



Making Connections to Address the Impact of GCGV on Mental Health and Community Well-being
Wednesday, April 20, 2016 Meeting

MEETING SUMMARY of the Wednesday, April 20, 2016 Meeting

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

This is a **Meeting Summary** of the VPC's April 20, 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. **Great meeting – Thank you for your time and input.**

QUOTE(s) OF THE DAY 4.20.2016

- “It turns out (that doing systems change) also involves interacting with individuals and trying to change their approach in dealing with students. An individual approach and a systems approach involve building relationships (is needed).” - Dr. Alnita Dunn – HUMC
- “(W)e are a microcosm, we come from different experiences but want to support the same communities. It takes all of us to make a difference.” - Adriana Molina – Children’s Institute? Or, Rogelio Tabares ?

Meeting Purpose 4/20/2016:

Discuss community-level strategies to address community trauma, promote community healing and resilience including brainstorming/discussing specific opportunities for change (including barriers and facilitators), strategies, policies, actions and/or changes and develop recommendations that can/could be taken (in the short-term, mid-range, long-range) to address the impact of GCGV on mental health and community/family well-being – especially among youth.

ATTENDANCE:

APRIL 20,2016 - Making Connections Work Group Meeting #3:

- Registered = 36
- Conference Call-in = 0
- Attended In-person = 21
- **MEETING #2: Total attendance (phone + in-person) = 21**

ORGANIZATIONAL ANALYSIS

APRIL 20,2016, Making Connections Network Analysis for MEETING #3:

- **17 Different organizations attended** including expert representatives from the
 - Faith Community



- CBO's/501c3's/
- MH Service Providers
- Education
- Consultants
- Youth/Youth Development/Sports
- County Agencies
- Public Health Departments
- Data Analytics

APRIL 20,2016 - Making Connections Areas of Expertise:

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

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

4.20.2016 - Group Introductions – Round One: please say your name and organizational affiliation.



- Adriana Molina - Children's Institute - early childhood mental health
- [name] - gang intervention,
- [name] - LACDPH health educator, SPA 6, teen clinic
- Steven Sneed - Intervention Specialist, PUSD - foster youth
- Jose Gutierrez - Restorative Justice consulting
- Michelle Carlson - TeenLine youth hotline, workshops, outreach in schools
- Kieth Parker - Community Build, outreach and comprehensive services to at risk youth
- [name] - case manager for Aztecs Rising, job leads for clients, DACA
- Elise Rasmussen - Public Health Nurse LACDPH violence prevention group in Pomona
- Joel - Community Mental Health Clinic
- Aleneta Dunn - social action and advocacy, Holman United Methodist Church
- Dre - Up2Us Sports
- Nyabingi - reentry, AB109, Prop 47
- Pasqual Torres (Ollin Law) - address healing from trauma, assist with youth offender parole hearings, help those being deported.
- Camille Bettis - community member

INTRODUCTIONS

- Welcoming words and introduction of new VPC Executive Director – **Daniel Healy, MPH, VPC Associate Director**

Opening Comments - Adrienne Lamar Snider, VPC Executive Director

Daniel announced that the VPC has hired a new Executive Director, Adrienne Lamar Snider. Adrienne shared about her background in the fields of black women's health and domestic violence

ICE-BREAKER ACTIVITY RESULTS:

Group Introduction – Round Two:

Developing a Learning/Sharing Community to Improve Mental Health and Community Well-being:

- Ice- breaker activity – Find a partner. Please ask your partner to **tell you about something that they have done to help improve mental health and community well-being in their family, school, church, neighborhood/community or job.** Then switch roles.

Randal asked everyone to discuss in pairs about something they have done to improve mental health and community well-being in their family, school, church, neighborhood/community or job. Randal mentioned that we are building a learning community.

REPORT BACK FROM ICEBREAKER ACTIVITY: He asked everyone to report back.



- **Alneta & Joel:** we told our stories. It turns out, his experience had to do with problem solving on an individual level, a family member asked him to bring about change with another family member, discussed feelings, did change occur? She shared about a systems approach being used in her profession. Reducing disproportionality among black students, reducing the numbers identified for special education and redirecting them to other interventions. **It turns out, in sharing my experiences in how this is being achieved, it also involved interacting with individuals and trying to change their approach in dealing with students. An individual approach and a systems approach involve building relationships.** We were fortunate to have a thoughtful partner. In this process of trying to change something else, we recognize that we ourselves are changed. Sometimes we need to be satisfied with just a hint of change in the systemic problems.
- **Markisha and Elise:** help with at-risk youth, worked with mother and her child to get her into shelter.
- **Michelle & Keith** - teen talk line, teens are trained to talk to other teens from 6pm-10pm. Talk with parents, "how can I better support my son or daughter? When should I start to worry?" This would be a great resource for my son and myself. Keith is working with the GRYD program to do primary prevention in schools and communities. They bring in the family to make a plan and meet them where they are at. They help with time management, providing support to their children.
- **Steven & Jose:** Case manager in a school setting, worked with youth who had issues of self-esteem, anger management, did interventions to help them engage, **it was about the one-on-one relationship.** Jose assisted a friend of a friend who was homeless. He got him some legal assistance from Public Counsel and found him some resources. The individual no longer has fear of getting arrested.
- **Dre & Kelly & Cynthia:** Kelly works to assess and make sure her staff are doing well. Self Care. Help staff see they are a priority also. At staff meetings she passes out self care packages. Holds Zumba classes. Cynthia takes care of those giving so much of themselves to help others. Cynthia leads parent groups, updates them on trends and help them understand legal terms. Dre works with youth in sports to keep them off the street and stimulate them to do more, get parents involved.
- **Adriana & Jessica & Rogelio** - **we are a microcosm, we come from different experiences but want to support the same communities. It takes all of us to make**



a difference. Adriana is focused on infant mental health, a delivery vehicle for mental health for the entire family. A way to get people to play with their children. It was a pleasure to speak with group mates. The theme was shared well-being. Focus on the individual with clinical/mental health background. Look at the well being of the community. Jessica focused on efficacy. She is researching what works in the mental health system. Experienced-based - what works on the front line. Adaptability - Adriana wears many hats. She is well grounded in systems theory, but has diverse clinical training. Plasticity - be flexible, do not be afraid to improve.

- **Randal:** we don't often have the luxury to sit down and talk and listen. It is good to be absorbed and engaged.
- **Diogenese & Josh & Melvin** - Diogenese is participating and supporting the LA for Youth Campaign, participated in meetings and an occupation of an abandoned library to call for investment in youth. Melvin works with wrap around teams, connecting the dots for gang involved families that have youth in DCFS and Probation. Work with youth who don't want to seek services. There is a challenge of spreading themselves too thin. Josh is an attorney working on gang injunction reform. He also teaches acting classes. There is a component in the acting class about self awareness and self expression - good for self care.
- **Michael & Victor:** Michael is a change agent, building relationships with hard to serve youth, who feel hopeless, help them set goals and achieve them. He wants to give them an opportunity to see life in a different way. Help them open up and be of service to the community. Victor facilitates a life skills class, brings life transformation to youth he touches.
- **Nyabingi & Daniel:** homeless situation is traumatic, a lot of money is getting thrown at the problem, but it seems to be getting worse and worse. There is an uptick in violence in South Los Angeles. Daniel shared that we listen to and be there for our co-workers and colleagues, pray for them, as they go through hard times.
- **Adrienne** - hopeful that we can eliminate the violence. The work we are doing is so powerful. She appreciates all the work that is being done. We are such a part of making a difference in our community. We will change the paradigm in our city and become a model.
- **Randal:** Elevate the things you love - we have a lot of energy, we have ability with little resources (money doesn't change things, human effort and will does) I feel extremely empowered to continue to move forward and do the work. Do the self care. It is important to celebrate each other.



10:30 am Brainstorming Session RESULTS

Developing recommendations for community-level and organization-level strategies that can address the mental health impact of over-exposure to gang culture and gang violence;

Report Back: Randal requested everyone to share their notes. He will share a report on the meeting.

Group 1:

We were looking at neighborhood and culture based strategies. They are connected. Open space conversations, drum circles, food gatherings, each culture represents own identity and integrates as a whole. Historically the gang phenomenon was a response to oppression, marginality, assault to immigrants, identity was assaulted, collective trauma, **need to promote healing, connection, pride, pow-wows, healing circles, story: gas station was a site for dealings, families were intimidated, went to LAPD, encouraged to call, LAPD said clean up your area, the more you don't take pride in your community, the more the people will trash it.**

Group 2:

We touched on more ideas, **rights of passage - a lot of rites of passage have been lost, baptism - dipped in water, come out as a new person, gangs have a strong hold on rites of passage - give you a new identity as part of the gang, teach life skills as a precursor to everything, then do job training, health expo, there is a sense of learned helplessness - it's just how it is - get past this with education and awareness. Recognize intervention to prevent further trauma.** School safe passage - folks need to get to school in a trauma free way. Suggest moving DA victims support to family/culture/community strategies - redefine what victimization is.

Group 3:

Family based strategies: **free community based classes with focus on parenting, starting at middle school, work with agencies, engage community leaders, take organic approach, don't just tell people how to raise kids, support groups, sustainability efforts**

Group 4:

Neighborhood/Community based: **host townhall where legislator is present, community events that are free, have coffee at the park, different activities, hold civic engagement trainings, LAUSD initiative to have 30 hours of training for parents, restorative justice with families, give them tools to do it on an everyday basis.** Community Garden. How do



we make trauma in communities a community responsibility? Help neighbors get to know each other, build trust. Randal: that is organic mental health support.

Group 5:

Community Health Improvement Plan - education, community empowerment, Veterans initiative - Mission Continues, veterans serve as coaches, parallel communities, shared experiences of trauma, workforce development, safe passage - incorporate community members, involve Veterans to patrol each corner to help kids get to school safely. Veterans want to get involved, how do we get them involved? This is one way to do it.

Facilitator Comment

Randal: we need these stories. Here is something specific that we can do. We want to come up with ready-made strategies, something they can pick off the shelf and do. Align them temporally. We are looking at preventing violence and improving mental health.

Group 6:

Faith-based strategy - help with sex trafficking - support group (used to live at Dream Center, had a program identifying prostitutes, talk them out of life style, give them housing and protection.

Facilitator Comment

Randal: prostitution affects community members on the environmental and individual level.

HUGE THANK YOU'S TO:

Josh Green, Melvyn Hayward, Dr. Alnita Dunn and Ollin Law. We appreciate your willingness to support our symposium by participating as a presenter or group moderator. Thank you.

Thank you to **Jose Gutierrez of Red Road Consulting** for agreeing to help try and get a local elected official to attend our event.

Announcements:

Symposium on May 11: We have space for 175 registrants for the Symposium. We want 80 youth to join. There is a need for us to engage others in the conversation. We want to enrich ourselves and address the impact of gang culture and gang violence.



MEETING AGENDA

- 10:00 am** **Sign-in information gathering**
- 10:05 am** **Welcome**
- Thank you for attending. Your participation is valuable because your input enhances our planning process; helps us refine our strategies, methods, tactics and approach; and facilitates the involvement of involve of youth, community members, non-profit organizations and public agencies. We appreciate your taking time from your busy day to join our VPC Making Connections process. – **Dr. Randal Henry, Chief Intelligence Officer, Community Intelligence LLC**
 - Welcoming words and introduction of new VPC Executive Director – **Daniel Healy, MPH, VPC Associate Director**
- 10:10 am** **Opening Comments - Adrienne Lamar Snider, VPC Executive Director**
- 10:15 am** **Group Introductions – Round One:** please say your name and organizational affiliation.
- 10:20 am** **Group Introduction – Round Two:**
Developing a Learning/Sharing Community to Improve Mental Health and Community Well-being:
- Ice- breaker activity – Find a partner. Please ask your partner to tell you about something that they have done to help improve mental health and community well-being in their family, school, church, neighborhood/community or job. Then switch roles.
- 10:25** **Round Two - *Report Back from Developing a Learning/Sharing Community:***
- What did your partner share with you about improving mental health and community well-being in their family, school, church, neighborhood/community or job?
- 10:30 am** **Background:**
Community-level strategies to address community trauma, promote community healing and resilience.
[http://www.cdph.ca.gov/programs/Documents/PreventionInstituteReport_AdverseCommunityExperiences.pdf]
- Towards a Framework for Community Trauma and How to Address and Prevent It**
There are a number of emerging community-level strategies to address community trauma, promote community healing and resilience (see Figure 4). It is imperative that these strategies build on indigenous knowledge, expertise and leadership to produce strategies that are culturally relevant, appropriate and effective.
- The Social-Cultural Environment:**
Strategies within the social-cultural environment are intended to counter the symptoms of community trauma and support healing and connection between people, while shifting norms to support safe and healthy behaviors.
- Social-Cultural Environment Strategies** include: i. Rebuild social relationships, particularly intergenerational relations; ii. Revitalize damaged or broken social networks and infrastructure of social support;



iii. Strengthen and elevate social norms that promote or encourage healthy behaviors, community connection and community oriented positive social norms; iv. Establish collaborations that promote community-level strategies while rebuilding community social networks; v. Change the narrative about the community and the people in it;vi.Shift community social norms; vii. Organize and promote regular positive community activity; viii. Provide a voice and element of power for community folks around shifting and changing environmental factors as well as the structural factors; ix. Promote and restore a connection to and sense of cultural identity, which has been shown to have a positive impact on mental health outcomes.

Some of the most successful youth development, violence prevention and health promotion programs build on existing community assets and are dependent on community members and organizations that connect individual youth and adults to a supportive community. Where this community organizational infrastructure and capacity is lacking or absent, violence and trauma have a more profound impact on individuals and communities. Churches fulfill some of this role in many communities but a healthy community has multiple entities including businesses, civic organizations, social organizations, schools and youth-driven organizations that contribute to the social and cultural environment that promotes positive relationships, social norms, behavior and activities within a community. A healthy community provides both the context for the healthy development of children and youth as well as the foundation for individual resiliency in the face of adversity and challenges to health and wellbeing.

The physical/built environment:

Strategies within the built environment focus on improving the physical environment, reducing deterioration, and creating space for positive interaction. Reclaiming public space to be appealing to residents, reflective of community culture, and a source of pride can contribute to a sense of community worth and be supportive of healing. Strategies include: i. Improve the quality of built environment and public spaces and maintain these for the community; ii. Create safer public spaces through improvements in the built environment through addressing parks, housing quality and transportation; iii. Reclaim and improve public spaces for the community. The systematic disinvestment and neglect of poor inner city communities has been a part of the structural violence that has produced community trauma over the last sixty years.

physical/built environment strategies include Healing from this trauma requires that the roads, buildings, parks, transportation and public services be improved and maintained so they are transformed from sources of toxic stress with impacts on both physical and mental health of residents to an environment that encourages positive social interaction and relationships and healthy behaviors and activities.

The economic environment:

Strategies to improve economic opportunities for youth and adults in highly impacted neighborhoods are critical to the success of attempts to heal from community trauma, improve community health and wellness and resist the pressures of gentrification and dislocation. These strategies must be multi-sectoral, focusing on different segments of communities including strategies to increase the number of young people and adults who attend college; job training and placement for non-college bound youth; job training and job readiness training and placement of formerly incarcerated members of the community who have been unable to find work or have been recently released. It is critical that these employment opportunities be supplied with a livable wage which can support a family.

economic environment Strategies include: i. Institute restorative justice programs that shift the norms around conflict resolution and healing circles to, among other outcomes, support people to stay on paths to pursue educational and economic opportunities; ii. Foster economic development and workforce development strategies that improve the employment skills, capacity and readiness of community members and link them to job opportunities with a living wage; iii. Promote economic empowerment/opportunity and workforce development; iv. Increase community wealth and resources that can resist the economic pressures that result in dislocation and gentrification.

a conceptual framework for understanding the systematic effects of trauma at a community level

...(a) conceptual framework for understanding the systematic effects of trauma at a community level and how community trauma serves to undermine both individual as well as collective resiliency in the face of exposures to violence. The adoption of the framework for community trauma presented here would be instrumental in the development and adoption of strategies to reduce community trauma, heal communities and promote healthy, thriving communities.

This framework includes a set of emerging strategies to promote healing at the community level, setting the stage for the development of safer, healthier, more resilient communities. Community healing strategies include: • Trauma informed community building strategies; • Restorative justice programs that shift the norms around conflict resolution; • Healing circles that simultaneously provide spaces for expression of and healing from individual trauma and reinforcement and strengthening of intergenerational relationships; • Economic development and workforce development strategies that



improve the employment skills, capacity and readiness of community members and link them to job opportunities with a living wage; • Creating safer public spaces through improvements in the built environment through addressing parks, housing quality and transportation; • Establishing collaborations that promote these community level strategies while rebuilding community social networks; • Changing the narrative about a community.

10:30 am Brainstorming Session

Developing recommendations for community-level and organization-level strategies that can address the mental health impact of over-exposure to gang culture and gang violence;

Sample of Brainstorm Data Form

Strategy Domains	Prevention strategy	Short-term Actions	Mid-range policies	Long-range plans
Faith Community-Based Strategies			Crisis response systems/programs	
School-Based Strategies	TIA, PBIS, ACE's, etc.			
Business/Job Based Strategies			DA - Victims Services	
Neighborhood/Community-Based Strategies Neighborhood Councils	Incorporating an understanding of trauma.			
Culture-based Strategies	Cultural competence in organizations and practices			



Family-Based Strategies				
Hospital Based Strategies				

11:30 am Wrap-up activities:

- Data/evaluation group formation update
- Strategy Committee formation update
- Symposium Planning Update: 5/11/2016
- Post-symposium planning update
 - Set Meeting for Wednesday June 8; 7/13; 8/10 ;9/14; 10/12; 11/9; 12/14; 1/11;2/8; and 3/8

11:45 am Adjourn

Project Background

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 ... 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 Goal/s:

Our goals include:

- (1) meaningful engagement of key stakeholders including community members, practitioners, youth service providers, agencies/organizations, and decision-makers; and,
- (2) assessing community mental health and well-being status; and,
- (3) prioritizing selected conditions for action.
- (4) At the end of the planning process, developing a coordinated community-informed 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.

Key Deliverables

- 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.



VPC Making Connections Leadership and Project Management is provided by Community Intelligence, LLC. – a public health research and evaluation thought partner.

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