2019 NEW ORLEANS SUMMIT ON COMPASSION & RESILIENCE

BECOMING A TRAUMA-INFORMED CITY

June 12, 2019 | New Orleans, Louisiana

BRIEFING BOOKLET

2019 NEW ORLEANS SUMMIT ON COMPASSION & RESILIENCE

NEW ORLEANS CHILDREN & YOUTH PLANNING BOARD

"My mission in life is not merely to survive, but to thrive; and to do so with some passion, some compassion, some humor, and some style."

- Maya Angelou

WELCOME

Welcome to the 2019 New Orleans Summit on Compassion & Resilience: Becoming A Trauma Informed City

Greetings Summit Attendee,
I'd like to personally welcome you to the 2019 New Orleans Summit on Compassion & Resilience!

The summit exists as part of the work that the Children & Youth Planning Board's (CYPB) **Childhood Trauma Task Force** has been building at the request of the New Orleans City Council. Back in August 2018, the New Orleans City Council charged CYPB with the task of crafting a plan with recommendations informing how New Orleans could become a Trauma-Informed City. This charge came as a direct result of news articles and the screening of a documentary, "The Children of Central City." It seemed we all suddenly became aware of the prevalence of childhood trauma in New Orleans. Yet, many of you know that childhood trauma in New Orleans is not new at all.

The City's interest in engaging in a planning process to pursue a path toward becoming more compassionate and increase the resilience of its children by potentially working across sectors, using a trauma informed approach, is new and it's now!

As a participant in the summit, you are a very important part of the now! The energy is here now to address childhood trauma in New Orleans together. The CYPB Childhood Trauma Task Force members want to include you, via the summit, in thinking bigger and planning better about the steps it may take for our City to become one of greater compassion and resilience.

I'm excited that this matters to you, as demonstrated by you choosing to be here. You're here acknowledging the existence of and seeking to learn more about childhood trauma in New Orleans. Together, we can explore paths toward acknowledgement, healing, prevention, intervention and innovation in ways that impact us all, as individuals and in our communities.

New Orleans can become a Trauma-Informed City and together we can create a path!

Onward together!

Karen Evans

KAREN EVANS
EXECUTIVE DIRECTOR
NEW ORLEANS CHILDREN
& YOUTH PLANNING BOARD

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AGENDA

7:30 AM	Opening Registration and Networking Breakfast
9:00 AM	Welcome – Dr. Reynold Verret, Xavier University
9:10 AM	Opening Remarks – Dr. Torin Sanders, NOLACYPB
9:25 AM	Wisdom from New Orleans' Youth – Facilitated by Iman Shervington, IWES
10:40 AM	Childhood Trauma in New Orleans: Data and Narrative – Dr. Denese Shervington, IWES
11:10 AM	BREAK
11:25 AM	Building A Trauma-Informed Continuum: Participatory Asset Mapping & Developing a Partner Matrix – Maggie Hermann & Lolita M. Ross
12:30 PM	Lunch (Participants will pick up lunch and reconvene for a working lunch)
12:45 PM	Learning in Action Panel Discussion **Dr. Erich Conrad, UMC Trauma Center Medical Services** **Dr. Rashida Govan, New Orleans Youth Alliance Workforce Training** **Melanie Richardson, Training Grounds** **Paulette Carter, New Orleans Police Department & Children's Bureau** **Dominque Jones, Daughters Beyond Incarceration** **Facilitated by Dr. Denese Shervington**
1:45 PM	Envisioning a Trauma-Informed New Orleans **Facilitated by Lolita M. Ross & Tanya R. James**
2:35 PM	BREAK
2:50 PM	Deep Dive Discussion on Implementation (Breakout Discussions)
3:50 PM	Reflections and Closing Remarks **Karen Evans, NOLACYPB** **Jason Williams, New Orleans City Council**
4:00 PM	Wine Reception
5:30 PM	Closing Gratitudes

LEXICON

All definitions here come from the ACEs Connection and the National Child Traumatic Stress Network.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

This term refers to adverse experiences that happen in childhood: adverse childhood experiences. The original CDC-Kaiser Permanente Adverse Childhood Experiences study (ACE Study) published in 1998, of more than 17,000 members of Kaiser Permanente, looked at 10 different categories of ACES. These included physical and emotional neglect, physical, verbal, and sexual abuse; parental abandonement through separation or divorce; a parent with a mental illness or alcohol (or other drug problem; and a family member in jail. Later ACE studies have included experiences such as racism, bullying, living in an unsafe neighborhood, witnessing violence outside the home, losing a family member to deportation, and involvement with the foster care system. Some of these experiences are called ACES (adverse community experiences or ASEs (adverse systems experiences). These events can produce toxic stress and can result in chornic stress responses. The difference between "ACEs" and "trauma" is that ACEs refers to specific experiences that are chronic and have been measured as part of the original ACE Study or subsequent expanded ACE surveys, while trauma is a general term that people define differently. Some people think that trauma is a car crash, but don't think trauma is living with a family member who's addicted to alcohol or a family member who's depressed.

ADVERSE COMMUNITY EXPERIENCES

There are manifestations, or symptoms, of community trauma at the community level. The symptoms are present in the social-cultural environment, the physical/built environment, and the economic environment. They include violence, dilapidated buildings, deteriorating roads, poor transportation, and crippled-local economies.

ADVERSE SYSTEM EXPERIENCES

Adversity experienced in systems by how systems practice and interact with their patients, clients, students, prisoners, etc. Children experience adversity in zero-tolerance schools; in non-trauma-informed medical practices; in non-trauma-informed foster care systems, etc. These systems can also retraumatize already traumatized adults, including clients and the people who work ins systems, such as welfare, unemployment, and other social serving agencies.

ADVERSITY

Hardship, distress, or suffering. In the context of ACEs, adversity refers to circumstances in a child's life including neglect, abuse, family dysfunction, racism, community violence, and involvement with systems that further traumatize already traumatized children and adults. It can also refer to hardships faced by individuals and communities due to natural disaster, violence, discriminatin, or poverty.

BRAIN SCIENCE

Brain development - the basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Brains are built from the bottom up; basic circuits lay in the foundation for more complex circuits and behaviors that follow. Interaction between genes and experience shapes the developing brain, and relationships are the active ingredient in this serve and return process.Executive function skills help us plan, reason, focus, solve problems, and use information in new and complex ways. These skills can be taught and should be geared up in children as early as possible.

COMMUNITY ENGAGEMENT

The process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations with respect to issues affecting their well-being.

COMMUNITY RESILIENCE

The capability of a community to anticipate risk, limit impact, and bounce back rapidly through survival, adaptability, evolution, and growth in the face of turbulent change and stress. The capability to endure and thrive despite adversity.

COMPLEX TRAUMA

Another term used in place of "ACEs". When children are exposed to multiple traumatic events, such as ongoing physical or sexual abuse, witnessing family or community violence, racism, bullying, or separation from family members, they may suffer complex trauma with deep and longlasting effects on their ability to think, learn, and relate to others. Research has shown that the more ACEs a person has, the higher his or her risk for a range of consequences, including addiction to alcohol and other substances, heart disease, cancer, auto-immune diseases, depression, anxiety, selfharming behaviors, more marriages, more broken bones, and obesity. In the criminal justice community, complex trauma is often referred to as "polyvictimization".

EVIDENCE-BASED PRACTICE

Evidence-based practice is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of the individual. It means, "integrating individual clinical expertise with the best available external clinical evidence from systematic research."

FIVE PROTECTIVE FACTORS

The five protective factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. If this resilience-building approach is paired with an understanding of ACEs science, parents who understand their own ACEs will be more successful in practicing the five protective factors because they understand how their own history affects their parenting, they are more inclined to ask to learn about parenting skills because they don't want to pass their own ACEs onto their children, and their empathy for their children increases.

HEAL

Short-term, as it relates to ACEs' effects on neurobiology: Reducing toxic stress so that the body can return to homeostasis, an equilibrium where heart rate, blood pressure, and breathing are in a normal range, and where a person can self-regulate (i.e., respond to stress by consciously bringing heart rate, blood pressure, and breathing back to normal levels). Long-term: Repairing damaged tissue or organ systems so that they are within normal range of operation.

POST-TRAUMATIC STRESS DISORDER (PTSD)

It's human nature to react to fear or danger. This is often called the "fight, flight or freeze" response. People who have post-traumatic stress "disorder" feel frightened even when they're no longer at risk. PTSD can develop after experiencing a traumatic event such as war, sexual assault, a plane crash, or an earthquake. It can also develop in response to the chronic stress of ACEs. Many leaders in ACEs science do not define this state of being as a "disorder", but as a normal and expected response to a real or perceived threat that is reminiscent of the original threat.

PROTECTIVE FACTORS

Think of these as the opposite of ACEs—the factors or circumstances in a child's life that buffer her/him from harm and promote stability and resilience. Research has shown that supportive family and social relationships, exercise, adequate sleep, proper nutrition, spending time in nature, listening to music, and meditation are key protective factors for individuals. Protective community factors include adequate housing, access to good health care, support in times of need, involvement with healthy systems (e.g., trauma-informed schools), adequate-paying jobs for parents so that they can spend time with their children, healthy work environments for parents so that they don't bring trauma home with them, and caring adults outside the family who serve as mentors and role models.

RESILIENCE

The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Whether it is considered an outcome, a process, or a capacity, the essence of resilience is a positive, adaptive response in the face of significant adversity. It is neither an immutable trait nor a resource that can be used up. On a biological level, resilience results in healthy development because it protects the developing brain and other organs from the disruptions produced by excessive activation of stress response systems. Stated simply, resilience transforms potentially toxic stress into tolerable stress. In the final analysis, resilience is rooted in both the physiology of adaptation and the experiences we provide for children.

RETRAUMAT-IZATION

Retraumatization is a situation, attitude, or environment that reminds a person of the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them. This can happen at any time, but is very noticeable in an organization that is supposed to be a caring organization, such as a school, healthcare clinic, substance-abuse clinic, or place of worship.

SECONDARY TRAUMA

This refers to the suffering and stress that comes from witnessing, helping, or trying to help a person who has ACEs and exhibits signs of trauma. Nurses, teachers, hospice workers, foster parents, child welfare workers, physicians, police officers, judges and emergency responders may experience secondary trauma. Symptoms of secondary trauma can include sadness, anger, poor concentration, emotional and physical exhaustion, and shame.

SOCIAL DETERMINANTS OF HEALTH

In some ways, a person's health is due to the "luck of the draw" or the "universal lottery" of birth. All the circumstances in which people are born, grow up, live and work affect how they develop physically, mentally, and emotionally. These circumstances—an individual's neighborhood, family, education, race, gender, class background, diet, workplace, and access to health care, for instance—are in turn shaped by a larger set of forces: economics, social policies, and politics. But the social determinants of health are not fixed. Individuals and communities can change those circumstances so all people have equal opportunities to grow and thrive.

STRESS: POSITIVE STRESS

Positive stress is a normal and required part of healthy development, such as attending a new school or taking a test. It is characterized by brief increases in heart rate and mild elevations in stress hormones, which quickly return to normal.

STRESS: TOLERABLE STRESS

Tolerable stress results from more serious or stressful events, such as a minor car accident or witnessing violence, and results in a greater activation of the body's alert system. When a child has sufficient support with trusted adults, her/his brain and body can recover from these effects.

STRESS: TOXIC STRESS RESPONSE

Toxic stress response "can occur when a child experiences strong, frequent, and/or prolonged adversity – such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship – without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment well into adult years."

SUSTAINABILITY

Effective community changes and financial support remain in place and continue to evolve to promote progress towards long-term health and equity goals. The relationships between people and organizations created or reinforced by initiatives continue to drive social action to improve health.

TRAUMA

Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically and/or emotionally harmful, overwhelming, and/or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. A community (e.g., a neighborhood, a city, a region, a state, or a nation) can also experience trauma that results in lasting adverse effects in the entire community's functioning and well-being. Examples include war (Syria, Sierra Leone), natural disasters (e.g., tornadoes, floods, and earthquakes that destroy parts of a city), and violence (West Virginia Tech campus shooting, shootings of children in Newtown, CT).

TRAUMA-INFORMED

A trauma-informed community or organization has the knowledge and understanding of trauma and its far-reaching implications. It adopts principles and practices that promote a culture of safety, empowerment, and healing. A trauma-informed or trauma-sensitive agency asks: "What happened to you?" rather than "What's wrong with you?" Being trauma informed includes understanding the science of adverse childhood experiences. Programs or communities that do not include ACEs science are incomplete in their understanding and knowledge of trauma.

TRAUMA-INFORMED APPROACH OR CARE

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. Referred to variably as "trauma-informed care" or "trauma-informed approach", this framework is regarded as essential to the context of care. Being trauma-informed includes understanding the science of adverse childhood experiences (See ACEs science). Programs or communities that do not include ACEs science are incomplete in their understanding and knowledge of trauma.

TRAUMA-RESPONSIVE

A trauma-responsive environment deliberately sets about to minimize the risk of making things worse for the individuals or families who have experienced trauma and maximize the possibility of improvement while helping to guarantee safety and even recovery, for the workforce involved in providing services. It is not sufficient for such organizations and systems to be trauma-informed. They need the resource allocation and leadership that enables them to become trauma-responsive. A trauma-responsive environment would create a dense network of connection with community resources who could provide actual trauma-specific treatment so that true recovery from traumatic experience is possible.

TRAUMA SCREENING

Trauma screening refers to a tool or process that is a brief, focused inquiry to determine whether an individual has experienced one or multiple traumatic events, has reactions to such experiences, has specific mental or behavioral health needs, and/or needs a referral for a comprehensive trauma-informed mental health assessment. Trauma screening is designed to be able to be administered to every child within a given system (such as healthcare). The results of the screening are used to determine whether further assessment is warranted.

VICARIOUS TRAUMA

See "secondary trauma"

WELLBEING

Wellbeing is the integration of physical and mental health and includes the "presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment, and positive functioning."

Indicators rooted in childhood that influence whether a person will have the likelihood of being a well-educated, economically secure, productive, and healthy adult. These indicators include family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health.

CONTENT EXPERT

DR. DENESE SHERVINGTON, MD, MPH
INSTITUTE OF WOMEN AND ETHNIC STUDIES
PRESIDENT & CEO
DENESE@IWESNOLA.ORG

Dr. Shervington has an intersectional career in public health and academic psychiatry. She is the President and CEO of The Institute of Women and Ethnic Studies (IWES), a community-based translational public health institute in New Orleans. At IWES, she directs a community-based post-disaster mental health and emotional resiliency recovery program, and a federally funded trauma-informed Teenage Pregnancy Prevention Program. Dr. Shervington is also a Clinical Professor of Psychiatry at Tulane University. Her focus at Tulane is residency education and training. Dr. Shervington is a graduate of New York University School of Medicine. She completed her residency in Psychiatry at the University of California San Francisco and is certified by the American Board of Psychiatry and Neurology. Dr. Shervington received a Masters of Public Health in Population Studies and Family Planning from Tulane University School of Public Health. In 2018, she received the Award for Excellence in Service and Advocacy from the American Psychiatric Association. In 2012, she received the Jeanne Spurlock Minority award from the American Psychiatric Association. Dr. Shervington is a member of the American College of Psychiatrists. She has authored several papers in peer-reviewed journals addressing health disparities, the social determinants of health and resilience in underserved communities.

WISDOM FROM NEW ORLEANS' YOUTH

IMAN SHERVINGTON (FACILITATOR)
INSTITUTE OF WOMEN AND ETHNIC STUDIES
DIRECTOR OF MEDIA & COMMUNICATIONS
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Iman received her BA from the University of Southern California in International Relations (2005) and her Masters of Fine Arts in Directing from Columbia University (2010) with a concentration in Directing and Screenwriting. Through IWES, Iman utilizes her script development, cinematography, directing, producing, and editing skills and has created over 50 short films and PSAs (four of which have won awards), a web-series, a feature-length documentary, and an award-winning podcast. These films have been screened in five local and national film festivals, and she has presented at eight conferences (sometimes jointly with youth from IWES programs) to showcase her work. Recently, Iman led the development of a public will campaign to advocate for more Trauma Informed Care services for traumatized youth in New Orleans, In That Number. In 2016 she was selected as a participant in Spitfire's Executive Training Program, and was selected as a Robert Wood Johnson Foundation Culture of Health Leader in its inaugural cohort. She also oversees all of IWES' social media accounts and communications. Iman has further experience in graphic design, photography, curriculum development, focus group facilitation, positive youth development, participatory action research, and media literacy.

YOUTH PANELISTS

CHRISHONDA LASALLE
WELCOMING PROJECT – A TRAVIS HILL SCHOOL INITIATIVE

CALE MOORE
WELCOMING PROJECT – A TRAVIS HILL SCHOOL INITIATIVE

REIGN LACOUR,
DAUGHTERS BEYOND INCARCERATION

ALACEIA BATISTE
DAUGHTERS BEYOND INCARCERATION

LEARNING IN ACTION PANEL

DOMINQUE JONES
DAUGHTERS BEYOND INCARCERATION, TRAUMA EXPERT
DOMINQUE@DBINOLA.ORG

Dominque Jones is native New Orleanian and a graduate of Warren Easton Sr. High School. As an adult child with an incarcerated parent, Ms. Jones advocates for kids with incarcerated parents by leading an organization geared toward the overall well-being of young black girls with an incarcerated father. In addition, she also speaks on panels as an expert in the field of trauma due to parental incarceration. In December of 2017, Ms. Jones became a published author with her article in Loyola's Law Review, titled: "When are you coming home: An Exploratory Essay Confronting the Issues Involving Children with Incarcerated Parents and How to Break the Cycle". She received her undergraduate's degree from Alabama State University on a full track and field scholarship and, her Master's in Human Resource Education with a specialization in Organizational Leadership from LSU.

MELANIE RICHARDSON, MSW, LMSW
TRAININGGROUNDS INC., CO-FOUNDER/EXECUTIVE DIRECTOR
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Melanie Richardson, MSW, LMSW is a native of New Orleans and a graduate of St. Mary's Academy High School. Ms. Richardson is the co-founder and Executive Director of TrainingGrounds, a New Orleans based nonprofit working to improve early childhood outcomes. Previously, Melanie demonstrated a commitment to community-based programming as a mental health therapist, the founding director of a 40+ bed adolescent psychiatric residential treatment facility, a program director of a local mental health rehabilitation agency, a community engagement specialist and a parent educator. She volunteers her time by serving on the Louisiana Department of Health's Child Death Review Committee, Louisiana Parenting Education Network Advisory Committee, and Catholic Charities Head Start Health Advisory Committee. She received a Bachelors degree in business management and sociology from the University of Notre Dame, a Masters degree in social work from the University of Pennsylvania, and a Specialist degree in community college teaching from Arkansas State University.

RASHIDA GOVAN
NEW ORLEANS YOUTH ALLIANCE, EXECUTIVE DIRECTOR
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Rashida Govan is the executive director of the New Orleans Youth Alliance, the youth development intermediary for the Greater New Orleans area. Govan is an educator, activist and writer who has worked for more than 20 years in education and youth development. Rashida is a graduate of the University of New Orleans where she earned her Ph.D. in educational administration. She completed a postdoctoral position as project director of the International Study on Youth Community Organizing. Her other research interests include African American girls' adolescent development and college readiness, access and success. Rashida is deeply engaged in the New Orleans community and is credited with facilitating a number of community education programs including parent leadership trainings with the Fatherhood Consortium and the PRIDE Parent Leadership Academy, the Trayvon Martin Teach-In and the Assata Shakur Teach-In. She has published numerous reports and publications on family engagement, youth leadership, youth organizing, educational equity, public policy and other related topics. Govan is the founder and executive director of Project Butterfly New Orleans, an evidence-based, African-centered girls rites of passage program that has served over 200 high school girls since its inception in 2009. Rashida also has spoken nationally on hip hop culture and has spoken widely on issues concerning girls and women, and a wide range of social and healing justice issues. Govan is a proud alumna of Morgan State University.

PAULETTE CARTER
CHILDREN'S BUREAU OF NEW ORLEANS, PRESIDENT, CEO
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Paulette Carter is a Licensed Clinical Social Worker and is President/CEO of the Children's Bureau of New Orleans, a non-profit organization which offers an array of mental health services to children and families in the greater New Orleans area. Ms. Carter has worked at Children's Bureau for the past 19 years, starting her employment with the organizations as an entry level mental health clinician and now serving in her 12th year as President/CEO. Paulette is also active on several community Boards and workgroups including the New Orleans Children and Youth Planning Board, the Trauma Informed Learning Collaborative for Schools, the Center for Resilience Board of Directors, and the Louisiana Adverse Childhood Experiences (ACE) Initiative. She is an adjunct instructor at the Tulane School of Social Work and proud mother of two very active teenage daughters.

ERICH CONRAD, MD
UNIVERSITY MEDICAL CENTER,
BEHAVIORAL HEALTH SERVICE LINE DIRECTOR
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Erich Conrad M.D. is Associate Professor of Psychiatry at the Louisiana State University Health Sciences Center and is the Vice Chairman for Hospital Psychiatry. He is the Program Director for the LSU-Ochsner Consultation-Liaison Fellowship. He also serves as the Service Line Director for Behavioral Health at the University Medical Center, New Orleans and is the Director of the Spirit of Charity Trauma Center Psychiatry Research Unit.

Dr. Conrad completed training at the LSU/Ochsner Psychiatry Residency Training Program in 2003, where he served as chief resident. He is board certified in Psychiatry and Consultation-Liaison Psychiatry. Dr. Conrad's current research interests include psychiatric sequelae of traumatic physical injury.

PRESENTATIONS

CLICK HERE TO DOWNLOAD THE FULL 2019 NEW ORLEANS SUMMIT ON COMPASSION & RESILIENCE PRESENTATION

How Did We Get Here & Where Are We Going:
A Trauma-Informed New Orleans
Karen Evans, Children & Youth Planning Board (CYPB), Childhood Trauma Task Force

Adverse Childhood Experiences:
NOLA Household and Community
Denese Shervington, MD, MPH, Institute of Women and Ethnic Studies (IWES)

CLICK HERE TO DOWNLOAD DR. ERICH CONRAD'S PROVIDER PANEL PRESENTATION

Behavioral Health Services at a Level One Trauma Center:
A Pro-Active Comprehensive Model of Care
Erich Conrad, MD, University Medical Center (UMC)

FACILITATION & PLANNING TEAM

TANYA R. JAMES STRATEGIC OUTCOMES PRINCIPAL CONSULTANT TANYA@STRATEGICOUTCOMES.ORG

Tanya James aims to impact many intersecting social issues by helping groups lead from their deepest values towards their vision for a better future.

Her practice focuses on developing community-driven programming, capacity building, and bringing social justice issues to the forefront of efforts.
Tanya inspires and encourages others to own their power, and to create and lead in a way that transforms and responds to what communities need.

As a facilitator, she designs diverse, multi-stakeholder engagements and action learning experiences that lead to transformational learning and social innovation. She utilizes many methodologies, frameworks, practices, principles and systems thinking. Her academic background is in social work and human resource development.

From her practice of facilitating groups Tanya's work now encompasses organizational learning, leadership support, community development and systemic change.
Tanya is catalyzing and accelerating community driven leadership necessary to meet the pressing challenges of the 21st century.

LOLITA ROSS, FACILITATOR

As a certified project management professional (PMP) and multi-sector strategist, Lolita has over 20 years of experience in applied health equity, population health solutions, community development, public policy, and social innovations working in the public, corporate, and nonprofit sector. Her current experience includes national health leadership as Chief Program Officer of the National Network of Public Health Institutes.

As part of SHARED Strategy Group her work includes the design and implementation of a community-based public health model to reduce cancer health disparities in the Gulf Coast; development of a multi-sector sustainable model for social change in the Mississippi Delta; capacity building and curriculum development to support policy advocacy among survivors of violent crime in California; legislative health improvement planning to support heart disease and stroke prevention; board and organizational development in New Orleans and Mississippi; development of a community investment strategy in Central Texas; and numerous projects to improve health and well-being across the country. Lolita holds a Master's Degree in Public Policy and Administration from Jackson State University and is an experienced strategist, implementation specialist, and trusted advisor working with diverse stakeholders to design and implement locally driven strategies for social impact. Ms. Ross is based in New Orleans, LA.

CHARLENE BRIDGES
EVENT MANAGEMENT

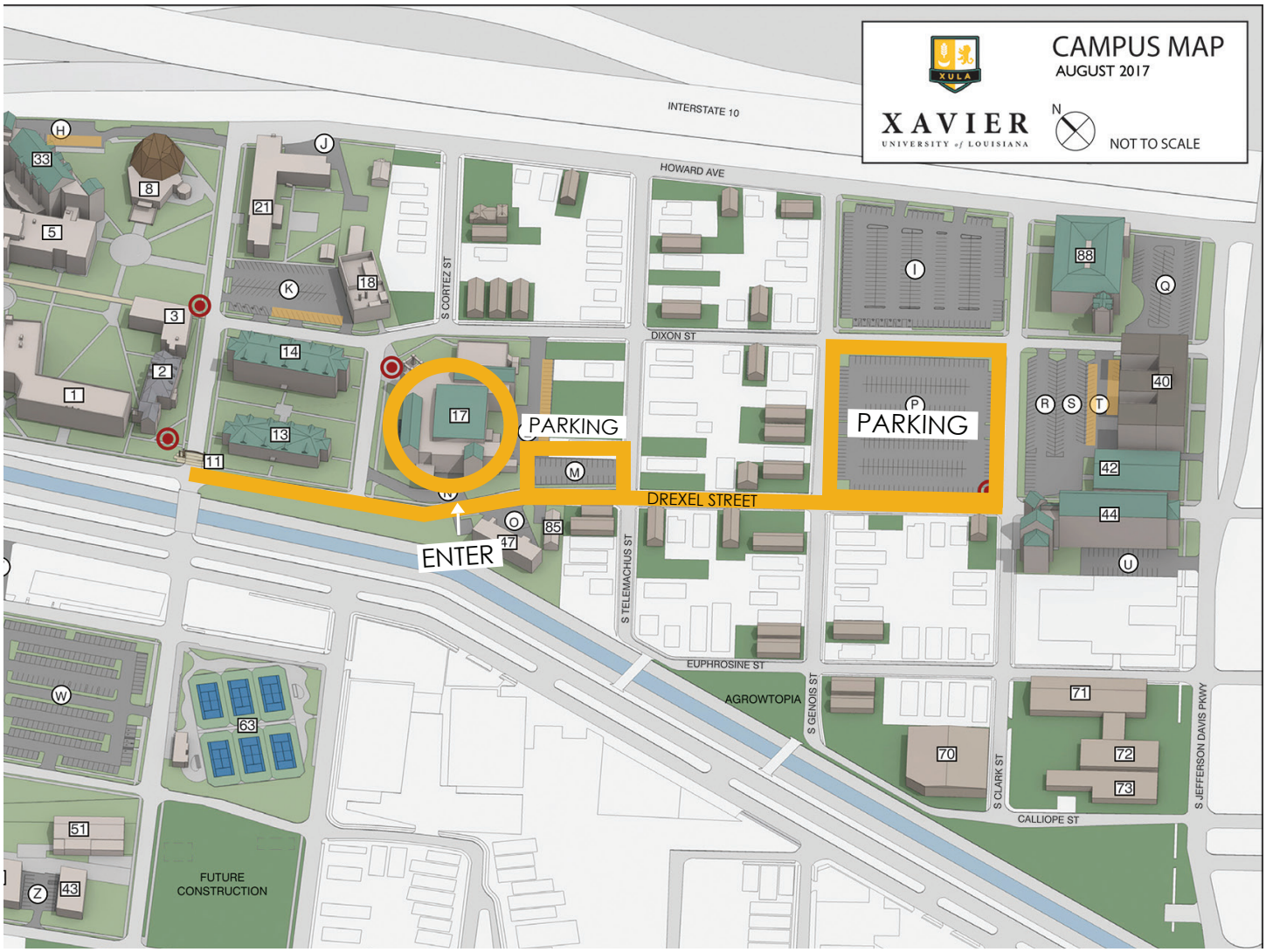
MAGGIE HERMANN
COMMUNICATION & COORDINATION

NICOLA SCUTT
SYSTEMS SUPPORT

ALEX STOKES
REGISTRATION MANAGEMENT

LILITH WINKLER-SCHOR
PLANNING AND DESIGN

CAMPUS MAP



GETTING THERE

The summit will be held in the **McCaffrey Ballroom** on the 3rd Floor of the Xavier University Center, located at 490 Dixon St. **Enter on Drexel St.** where you see a large red X sculpture.

PARKING

There are two Xavier University parking lots near the University Center, both located on Drexel St.
Parking lot (small) - Drexel and S. Telemachus St.
Parking lot (large) - Drexel and S. Genois St.

ACKNOWLEDGEMENTS

THANK YOU TO ALL OF OUR PARTNERS THAT CONTRIBUTED TO THE SUMMIT:

Baptist Community Ministries (BCM)
Institute of Women & Ethnic Studies (IWES)
Xavier University
Xavier University's Center for Equity, Justice, and the Human Spirit
Institute for Mental Health and Hygiene (IMHNO)
Foundation for Louisiana (FFL)
The Music and Culture Coalition of New Orleans (MaCCNO)
Central City Renaissance Alliance | Center for Effective Community Programming
The Blue House Civic Studio

YOUTH PANEL PARTICIPANTS

Welcoming Project – a Travis Hill School Initiative
Daughters Beyond Incarceration

PROVIDER PANEL PARTICIPATING ORGANIZATIONS

University Medical Center (UMC)
New Orleans Youth Alliance (NOYA)
Training Grounds
Children's Bureau
Daughters Beyond Incarceration

CYPB MEMBERS SERVING AS EXECUTIVE COMMITTEE

Rev. Torin Sanders, Ph.D., Faith-Based Community - Chair
Todd Battiste, United Way - Treasurer
Monique Robinson, New Orleans Business Alliance - Secretary
Kristina Kent, Orleans Parish School Board - Parliamentarian

CYPB STAFF

Karen Evans, Executive Director

CYPB MEMBERS

Dr. Torin Sanders, Sixth Baptist Church, Chair
Todd Battiste, United Way of Southeast Louisiana, Treasurer
Monique Robinson, New Orleans Business Alliance, Secretary
Kristina Kent, NOLA Public Schools, Parliamentarian
Paulette Carter, Children's Bureau of New Orleans, Immediate Past Chair
Vallarie Burris, Dept. of Children and Family Services (designee for D. Evans)
Lakesha Cooley, Louisiana Office of Juvenile Justice
Aaron Clark-Rizzio, Louisiana Center for Children's Rights (LCCR)
Angela Wiggins, NOLA Public Schools
Gina Womack, Family and Friends of Louisiana's Incarcerated Children (FFLIC)
Anne Kiefer, Orleans Parish District Attorney (designee for L. Cannizzaro, Jr.)
Ranord Darensburg, Orleans Parish Juvenile Court (designee for Judge Candace Bates Anderson)
Kristin Palmer, New Orleans City Council (Alison Poort, designee)
Dr. Roland Bullard, Dillard University
Tenisha Stevens, Office of Criminal Justice Coordination (Amanda Simpkins, designee)
Emily Wolff, Mayor's Office of Youth and Families (designee, Camille Alexander)

CHILDHOOD TRAUMA TASK FORCE MEMBERS

Dr. Denese Shervington, Institute of Women and Ethnic Studies, Co-Chair
Dr. Torin Sanders, Sixth Baptist Church, Co-Chair
Dr. Rochelle Dunham, Metropolitan Human Services District (MHSD)
Paulette Carter, Children's Bureau of New Orleans
Tap Bui, United Way of Southeast Louisiana
Ron McClain, Institute of Mental Hygiene
Dr. Lauren Teverbaugh, Tulane School of Medicine
Camille Alexander, Mayor's Office of Youth and Families
Jack Waguespeck, Youth / 826 New Orleans
Ali Lee, Youth / EMPLOY
America Lenex, Youth / EMPLOY
Stefanie Moore, Grandparent / Caregiver
Lloyd Dennis, Silverback Society / Mentoring
Donal Berryhill, Pastor / NOPD
Kellie Jordan, NOLA Public Schools
Emily Wolff, Mayor's Office of Youth and Families
Ranord Darensburg, Orleans Parish Justice Center (OPJC)
Vallarie Burriss, Department of Children and Family Services (DCFS)
Kristie Bardell, Health Department / Louisiana Public Health Institute
Kelli Jordan, OPSB
Emily Wolfe, City of New Orleans Office of Youth & Families
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Strategic Outcomes

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