

New VPC Workgroup:

Making Connections to Address the Impact of GCGV on Mental Health and Community Well-being

MEETING SUMMARY of the Wednesday, March 2, 2016 Meeting

March 8, 2016

Dear VPC members, Making Connections Work Group Participants and Interested Parties,

This is a **Meeting Summary** of the VPC's March 2, 2016 **Making Connections to Address the Impact of Gang Culture and Gang Violence on Mental Health and Community Well-Being Work Group** (aka Making Connections) meeting. The meeting went very well – a good kick-off event.

Work group Goal:

The **Making Connections Project Goal** is to:

- (1) foster a multijurisdictional, collaborative network of youth, practitioners and providers from different fields, community members, key stakeholders, public agencies and faith leaders united in their commitment to reducing the impact of GCGV on MH; and,
- (2) develop a coordinated community-based set of strategies that are effective at (1) engaging and retaining YMBOC and YWGOB aged 12-25 in schools, sports afterschool programs, alternatives programs and youth oriented services and (2) explore ways to create opportunities for YMBOC to prepare for and/or to develop jobs/business, improve the physical/built environment and/or shift socio-cultural norms related to ideas of masculinity – while helping YMBOC aged 12-25 avoid the brunt of GCGV.

Making Connections Planning Approach:

Our **Making Connections Project Approach** utilizes the THRIVE planning process to engage and partner with an intersectional network of youth, practitioners/providers from different fields, community stakeholders, public agencies and faith leaders; develop a shared understanding of the impact of GCGV the mental health and well-being of YMBOC and YWGOB aged 12-25; and, produce an actionable plan to address community-level drivers of GCGV. THRIVE is the 'Tool for Health and Resilience in Vulnerable Environments'. The THRIVE process relies on a series of steps focused on (1) selection and engagement of a diverse planning group comprised of community members and stakeholders from the business sector, CBO's, city/county agencies, law enforcement/probation and schools; (2) fostering shared understanding and commitment, establishing a shared vision/principles, prioritizing the focus of the plan, and developing a structure to support implementation; (3) community input, assessment and information gathering; (4) identifying opportunities to take actions that could drive improved MH for YMBOC and YWGOB aged 12-25; (5) generating action steps, setting goals/objectives/strategies and producing a draft plan; (6) developing indicators of success, measuring progress and seeking community feedback; and, (7) finalizing and disseminating an action plan.

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Early Progress (prior to meeting but reported at meeting):

Preceding Meeting #1, during Meeting #1 and for Meeting #2 we are working on Steps 1-3 of the THRIVE planning process. Preceding and during Meeting #3 and Meeting #4 we will be working on THRIVE steps 4-5. Preceding and during Meeting #5 and Meeting #6 we will be working on THRIVE steps 5-6. [Please refer to the Making Connections Project Approach for more information on the THRIVE approach.]

Other progress (prior to meeting but reported at meeting); created web page; formed work group; formed a steering committee and held several steering committee meetings; developed a data and strategy sub-committee; outlined a fund-raising strategy and planned a symposium for 5/11/16. We have a series of community conversations and focus groups planned for March, April and May. Used Collaboration Multiplier training exercise. Attended making Connections webinars and Multi-Sectoral Approaches for Addressing Violence training. Continuous outreach and engagement with community, funders and CBO's/501's.

Making Connections Work Group meeting #1 Attendance:

- Registered = 66
- *Conference Call-in* = 8
- *Attended In-person* = 48
- **Total attendance (phone + in-person) = 56**

Making Connections Network Analysis:

- **Over 30 Organizations attended** including expert representatives from the
 - Faith Community
 - CBO's/501c3's/
 - MH Service Providers
 - Education
 - Law Enforcement/Probation
 - Legal Community
 - Community
 - Consultants
 - Youth/Youth Development
 - County Agencies

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- Sports Organizations
- Public Health Departments
 - ALCDPH
 - PDH
- Other Coalitions;
 - So Cal Cease Fire

Making Connections Areas of Expertise:

Numerous areas of expertise were represented at the work group, including;

- Prevention
- Psychological services
- Family and children services
- Social Policy
- Community Development
- Social Justice
- Faith-based approaches
- Peace
- GRYD/Gang Intervention
- Youth development
- Mental health
- Education
- Law enforcement/probation/re-entry
- Gang Culture
- Public Health
- Jobs
- Coalition
- Domestic violence
- Data and Analysis
- Strategy

Making Connections Geographic Attendance:

- Work group participants came from all over LA County to participate, including:
 - Antelope Valley

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- San Gabriel Valley
- Pasadena
- East LA
- South Bay
- Crenshaw
- Whittier
- North East LA
- Pico-Union
- South LA
- Lynwood
- Boyle Heights
- Compton
- Long Beach
- Santa Monica
- Inglewood
- San Fernando Valley
- Pacoima

Making Connections Information Gathering:

We asked attendees, what sparked your interest in this work group? They responded...

- Re-entry issues in schools. LAUSD used to have a program.
- The families I service have a mental health and gang violence aspect to their needs
- My mentor reached out to me asking me to think about this work group in the hopes that it might assist her in better strategizing her ability to target groups and issues which directly involve mental health and gang violence
- I want to take my impact to a higher level especially in terms of healthy communities and community collaboratives
- Information gathering on broadening the definition of (sic) domestic violence and its relationship to gang violence
- To learn more on how to better assist, the youth I work with and to better understand her own environment of a gang infested neighborhood
- To learn to better, represent the Pico-Union and lead by example

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- To educate within my own neighborhood, to lead by example through knowledge gathering
- Networking opportunities with like (minded) organizations
-

We asked attendees, why is the impact of GCGV on mental health and community well-being an important issue? They responded...

- It paints a picture of why?
- B/C Children and Families are important. Healthy children mean healthy families mean healthy communities. We need to develop (and implement) strategies to address this issue.
- Violence is often perceived as normal
- Child is sick, parent is sick, community is sick
- Right now at DCFS there are a lot of GCGV related mental health issues.

Goals:

We asked attendees, what are your goals related to addressing the impact of GCGV on Mental health and community well-being and this work group? They responded...

- Interrupting intergenerational gang membership.
- Impacting systems and families
- Social Determinants of Health/Mental Health: increase understanding the Drug ab/Use is caused by mental issues left under-addressed or undiagnosed
- Fewer children/youth dying from violence
- Explore the intersections of violence
- Reduce gang involvement
- Destigmatize mental health issues (esp. for AA and LA communities)
- Increase youth access to loving mentors, jobs and healing from trauma
- A collective mental health assessment for impacted communities
- Groups coming together to transform negative to positive
- Promote shared well-being (whole families/whole communities) and proper healthy relationships
- Build/increase our network of like-minded individuals and be resources for each other
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We asked attendees, what do the people want/need? They responded...

- Housing equity and access

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- More places where people can heal
- Alternatives methods for approaching mental health, wellness and healing
- Develop healthier habits and life skills
- Increased access to Trauma care, alternative health/mental health methods and changing mindsets
- Decriminalization of drug ab/use by viewing drug ab/use as a health/mental health issue
- Increased wrap-around services, breaking down of silos, moving past ego's
- Identity – people may look well but be sick on the inside B/C lack of self-knowledge/self-identity.
- History books don't tell about their people – schools should teach people about their history and culture
- Family therapy should include family
- don't send a sick person to a sick place
- More guidance for at-risk youth and gang members – kids who need guidance
- Involved grandparents
- Curricula in schools that help build character and life skills
- More access to trauma care.
-

We asked attendees, what outcomes would you like to see related to the impact of GCGV on mental health and community/family well-being? They responded...

- To have the cycle of GCGV broken.
- Increased collaboration in mentoring, decolonizing culture and improving mental health/wellness
- A strategy that address root causes
- Systems change, changed norms
- Culturally proficient work force
- Impact/Change systems of care (integration of healthcare agencies)
- Orgs can do it alone, we must work together
- United approaches versus competitive approaches
- Ultimate healing for the community
- Increased protective factors like mentorship, positive role models
- Increased connection with youth
- Gangs addressing community needs

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We asked attendees, to describe strategies, policies and actions that could be taken to address the impact of GCGV on mental health and community/family well-being? They responded...

- Address issues with mandated reporting that impact honest sharing in counseling relationships
- Hypnotherapy
- Life skills programs
- Resource centers
- Rather than just label and diagnose people (label someone with a diagnosis), work with what they tell you
- Alternative therapies in a safe environment (presumably free from the impact of GCGV)
- Gang interventionists (often former gang members themselves) can be the best therapists
- Integrate evidence based approaches with what the community defines
- Circle practices
- Community therapy
- Safe passages
- Creating a larger web – collaborate with sports programs (and other non-traditional partners) to address (community/family/individual) trauma.
- Collaborate (book knowledge + street knowledge)
-

Concerns – a couple of attendees expressed concerns regarding our planning process, work group, symposium and planned report...

- one person was concerned about unnamed 'groups' using community input for their benefit with report (sic).
- Who is the report for? How do our goals find their way into the report?
 - "The report is for the VPC members, the VPC steering committee, Community Partners 501c3 incubators, Prevention Institute, the Movember Foundation and the community. Your goals can be incorporated into the report through a variety of formats including participation in this work group, participation in community conversations and/or focus groups and by responding to survey inquires and or email solicitations for your input. After a draft report is produced a comment period will be announced during which you will have an additional opportunity to provide input.

Quotes:

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- “The poison and the antidote are brewed in the same vat.”
- In Boyle Heights – “we have a lot of families that are affected by gang culture and gang violence.”
- “We’ve got the gang, the area, the violence and the mental health issues.”
- “Growing up in Boyle Heights there was a lot of gang violence and substance abuse. Families have generational backgrounds of gang violence and mental health issues. It plays a big role in the community and I want to learn more strategies to empower these families.”
- “I want to take it higher. I want to take it to the next, higher, political level.”
- “I’d like to address the need for urgency.”
- “There is an intersectionality between gang violence and domestic violence.”
- “I am from a gang-infested neighborhood.”
- “I have been on a gang injunction for the past 20 years. I know first-hand (about) gangs.”
- “working with families in DCFS cases, a lot of the time there are a lot of mental health issues.”
- “I grew up in Pico-Union. I went through stuff. I didn’t even know what gang intervention was. It opened my eyes.”
- “I saw first-hand how people and youth in my community looking up to the big homies who get locked up, do time and get loaded every weekend.”
- “In Pasadena, we have the largest Blood gang. I’ve seen a lot of homies go to jail – some have made it out.”
- “I know that young folks need to see something that look like them. Now I’m in a position to be able to sit with folks and analyze those issues.”
- “I would like to see self-identifies organizations like Inglewood Families, Bounty Hunters, Grape Street and Black P-Stones return to a Black Panther party-esque community programs that address hunger and access to quality food but further to partner with organizations like those in the room to lead and facilitate mental health support and to infuse love and tangible resources in south LA communities.”
- ” When you decide to join a gang, it’s not an isolated decision. It involves the whole family (It involves the whole community). You can’t leave families out.”
- “I see so many things with my gang.”
- “(African Americans) we don’t do mental health.”
- “When asked what’s the biggest problem facing our community on youth said ‘it’s like there is something that is in the way but we can’t see it.’
- “I was put on mandated family therapy. We have this dynamic in treatment and therapy. I was living with my brother after I was released. The therapist I was working with wanted me to take

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my guard down. I ultimately had a break through and divulged abuses that were going on in my brother's family. The next thing that happened was someone said "I'm a mandated reporter" I have to report this to the authorities. The trust was broken."

Upcoming Activities;

- May 10, 2016:
 - A conversation on the impact of GCGV on Mental Health and Well-being with youth from LAURA.
- In Planning:
 - Community Conversations and Focus groups
 - Holman United Methodist Church
 - Up 2 Us Sports
 - Centinela Valley Union High School District

Upcoming Workgroup Meeting Dates

1. Wednesday, March 2, 2016 9:30am-11:30am - COMPLETED
2. Wednesday, March 30, 2016 10am-Noon (Please RSVP)
3. Wednesday, April 20, 2016 10am-Noon
4. **Symposium Date:** May 11, 2016
5. Wednesday, June 15, 2016

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THIS IS A COPY OF THE MARCH 2, 2016 MEETING AGENDA

AGENDA

- 9:30 am Welcome
- 9: 35 am Sign-in and information gathering
- 9:40 am Introductions (say your name and organizational affiliation)
- 9:45 am Brief Overview of Making Connections to Address the Impact of GCGV on MH and Community WB Work group and Project:

- **Movember Foundation:**
<http://www.preventioninstitute.org/press/highlights/1231-prevention-institute-and-movember-foundation-announce-sites-for-making-connections-for-mental-health-initiative.html>)
- **Making Connections Report:**
(<http://www.preventioninstitute.org/press/highlights/1188-making-connections.html>)
- **Making Connections Project:** <http://www.vpcgla.org/makingconnections/>
- **Community Intelligence:** <http://www.communityintelligence.org/>

Project goal: Develop a coordinated community-based set of strategies that are effective at (1) engaging and retaining YMBOC and YWGOC aged 12-25 in schools, sports afterschool programs, alternatives programs and youth oriented services and (2) n explore ways to create opportunities for YMBOC to prepare for and/or to develop jobs/business, improve the physical/built environment and/or shift socio-cultural norms related to ideas of masculinity – while helping YMBOC aged 12-25 avoid the brunt of GCGV.

Population of Focus: YMBOC and YWGOC aged 12-25 who have been exposed to GCGV

Project Approach

In this project, we'll utilize the THRIVE planning process to engage and partner with an intersectional network of youth, practitioners/providers from different fields, community stakeholders, public agencies and faith leaders; develop a shared understanding of the impact of GCGV the mental health and well-being of YMBOC and YWGOC aged 12-25; and, produce an actionable plan to address community-level drivers of GCGV.

Key Deliverables

Key deliverables include:

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- a coordinated, community-based set of goals, directives and strategies that address mental health and well-being and are:
 - (1) effective at engaging/retaining YMBOC and YWGOC aged 12-25 in schools, programs and services and,
 - (2) create opportunities for YMBOC and YWGOC aged 12-25 to communicate and discuss how GCGV impacts the community.

Project Planning Process

We plan to foster a multijurisdictional, collaborative network of youth, practitioners and providers from different fields, community members, key stakeholders, public agencies and faith leaders united in their commitment to reducing the impact of GCGV on MH of YMBOC and YWGOC aged 12-25 by developing a coordinated, community-based set of strategies that are effective at (1) engaging and retaining YMBOC and YWGOC aged 12-25 in schools, sports, alternative programs and youth-oriented services and (2) creating opportunities for YMBOC aged 12-25 to develop jobs and businesses, improve the physical/built environment and shift socio-cultural norms related to ideas of masculinity - while avoiding the brunt of GCGV.

Youth participation is a key aspect of our planning project – specifically to learn more about what attracts, retains and benefits youth involved in programs, especially those addressing GCGV.

To facilitate planning, we intend to utilize the 'Tool for Health and Resilience in Vulnerable Environments' (THRIVE). The THRIVE process relies on a series of steps focused on (1) selection and engagement of a diverse planning group comprised of community members and stakeholders from the business sector, CBO's, city/county agencies, law enforcement/probation and schools; (2) fostering shared understanding and commitment, establishing a shared vision/principles, prioritizing the focus of the plan, and developing a structure to support implementation; (3) community input, assessment and information gathering; (4) identifying opportunities to take actions that could drive improved MH for YMBOC and YWGOC aged 12-25; (5) generating action steps, setting goals/objectives/strategies and producing a draft plan; (6) developing indicators of success, measuring progress and seeking community feedback; and, (7) finalizing and disseminating an action plan.

Project Management: Project management services will be provided by Community Intelligence, LLC. – a public health research and evaluation thought partner.

- 10:00 am** Ice-breaker (What sparked your interest in this work group?) – write on wall paper
- 10:10 am** Exercise #1: Collaboration Multiplier - Part One – Information Gathering
- 10:30 am** Discussion of Part One
- 10:40 am** Exercise #2: Collaboration Multiplier - Part Two – Analysis
- 11:05 am** Discussion of Part Two
- 11:15 am** Wrap-up activities: Announce sub-committee's
 - Data/evaluation group (focus groups, interview and reviewing data)
 - Strategy

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- **Symposium Planning**

11:30 am Adjourn