Called to Care

Promoting Compassionate Healing for Our Children

The Abridged Version

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Abridged: to shorten by omissions while retaining the basic contents: to abridge a reference book (e.g., Called to Care – Promoting Compassionate Healing for Our Children).

Definition of Abridged at Dictionary.com

The ***Called to Care Report*** was designed as a comprehensive resource tool to inform, to provide data points of reference, and to build substantive plans that launch actions targeting trauma-informed approaches for the individual, community and the city. It is intentionally robust with local, regional and national content demonstrating the breadth of work needed to become a New Orleans that is more Compassionate and Trauma-Informed.

However, its important to note that within the density of the full report exists key recommendations and an informed implementation plan that can support immediate and longer-term actions. This essential content is surrounded by important and robust information that could make locating these actionable items challenging.

The Abridged Version highlights the recommendations and implementation plan with ease of access and propels us to use these items with intention to address the problem of Childhood Trauma in New Orleans. There are definitely ways that New Orleans can achieve its desire of becoming a more Compassionate, Trauma-Informed City. Several of the recommendations and implementation plan elements in the ***Called to Care*** report provide clear direction to the achievement of this city-wide goal. ***The Abridged Version*** is designed and intended to get you to the recommendations and implementation plans quickly, to inform and guide possible actions and advance changes across sectors.

To download the full Called to Care Report, follow the link below:

www.nolacypb.org/called-to-care-promoting-compassionate-healing-for-our-children/

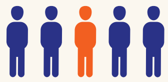
Executive Summary

This report, *Called to Care*, was prepared per a Resolution of the New Orleans City Council (No. R-18-344), and adopted on August 9, 2018. That resolution called for the creation of a one-year task force to develop a comprehensive plan to reduce the occurrence and impact of trauma on children and families within the City of New Orleans. This plan is to include strategies for the prevention of trauma, proper assessment of childhood trauma, and effective intervention to help children and families heal.

The task force firmly believes that in order for New Orleans to meet the goals of the resolution, she must become a trauma-informed community. To do so, we as a community must:

A

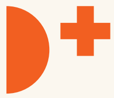
Acknowledge, recognize, and understand the prevalence of childhood trauma. For example, in 2012 the Institute of Women & Ethnic Studies (IWES) released the first results of a survey of Central City youth. Between then and 2018, over 5000 youth have been screened. The findings were startling:



1 in 5
children had witnessed murder

1 in 3
children were witnesses to domestic violence

4 in 10
had seen someone shot, stabbed or beaten



More than half
had someone close to them murdered

B

Build and support an infrastructure of organizations, agencies, and schools committed to utilizing evidence-based approaches that will heal both individuals and the community at large, which has been exposed to trauma for generations.

C

Include approaches that acknowledge and address the trauma communities of color face from the history of slavery, segregation, and persistent societal inequities stemming from racism and economic exploitation.

D

Create spaces for all citizens of New Orleans, especially those most impacted by trauma, to have their voices heard and to advance the efforts needed to make and sustain New Orleans as a compassionate, trauma-informed city.

This report represents one in a series of necessary steps forward for New Orleans and all of its residents—particularly the children, youth, and their communities who eagerly await healing, compassion, and care.

Listed below are some of the highlights of the task force recommendations. As a whole, the recommendations address root causes of trauma in New Orleans and includes strategies for implementation and sustainability to ensure that this much needed work is accomplished. Some of the highlights are:

1. **Hear the Voices of Those Affected.** Engage youth, families and communities with lived trauma experience to support the design and implementation of trauma-informed policies.
2. **Conduct Universal Assessment.** Encourage existing service providers to adopt universal assessment practices and tools that promote identifying and responding to childhood trauma.
3. **Increase the "Fun in Place."** Provide needed pro-social outlets and places to go in New Orleans for children and youth.
4. **Training in Evidence-Based Services**. Increase the awareness, knowledge, and skills of the clinical and peer workforce to support the delivery of evidence-based, culturally relevant, and community-supported programming/services in communities that address effects associated with childhood trauma.
5. **Create an Inter-Faith Team.** Engage the faith community to spread the awareness and goals of trauma-informed approaches to helping children and families heal.
6. **Develop Allies in the Workforce and Community.** Provide Childhood Trauma Awareness Training to businesses, nonprofits, and community organizations.
7. **Create of a Children's Budget.** Fund agencies that provide prevention/early intervention and education/awareness programs. This includes funding staff for trauma-informed efforts.
8. **Adopt Alternatives to Standard Punishments.** Establish alternative methods to address poorly behaving children through screening and assessment to understand the root cause of their behaviors followed by wellness-promoting responses.
9. **Create and Maintain a Cross-Sector/Interdisciplinary Team.** Through knowledge building and training in trauma informed approaches, this team will work to advance collective efforts that help to support the healing of children, youth and their families.
10. **Conduct an Annual Summit on Compassion and Resilience.** Track the progress of implementing these recommendations on a yearly basis.

These recommendations are but a few of the more than seven dozen solutions proposed by the task force. The challenge now is implementation. It is the hope of the task force members that just as citizens and policymakers responded to the crisis of Hurricane Katrina 14 years ago, that a similar bold effort on behalf of our city's children will turn the tide from trauma to healing.

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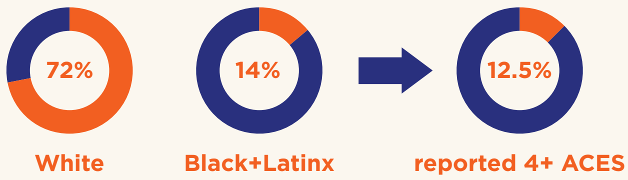
Overview

What is Childhood Trauma?

The National Institute of Mental Health defines childhood trauma as when a child experiences a psychological event that is emotionally painful or distressful and results in lasting mental and physical effects.[1] The roots of research, advocacy, and policy around childhood trauma can be traced to a seminal study conducted by the Centers for Disease Control & Prevention (CDC) and Kaiser Permanente San Diego from 1995 to 1997, which explored the relationship between Adverse Childhood Experiences (ACEs) and adult health outcomes. These adverse events include physical, sexual, and emotional abuse; emotional and physical neglect; violence against mother (domestic violence); and growing up with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned.

Participants in the conventional ACEs study were 72% white, 14% Black and Latinx, middle class, and college-educated persons living in San Diego. In this sample, **12.5% reported ACEs scores greater than four.** A subsequent city of Philadelphia adapted study surveyed a more racially diverse population that was 39% White and 47% Black and Latinx. Researchers in Philadelphia expanded upon the original ACEs questions to include questions about community trauma such as living in unsafe neighborhoods; experiencing bullying, racism, and discrimination; being in foster care, and witnessing violence. In the Philadelphia study, **37% reported ACEs score greater than four.**

STUDY WITH



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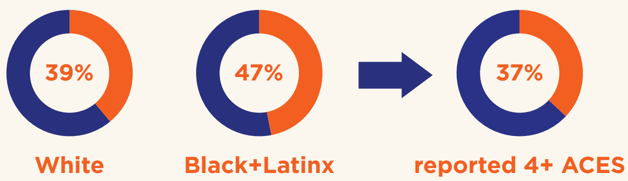

[1]https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events/index.shtml#pub1
[2]Cronholm PF, Forke CM, Wade R, et al. Adverse Childhood Experiences: Expanding the concept of Adversity. Am J Prev Med, 2015: 1-9

Significant disparities exist with ACEs scores. According to Child Trends in a 2016 national sample of adolescents, [3] 61% of Black non-Latinx and 51% of Latinx children reported experiencing at least one ACE, compared to 40% of White non-Latinx and 23% of Asian non-Latinx children. In a racially diverse study examining ACEs and behavioral problems in middle childhood, [4] Black children and children of mothers with a high school education or less were the most likely to have been exposed to multiple ACEs. White children were less likely to be exposed to high levels of adversity compared to Black and Hispanic children; however, highly exposed White children were at particular risk for problem behaviors. It was also found that Black children were more likely to have an Attention Deficit Hyperactivity Disorder (ADHD) diagnosis compared to Latinx and White children after exposure to two or more ACEs .

In looking at physical health, the study concluded that there is a "strong graded [cumulative] relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults." These disorders include cancer, ischemic heart disease, liver disease, skeletal fracture, and chronic obstructive pulmonary disease.[5]

More specifically, the study found that persons who had experienced four or more categories of ACEs compared to those who had experienced none, had:

4 in 12x

increased health risks for alcoholism, drug abuse, depression, and suicide attempt

2 in 4x

increase in smoking, poor self-rated health, greater than 50 sexual intercourse partners, and sexually transmitted disease

1.4 in 1.6x

increase in physical inactivity and severe obesity

[3]National Child Traumatic Stress Network. About Child Trauma. <https://www.nctsn.org/what-is-child-trauma/about-child-trauma>

[4]Hunt TKA, Berger LM, Slack KS. Adverse Childhood Experiences and Behavioral Problems in Middle School. Child Abuse & Neglect. 2017 May: 67: 391–402. doi:10.1016/j.chiabu.2016.11.005.

[5]Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences Study. Am J Prev Med, 1998: 14 (4): 245–258.

[6]Herman JL. Complex PTSD: A Syndrome in Survivors or Prolonged and Repeated Trauma. Journal of Traumatic Stress, 1992; 5(1): 377-391

In terms of mental wellness, the dimensional construct of "complex trauma" is increasingly being used in studies of childhood trauma to describe the experiences of children exposed to "multiple, chronic, prolonged, and developmentally adverse traumatic events."[7] These early life events are frequently interpersonal in nature: a result of sexual or physical abuse, emotional abuse and neglect, as well as witnessing domestic violence, ethnic cleansing, war, and/or community violence.[8] These children usually present with impairments in attachment, cognition, biology, affect regulation, behavioral control, cognition and self-concept, and dissociation (alterations in states of consciousness). Children thus affected are more vulnerable to experiencing other traumas and developing chronic medical illnesses, mental health and addictive disorders, legal, vocational, and family problems along the life-course.[9]

Nobel Prize winning University of Chicago Economics Professor James Heckman identifies ACEs as the single biggest predictor for later problems in adult health and well-being. Heckman's work to identify upstream solutions to the biggest problems facing America concludes, "The short answer is there is general expert consensus that it is somewhere between economically worthwhile and imperative to invest more heavily, as a proportion of both local and national spend, in the very earliest months and years of life."[10]

According to Dr. Ruth Gerson and Dr. David L. Corwin the estimated economic impact of ACEs ranges from $124 billion if considering confirmed child maltreatment cases occurring in one year,[11] to a significantly higher $585 billion when new cases of fatal and nonfatal child maltreatment costs and aggregate lifetime costs for all new child maltreatment cases are considered.[12] It is important to note, that even the projected cost that approaches nearly $600 billion may underestimate the economic impact of childhood trauma because it does not quantify the impact of exposure to domestic violence, parental substance abuse, and other ACEs that significantly affect long-term mental and physical health. For example, depression is comorbid with other post trauma mental health disorders resulting from childhood adversities, and has been found to be the costliest disease in middle- to high-income countries around the world.[13]

Those who advocate for an emphasis on trauma-informed youth care and services are clear that trauma exposed and/or vulnerable children can reach the goals of productivity, connectivity, and civic contribution needed from them for their community's growth if given adequate opportunities to develop positive behaviors. The federal Interagency Working Group on Youth Programs characterizes constructive youth development as a process that engages young people in positive pursuits that help them acquire and practice the skills, attitudes, and behaviors that they will need to become effective and successful adults in their work, family, and civic lives. Positive development in children allows opportunities for future generation to become engaged in their communities, schools, organizations, peer groups, and families in a productive and constructive manner.[14]

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[7] van der Kolk, BA. Developmental Trauma Disorder: Towards a Rational Diagnosis for Children With Complex Trauma Histories. Psychiatric Annals, 2005 May: 35(5): 401-408

[8] Cook AC, Spinazzola J, Ford J. Complex Trauma in Children and Adolescents. Psychiatric Annals, 2005 May: 35(5): 390 – 398

[9] van der Kolk, BA. Developmental Trauma Disorder: Towards a Rational Diagnosis for Children With Complex Trauma Histories. Psychiatric Annals, 2005 May: 35(5): 401-408

[10] Heckman, James. <https://heckmanequation.org>11Gerson R, Corwin DL. 2015. Available from: https://www.avahealth.org/resources/aces_best_practices/lifetime-cost.html

[11] Gerson R, Corwin DL. 2015. <https://www.avahealth.org/resources/aces_best_practices/lifetime-cost.html>

[12] Fang X, Brown DS, Florence CS, Mercy JA. The Economic Burden of Child Maltreatment in the United States and Implications for Prevention. Child Abuse & Neglect. Volume 36, Issue 2, February 2012, Pages 156-165.

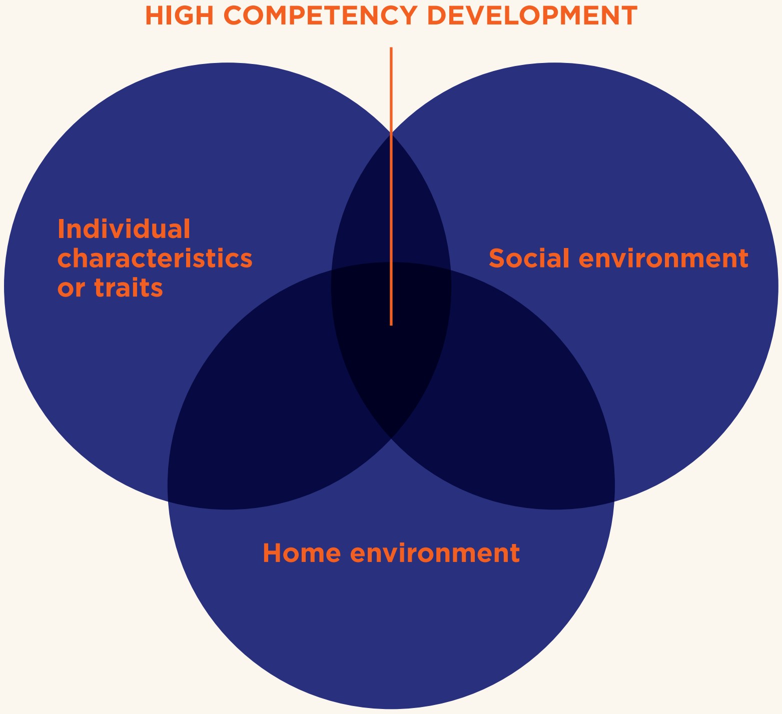
[13] World Health Organization. The Global Burden of Disease: 2004 Update. Geneva, Switzerland: WHO Press: 2008. <http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/>

[14] Interagency Working Group on Youth Programs, Pathways for Youth: Strategic Plan for Federal Collaboration, December 2016. <https://youth.gov/sites/default/files/IWGYP-Pathways_for_Youth.pdf>

The competencies that children gain as they develop influence their adult years. Children who master competencies across several domains in their adolescent years are more likely to achieve desirable outcomes including educational and professional success, self-confidence, connections to family and the community, and contributions to society. **Examining some areas of competency shows that unaddressed trauma can potentially handicap young people and diminish their potential for good outcomes as adults:**[15]

Cognitive. Knowledge of essential life skills, problem solving skills, academic adeptness
Social. Connectedness with others, perceived good relationships with peers, parents, and other adults
Physical. Good health habits, good health risk management skills
Emotional. Good mental health, including positive self-regard; good coping skills
Personal. Sense of personal autonomy and identity, sense of safety, spirituality, planning for the future and future life events, strong moral character
Civic. Commitment to community engagement, volunteering, knowledge of how to interface with government systems
Vocational. Knowledge of essential vocational skills, perception of future in terms of jobs or careers

A primary factor that influences how well young people develop these competencies are the overlapping of these three areas:[16]



Individual characteristics or traits. Influenced by genetic inheritance and prenatal environment and refers to the characteristics of individuals that influence resilience. Can include social skills, coping strategies, a positive sense of self, and high expectations

Social environment. Encompasses economic conditions, the prevalence of discrimination, educational institutions, and communities serve to reinforce positive behaviors and connectedness to others

Home environment. Includes discord among parents, absence of parents due to health, work or incarceration, and monitoring of children by their parents.

[15] National Research Council, Community Programs to Promote Youth Development. Washington, DC: National Academy Press, 2002, pp. 6-7. <http://files.eric.ed.gov/fulltext/ED465844.pdf>
[16] HHS, ACF, Family and Youth Services Bureau (FYSB), Understanding Youth Development: Promoting Positive Pathways of Growth, 1997; HHS, ACF, OPRE, Synthesis of Research and Resources to Support at-Risk Youth.

Adolescents who perceive their future in terms of jobs or careers often achieve desirable outcomes. For vulnerable children, poor economic conditions, lingering trauma, and fewer opportunities diminish their outlook on the future. Healthy community's can support children's positive development by reinforcing cultural norms that favor connectedness and responsibility to the whole community and an interest and hope for academic achievement and professional success. Communities can also foster youth development by providing multiple pathways to help them strengthen their competencies via schools, mental health agencies, social services, physical activity, and church and other communal institutions.

These pathways should involve long-term sustainable, transparent and accessible services and programs during the school day and in non-school hours when youth may be more susceptible to risky behaviors.[17] Within schools, the availability of resources for children and their parents such as programs that screen, monitor, and provide relevant support services, can buffer youth from negative community cultures or dysfunctional family situations. Outside of schools, development programs—such as mentoring and leadership programs or physical competitions—emphasize the positive elements of growing up and engage young people in alternatives that counteract negative pressures.

Parental oversight of children and family structure are significant influences on children and their long-term growth and transition to adulthood. Positive adolescent development is facilitated when youth express independence from their parents yet rely on their parents for emotional support, empathy, and advice. However, impoverished, violent, and hopeless families are likely inadequately equipped to provide the prosocial behaviors that assist children in developing a sense of control over their future. Family structures that are unable to promote positive parent-child relationships need resources and interventions to holistically help the young people in the family gain necessary support during childhood, adolescence, and beyond.

[17] Karen Pittman, Merita Irby, and Thaddeus Ferber, Unfinished Business: Further Reflections on a Decade of Promoting Youth Development, The Forum for Youth Investment, 2002.

Recommendations

Problem Identification

The National Child Traumatic Stress Network (NCTSN) provides this definition of childhood trauma: Childhood trauma occurs when a child experiences an actual or threatened negative event, series of events, or set of circumstances that cause emotional pain and overwhelms the child's ability to cope.[51]

The common types of childhood trauma as identified by NCTSN are:

- Abuse and neglect
- Family violence
- Community violence
- School violence
- Life-threatening accidents and injuries
- Frightening or painful medical procedures
- Serious and untreated parental mental illness
- Loss of or separation from a parent or other loved one (e.g., incarceration, abandonment, death)
- Natural or manmade disasters
- War or terrorist attacks
- Forced displacement or refugee status
- Discrimination
- Extreme poverty

NCTSN's definition and listing of common types of childhood trauma provided the task force with an informed point of reference to examine the presence and prevalence of childhood trauma in New Orleans. The examination was completed with the review of relevant available local data. Examples of the available local data include but were not limited to the following organizations.

- The Institute of Women and Ethnic Studies conducted research into emotional wellness and exposure to violence data from over 5000 New Orleans youth ages 11-15.[52] IWES's Emotional Wellness Screener data shows that New Orleans youth have rates of current and lifetime PTSD **over three times higher than national averages.**
- The impact of Hurricane Katrina, the natural disaster identified as a type of trauma by NCTSN, likely played a substantial role in this disparity; however, research also revealed over 37% of youth have witnessed domestic violence and 54% have experienced the murder of someone close to them. These also appear on the NCTSN list of common types of trauma respectively as family and community violence.
- The Data Center of New Orleans research on New Orleans youth examined the current population size of children 18 years of age and younger living in New Orleans and found there to be approximately 78,000. Of this **39% or 30,498 of the children live in poverty**.[53]
- The ALICE Report (Asset Limited, Income-Constrained, Employed) issued by United Way of Southeast Louisiana indicates that **53% or 154,355 households** in New Orleans live at ALICE/Poverty levels.[54]

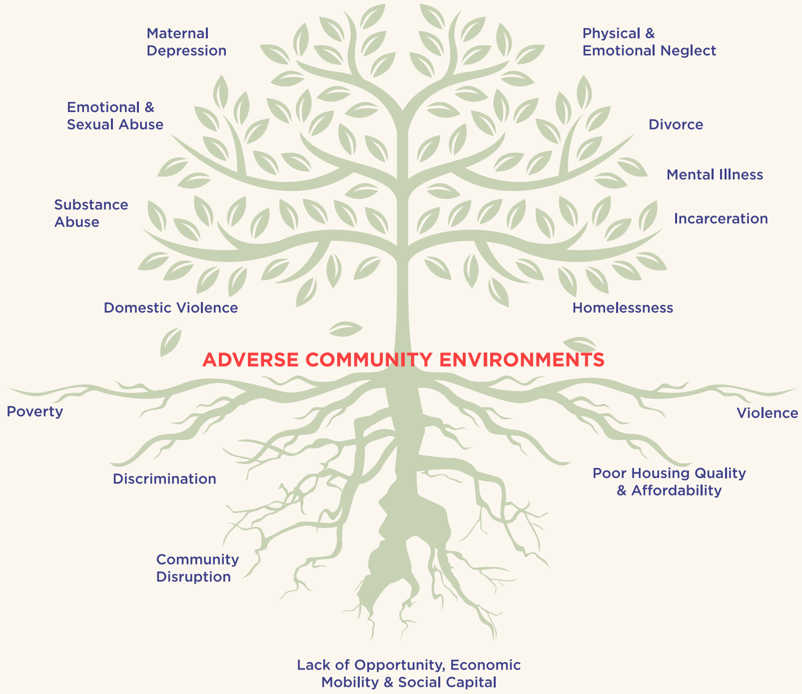
[51] National Child Traumatic Stress Network. (n.d.) What is Child Trauma. Retrieved November 27, 2017 < https: www.nctsn.org/what-is-child-trauma>
[52] IWES Emotional Wellness and Exposure to Violence Report. See Appendix.
[53] The Data Center. (2015). New Orleans Kids, Working Families, and Poverty. <https://www.datacenterresearch.org/reports_analysis/new-orleans-kids-working-parents-and-poverty/>

- **ALICE**, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, comprises households that earn slightly more than the Federal Poverty Level but less than the basic cost of living for the state (the ALICE Threshold). Both the DATA Center and the United Way's ALICE report reflect the presence of persistent poverty for children and families in New Orleans, another common type of childhood trauma per the NCTSN listing.

New Orleans has a childhood trauma problem that has persisted over time and has gone under-recognized and untreated. The problem may have formed and been compounded through the combination of ACEs often occurring in adverse community environments.

Childhood trauma in New Orleans may often be thought of using the standard lens of a medical model that usually focuses on treatments for the patient with the presenting issues. However, the communities of New Orleans are traumatized too and represent a critical part of

The Pair of ACEs tree[55] pictured below illustrates the influence of a community environment on the lives of children and families in New Orleans. Specifically, the Pair of ACEs tree depicts the interconnectedness of adverse community environments (ACEs)—the soil in which some children's lives are rooted—and the adverse childhood experiences (ACEs) of their family environment, or branches on which children bud and grow.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

[54] Point-in-Time Data: American Community Survey, 2016. ALICE Demographics: American Community Survey and the ALICE Threshold, 2016. Wages: Bureau of Labor Statistics, 2016b. Budget: Consumer Reports, 2017; U.S. Department of Housing and Urban Development, 2016; U.S. Department of Agriculture, 2016; Bureau of Labor Statistics, 2016a; Internal Revenue Service, 2016; Tax Foundation, 2016, 2017, and Louisiana Department of Education, 2017. Point-in-Time Data: American Community Survey, 2016. ALICE Demographics: American Community Survey and the ALICE Threshold, 2016. Wages: Bureau of Labor Statistics, 2016b. Budget: Consumer Reports, 2017; U.S. Department of Housing and Urban Development, 2016; U.S. Department of Agriculture, 2016; Bureau of Labor Statistics, 2016a; Internal Revenue Service, 2016; Tax Foundation, 2016, 2017, and Louisiana Department of Education, 2017.

[55] Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. 10.1016/j.acap.2016.12.011

this city's childhood trauma problem. Traumatized communities are more than a collection of traumatized individuals. Rather, they are communities that have a history of disenfranchisement and oppression and that disproportionately carry the burden of structural violence, which means a social structure that perpetuates inequity and causes preventable suffering or trauma.

The Pair of ACEs tree identifies social structures or systems, as reflected in the soil, that can have a disproportionately negative impact on the lives of people who live in communities suffering from systemic inequities. **Specifically, the social structures or systems can be identified as:**

- Economic
- Educational
- Legal
- Medical
- Political

The George Washington University, School of Public Health Building Community Resilience (BCR) Initiative's research informs the existence of **'Inequity by Design.'**[56] BSR finds that adverse community environments are the result of policies and practices across multiple systems that were perfectly designed for the place-based inequities they produce. New Orleans' poor live in communities of concentrated poverty not by choice, but rather by design—the cumulative result of social and criminal policies enacted over the course of the City's 300-year history. For example, federal policy and lending practices in the real estate industry in the early 20th century supported housing segregation that persists today (e.g., redlining, restricted covenants preventing property transfer based on race, gentrification, sub-prime mortgages, etc.).

These policies combined with the inequitable enforcement of policies across criminal justice (enforcement, mass incarceration, etc.) and public education (funding levels, zero tolerance, decentralization, etc.) also help to explain the place-based differences in who is arrested, the length of incarceration, and the odds of attending a high-performing school, completing high school, attaining higher education, or entering the skilled trades by way of trade union apprenticeships.

The New Orleans Pair of ACEs tree is planted in soil that is steeped in systemic inequities and dysfunction, robbing it of nutrients necessary to support a thriving community. Adverse community experiences, such as lack of opportunity, limited economic mobility, fear of discrimination, and the associated effects of poverty and joblessness, contribute to—and compound—the adversities that children and families experience.

If the soil is improved through investments in economic development, affordable housing, or educational opportunities, for example, the branches on the tree will grow stronger, yielding healthier leaves. This will translate into improved and measurable outcomes such as increased kindergarten readiness, increased high school graduation rates, lower crime rates, increased economic mobility for children and families, and a sharp decline in the prevalence of childhood trauma.

[56] Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. 10.1016/j.acap.2016.12.011

Recommendations

The Root Cause

The National Child Traumatic Stress Network concludes that to work towards ending the cycle of trauma and violence it is necessary to acknowledge how both racism and oppression are embedded in our societal layers. Despite shifts in public opinion and attitudes regarding differences in race, ethnicity, age, sex, gender identity, sexual orientation, and disability, systemic bias against marginalized groups persists in the workplace, the housing market, education, health care, and the law. Even mainstream national organizations such as The United Way, in its ALICE report, states that racial bias remains persistent despite research confirming that the gaps in education, income, and wealth that now exist along racial lines in the U.S. have little to do with individual behaviors. Instead, these gaps reflect systemic policies and institutional practices. The following relatively recent examples detail how systemic bias negatively impacts African American families and their children.

In 2008, the Greater New Orleans Fair Housing Center filed a lawsuit that successfully demonstrated that the formula used to calculate awards in the Road Home program, a state-run program designed ostensibly to help homeowners in New Orleans rebuild, was actually discriminatory against African American homeowners. The state of Louisiana settled the lawsuit in 2011. Despite winning the suit, the homeowners adversely affected by the formula were not made whole.

Just last year, Louisiana finally ended a segregation-era practice that allowed for persons to be convicted of a felony with a non-unanimous jury.[57] Not only have criminal justice reform advocates determined that longer, more thoughtful jury deliberations correlate with fewer convictions, non-unanimous juries are documented as a White southern, plantocracy attempt to reestablish political and economic power through convict-leasing—the practice of leasing out prisoners for pay. In order for convict-leasing to work, more people had to be convicted.[58] As a result, until 2018 African Americans on trial in Louisiana had a greater likelihood of being convicted than in other state because only 10 out of 12 jurors were required to vote for conviction.

Michelle Alexander, author of *The New Jim Crow,* civil rights advocate, and visiting professor at Union Theological Seminary, documents how the 1971 initiated "war on drugs" served to further devastate a community already wounded by the infusion of drugs from outside its borders. Coupled with two laws passed later—the 1986 Anti Drug Abuse Act, which established longer sentences for offenses involving the same amount of cocaine and the 1994 Crime Bill, which further provided for

[57] https://www.nola.com/news/crime_police/article_cae52b78-3812-57ae-8676-ea4dc3a5d3d0.html
[58] Aiello, Thomas. Jim Crow's Last Stand: Nonunanimous Criminal Jury Verdicts in Louisiana. LSU Press. May 4, 2015.

harsher sentences for nonviolent offenses—mass incarceration rose rapidly. By the 1980s, while the number of arrests for all crimes had risen by 28%, the number of arrests for drug offenses rose 126%.[59] However, with African Americans persistently profiled and disproportionate recipients of harsher sentences, the US Department of Justice report that "the increasing number of drug offenses accounted for 27% of the total growth among black inmates, 7% of the total growth among Hispanic inmates, and 15% of the growth among white inmates" was inevitable.[60] Even with the national African American population not having been more than 13% of the general U.S. population during that time.

The work of Dr. Joy Degruy, a social work researcher focusing on the intersection of racism, trauma, violence, and American chattel slavery, documents that the traumatic impact of slavery upon African Americans continues systematically to the present day. For example during and post Katrina, the lack of a community re-building focus, minimal attention paid to the effects of the systemic displacement experienced, and the growth of gentrification that stymied resettlement, prevailed due to the biased system New Orleans has leaned upon since slavery. Other contemporary authors such as Dr. Mindy Fullilove, an American clinical psychiatrist who focuses on the ways social and environmental factors affect the mental health of communities and author of *Root Shock*, agree that the impacts of these massive communal changes continuously tear at the fabric of African American families and generations of their children.

These examples reflect but a few of the systemic policies and institutional practices that create different opportunities for people based on their races and ethnicities. Laws and practices such as these increase the vulnerability of African American families and children and create adverse social conditions that lead to stress and trauma. And, their comprehensive and compounding effects are difficult to understand unless one places them within the historical context of our nation's original sin of slavery, segregation, and the sickness of racism that undergirded them both. To ignore or avoid addressing the crippling effect this has had on the African American community would render any reparative or transformative work toothless. A critical part of trauma intervention must be about overcoming the taboo against speaking these things and making the unspeakable, speak-able.

There is no quick fix, no one simple solution for the childhood trauma problem in New Orleans. A wide range of strategies will be needed to address the complex issues that cause the prevalence of childhood trauma in New Orleans. Strategies will need to be comprehensive and interconnected, paced and sustained over time, and must address the individual, family/peer relations, community, and societal context in order to promote healing and achieve lasting positive change.

The following recommendations from the task force are provided as a starting point on this extended journey to promote healing, prevention, and intervention of childhood trauma in New Orleans and move the city toward becoming more compassionate and trauma-informed.

[59] Austin J, McVey AD. The 1989 NCCD prison population forecast: the impact of the war on drugs. San Francisco: National Council on Crime and Delinquency, 1989.
[60] https://www.drugwarfacts.org/chapter/race_prison#

The CYPB Childhood Trauma Task Force developed the following mission statement as a guide for creating objectives and recommendations that address childhood trauma in New Orleans and that advances New Orleans in becoming a compassionate and trauma-informed City:

MISSION STATEMENT

The city of New Orleans commits to building capacity in people, organizations, systems, and communities to help us better understand and more effectively serve children and families impacted by stress and adversity.

The task force used SAMHSA's ten implementation domains to organize the recommendations found to be pertinent and of highest necessity for New Orleans. Additionally, the recommendations intersect with the six trauma-informed principles.

Six Key Principles of a Trauma-Informed Approach:

1. **Safety –** physically and psychologically as defined by receiver
2. **Trustworthiness & Transparency –** building and maintaining trust
3. **Peer Support –** mutual self-help, those with lived experience promote healing
4. **Collaboration & Mutuality –** collective effort, everyone has a role
5. **Empowerment, Voice & Choice–** individuals, communities + organizations are stakeholders in resilience and healing, promoters of trauma awareness & recovery
6. **Cultural, Historical, and Gender Issues –** efforts are responsive to racial, ethnic, gender, cultural needs, recognize historical trauma

The SAMHSA 10 Domains:

- Governance and leadership communicate and support the vision of a trauma-informed community/city.
- Policy is reshaped to be trauma-informed.
- Physical environment promotes safety and resilience.
- Engagement and involvement of all citizens and organizations is encouraged; no group is excluded.
- Cross-sector collaboration is the norm.
- Screening, assessment, and treatment are in place for identifying and responding to trauma.
- Training and Workforce Development is available for organizations and the general public.
- Monitoring and quality assurance processes are used uniformly to inform and improve services.
- Financing mechanisms make trauma-informed programs and trauma specific services sustainable.
- Evaluation data are collected from a variety of perspectives.

Recommendations

1

Governance and Leadership

1.1 **Shared Vision.** Create a citywide vision statement that paints a vivid, aspirational picture of what New Orleans will look and feel like after completing a three-year plan and successfully arrived at becoming a fully compassionate and trauma-informed city.

1.2 **Compassion Champion for City.** Identify a Champion of Compassion for the City of New Orleans. This person will advance the vision and ensure the recommendations move forward through implementation. The Champion will provide intermittent report and lead celebrations of demonstrated progress.

1.3 **Shared Governance and Leadership.** Require each city department to craft a vision aligned mission statement that describes what actions the department workforce will undertake to support the City's vision of becoming more compassionate and trauma-informed. The mission identified should aid in shifting the city culture towards becoming trauma aware.

1.4 **People Move Policy and Practices.** City of New Orleans creates and funds dedicated staff position to oversee/shepherd trauma-informed efforts throughout the City. Staff will transform recommendations from report into operating plans assigned to key partners with agreed upon timelines and deliverables. This position could exist under the umbrella of the Mayor's Office of Youth and Families and/or through partnership with CYPB.

1.5 **Moving Policy into Practice.** Direct public facing city departments, especially those that interact with children, youth, and families receiving services and/or with residents as customers, to commit to trauma-informed approaches. This should include:

- Training around applying best interaction practices through a trauma informed lens
- Monitoring the execution of the practices
- Internal and external evaluations/audits conducted to determine progress and needs for improvement

1.6 **Day of Recognition + Community Information Sharing.** City identifies a day, preferably during National Mental Health Awareness month in May or in alignment with the Annual New Orleans Summit on Compassion & Resilience, to acknowledge the City's commitment to becoming more compassionate and trauma-informed.

Recommendations

2

Policy

2.1 State, Local and National Policy Platforms. Align with State of Louisiana as they identify a day and actions to recognize impact of trauma. Connect with events across the state that brings awareness to the impact of trauma. Ensure New Orleans participates in state and national movements to raise awareness of childhood trauma and message the work going forward in New Orleans.

2.2 Policy Audit. Review policies through a trauma-informed lens and modify where needed to reflect the trauma-informed care principles. Focus policy audit in the following areas paying particular attention to practices that may conflict with the six guiding principles that SAMSHA identifies as valid indicators of trauma-informed change (see page 46 of this report):

- New Orleans Public Schools
- NORD
- Orleans Parish Juvenile Court
- Juvenile Justice Intervention Center
- Behavioral Health Providers

2.3 Systemic Inequity. Convene communities to assess policy opportunities that advance equity, reduce disproportionality, and diminish unintended consequences of existing systems. Review systems policies that contribute to inequities (or inequity by design).

2.4 Resolutions to reduce incarceration of juveniles. Establish alternatives to incarceration. Create processes that provide opportunities to understand the "why" of the negative action.

2.5 Prioritize prevention programs through policy change and funding.

Recommendations

3

Physical Environment

3.1 Built Environment Aligns with Vision/ Mission. Improve the quality of the built environment and public spaces and maintain minor landscaping on vacant properties across City. It helps prevent further disorganization, violence, and divestment that was signaled by trash-filled, unkempt lots. Remediating abandoned buildings and lots reduces gun violence by 39%, according to 2016 study by the University of Pennsylvania. The study estimates that each dollar spent repairing vacant land yields a direct $26 rate of return to taxpayers. Address neglect and/or deferred maintenance of:

- Parks
- Housing quality
- Transportation

3.2 Physical/Built Environments Worthy of Accountability. Restore Code Enforcement reporting practice to inform status of blight and overgrowth conditions in every district on a bi-monthly basis. Commit to reducing blight, abandoned buildings, overgrowth by 30% every 4-6 months until completed. Publicly account for progress and needs.

3.3 Engage Voices/Choices in Physical Environment. Host annual information sharing meetings per district to discuss physical/built environments and district pride in the environment; to gather input, ideas and priorities; to provide updates per Code Enforcement reports; and to determine new or next steps.

3.4 Plan in places where population exists. Examine need for place-based resources in neighborhoods with highest population of youth ages birth to 24 years. Work with community members and youth to identify place-based programs that will promote youth opportunity and resilience in place, per developmental stage.

3.5 Increase the Fun in Place. Map the current pro-social outlets for children, youth, and families per community place/district in New Orleans, include type of 'fun', conditions for access (e.g., age, costs, hours, accompanied by adult, etc.) Based on youth population per community place/district, determine how much 'fun' should be accessible within a 2-mile walking radius of the place. Add more fun where needed, per the data, planning with youth and community, fun defined by youth.

Recommendations

4

Engagement and Involvement

4.1 Outreach and Engagement. In partnership with Neighborhood Engagement Office and the Mayor's Office of Youth and Families, create teams of Compassion Champions or Resilience Ambassadors per district to assist with deep outreach/engagement across districts ensuring engagement of as many citizens and organizations as possible per district/across City.

4.2 Another ACE - Information Sharing. Demonstrate support for the plan to de-normalize the prevalence of trauma (it's not normal) with IWES' Advantageous Community Experiences Project. Educate/inform citizens across New Orleans about what is and is NOT normal and what can be done to heal.

4.3 Community/General Public Shared Learning. Partner with local universities to host subject matter experts in key content areas focused on raising awareness, addressing root causes of childhood trauma in New Orleans, examining healing solutions, and prevention strategies for individuals, family and community.

4.4 Voice, Choice and Access. Engage youth, families and communities with lived trauma experience to support the design and implementation of trauma-informed policies.

4.5 Coaches as Leaders. Establish and build capacity of cohorts of NORD Coaches and Sport for Good Coalition Members to lead outreach and engagement efforts informed by their relationships with youth and families across New Orleans.

4.6 Space and Place for Engagement. Spread engagement and involvement opportunities across city and convened locally at neighborhood libraries, parks, and schools.

Recommendations

5

Cross-Sector Collaboration

5.1 **Increase Cross-Sector Collaboration Capacity.** Sponsor train-the-trainer workshops led by cross-sector collaboration content experts to increase local capacity for advanced cross-sector collaboration informed by a best practices framework. Create a working tool kit of best practice tools for cross-sector collaboration in New Orleans that delivers standards of practice, competence with skills, and tools. Extend practice and use of tool kit to current boards, collaboratives, and working groups across New Orleans.

5.2 **Build Expectation for Cross-Sector Collaboration.** Define and include cross-sector collaboration as a standing expectation for all pursuing City CEAs, RFPs, Provider Contracts. Request within applications the demonstration of the six trauma-informed care principles through the scope of work. Encourage New Orleans philanthropy community and NOLA Public Schools to align with this trend.

5.3 **Allies for Workforce and Community.** Provide Childhood Trauma Awareness Training to businesses, nonprofits, and community organizations. Award certificates of completion conferring those who complete the training as 'Trauma Aware' and supporters of the City's vision – compassion, resilience and trauma-informed.

5.4 **Understanding Trauma and Why it Matters to the City.** Host citywide trainings for all City staff to introduce/inform them of childhood trauma in New Orleans and to increase awareness of trauma: definitions, causes, prevalence, impact, values and terminology of the trauma informed approach. Introduce the City's vision and mission and check-in on alignments with mission for attendee respective departments. Request each individual staff's support in moving the City towards the vision. Lead by example – ensure that every City leader completes the full training and hold a public conferring of the certificates of completion.

5.5 **Shared Message.** Launch a multi-media campaign requesting that each organization or entity in the city of New Orleans sign on to support the city's Vision of becoming more compassionate and trauma informed. Solicit input on ways organizations/entities can support and deliver actions that could help move New Orleans towards the vision. Repeat new vision related messaging monthly, always seeking demonstrations of support and alignment.

5.6 **Agreements.** Implement best practice data-sharing agreements across sectors to facilitate effective service coordination, policy alignment and shared accountability to advance the integration of trauma-informed principles.

5.7 **Partnerships Locally and at State.** Engage Louisiana Department of Health (LDH) and the Office of Public Health (OPH)/Bureau of Family Health as partners in addressing shared priorities regarding population health mandate.

5.8 Clarify Expectations with MOU. Convene key stakeholders as partners in building out the interdisciplinary team, to craft a comprehensive MOU that incorporates:

- Expectations and scope from each actor
- Common forms and instruments to be used, where applicable
- Mutual opportunities and requirements for trauma training
- Shared decision-making

5.9 Learning together makes New Orleans better. Sponsor learning circles focused on key cross-sector actors and community members learning and applying advanced, best practices that advance the framework for cross-sector collaborations delivering successfully and cooperating as allies. Learning provided by a neutral, skilled content expert applying learning to address a real complex New Orleans issue/problem in real-time, with real success.

5.10 Education and Health Collaborations. Specifically promote and establish collaborations with educational institutes and mental health professionals to better
address trauma

5.11 Explore collaboration with Louisiana Office of Public Health's statewide maternal child health neonatal and perinatal collaborative - the 'Louisiana Perinatal Quality Collaborative' that is housed within the Bureau of Family Health.

5.12 Inter-Faith Support. Engage collective of inter-faith leaders across New Orleans to support city launch of healing, compassion, and trauma-informed commitments; recognize providers and organizations that have demonstrated alignment with the City's vision/mission.

Recommendations

6

Screening, Assessment, and Treatment Services

6.1 Interdisciplinary Team. City should require that all health facilities screen for trauma using the Louisiana Department of Health approved instruments and screening standards. Establish an interdisciplinary team to mange this integration. The team will create direction and follow-through on content and process for the use of common/universal tools and other areas that promote readiness in the identifying, understanding, and responding to childhood trauma.

6.2 Universal Assessment. Ensure a respectful screening and assessment process. Encourage existing service providers to adopt universal assessment practices and ensure appropriate training that promotes the use of using a trauma-informed approach.

6.3 Data Sharing. When possible and within HiPAA guidelines, employ a universal screening tool for organizations to share data within. Provide assistance in developing a new system for data sharing if no adequate one exists.

6.4 "Whole Child" Programming. Establish programming for the "whole child" with connected services inside and outside schools. This is defined by policies, practices, and relationships that ensure each child, in each school, in each community, is healthy, safe, engaged, supported, and challenged.

6.5 Increase Protective Factors. In the school system, increase opportunities for children that can serve as protective factors against experienced trauma:

- More music and art resources in public schools
- More activities for kids during the summer
- Increase child/family advocacy and support in schools
- Create healing centers in school—embedded in school funding

6.6 Trauma-informed Mandate. Promote the importance of trauma-informed care being embedded into all youth-focused organizations. Assist with training and development organizations may need.

6.7 Alternatives to Standard Punishments. Establish alternative methods to address children with challenging behaviors (dysregulated) through screening and assessment to understand the root cause of their behaviors followed by wellness-promoting responses:

- Physical activity prescription in lieu of detention and other disciplinary actions in schools
- Diversion and rehabilitation programs versus incarceration and punitive actions
- Restorative/Transformative justice and contemplative practices implemented in school curriculum

6.8 Holistic Care. Create neighborhood healing centers funded by hospital, entertainment and/or tourism tax to improve the surroundings children exist in outside of the school system. Offer care to all community members.

Recommendations

7

Training and Workforce Development

7.1 Training Across Programs/Agencies – Speakers Bureau. Increase the awareness, knowledge, and skills of the entire workforce to deliver services that are: Effective – Efficient – Timely – Respectful – Person-centered. Provide staff in every child-serving, family-serving, and community program trauma-informed training to include:

- Childhood Trauma Awareness
- Signs, Symptoms, Science + Approaches to Healing
- Trauma-informed Principles + Improving Equity, Reducing Disparities
- Workforce Self-Care and Wellness – Understanding Vicarious Trauma
- Integrate same training into City Departments, particularly NOPD, DA, NORD, NOPL.

7.2 Equity, Resilience and Trauma Informed Care. Require trauma training to include education and skills development on cultural competency, language access, implicit bias, equity, and reducing disparities. Assure that training recognizes the inherent resilience and strengths of New Orleans residents who may live in poverty and in communities with high rates of violence.

7.3 Prepare Emerging Workforce. Integrate trauma-informed trainings in the local college and university educational and graduate school preparation, professional development, licensing, and re-certification for child-serving professionals (e.g., health care, early education, K-12 education, social work, courts, police academy, child welfare)

7.4 Data. Use data to identify communities with greatest need. Prioritize community trainings accordingly and in partnership with community.

7.5 Sustain the Workforce. Implement policies, practices, and procedures that build and sustain a trauma-informed workforce.

7.6 Evidence-Based. Increase awareness, knowledge, and skills of clinical and peer workforce to deliver evidence-based, culturally relevant, and community-supported programming/services in communities that addresses effects associated with childhood trauma and that honors principles of trauma-informed approach. Leverage access and cost by pooling training/certification dollars/processes to maximize number of trained providers.

Recommendations

8

Progress Monitoring and Quality Assurance

8.1 District Cohort/Community Leadership. Establish Compassion Cohorts per Council District to ensure all childhood trauma healing, prevention, and intervention plans are implemented with relevance and impact per each district's need. Engage Cohort Leaders in Summit on Compassion and Resilience steering/planning committee.

8.2 Set Benchmark. Using accessible data, establish priorities and measurable goals.

8.3 Good Data Dashboards. Advocate for quality, timely, and consistent data collection and implement a data dashboard (results and indicators) to monitor progress, with attention to race and gender equity and child well-being. Seek youth, community verification of data and need prioritization.

8.4 Community Feedback. Engage the youth and community wisdom and voice in monitoring and quality assurance efforts to improve services.

8.5 Measure. Using accessible data, establish priorities and measure impact.

8.6 Assess. Assess capacity of agencies and organizations serving children based on space available as compared to need/demand for space. Regularly report regularly report service outcomes with attention to race and gender equity in all sectors to promote transparency and accountability. Ensure data is collected and reported to include race, culture, gender, income and zip code.

8.7 Monitor EFFECTIVENESS

8.8 Ensure funding results in real intervention delivered.

8.9 Consider both 'evidence-based' and local/home-grown interventions; include both on care/services continuum:

- Hold quality accountable
- Take a closer look at where funding in practice causes harm

8.10 Standard Measure. Agree upon standard measure that specifies what constitutes a trauma-informed organization, e.g. Mental Health Rehab (MHR), NORD Sites, Schools, Extended School Day/After-School Programs, etc.

8.11 Equity and Inclusion. Seek data from nontraditional sources. Find the unique and often missed sources. Ensures continued equity and inclusion of communities across race, gender, language and culture, demonstration of trauma-informed principles.

Recommendations

9

Financing

9.1 Call for Resources
9.2 Name and understand all active funding sources
9.3 Acknowledge and address cash flow constraints
9.4 Call out 'hidden' or inactive capital (tax breaks, legacy dedications) and reconsider what could happen if fair taxes, etc. were actually in practice (historical analysis, racial equity analysis)
9.5 Children's Budget. Set aside and make transparent a significant public and private investment that builds a 'children's budget." This budget would help provide funding for:

- Prevention/early intervention + awareness/education of childhood trauma
- Service providers/agencies to deliver direct care

9.6 Advocate for the funding of essential trauma informed services through improvement of MCO provider contracts to address true services needed and sustainable cost reimbursement modeling

Recommendations

10

Evaluation

10.1 Track. Track and monitor progress, analyzing what is and is not working to determine where and how to refocus efforts.

10.2. Truth to Trust. Ensure transparency and continuous quality improvement. Share the story of how things are working, gathering feedback to frame improvements opportunities often and from all perspectives.

10.3 Sample Measure. There are many possible measures to consider when evaluating the progress and impact of a trauma-informed City. Here are possibilities that may be of interest for New Orleans:

- Increased access to behavioral health supports
- Yearly high school dropout rate
- Number of juvenile offenses filed within court system
- Hospitalizations – child injury or accident, suicide attempts
- Structures in place to support consistent trauma informed responses for children and families
- Shared data agreement to look at continuous quality improvement and collective impact across health, academic, and economic outcomes for children and adults
- Increased funding to support trauma-informed city initiatives
- Increase linkage of social services across disciplines

10.4 Shared Learning with Follow-Up/ Progress. Conduct an Annual Summit on Compassion and Resilience to provide space for annual engagement in ongoing efforts, learning and tracking of progress, and collective processing of necessary next steps and timelines.

10.5 Celebrate the Success of New Norm. Recognize advanced cross-sector collaborative results publicly across media platforms. Convene voices of trained collaborators to identify successes, to expose opportunities for improvement and/or refinement in the training and/or practice of collaborating, and to examine the helpfulness of the framework, toolkit and its use. Pursue continuous quality improvement through refinements and updates or advancements to acquired skills.

Implementation Plan

Recommendations without a plan for implementation and accountability run the risk of being forgotten or discarded. The work of the task force and the issue of childhood trauma for the children, youth, and families of New Orleans, as prioritized by the City Council, is too important to submit without plans for next steps. The below implementation plan provides a snapshot of the series of next steps necessary to advance New Orleans on its journey to becoming a more compassionate, trauma informed City.

To become more compassionate and "trauma-informed" involves taking on and attending to a number of scientifically grounded elements that focus on the **six core principles** of the trauma informed approach:

1. safety
2. trustworthiness
3. empowerment
4. collaboration
5. peer support
6. history, gender, culture

The implementation plan aligns with these core principles and identifies the specific principle attended to in the noted focus area.

Implementation Focus Area	Objective	Output for the Year
collaboration	Transform recommendations into action plans to advance coordination, account-ability	An Annualized Operating Plan
empowerment	Set the intention with shared co-authored vision	A Citywide Vision
collaboration	Demonstration of sharing the vision across sectors.	A shared vision
trustworthiness; collaboration; empowerment	Create and adopt citywide trauma policy.	Vision informed policy statement
peer support; empowerment; history, gender, culture	Increasing knowledge about trauma informed care; childhood trauma in New Orleans; healing approaches at home and through providers	Increased awareness of ACEs - 10 trainers

Activities	Person(s) Responsible	Schedule
1. CYPB accepts and will perform the function of process holder, facilitating timely follow through on recommendations by way of coordination, accountability and operationalizing recommendations into action plans for persons responsible for deliverables. • Additional staff to be added to lean CYPB operation to ensure delivery of active coordination, accountability efforts. • Link to all other relevant efforts, e.g., Youth Master Plan. • Reconstitute the CYPB Childhood Trauma Task Force to effectively drive continuous efforts.	CYPB Karen Evans + Task Force	Oct. 1 2019 Ongoing
2. City engages subject matter expert (SME) in crafting a process that gathers as many voices as possible in the creation of a City adopted vision statement – "In 3-5 years of trauma informed efforts that take shape extremely well, what could New Orleans look and feel like...New Orleans is..."	Contracted Consultant TBD	Dec. 1, 2019
3. City issues a call to action to all stakeholders, service providers, sector actors/leaders, etc., to join in assisting in executing efforts that advance the citywide vision. Using all media platforms City requests residents, sectors, stakeholders to sign-off (form w/check boxes) as partners in the mission/vision; Also, using Instagram, twitter to creatively demonstrate our shared commitment to becoming a more compassionate, trauma-informed city and why it matters. Top posts can be recognized at City Council.	Contracted Consultant TBD	Jan. 31 2020
4. Guided by the example provided in the Appendix, City engages staff or consultant in crafting an aligned trauma policy statement and encourages other sectors to do the same. See document example in Appendix: See document example in Appendix: Trauma Policy Framework Guide	Contracted Consultant TBD	Jan 31 2020
5. In partnership with LDH, ACE Educator Program, and IWES, launch a **NOLA Cohort of ACE Educators** to be paired with IWES's another ACEs: Advantageous Community Experiences – an assets approach to community capacity building and healing, providing New Orleans specific training and knowledge building. New Orleans ACE Educators Cohort Speakers/Trainers Bureau - Trauma	CYPB Karen Evans Caitlin LaVine ACE Educator Program Dr. Shervington IWES	Nov. 2019

Implementation Focus Area	Objective	Output for the Year
peer support; empowerment; history, gender, culture	Increasing knowledge about trauma informed care; childhood trauma in New Orleans; healing approaches at home and through providers	Increased awareness of ACEs • 400+ community members
safety; trustworthiness; empowerment; peer support	Training, development and building capacity across community, sectors, particularly across youth-services	Increased awareness of capacity for various trauma informed care training available in New Orleans. • 200+ staffs

Activities	Person(s) Responsible	Schedule
6. Community Learning/Healing convenings for **community members** across each council district that increases knowledge of both ACEs, heightens awareness of trauma is and what it is not, engagement with neighbors, capacity and skills building for greater self-care and care that can be extended to one another across neighborhoods. All **City Staff** should participate in this learning experience in an effort to ensure common, shared knowledge to advance vision collectively.	CYPB Karen Evans Caitlin LaVine ACE Educator Program Dr. Shervington IWES	Jan. 31 2020, Ongoing
7. Create and sustain a catalogue of the various trauma informed care/approaches trainings offered through providers across New Orleans. This will inform common or core content deliverables, targeted audiences reached, training/learning objectives as measured, can certify agreed upon standards for content, processes and outcomes. Can identify, execute delivery of content across sectors, encouraging intersectionality and access. Create collective plan of community training and education opportunities, identifying content as introductory, moderate, or advanced and naming targeted audience. Partners to Include: • New Orleans Youth Alliance (NOYA): Dr. Rashida Govan • IWES: Dr. Denese Shervington • Navigate NOLA: Dr. Danielle Wright • Safe Schools NOLA – 2 CMOs with 6 Schools • Trauma Informed Care Schools Learning Collab. (TICSLC) – 5 Schools in 2019 Cohort + 5 Schools from 2018 Cohort • Teddy McGlynn-Wright, Tulane/TICSLC Project Mgr. • Dr. Deirdre Hayes, Tulane re: Community Learning • Center for Resilience: Liz Marcell Williams • Crossroads NOLA – Anna Palmer • Others (TBD)	CYPB Karen Evans + Task Force Dr. Samantha François, Tulane Others - TBD	Nov. 1, 2019 Ongoing

Implementation Focus Area	Objective	Output for the Year
collaboration	Position New Orleans as a Compassionate, Trauma Informed City among state and national networks.	Links to statewide and national networks • 2+ formal connections
trustworthiness; empowerment; collaboration; peer support; history, gender, culture	Create expectation for community, provider, practice, content and deliverables to be reviewed and built upon.	Annual content, impact and accountability check-in • 100+ attendees
empowerment; peer support	Include healing through faith in the work of trauma recovery for children and families, when and where appropriate.	Increased inclusion of faith communities

Activities	Person(s) Responsible	Schedule
8. Establish and maintain connections with statewide, regional and national ACEs, childhood trauma and trauma-informed city efforts to advance policy positions, access to resources, best/promising practice exchanges, and the broadening of networks of subject matter experts.	CYPB Karen Evans	Jan. 31, 2019 Ongoing
9. Host the Annual New Orleans Summit on Compassion & Resilience as the convening that updates information, knowledge, skills, data sharing and deliverables from prior year – review of report card or dashboard to determine progress toward vision; reset of next steps, next round of deliverables; expand partner matrix to best reflect continuum of trauma informed services across New Orleans; identify gaps, needs and/or issues to inform funding models, celebrate successes and recognize progress leaders.	CYPB Karen Evans + other service, sector partners	May or June Annually
10. City launch of an Annual Day of Well-Being: New Orleans as a City of Compassion and Resilience Engaging all leaders from the Faith Community, all Faiths across New Orleans, to extend thoughts and actions toward the healing of our Children, our neighborhoods, our City on the same day at the same time; sound bites/talking points provided to ensure continuity.	TBD	May or June Annually

Implementation Focus Area	Objective	Output for the Year
***sustainability; collaboration; trustworthiness;**	Develop a funding strategy that is well informed by need, costs and desired best practices.	Increased knowledge of funding models + strategies to make changes • 45+ attendees
collaboration	Outreach and engagement of faith community	Broad faith community inclusion and participation in advancing healing across City
collaboration	Engagement in work that aligns with their purpose	Partnership in work that addresses/ reduces systemic bias/ inequity by design across City

Activities	Person(s) Responsible	Schedule
11. Convene 'funding conversations in the round" to launch real discussions around the current disconnect between services, needs, true costs and the expectations for use of evidence-based practices via funding models/reimbursement mechanisms that may not align with practice expectations, needs, and/or costs. Attendees to include: • Philanthropy • City • New Orleans Public Schools • State Medicaid Rep/Subject Matter Expert • State Public Health Department/Population Health • Managed Care Organizations (MCOs) • Behavioral Health Providers • Others (TBD)	CYPB Karen Evans Tap Bui, United Way + other sector partners TBD	Nov. 2019 May or June 2020
12. Engage faith-based organizations and associations in trauma-informed care training and capacity building; enlist support and assistance in raising awareness, expanding knowledge and furthering implementation of the plan. This engagement may include leadership across various denominations to include, but not limited to: • Baptist • Church of God in Christ • African Methodist Episcopal • Archdiocese of New Orleans • United Methodist Churches • Seventh Day Adventist Churches • Lutheran Churches • Episcopal Diocese • Islamic Community • Buddhist Community • Others	CYPB Torin Sanders + Karen Evans	TBD, no later than June 1, 2020
13. Connect with emerging and/or ongoing efforts to identify overlap/shared vision/mission work; strategically leveraging opportunities. This can include, but is not limited to, the following: • New Orleans Human Relations Commission • Louisiana Department of Health (LDH) • Office of Public Health (OPH)/Bureau of Family Health	CYPB Karen Evans + Torin Sanders Others - TBD	TBD, no later than July 1, 2020

Implementation Focus Area	Objective	Output for the Year
history, culture, empowerment	Engage Arts Community with City's vision/ mission re: compassion, trauma-informed care	Increased knowledge, awareness and use of the Arts to support healing, well-being.
collaboration	Align with the Mayor's Office of Youth and Families to advance plans and deliverables.	A collaborative work-plan: OYF + CYPB

Activities	Person(s) Responsible	Schedule
14. Engage and partner with the City's Culture Bearers, and Arts Community in learning about and spreading awareness of trauma-informed care approaches, and how Culture Bearers and the Arts Community can help children, youth, families and communities heal.	CYPB Karen Evans + Others TBD	TBD, not later than July 2020
15. In partnership with the Mayor's Office of Youth and Families, build appropriate processes to drive vision, mission, plan and implementation across city, particularly in these departments: • NORDC • NOPL • JJIC	Emily Wolff – OYF Karen Evans – CYPB Others – TBD	TBD, not later than July 2020

The Members Of The Task Force

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New Orleans Children and Youth Planning Board (CYPB)

NEW ORLEANS CHILDREN & YOUTH PLANNING BOARD