



Kids' Council Meeting Minutes

March 20, 2014

5:15 p.m. – 7:30 p.m.

344 Broadway

Summary

Summary of Conversation Topics

- Heard about best practices for trauma sensitive interactions and trauma sensitive spaces and how there is a clear bridge between this work and Family Engagement
- Discussed how the Kid's Council can help create a community that encourages and supports the use of a trauma informed lens in all programming and interactions with children, youth and families so that they can build the necessary resiliency skills.

Key Agreements

- The ACEs subcommittee will review the ideas and priorities set in this meeting and present back their plan at a later Kids' Council meeting.

Next Steps

The group identified the following next steps (or commitments) during the meeting:

What	Who	By When
Next meeting is May 15, 2014 (5:15-7:15) at 344 Broadway	All KC members and affiliates	
.		



Kids' Council Meeting Minutes

March 20, 2014

5:15pm – 7:30 pm

344 Broadway, 2nd Floor Conference Room

Detailed Notes

Present:

Tina Alu, Betty Bardige, Sally Benbasset, Melody Brazo, Alice Cohen, Kim DeAndrade, Susan Flannery, Mary Gashaw, Visceria Givans, Michelle Godfrey, Robert Haas, George Halfkenny, Claude Jacob, Justeen Hyde, Barbara Kiblier, Kathleen Kelly, Lori Likis, John Lindamood, David Maher, Alanna Mallon, Marc McGovern, Neal Michaels, Linda Mindaye, Rio Nelson, Mohammed Sayed, Ellen Semonoff, Emily Schwartz-Vartikar, Tessa Tracy, Zach Spitz, Jeffrey Young, Kristen Marshall

Co-Chairs: Mayor Maher and Neal Michaels

Executive Director: Nancy Tauber

Note Taker: Nadia Davila

Desired Outcomes:

- Learn about the Youth Involvement Subcommittee trip to the National League of Cities conference in Washington DC
- Have a better understanding of how the Kid's Council can help create a community that encourages and supports the use of a trauma informed lens in all programming and interactions with children, youth and families so that they can build the necessary resiliency skills.

Socialize, Network and Eat

5:15 – 5:33

Call to Order:

5:33 – 5:44

- Welcome & Introductions
 - New Members: Kathleen Kelly; School Committee Representative and Alanna Mallon; Education Liaison for Mayor's Office
- Agenda Overview
- Adoption of Minutes (February 27th meeting)
 - Adopted
- Public Comment
 - YIS Coordinator and Kids' Council Note Taker, Nadia Davila, identified as someone youth look up to at National Honor Society breakfast

- Announcements
- Updates

Presentation and Discussion:

5:44 pm – 7:17pm

- Youth Involvement Subcommittee trip to the National League of Cities conference in Washington DC
 - Discussion on how Cambridge is similar and different to the cities they learned about on their trip
- ACE's Too High Follow-up
 - Best practices for trauma sensitive interactions and trauma sensitive spaces: What happens to the brain when ACES are too high, and how can we start fixing it? (**See slide below**)
 - Clear bridge between this work and Family Engagement
 - Seven modules of Outreach Training providing a universal training for anyone doing outreach work
 - There will be outreach training on March 21st, 2014 piloting of one of the modules

Small Group Work & Report Back:

7:17 – 7:47

- Visioning a Resilient and Trauma Sensitive Cambridge (**Group Work – see below for responses**)
- Discussion points around 3rd question: *What actions did the KIDS' COUNCIL take to help achieve this vision?*
 - Support the Community Health Improvement Plan (CHIP), which identified mental health as an improvement area
 - A trauma informed practice model be developed and that could be used by anyone who works with youth. Look at using the CET model.
 - Keep the focus on trauma even if the Mayor, members or Executive Director changes
 - Needs a Road Map to get to our vision of 2019 that could help us keep on track and track our progress
 - Continue educating on all the aspects of trauma and what constitutes trauma (i.e. poverty)
 - Develop a comprehensive referral guide
 - Increase capacity of the places that gets referrals (to avoid people on waitlists)
 - An app or website that can be updated more frequently
 - A Welcome Place, for people to come in and get access to resources (a person)
 - Use the Kids' Council convening power – like with the ACEs meeting last November, where it was co-sponsored with many people present and with focused conversation
 - Support more opportunities for mentorship
 - Every kid needs a positive relationship in order to support their development
 - Make the mentorship opportunities clear and available to people
 - Help leverage resources, to support the cause and look at its breadth

- Similar to what we did around CET
- Not with just one lens
- Expand the services to other age groups and other families and within community.
 - Possible Goal: Community organizations are going to have wonderful resources in mental health that they don't have now, because the public health dept. /Kids' Council is going to help provide these trainings.
- Support mental, behavior and emotional behavior for all residents (take inventory of resources, take away the stigma, create a better way of addressing the cultural barriers we have around it)
 - Could be that the Kids' Council recommends a policy that supports this and is approved by the city
- Invest in early childhood and prevention
- Promot use of restorative practices in places that work with kids
- In small group, prioritize which of the nine the ACEs Subcommittee should look at?
 - *Votes indicated are for only three of the five groups**
 - 1. Kids Council Support the CHIP **(1 vote)**
 - 2. Using CET training as a model, Kids' Council recommends a trauma training be developed for anyone to use **(2 votes)**
 - 3. Kids' Council keeps the focus no matter if the mayor or E.D. or members change (need a roadmap, which keep track of how we are doing) **(1 vote)**
 - 4. Kids' Council needs education on these issues
 - 5. Comprehensive referral guide, and that organizations have the capacity (app, website)
 - 6. Welcoming place/person
 - 7. Kid's Council uses its convening power **(2 votes)**
 - 8. Kids' Council supports opportunities for mentorship and making the opportunities clear and available
 - 9. Kids' Council helps leverage resources through our many lenses **(2 votes)**
 - 10. Kids' Council supports more mental health **(2 votes)**

Meeting Evaluation and Next Steps:

7:47– 7:48

- Next meeting is May 15, 2014 (5:15-7:15) at 344 Broadway

Pluses	Deltas
Good time had; laughed more; everyone involved in the conversation at table; YIS slideshow; Alice and Melody's presentation; CHA has taken the lead; visioning exercise went well; Note Taker	More chips; candy; wrong date on agenda

Adjourn:

7:48

ACE's Too High! Follow-up

Best practices for trauma sensitive interactions and trauma sensitive spaces:

Child's Experience/Possible Continuum of Results		Personal Interaction Needs	Environmental Needs
<p>THIS.....</p> <p>Early deprivation: Mis-coordinated interactive failures</p> <p>Early abuse: Emotional neglect Infliction of pain when a child is seeking comfort</p> <p>Multiple toxic stressors</p> <ul style="list-style-type: none"> • Parental drug addiction • Marital strife • Serious illness • Poverty <p>Leads to mis-wiring of communication structures in the brain:</p> <ol style="list-style-type: none"> 1. <u>Processing information</u> 2. <u>Knowing what to be afraid of or not, how to make meaning</u> 3. <u>Capacity to build relationships</u> 	<p>CAN LEAD TO THIS...</p> <p>Fearful, withdrawn</p> <p>Brain may be smaller</p> <p>Desperation is the normal state of things, brain becomes wired for fear, flight, or fight</p> <p>Lack of self soothing leads to impulsivity</p> <p>Lack of trust in adults</p> <p>Skewed life view</p> <p>Poor attributive theory</p> <p>Anger</p> <p>Learning is difficult</p>	<p>Patience!</p> <p>Neutral tone of voice</p> <p>Reciprocal conversation</p> <p>Clear expectations</p> <p>Predict change/try to prevent unexpected</p> <p>Consistently offer hope</p> <p>Share confidence in success</p> <p>Provide directed praise</p> <p>Repetition</p>	<p>Safety</p> <p>Structure</p> <p>Predictability</p> <p>Reliable routines</p> <p>Visual cues</p> <p>Self soothing materials</p> <p>Attunement to feelings</p> <p>Chill Out space</p> <p>Restorative structures; Building the capacity for repair</p>

ACES Too HIGH! Follow-up
Visioning a Resilient and Trauma Sensitive Cambridge

Through this visioning process, we will describe how *resilient* Cambridge is today and our effectiveness in using a trauma informed lens, what we would like it to become in the future, and the strategies we (the Kids' Council) imagine will take it there.

For this exercise, we will imagine that the future is the present, and that we are looking back on the change process that has moved us toward achieving our goal:

Promoting resiliency and using a trauma informed lens in all our programming and interactions with Cambridge children, youth and families.

- The future will be the “present.” We will discuss it using the present tense.
- The present will be the “past.” We will discuss it using the past tense.

In small groups, you will answer the following 3 questions, and then you will have an opportunity to share your results with the other groups.

1. Project into the future, imagining that it is 5 years later (2019)... Now that we know how to help families and children build the necessary resiliency skills and use a trauma informed lens in all our programming and interactions with children, youth and families, describe what it looks like, sounds like, feels like in the city of Cambridge today? Use the present tense!

- We have specialists in communities who are available to community providers with TA
 - Training
 - Available for guidance and support
 - Special guidance for providers
- Information about trauma and how to work with families with trauma is in the drinking water at all sites. Strong baseline knowledge about issues affecting kids
 - Constant dissemination strategy for agencies
- Established framework exists for effective work with families and kids
 - ACEs and impact on youth
- Parents in city are also trained to understand impact and trauma
 - Parents trained to help recognize trauma in other kids
- Better demonstration of how we operate as a healthy city
- We are stronger as a community. We are better equipped to deal with crisis
 - Inventory of services
 - Collaboration – talk across bubbles
 - Addressing stresses of being new to the city
 - Linguistic and cultural challenges
 - Single point of entry to help people learn how to navigate the city
 - “Welcome center”; people know where to go
- We have positive alternatives when a child needs to be removed from the family
- Funding is available to meet family’s needs
- Kids are not expelled from school because they are explosive
- Kids will understand everyone cares and they are comfortable approaching adults

- Parents have tools and means, can afford services their kid needs
- Adults feel competent and are trained in trauma issues to provide support for their families
- Professionals and families can distinguish when issue is due to trauma and when not
 - Everyone is more knowledgeable
- Coordinated system of care, track cradle to early adulthood
- Kids are more empathetic towards kids who struggle, we are a support community for each other
- Don't play blame game, we have expectation that they can do it
- We are all accountable for kids and families
- All kids understand checking out of life is not an option
- De-stress people's lives, provide healthcare, mindfulness instruction
- Students leave school system well adjusted
- Interventions that have been tested are used to support kids
- S.E.L. is integrated into education and is as important as academic learning
- All abuse prevention efforts are city wide
- Many prevention efforts have been successful
- Adults who had trauma have better understanding of their own issues and had some healing
- Providers understand how to value strength and partners with whole family
- The Giver: Regimented; egalitarian
- Don't need a police department
- Less domestic violence
- More early education childhood care/personal interactions
- Free and open access to programs
- Families know how to navigate without barriers or fear
- Open process, not intrusive
- People reach out when they need help
- Mechanisms for families in need and increased services
- More access points in all places where conversation might come up
- No fear or stigma
- Training for providers
- Heightened awareness

2. From the projected present, look back into the past (that is today-2014)... What did resiliency and trauma informed practices in Cambridge look like before? Use the past tense!

- Stigma associated with not having as much as everyone else
- People did not know where to go for service
- Lack of access to services – not because of resources but because of lack of means to connect issues
- Lack of sharing about resources
 - We didn't have the time
 - Resources are not accessible to all
- Stigma associated with certain behaviors
- Lack of uniformity in our ability to understand how issues affect kids
 - Current providers have a sense, but not a deep and shared understanding
 - Not as sensitively attuned to students needs
- We didn't ask students enough about how they feel

- We didn't have families involved in conversation about trauma, wealth of the city
- We were not talking to Claude enough
- Back in 2014, there were great program but the reach was not great enough. Focused more on young kids, not so much the older kids
- Conversation was just starting
- Individuals were not trained
- Operating from deficit lens, not resiliency
- No consistency across domains where kids are
- No coordinated approach to supporting families
- Beginning of community and mental health services for adults and kids
- Kids didn't feel understood, didn't understand their own behavior
- Families were stressed
- There were many people who didn't understand and treated kids in ways that aren't useful
- We didn't know that even caregivers and teachers have trauma
- Providers didn't know how to partner with whole families
- Programs had lots of funding cuts that made it harder to support families in the ways that we wanted to
- People were fearful, didn't know who to ask
- Used the law to structure interventions
- Limited resources
- People didn't understand behavior. It was:
 - Haphazard
 - Reactionary
 - Stigmatized

3. From the projected present, continue looking back into the past (2014-2018)... What actions did the KIDS' COUNCIL take to help achieve this vision? Describe as specifically and concretely as possible. Use the past tense!

- Kids Council supported the CHIP (community Health Improvement Plan), which identified mental health as an improvement area
- We figured out how to support families and providers who serve them
 - Promoted dissemination plan
 - Training on trauma and resiliency
- Single point of entry to services
- Welcome Center
- Build capacity of everyone to identify trauma and help connect them to services
- Expanded models currently working with younger kids to include older kids
 - Continue support for kids of all ages
- Used its convening power
 - Common conversation
 - Prioritization of issue
- Created ways to foster more collaboration across agencies
- Spread awareness
- Continued educating community leaders, direct service providers
- Supported, encouraged, pressured the different sectors in how to do cross-system collaboration

- Continued to make connections between community agencies and families
- Even though other issues were focused on, it was always with a trauma lens
- Continued education on what constitutes trauma (i.e. poverty)
- Helped leverage resources
- Saw the breadth of issues affecting families – all avenues that can support the work
- Kept this focus even if there was a different mayor or Kids Council director or other members change
- Kids Council continued to be a group that really works and gets things done
- Identified gaps, developed strategies for common language
- Identified resources that were available and helped create them
- Developed system of how families access
- Centralized technology
- Promoted common vision of how families can prosper
- Police were more engaged in community wellness and well-being
- Policy proposals
- Youth were examples and shared best practices
- Broke down cultural barriers for families