Kitsap Strong is a collective impact initiative, a backbone for the community, devoted to improving the well-being and educational attainment of Kitsap residents, through a focus on empowerment and equity, the prevention of Adverse Childhood Experiences (ACEs), and the building of resilience. To do this, we must support the development of local leaders/champions within organizations providing crisis services/supports and building hope/resilience.

The Innovation/TIC Network is one of several networks within Kitsap Strong and made up of 17 actively participating agencies exploring how to apply NEAR (neuroscience, epigenetics, ACEs, & resiliency) sciences in their work in the community. These organizations represent various sectors, including healthcare, early intervention services, mental health, public health, housing, early learning, education, and government.

1. How have you engaged, convened, and maintained relationships with your community/communities?

The Innovation/Trauma-Informed Care (TIC) Network's primary strategy is to offer a **Collaborative Learning Academy** (CLA), a learning experience and curriculum designed to challenge "mental models" and build collaborations. The initial CLA began in 2015 and convened bi-monthly. After the first year, the participants expressed a desire to extend the learning experience by another year and finished in 2017. To date, over 80 key participants from 26 local nonprofit agencies have attended CLA sessions, offering feedback after each session that gets incorporated into the next. One important adaptation to the program design was the addition of learning-focused grants that allow nonprofits to send employees to the trainings. Since 2015, Kitsap Strong has invested over $146,000 in **learning-focused grants** in the community. Our community leaders have indicated overwhelming support for the type of learning-focused funding and relationship building that the CLA inspires.

As Kitsap Strong provides the learning environment for organizations, it is the will of the individual organization to gain the needed insight and apply this to inform new collaborative strategies. Based upon focus group feedback and interviews, a third-party Assessment Report confirms there are benefits to be gained by more agencies exposed to the science in a collaborative way. We intentionally made a few enhancements to the logistics and approach, i.e. we shifted to more frequent sessions (monthly) in a shorter duration (less than a two-year commitment). We also extended the session time to ensure the content is presented can be processed and reflected upon within the classroom time. Our hypothesis for the next round of CLAs is to anchor the NEAR science to specific focus areas and allow more opportunities for collaborative learning.

In addition to offering the CLA as a strategy for deeper learning and relationship building, we hold monthly network sessions. This grew organically for a community of leaders who were exposed to the NEAR sciences, coming together, learning, and asking tough questions. The

leaders were identified through the CLA process and the Kitsap Strong **Innovation Network** was formed. Kitsap Strong strives to create a "brave space" for leaders across sectors to work collaboratively on their journey to become trauma-informed and inclusive organizations. Participation in the monthly network meetings is voluntary, and we take it as a good sign when members help the Kitsap Strong backbone to actively recruit and fill the gaps in key partnerships. The inevitable turnover of staff makes it somewhat difficult to maintain stable momentum of a maturing collaborative and creates a demand for an intentional onboarding/transition process that would ideally be shouldered by both the Kitsap Strong backbone and the partner organization.

Intentional transition matters. The original CLA facilitator certified in ACE Interface, originally the Program Director and now Executive Director, has developed a deep credibility in the area for his teaching style, wisdom, and guidance. Upon creating a new role of the Innovation Network Manager after the CLA has concluded, the critical relationship building needed to carry forward the work has been unfolding through intentional commitments beyond the CLA, i.e. the monthly Innovation Network meetings and additional collaborative funding. Relationship building is also fostered through ad hoc opportunities, e.g., requested 1:1 meetings, site visits to where the work happens, attendance to an organization's public event to better understand the programs and key staff. We are fortunate to have the CLA facilitator remain within the organization as the Executive Director and be accessible to fill-in the details as the Innovation Network Manager's responsibilities require the history and context to make "new mistakes".

2. How have you co-designed or co-created solutions with your community/communities?

The role of the Innovation Network Manager has been to support a community process, focused on the development of a 3-year Trauma-Informed Care (TIC) Initiative to grow a trauma-informed community. It is our goal to let the community drive this work. The community trust-building process and shared decision-making can be a messy task. We tried to create as many pathways and opportunities for robust/transparent involvement of community partners in the research, evaluation, and ultimate selection of a TIC framework to support our goals to create a trauma-informed community. We held numerous meetings, arranged conference calls/contacts with fellow leaders and TIC advocates to deeply explore various TIC framework options.

We continue to explore how to appropriately build an equitable decision-making body of leaders and use the structure of the Responsibility, Accountability, Consulted, Informed (RACI) to guide what level engagement is needed from various perspectives to make an informed decision. Eliciting network input on design has been conducted **through a variety of ways** and requires a clear purpose and agile facilitation skills. Our methods included online surveys, interviews with key stakeholders, individual pre-reads, focus group, and in-person group activities to make the best use of time. We used this process to select our trauma-informed care framework (SaintA – 7 Essential Ingredients of Trauma-Informed Care) and we intend to pull from this toolkit to help design and inform future learning/funding opportunities i.e., focus

areas for our next CLA design and the SaintA training implementation plan for building local capacity.

In hindsight, I would have liked to help the network establish and co-create their network norms as I began taking the lead role in facilitating the Innovation Network. Community asset mapping is also a very effective tool for other collaborative efforts in our community to reflect on strengths and identify actionable next steps. To practice a collaborative way of working with an evolving team, we could continuously complete smaller tasks with less risk, such as developing the pipeline of agenda topics. We recognize that our work is about facilitating spaces/opportunities for people to develop trust and form deeper relationships. To this end, I recently organized a fun community potluck (a common analogy for collective impact) with hopes to provide that space. The event was well attended and anecdotes from participants indicate it was a huge success. Collective Impact is like a potluck because each person brings what they have/can, what we are passionate about, and blend together our offerings with those of other participants to make something truly unique/original and with some coordination/support (i.e. the work of the backbone/Innovation Network Manger), each participant is able to understand what unique gift they have to offer towards the collective feast/goal.

Another example of co-creating is how our community leaders put forth their ideas and the Kitsap Strong Innovation Network backbone provides thought partnership through other learning-focused grants, i.e. our **Innovation Award Grants**. Upon completion of the CLA, organizations were invited to apply their learning of the science in collaboration with other partner organizations. Over the course of this process, the Innovation Network has provided the space and opportunity for organizations to develop the trust, knowledge, and relationships to craft strong proposals for future funding. The Innovation Network built in a requirement for grantees to partner with our Monitoring and Evaluation team, which allows organizations to articulate their goals and measures in a consistent manner across sectors and move in the direction of scalable and consistent data collection and reporting that is tailored to meets the particular needs of their process.

3. How have you addressed systematic inequities that affect health (such as power differentials or racism) as part of your community engagement work?

Traditionally, philanthropy in our community has focused on outcomes, specifically outcomes that the funders identify as being important. A fundamental shift that has occurred through our community engagement work has been for our funding partners to redistribute power to our partners, seeking their voice/input on all funding decisions and providing "learning-focused funds" instead. We believe that all our "systems of care" are built upon a "mental model" or worldview that views many survival behaviors from a "maladaptive" and punitive, shame, blame, and fault perspective. Our goals with the CLA and Innovation Network are to shift mental models to become more trauma/equity-informed, building empathy and understanding regarding these patterns of survival behavior and create stronger relationships between organizations. Our funders acknowledge that traditional grant-making processes have often

pitted organizations against each other to compete for funding, which can undermine efforts to collaborate.

The Innovation Network also provides ongoing consultation/support to leaders in organizations as they seek to implement innovative strategies, approaches, and work to shift organizational culture, practices, procedures, and polices to align with community goals of equity and trauma-informed care.

We have immense work ahead of us to continue shifting power dynamics in our community and are excited to explore additional strategies that bring neighbors together to collaborate, similar to our CLA experience for organizations. Another goal is to help agencies create "feedback loops", where they actively seek and incorporate feedback from the clients they serve in the evaluation and continuous improvement of their efforts. Often organizations are spread so thin – working in crisis, they rarely have the time, staff, availability/knowledge to critically evaluate their services from an equity/TIC perspective. To this end, the funding we are providing to our Innovation Award Grant recipients is intended to support learning, the implementation of science-informed strategies, and to co-develop evaluation metrics and ensure each project can evaluate their efforts through our Monitoring & Evaluation team.

4. What about your organization's way of working has made you successful? How has your organizational culture or structure changed to allow for authentic community relationships? Include examples of how your staff and your board (if relevant) contributed to the culture and values that enabled your success.

The Kitsap Strong Leadership Committee (the parent initiative of the Innovation Network) is committed to creating "brave spaces" for difficult conversations about diversity, equity, inclusion, and advocating our leaders at all levels (government, agency, community, etc.) to use data and equity to drive decision-making and resource investment. The Collaborative Learning Academy (CLA) has provided an opportunity for 26 non-profit agencies to learn about trauma-informed care, equity, and examine policies, practices, and procedures from this perspective. This provides an opportunity for the Innovation Network to learn from/with leaders through data and personal stories of systemic challenges (policies, laws, procedures, etc.) and then use this information to advocate for change with elected officials (federal, state, county, city, tribal) and agency-level leaders.

We are pleased to be in partnership with an independent Monitoring & Evaluation (M&E) team, consisting of Epidemiologists from Kitsap Public Health Department, and research consultants from Participatory Research, LLC., who are experienced with evaluating community capacity efforts and measuring individual and contextual resilience in communities throughout Washington state. We are modeling the value of evaluation and using data to guide decision-making through our development of our M&E team and inclusion of funding for evaluation with all our grant recipients.

It is not only the work that we do, but how we do it that matters. We have worked with our partners to co-develop an approach/process that puts our shared goals/mission in the middle, above our individual/organizational "brand", interests, or needs. To create this space, we have focused on building trust and relationships between organizations involved. We are grateful for the active strategic leadership exercised by our Innovation Network lead, a representative from our county government, who exercises her long-standing relationships and reputation to bring people to the table and help hold powerful conversations. The community was involved in the decision and process to hire an Innovation Network Manager, and we selected a candidate who brings a skillset that can help guide organizations with their plans for organizational culture change, using various facilitation techniques to craft "brave spaces" for difficult/important conversations, and understands group process and what helps people be present and align efforts to maximize impact.

5. What have been your most significant challenges, obstacles, and missteps? We know that we can learn as much from setbacks as we can from successes, so please don't hold back!

This work is incredibly hard and messy. We believe that every systemic/social challenge requires a community solution. Our biggest obstacles are the systemic oppression and "culture of care" that influences all aspects of our community. Our work is fundamentally about changing culture and requires building knowledge/awareness about trauma-informed care and equity, and weaving together the "silos" in our community to co-create new cultural ways of providing care and services. To achieve our shared goals, it will require personal transformation (changing mental models; i.e. how we see/understand the "problems" in our community), interpersonal transformation (changing how organizations work together/collaborate in our community), and community transformation (creating a culture that will sustain our change efforts).

We are learning that we must continue to do more to support personal transformation, especially with our Leadership Committee. We originally called the Leadership Committee a "steering committee" and recognized that this was a mistake. About 12 months into the work, we facilitated a conversation with the steering committee and intentionally re-named the committee to the "Leadership Committee", recognizing that each member of the team is actively trying to "walk the talk" and lead their respective organizations through a change process to become more trauma-informed and focused on equity. There is a tendency to focus on what "others" can/should do and we need to keep facilitating discussions that challenge Leadership Committee members to think about what they can do.

For the Collaborative Learning Academy (CLA), our biggest misstep was not creating large enough teams within organizations to support systemic/organizational change. We initially asked for two "key representatives" from each of the 26 organizations. Our M&E team completed surveys and focus groups to help us understand that there needs to be more "key representatives" from each organization, creating larger "bubbles of support" for agency leaders to implement desired changes within their organizations. Not only is this important for

supporting organizational change efforts, but it is critical for our collective efforts, as organizational stress and staff turnover undermine our efforts.

Time and capacity are at a premium, and organizational change takes time and requires supportive leadership. Agency leaders and staff often do not have the time or luxury to learn and reflect (on equity or trauma-informed care), because of the challenging demands of work and traditional outcome-focused funding. To implement real change and become a trauma-informed agency/community that promotes equity, people working in "helping" roles must be supported with training and learning-focused funding.

6. What changes have you seen that give you hope about a future that is more equitable?

The data and anecdotes our M&E team has gathered from CLA participants have been affirming, inspirational, and give us hope for a more equitable future. We have seen organizations, even with just two key participants involved in the CLA, return to their organizations and implement changes to practices, procedures, and policies. An executive at a local housing authority implemented changes to their eviction procedure to become more trauma-informed. A large health care partner has created a trauma-informed care team that is organizing agency-wide quarterly training and they are conducting a health equity analysis of their services. We acknowledge that our efforts are going to take time and we need to be patient while we also push hard for action/change. We are facilitating and supporting our school districts to disaggregate all their data, analyze opportunity gaps, and mobilize community agencies to develop culturally specific/relevant strategies.