager for input from the first Conversations. The committee is using the harvest ideas from the first Conversations to apply for a Change Makers Grant. Funding will be used to host six additional Conversations: one with University of Minnesota-Morris staff, faculty and students, one with the Hispanic community in Stevens County, potentially two additional conversations with identified high risk populations, one with Chokio-Alberta residents, and one with Hancock residents. Input from all Conversations will then be used to prioritize and plan next steps across Stevens County. The committee plans to host a big community event in the fall to welcome back at the University of Minnesota-Morris students, share a meal, share data, and share their plan.

Community planners recommended:

- Focus on achievable, organization- or sector-specific 90 day goals; meet quarterly and share.
- Look at what the community has done already, and celebrate successes. Identify a champion to be the gatherer of stories (i.e., from emails, media, conversations at meetings).
- Don’t ask people to come to you, go to their tables and their spaces. Not everyone wants to come to a meeting. Hold one-on-one community conversations.

Next Steps: Grant County Child & Youth Council

Grant County held initial Conversations in Elbow Lake, but recognized the need to hold Conversations in each community in the county. They were awarded a Change Makers grant which will help fund additional Conversations. They want to have a Conversation in each community so people can’t say “well that’s just Elbow Lake.” Each community is unique, and the goal is for each community to recognize their strengths and what they can do to self-heal. Findings have already been shared with the Elbow Lake City Council; they plan to work on making their community more
Community planners recommended that MCCC and DHS keep sharing what’s happening and what’s working between the pilot communities and future sites. They appreciate webinar opportunities like the Teri Barilla series, Community of Learning meetings via Zoom, and the latest community Conversation and planning tools and processes. Interest was expressed in coaching from MCCC to prepare communities to carry out their own Conversations beyond the two supported by MCCC.

Some planners asked for more transparency about DHS’s Phase III and IV expectations for Collaborative communities. Lastly, planners recommended increases collaboration on ACEs and resilience efforts across state agencies, and between state agencies and the county- and local-level agencies they fund. Planners also requested assistance identifying existing models for funding a full- or part-time staff person to work on self-healing community initiative work, and models for identifying a sustainable "home" for initiatives.

**Visions for Success**

Community planners were asked about their visions for success, and what they hoped to achieve through Community Resilience Conversations and plans.

"An action plan to impact the health of the county and all its communities. Impact so we decrease ACEs and also support people who have ACEs. Empower people; make them feel valued and listened to. Parents learn to build resilience in their own families and change their own outcomes."

"Being resource-rich. Everyone knowing where to go to match a kid, a family, a provider. A vibrant feel in the community. Strategic planning and marketing. Whatever we build, have the same look and same logos. Start resembling each other and link to the movement."

"For each community to see their strengths and what they can do to self-heal at the community-level. Something we can all do in common; either one big county project, or lots of little community projects."

"Throughout the county, groups and agencies will take stuff on. The [Building Resilience Committee] can provide support to such groups, but the groups need to be willing to take the work on. Several efforts going on throughout the community at once."

"Hoping it opens the doors to increased collaboration and partnership. To change the conversation. Shift to resilience and a more informed care model. A lot of good stuff is happening, but a lot of work still needs to be done. There is a fire for next steps. Don't be passive, get active. If we want community change, we need to take steps towards change and the Conversations offer that platform."

"When you say ACEs, people in the community would know what that meant. Having a trauma-informed community. All sectors understanding trauma and how it impacts families, their clients."

"Doers will come on board when there's something to do. However, talking to people is doing something. Relationship building is not wasting time. Changing the way of being is part of doing. We haven't come together in these ways before."
APPENDICES

Appendix A: Minnesota Counties by Collaborative Project Phase

- Phase III
- Phase II
- Phase I
- Active
- Inactive
- Collaboratives in various phases

[Map showing Minnesota counties by collaborative project phase]
Appendix B: Community Resilience Conversation Checklist

Required:
- At least three community members, including the Collaborative Coordinator and/or a Collaborative board member, participate in the planning of the Conversation.
  - Begin planning at least a month prior to the Conversation date
  - Identify dates and location(s) for Conversation(s)
  - Promote the event, including to those most impacted by ACEs and parent recipients of services (consider using a mix of email lists, flyers, media, and targeted invitations)
  - Core Planning Team completes the Understanding ACEs & Building Self-Healing Communities Assessment Tool either jointly as a team or individually with summarized responses
  - Identify who from the community will compile and share the harvest ideas from the Conversation
  - In partnership with MCCC staff, communities will plan two initial Community Resilience Conversations. Communities that have had great success have engaged in a process of ongoing Conversations
- Early agenda items will include these core components:
  - Relationship building activity(s)
  - Sharing local data, including the county-level ACEs and Protective Factors fact sheets
  - Having conversations built around important questions facing the community
  - Summary of Understanding ACEs & Building Self-Healing Communities Assessment Tool is shared
    - Core Planning Team takes the full assessment and creates a summary of results, then reflects this back to community and asks: "Does this reflect what you think?"
    - And/or have Conversation participants take an abridged version of the assessment at the Conversation
- Tools will include:
  - Understanding ACEs & Building Self-Healing Communities Assessment Tool (Core Planning Team and/or Conversations participants)
  - County-level ACEs and Protective Factors fact sheets
  - Community Resilience Plan Guidance Document and Sample Templates (later in Phase III)
  - Community Conversation: Building Self-Healing Communities--Evaluation

Optional:
- Components of the agenda could include:
  - Brief overview of Neuroscience, ACEs, Epigenetics, and Resilience (NEAR) Science, ACEs Primer video, Resilience film trailer, Community Capacity Development, or Self-Healing Communities concept
- Communities can consider including optional tools, such as:
  - Building Community Resilience infographics from the Milken Institute School of Public Health and the Sumner M. Redstone Global Center for Prevention & Wellness
  - The Building Community Resilience Coalition Building and Communications Guide
- Relationship Building
  - One-on-one community conversations/100 Cups of Coffee
  - Asset mapping
  - Ripple Effects Mapping

Appendix C: Question Prompts for Small Group Discussions

**Current Reality**
1. What is at least one thing our community does well to support the health, safety, and healing of people in our community?
2. What is at least one area where our community could do better to improve health, safety, and healing of our community?  
   OR  
   What’s one thing the community could do right now that would make a difference for your family?
3. What are the most important challenges facing our community? What can we do to address those needs or challenges?
4. Who is missing from this conversation? Who else should be in the room?
5. What other important questions should we be asking?

**Values and Desires**
1. What are the values most important to our community?
2. What’s something you know that you wish people in our community knew and paid attention to?

**Healing**
1. What are we already doing to build healing in our community?
2. What is one thing we could collectively address that would have the greatest impact on creating healing in our community?

**Data** (could be done at table with ACES and Protective Factors fact sheets)
1. Does the data reflect your understanding of our community’s reality?
2. What needs are arising from the data we looked at?
3. Based on the data – what are you inspired to do?
4. What other data should we look at/consider?
Appendix D: Sample Agendas

Sample Participant Agenda

Local Collaborative Name

Community Conversation: Building Self-Healing Community and Resilience

Agenda

4:30 Opening Coming Together conversations and pick up dinner

5:00 Introductions/Welcome/Program Overview

- Resilience Trailer
- Building Self-Healing Communities
- Stevens County ACE work to date

5:25 A look at local data:

- Minnesota Student Survey ACEs and Resilience data for Stevens County
- Additional optional local data

5:45 Community conversation guided by questions (these are samples, actually questions are selected by each community)

1. What’s one thing the community could do right now that would make a difference for your family?
2. What needs are arising from the data we looked at? What possibilities are there for addressing those needs?
3. What’s something you know that you wish people in our community knew and paid attention to?

What are other important questions we should be discussing?

6:30 Next Steps, Evaluation and closing

7:00 Adjourn
**Sample Annotated Presenter Agenda**

Place:
Who's coming:
How many:
When: Date and time
Where:

**Annotated Agenda 2.5 hour model**

<table>
<thead>
<tr>
<th>Item(s)</th>
<th>Facilitator (specify names of who will lead each section)</th>
<th>Materials/notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>Identify who is arranging for food</td>
<td>Handouts and materials for the day:</td>
</tr>
<tr>
<td>Materials</td>
<td>Someone local</td>
<td>Flip Chart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepared group agreements on flipchart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Markers</td>
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<td></td>
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<td>Paper and pens for notes</td>
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<td></td>
<td></td>
<td>Local data other than student survey, if desired</td>
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<tr>
<td>Prep</td>
<td>MCCC staff or someone local</td>
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<tr>
<td>30 min</td>
<td>Meal and Coming together – one on one conversations around the questions: What makes you feel safe? What helps you trust? How do you recover after a hard time?</td>
<td>The planning team will greet people as they arrive and hand them the conversation prompts hand out, OR invite them to choose an image that represents safety/trust</td>
</tr>
<tr>
<td></td>
<td>Let them know the conversation starts NOW and encourage them to talk to</td>
<td>Conversation handout and/or image cards</td>
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</tbody>
</table>

19
someone based on the conversation prompts. After 15 min or so, ask them to find someone new to talk to, someone they don’t know or want to know better. and another image that represents healing.

<table>
<thead>
<tr>
<th>Item(s)</th>
<th>Facilitator</th>
<th>Materials/notes</th>
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<tr>
<td>15 min</td>
<td>Welcome/Introductions (First name and one word – their choice -- that describes you, or is how you want to be seen, or is how you’re feeling now or whatever you want! Something short if a large group)</td>
<td>Someone local – Welcome/Introductions Group Agreements</td>
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<tr>
<td></td>
<td>Group Agreements – share group agreements and invite additions/changes</td>
<td>Group agreements on FlipChart</td>
</tr>
<tr>
<td>10 min</td>
<td>Intro to this work, Show the trailer for Resilience</td>
<td>Local planning team and/or MCCC staff person</td>
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<tr>
<td>20 min</td>
<td>Local Data</td>
<td>Local planning team and/or MCCC staff person</td>
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<tr>
<td>55 min</td>
<td>Community Conversation – using World Café model and harvesting responses. Questions identified by community planners here. These are examples only: What’s one thing the community could do right now that would make a difference for your family? What needs are arising from the data we looked at? What possibilities are there for addressing those needs? What’s something you know that you wish people in our community knew and paid attention to? What are other important questions we should be discussing?</td>
<td>Local planning team and/or MCCC staff person</td>
</tr>
<tr>
<td>10 min</td>
<td>Commitment card and evaluation</td>
<td>Commitment Cards and Evaluation forms</td>
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<tr>
<td>5 min</td>
<td>Summary of harvest categories and priorities</td>
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<tr>
<td>5 min</td>
<td>One – word checkout</td>
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<td></td>
<td>Adjourn</td>
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Appendix E: Sample Flyers
YOU ARE INVITED TO PARTICIPATE IN ONE OF THE UPCOMING

GRANT COUNTY
COMMUNITY RESILIENCE CONVERSATIONS

Your ideas & input are needed – No cost to attend – Child activities provided

TUESDAY, NOV 13, 2018
11:30-3:00 P.M.
Grant Co. U of MN Extension Meeting Room
located at WCA North Elementary School
411 First St SE, Elbow Lake, MN 56531
Enter through Door #8

- Child care for children ages 3+ is available. Call 218-770-0129 or/before November 9 to reserve.
- Lunch will be provided at 11:30 a.m.
- Gas cards will be available upon request to help cover transportation costs.
- Register at https://www.eventbrite.com/e/community-resilience-conversation-1-tickets-52058295734 or call 218-685 4597.

WHO SHOULD ATTEND?
Community members, parents, grandparents, providers of services, policy makers... anyone who cares about building resilient communities, where kids and adults can thrive, is encouraged to attend!

SATURDAY, NOV 17, 2018
10:15 A.M.-NOON
held immediately following the Friends of the Library’s Annual Meeting
Elbow Lake Community Building
Sanford Room
115 Central Ave N, Elbow Lake, MN 56531

- Child activities for children ages 3+ will be available from 10:30 a.m.-Noon. Call 218-770-0129 on/before November 9 to reserve.
- Gas cards will be available upon request to help cover transportation costs.

Make a morning of it! Come for the free breakfast at 9:00 a.m., stay for the Friends of the Library meeting, and participate in the Community Conversation!

WHAT WILL HAPPEN?
We will discuss ways to develop resilience by listening to the stories of community members, looking at community data, and identifying what we can do next! This is part of our ongoing community efforts of Understanding ACES (Adverse Childhood Experiences) and Building Resilience.

Questions? Contact Deb Hengel at dhengel@isd2342.org or Anna Johnson at ajohnson@pcamn.org.
YOU ARE INVITED TO PARTICIPATE IN ONE OR BOTH OF THE UPCOMING

STEVENS COUNTY COMMUNITY RESILIENCE CONVERSATIONS

Your ideas & input are needed - No cost to attend

MONDAY, FEB 4, 2019
11:30 A.M. to 1:30 P.M.
Old #1 South Side
412 S Atlantic Ave
Morris, MN 56267

• Lunch will be provided at 11:30 a.m.

MONDAY, FEB 4, 2019
5:00 to 7:30 P.M.
Morris Area Elementary
151 South Columbia Ave
Morris, MN 56267

• Supper will be provided at 5:00 p.m.
• Child care available for children ages 2+

WHO SHOULD ATTEND?
Community members, parents, grandparents, providers of services, policy makers . . . anyone who cares about building resilient communities, where kids and adults can thrive, are encouraged to attend these conversations.

WHAT WILL HAPPEN?
We will discuss ways to develop resilience by listening to the stories of community members, looking at community data, and identifying what we can do next! This is part of our ongoing community efforts of Understanding ACES (Adverse Childhood Experiences) and Building Resilience.

Questions? Contact Diane Strobel at dstrobel@morris.k12.mn.us or Anna Johnson at ajohnson@pcamn.org.

These conversations are hosted by Stevens County Building Resiliency, SC ECI, and facilitated by Minnesota Communities Caring for Children.
COMMUNITY CONVERSATION: BUILDING A SELF-HEALING COMMUNITY
JULY 19, 2018
8:00 AM - 11:30 AM
WOODLAKE MEETING CENTER

Minnesota Community Caring for Children will facilitate conversation with community members, parents and practitioners gathering to discuss ways to develop resilience, guided by community data. These inclusive conversations will help gather stories and statistics to inform the development of Community Resilience Plans. This conversation will include:
- NEAR Science – Neurobiology, Epigenetics, Adverse Childhood
- Experiences, and Resilience
- Qualitative data
- Quantitative data related to risk and protective factors for children and families
- Strategies for next steps in our community of addressing Adverse Childhood Experiences

REGISTER TO ATTEND THIS FREE EVENT
COME TOGETHER TO SHARE WISDOM AND DEVELOP A PLAN OF ACTION TO MAKE A DIFFERENCE FOR OUR YOUTH, OUR FAMILIES AND OUR COMMUNITY

DECEMBER 3rd 11:30am-3pm
Blandin Foundation Community Room
REGISTER: ITASCACOMMUNITYRESILIENCE.EVENTBRITE.COM

ADVERSITY AND TRAUMA IMPACT OUR COMMUNITIES.

Join us for a meal and conversation as we explore our community’s next steps in creating a strategic response to counter the impact of trauma, adversity, and toxic stress in Itasca County.
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.

<table>
<thead>
<tr>
<th>Leaders: 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Leaders of our self-healing community effort represent a diverse array of backgrounds.</td>
</tr>
<tr>
<td>There is no diversity among leaders.</td>
</tr>
<tr>
<td>2. Members of our community help define what successful community change/outcomes will look like.</td>
</tr>
<tr>
<td>Only a few leaders define successful outcomes.</td>
</tr>
<tr>
<td>3. Our community supports emerging leaders by inviting partners and parents to co-lead efforts.</td>
</tr>
<tr>
<td>Only a few leaders, and no parent recipients of services, make decisions about efforts.</td>
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</tbody>
</table>
**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.**

<table>
<thead>
<tr>
<th>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.</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>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.</td>
<td>1</td>
<td>2</td>
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</table>

5. **Community partners support work/efforts outside of their own sectors/domains that contribute towards overall community resilience.**

<table>
<thead>
<tr>
<th>Each partner only works within their own sector, and reports out about what they’re doing.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>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.</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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</table>

6. **We make time for intentional, respectful and supportive relationship building.**

<table>
<thead>
<tr>
<th>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.</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>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.</td>
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**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.**

<table>
<thead>
<tr>
<th>Only a few sectors understand the science related to ACEs, the impact of trauma on the brain, and resilience.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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</table>

8. **We gather and share data and stories from a variety of sectors and partners to help inform our efforts.**

<table>
<thead>
<tr>
<th>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.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
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9. **Our community has a culture of ongoing learning.**

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<tr>
<th>We rarely gather across sectors or with service recipients for learning opportunities.</th>
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<th>2</th>
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<tbody>
<tr>
<td>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.</td>
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<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
</tbody>
</table>
**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.**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
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<tbody>
<tr>
<td>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.</td>
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<tr>
<td>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).</td>
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11. **Results of collaborative community efforts (lessons learned) are shared widely.**

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<th>5</th>
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</thead>
<tbody>
<tr>
<td>Progress reports and outcomes are shared only with a few leaders.</td>
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<tr>
<td>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.</td>
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</table>

12. **Our community is committed to aligning actions and resources with others to achieve greater impact.**

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<tr>
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</thead>
<tbody>
<tr>
<td>Each partner only carries out their own sector-specific work and activities. Resources are not shared across sectors/domains.</td>
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<tr>
<td>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.</td>
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</table>

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

---

Thank you!!!
Appendix G: Community Conversation: Building Self-Healing Communities—Evaluation

Community Conversations: Building Self-Healing Communities — Evaluation
Thank you for participating in today's Conversation around Building Self-Healing Communities. We'd really appreciate your feedback as we plan for future Conversations as well as development of a Community Resilience Plan.

1. Before coming today, had you seen a presentation of Understanding ACEs: Building Self-Healing Communities?
   - Yes
   - No
   - I'm not sure

2. Why did you decide to attend today's Community Resilience Conversation?

3. How much do you agree or disagree with the following statements? (Please skip any items that were not part of this event or your experience)

   a. Overall, the event was well organized.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

   b. I felt comfortable sharing my ideas and perspectives.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

   c. I made a new connection with someone.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

   d. The local data shared were informative.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

   e. The small group discussions were useful.
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

4. What was the most helpful thing you learned from this Conversation?

5. What is one new step you plan to take, in your work, community, or personal life, as a result of this Conversation?

6. Do you have any suggestions for how to improve future Conversations?

7. Which of the following do you represent? (Please select all that apply.)
   - Business
   - Civic/volunteer organization
   - Community member
   - Faith community
   - Healthcare (public health, clinic)
   - Law enforcement/corrections
   - Local government
   - Media
   - Mental/behavioral health
   - Parent/caregiver
   - PreK-12 school staff/teacher
   - Social services
   - Student
   - University/college staff/faculty
   - Youth-serving organization
   - Other: ____________________________

8. Have you, or someone close to you, been personally impacted by ACEs?
   - Yes
   - No
   - I'm not sure

9. Which community (i.e., town, township, city) do you live in? ____________________________

10. Which community (i.e., town, township, city) do you work in? _________________________

Thank you!!!
Appendix H: DRAFT Phase IV Community Resilience Plan Guidance Document & Sample Template

Minnesota Communities Caring for Children is partnering with Children’s Mental Health and Family Services Collaboratives to support Community Resilience Conversations that will help Collaboratives' communities move from understanding neurobiology, epigenetics, ACEs, and resilience (NEAR) Science to Community Resilience Planning for possible community responses. Community stories and local data will inform these conversations.

In working towards reducing ACEs, increasing resilience and promoting trauma-informed practices, communities can develop a Community Resilience Plan that incorporates leadership expansion, community collaboration, shared learning, and results-based decision making. The goals of the plan are two-fold:

1. Enhance community collaboration and capacity.
2. Implement strategies to enhance protective/resilience factors and reduce ACEs.

Goal 1: Enhance Community Collaboration and Capacity

Use findings from the Understanding ACEs and Building Self-Healing Communities Assessment Tool, local listening sessions, focus groups, and/or one-on-one interviews to inform action planning related to:

- Raising community awareness about NEAR Science
- Offering opportunities for shared learning
- Assessing and mapping community assets and partners
- Ensuring a diverse array of community leaders engaged in shared decision-making
- Building relationships across sectors and populations
- Gathering data and stories
- Hosting community discussions and cafes

<table>
<thead>
<tr>
<th>Objective 1. Leadership Expansion</th>
<th>Activities</th>
<th>Partners/Participants</th>
<th>Timeline</th>
<th>Resources</th>
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<tr>
<th>Objective 2. Coming Together</th>
<th>Activities</th>
<th>Partners/Participants</th>
<th>Timeline</th>
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Objective 3. Shared Learning

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<th>Activities</th>
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<th>Resources</th>
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Short-term outcomes:
Intermediate outcomes:
Long-term outcomes:

Objective 4. Results-Based Decision Making

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<th>Activities</th>
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<th>Resources</th>
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</table>

Short-term outcomes:
Intermediate outcomes:
Long-term outcomes:

Goal 2: Implement Strategies to Enhance Protective/Resilience Factors and Reduce ACEs

Strategies to enhance protective/resilience factors and reduce ACEs may vary widely, not only from community to community, but also sector to sector. Community partners will know best what strategies can help advance community change efforts and what partners can accomplish based on time, resources, buy-in, etc. Goal 2 can comprise multiple mini-plans to be implemented by partner organizations, agencies, and community groups.

Strategies could include new policies or protocols, new or improved services, new programs, etc. to strengthen families and communities. For example, a school district might implement a new Social Emotional Learning curriculum or a local public health agency may partner with their clients to establish a parent/caregiver advisory group to help guide decision-making.

What do local data on protective factors and ACEs point to as the greatest need? Which partners are ready and willing to implement a new strategy? What do stories from youth and families illuminate about their experiences with local child welfare, justice, public health, and education?

Objective 1.

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<th>Timeline</th>
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</table>

Short-term outcomes:
Intermediate outcomes:
Long-term outcomes:
Examples

### Goal 1, Objective 3. Shared Learning

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<th>Activities</th>
<th>Partners/ Participants</th>
<th>Timeline</th>
<th>Resources</th>
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<tbody>
<tr>
<td>Gather stories from parent recipients of services on their experiences</td>
<td>Graduate students will work with family-serving organizations to recruit and interview parents</td>
<td>By March 30, 2019</td>
<td>Incentives for parents, safe and private meeting spaces for interviews</td>
</tr>
<tr>
<td>Compile data on ACEs, risk factors, protective factors from multiple community sectors</td>
<td>Local public health agency</td>
<td>By March 30, 2019</td>
<td>Data-sharing agreements</td>
</tr>
<tr>
<td>Develop and share a community profile integrating all data and stories collected</td>
<td>Local public health agency</td>
<td>By May 15, 2019</td>
<td>Websites, report, presentations, community meetings</td>
</tr>
</tbody>
</table>

**Short-term outcomes:** Community profile developed and shared with stakeholders

**Intermediate outcomes:** Data used to guide decision-making and planning

**Long-term outcomes:** Profile updated annually to track trends over time and respond to emerging needs

### Goal 2, Objective 1. Implement a new Social Emotional Learning curriculum in School District X

<table>
<thead>
<tr>
<th>Activities</th>
<th>Partners/Participants</th>
<th>Timeline</th>
<th>Resources</th>
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<tbody>
<tr>
<td>Meet with district stakeholders and parents to assess needs and interests</td>
<td>School administration, teachers, school counselors, parents/guardians</td>
<td>By February 28, 2019</td>
<td>Meeting space, child care for parents</td>
</tr>
<tr>
<td>Research available curricula for evidence of effectiveness, cost, etc.</td>
<td>Teachers, school counselors</td>
<td>By April 30, 2019</td>
<td>Other local school districts, MDE</td>
</tr>
<tr>
<td>Hold a curriculum selection meeting</td>
<td>Teachers, school counselors, parents/guardians</td>
<td>By May 15, 2019</td>
<td>Meeting space, child care for parents</td>
</tr>
<tr>
<td>Get School Board approval</td>
<td>School Board</td>
<td>By June 30, 2019</td>
<td>Time on board agenda</td>
</tr>
<tr>
<td>Train teachers on curriculum</td>
<td>Teachers</td>
<td>By August 15, 2019</td>
<td>Travel budget to attend regional training</td>
</tr>
<tr>
<td>Implement curriculum in grades 4-6</td>
<td>Teachers</td>
<td>By December 30, 2019</td>
<td>Materials for all students</td>
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</table>

**Short-term outcomes (6-12 months):** # of sessions completed; # of students reached; pre-post test changes in self-reported skills, behaviors, beliefs

**Intermediate outcomes (1-2 years):** Changes in classroom behavior as observed by teachers; changes in home behavior as observed by parents; reductions in school disciplinary incidents

**Long-term outcomes (3 years):** Increases in self-reported social competency and behavioral health as measured by the MSS Grade 8 survey

**Extra long-term outcomes (10 years):** Reductions in ACEs
Appendix I: Other Resources

George Washington University, Milken Institute School of Public Health, Building Community Resilience Collaborative "Pair of ACEs"
https://publichealth.gwu.edu/departments/redstone-center/resilient-communities

University of Minnesota Extension, Ripple Effect Mapping
https://extension.umn.edu/community-development/ripple-effect-mapping

Community Asset Mapping

Webinars
- ACEs Connection/Campaign for Trauma-Informed Policy and Practice Self-Healing Communities Model webinar featuring Laura Porter: https://www.youtube.com/watch?v=edP2C92Z4Ak&feature=youtu.be

For more information about this project, please visit: http://www.pcamn.org/ace-awareness-efforts-with-collaboratives/