Toolkit for Empowering Communities to Advocate for Themselves and Their Children's Mental Health

CLINICAL SCHOLARS

A Robert Wood Johnson Foundation program

Toolkit for Empowering Communities to Advocate for Themselves and Their Children's Mental Health

AUTHORS

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ABOUT

This toolkit can be used to develop a framework to equitably empower informal leaders and culture bearers to increase community capacity to connect to formalized mental health support structures.

CONTACT

For more information, visit: emPOWERNOLAproject.org

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Executive Summary

Communities have the capacity to help themselves when armed with the tools to do so.

The emPOWER NOLA project is consistent with the initiative recommended by the City of New Orleans Mayoral report “Called to Care: Promoting Compassionate Healing for Our Children” which was ratified by the New Orleans City Council (R-18-344) on August 9, 2018. The team completed three years of funding from the Robert Wood Johnson Foundation to address challenges around children in New Orleans living with psychological trauma.

Our project partners culture bearers in the city with school-based mental health professionals to create trauma-informed spaces in the community. It is a novel proof of concept that informal community-based structures are powerful allies of formalized mechanisms to support children in need. Additionally, it matches those with access to children where they live and play with those uniquely equipped to make sure they get the support they need to thrive regardless of their life experiences. emPOWER NOLA is a manifestation of community support programming that empowers communities to care for their own rather than simply waiting for supportive interventions to pass through their neighborhood.

Over the first year of the grant, we have established connection and legitimacy with the New Orleans City Government, culture bearers of the community and New Orleans Public Charter School Leadership. This three-pronged approach of stakeholder engagement happened concurrently with team and project development. The scholars focused on intellectual advancement, project execution and community collaboration. Our team partners provided strong support in grants management, marketing, external affairs, and operational optimization. As a result, the emPOWER NOLA team has become expert in Trauma Informed Training methodology specifically as it applies to the cultural and interpersonal mores of New Orleans. Engagement has been facilitated through a robust community connection strategy, a strong web presence and leveraging personal social/political capital of team members. The team has been successful at creating the infrastructure to match the community culture bearers with traditional mental health professionals embedded in all Charter New Orleans Public School district. As year 2 of funding began, the project focus shifted towards training these dyads to create trauma-informed spaces for children. Progress has been steady and adaptable despite the challenges imposed by the COVID-19 pandemic and Hurricane Ida, which struck the city on the anniversary of Hurricane Katrina in August 2021. The emPOWER NOLA team is proud to report excellent progress and strong collaboration with our community though an intense focus on methodology, operational process, and cultural competence.

New Orleans Mayor LaToya Cantrell

“I want to congratulate Team emPOWER NOLA… When we design a New Orleans that truly puts children’s interests first, we create a New Orleans that shows love to all her people. We are excited to support this work with our Office of Youth & Families. I want to thank all the valuable community and health partners for their hard work on this vital issue, especially Dr. Maurice Sholas for his thoughtful leadership.”

Planning

New Orleans has a challenge around high levels of youth living with significant trauma. This reality negatively impacts student learning and achievement. It also contributes to the high rates of disciplinary action against Black children in the school system. The New Orleans Children and Youth Planning Board's Called to Care report highlights a plethora of needs and approaches to address the root causes of trauma, but centers on 10 high level directives:

1. **Hear the Voice of Those Affected**
2. **Conduct Universal Assessment**
3. **Increase the "Fun in Place"**
4. **Training in Evidence-Based Services**
5. **Create and Interfaith Team**
6. **Develop Allies in the Workforce and the Community**
7. **Create a Children's Budget**
8. **Adopt Alternatives to Standard Punishment**
9. **Create and Maintain a Cross-Sector/ Interdisciplinary Team**
10. **Conduct and Annual Summit on Compassion and Resilience**

The work being completed through the emPOWER NOLA project directly addresses directives 4, 6 and 9 by demonstrating a novel theory of change. We provided the foundation to create community-based, trauma-informed spaces for children through connecting adults leading naturally occurring social networks with traditional mental health support structures present in the school system. The dyad creation allowed those with community-based and culturally compelling access to children to partner with those theoretically versed in the methodology of trauma informed spaces but without such culturally bonded standing to affect change.

This approach was chosen as it recognizes the duality of the scholars as both members of unique and intrinsic social networks in the community and as highly credentialed medical and mental health professionals. It emphasizes that one can be community connected or classically trained to make an impact, but the most profound connections come from synergizing the expertise of both community and professional leadership roles.

Funding

The project was funded exclusively by the Robert Wood Johnson Foundation with in-kind support from Sholas Medical Consulting, LLC. It is critical in the budgeting process to alot for the time and expertise of those critical to the success of the project. In addition to stipends to offet the time required by the clinical scholars, we were intentional in funding positions critical to our program success and implementation. As such, we funded a grant manager, an external affairs director, a webmaster/technology professional, a clinical epidemiologist and operational assistants. This allowed the project participants to focus on the areas of the project within their expertise while making certain that the larger needs of the program were met.

Key Skill Sets

The scholars brought technical knowledge and cultural awareness to the project, but a larger team was essential to success. The project needed financial viability, a clear operational structure, expert communications, data organization and cultural relevance to impact communities in need. However, the key to taking the project from conception to fruition centered the need for not just cultural competence but a true centering of the values and mores of the community. The project had to be framed within the stated value system of the community and easily translate into digestible and relevant points that motivated interest and active participation.

Project Team

NAME	TITLE	RESPONSIBILITIES
Dr. Maurice Sholas (MD, PhD)	Project Director	Project coordination, data interpretation, report generation, communication with funding agency.
Dr. Lauren Teverbaugh (MD)	Clinical Director	Identification of best practices, identification and engagement of professional support/instruction, verification of clinical standards, certification of training completion.
Dr. Arnold James (PhD, MPH)	Community Liaison	Identification of NOSN point of contact and primary liaison for NOSN, focus group organizer, dyad retreat planning.
Ms. Rhonda Jackson (LMSW)	School Liaison	Identification of school medical professionals and primary liaison for school medical professionals, focus group organizer, dyad retreat planning.
Mr. Mark DeBose (MBA)	CFO/ Grants Manager	Financial reporting, accounts payable, accounts receivable, audit responsiveness, communication with funding agency finance team. Reconcile operations expenditures and budget.
Dr. Sonita Singh (PhD, MPH)	Protocol Supervisor	Coordinate project activities with financial resources, support timeline of activities needed to move through the three-year project timeline. Sign off on operations needs and expenditures, coordinate data from meetings/activities for storage and analysis.
Ms. Lisa Marie Manning Bridges	Administrative	Meeting coordination, minutes and transcription of meetings/activities, Support submissions of RWJ group to role #8, #9. Administrative support of the team/project. Maintain files and paperwork as directed by team.
Ms. Anisa Parks	Webmaster & Social Media Director	Creation of website, social media presence and email monikers for the project. Coordinate with branding and communications staff. Produce video, digital, and other content as required. Coordinate web site and social media presence with the individual RWJ members, organizations, and grants agency.
Ms. Bambi Hall	Communications Director	Produce strategy for Project Team announcements and quantify/qualify return on media appearances/presentations, coordinate with Members #1-8.
Ms. Jenny Bond	Program Operations Professional	Support emPOWER NOLA project, communications, operations, data management and data analysis.
Ms. Carolyn Le (LMSW, MPH)	Program Operations Professional	Support emPOWER NOLA project, communications, operations, data management and data analysis.

Community Partnerships and Project Work

It is critical to rember that community groups have historically been marginalized and exploited. As such, connecting with them as partners rather than benifactors is a challenge. We had several meetings with organizational leaders to get “buy in” from them for our project. The credential of our scholars and structure of our intervention may have been important to the funders. However, the community groups wanted to understand how the work would directly and maternially benefit them, what trusted common connection endorsed the request as legitimate, and how their time and resources would be acknowledged.

COMMUNITY ENGAGE-MENT	SCHOOL SYSTEM ENGAGE-MENT	TRAUMA-INFORMED TRAINING CURRIC-ULUM	PROJECT OPER-ATIONS	COMMUNI-CATIONS & PUBLIC AFFAIRS

Community Engagement

Dr. Arnold James, clinical psychologist, led the project engagement with the Culture Bearers in New Orleans. These native cultural organizations meet the sociological definition of naturally occurring social networks (NOSN). They include but are not limited to Mardi Gras Indians, Social Aid and Pleasure Clubs, and Second Line Krewes. These organizations preserve and display the unique culture of our community. In addition, each organization participates, directly or indirectly, in the lives of New Orleans children. Their multigenerational endeavors create a sense of identity, community stature, and stature to the membership and all those that witness the pageantry of their creativity.

Throughout the project, emPOWER NOLA has actively engaged with leaders of New Orleans NOSN. This was facilitated by the social capital and personal connectivity of the emPOWER NOLA Clinical Scholars as well as the support team members. One initial barrier was community gatekeeping. Using a common connection via social capital led to the group being personally introduced to the culture bearers by a trusted source. This served as a “pre-vetting” of the project group to establish its legitimacy in the eyes on the community. This often-overlooked step is the most prominent example of how cultural competence and respect is embedded into every aspect of the project. Once, introduced, Dr. James and the team met several times with organizations through a series of “meet and greets” to present the project and its theory of change, establish roles and responsibilities, and confirm commitments to participate. Feedback from the NOSN was actively sought and incorporated in real time into the connection and recruitment process. NOSN were most vocal about concerns related to:

- **Incentives to participate**
- **Length of sessions**
- **Number of sessions**
- **Where the training sessions took place**
- **Any clinical responsibilities that would be placed on project participants**

Ultimately, commitments were secured from over 10 representatives of various NOSN. These Mardi Gras Indian Tribes, Social Aid and Pleasure Clubs and Second Line Krewes committed to meet 5-7 times over a seven-month period to be trained on recognizing childhood trauma and imbedding trauma-informed philosophy within their organization. The project participants were partnered with school-based mental health professionals for this work but have no formal clinical responsibilities. They were and continue to be incentivized by the humanitarian value of the project. In addition, Dr. James provided some in-kind group therapeutic support, and the team plans to feature the organizations and their work prominently to make certain the public appreciates the value of these organizations beyond the beauty of their artistry and visual presentation. The role of these culture bearers is to provide partnership and insight around culturally sensitive identification of children negatively reacting to accumulated life traumas.

School System Engagement

Ms. Rhonda Jackson, Masters Level Social Worker and School Partnership Expert, has led efforts to engage school nurses and social workers. New Orleans has a unique public-school structure in that it is a completely Charter School system. This decentralizes the district and puts decisions on projects, participation, and priorities in the hands of individual school administrators. As such, there was little ability of the public school district to introduce and encourage participation in the emPOWER NOLA project. The initial approach of the team to engagement was to rely on the collegial connection of school social workers to our team member who was also a professional in that arena. This led to a formal presentation of the emPOWER NOLA project at a meeting of the Orleans Parish school social workers. The exchange following the presentation was respectful and interactive, but the event resulted in few commitments to participate. No one on the call rejected the project or our theory of change, but it was difficult to secure a firm commitment.

Thus, as with the collaboration with NOSN, connection with school based mental health professionals required a personal touch. Ms. Jackson spent countless hours on video and audio conferences explaining the project in detail to school nurses and social workers but shifted her focus to include school administrators. The inclusion of leadership, and not just clinicians in the school system, represented a shift in the approach to engagement. The team leveraged this approach by organizing and executing a reception honoring two recently appointed school executives. In addition, community-based groups that support New Orleans educational policy and procurement were included in the reception.

As a result, 10 representatives from K – 12 schools across New Orleans committed to the program. These school social workers and nurses agreed to meet 5-7 times over a seven-month period to be trained on recognizing childhood trauma and collaborate with NOSN to optimize cultural competency. The project participants will be partnered with culture bearers for this work. They have been similarly incentivized by the humanitarian value of the project. In addition, Ms. Jackson plans to secure continuing education credits and completion certificates for the professionals participating. The role of these school based mental health professionals is to provide partnership and insight around resources and services for children negatively reacting to accumulated life traumas.

Trauma-Informed Training Curriculum

Dr. Lauren Teverbaugh, Pediatrician, Adult Psychiatrist and Pediatric Psychiatrist, is uniquely qualified to be the clinical director of the emPOWER NOLA efforts. She facilitated a deep dive into the literature and clinical practices around children living with psychological trauma. After curating reading assignments and facilitating discussions around trauma-informed training theory, she identified local professionals that have applied this theory in practice in New Orleans. This led to securing Dr. Diedre Hayes for a series of “train the trainer” sessions. This allowed each of us to speak a common language around trauma-informed training and apply it to our local community.

Following the sessions to train Dr. Arnold James, Ms. Rhonda Jackson and Dr. Maurice Sholas, Dr. Teverbaugh created the curriculum used to train the NOSN-School Based Mental Health Professional dyads. This training is the heart of the emPOWER NOLA theory of change. We are not only providing resources to health professionals familiar with the pedagogy of trauma-informed work, but we are also providing plain-language instruction to community members of influence. **This empowers communities to understand when there is a problem affecting children they interact with, be aware of the resources to provide support and appreciate the nuances of the education/ healthcare system.** Ultimately, this curriculum represents a proprietary product that can be scaled and modified to impact additional community partners and culture bearers seeking to facilitate change. Although the curriculum is not focused on providing direct patient care, it does create the infrastructure to get children living with trauma the support they deserve.

Project Operations

Dr. Maurice Sholas and Lisa Marie Manning of Sholas Medical Consulting have focused on identifying team members, defining the project, and facilitating meetings, roles/responsibilities, and communication. They have also been the primary point of contact with the Robert Wood Johnson Foundation and the Clinical Scholars national program center located at the University of North Carolina at Chapel Hill, NC. Their efforts have kept the project defined and focused. In addition, they ensured all funder-required documents are submitted and archived. Unlike groups that are university-based, the small but efficient team of Sholas Medical Consulting have had to facilitate the creation and maintenance of all structures required to support and execute the grant objectives, while maintaining integrity and accountability.

Dr. Sonita Singh, clinical epidemiologist, is tasked with operationalizing the dyad training of the NOSN and school-based health professionals. She brings a wealth of experience in organizing qualitative impact projects and compiling relevant data generated by the process of engagement as well as the project outcomes. She supervised the hiring of one paid undergraduate student worker and two graduate level student workers.

This project operations team provided comprehensive support to the project as we continue to prioritize culturally competent connections, generate data useful for academic advancement, and provide tangible benefit to our community partners. In addition to documenting the process of community engagement, school engagement and curriculum development, they have worked with the external affairs team to better translate the complex theory supporting the project into digestible pieces appropriate for education of the lay-public.

The project operations team has created process flow schematics, infographics, and web-site optimization to support the overall goals of the project. In addition, this structure will facilitate future publications, white paper policy production and clarity to our funding agencies around the impact of this project.

Communications and Public Affairs

Ms. Anisa Parks and Ms. Bambi Hall are external affairs professionals that help us connect with stakeholders, drive collaboration with project participants, tell the story of emPOWER NOLA. Ms. Parks created a website for the project. She also led the acquisition of internal and external products that allow team member communication, memorialization of the project process, and quantitative/ qualitative data collection. These efforts dovetail with the tremendous expertise of Ms. Hall who secured a press conference announcing the emPOWER NOLA project at New Orleans City Hall with the Mayor LaToya Cantrell and City Council President Jason Williams. In addition, she has facilitated meetings with elected officials, presentations to the New Orleans City Council, placement of OP Eds and appearances by project team members on local television and radio outlets.

New Orleans Councilman Jason Williams

"A critical part of fostering a healthier New Orleans and making our next 300 years our best yet involves identifying and treating the trauma our kids and families have experienced. That's why I authored legislation tasking experts in youth trauma and infant mental health with producing a roadmap to inform policy and financial investments."

Evaluation and Dissemination

The evaluation plan aims to assess the effectiveness and impact of the emPOWER NOLA Project strategy, with a focus on community integration, cultural competency, and program effectiveness. The plan is divided into several phases, each with specific research questions and sub questions, as well as measurement methods and expected outcomes. This process was painstakingly planned and mapped, but was not able to be fully executed. The outline below is our theoretical approach.

Phase 0 (A): Impact Analysis

This phase aims to measure the effectiveness of the emPOWER NOLA Project strategy by assessing the improvement in Knowledge, Skills, Attitudes, and Perceptions (KSAPs) related to cultural competency and trauma in children. Surveys and content analysis of meeting minutes will be used to evaluate the integration of cultural competency into the project. The outcomes will be demonstrated improvements in KSAPs and increased identification of trauma-related behavioral health conditions in school settings. Surveys were generated and trialed. We kept extensive meeting minutes, but they were not structured in a way that made qualitiative analysis around project impact possible.

Phase 0 (B): Process Analysis

The goal of this phase is to evaluate the appropriateness of the Change Theory used in the project's team design strategy and to assess how well the project addressed obstacles to community participation, centered on cultural competence. Content analysis of meeting minutes and budget analysis will be performed to examine resource allocation for culturally competent programming. Focus groups and interviews with participants will assess incentives and the impact of mixing participant groups.

In analyzing the content of our meetings, there was a strong focus on cultural humility over pure cultural competence. We were forced to extensively pivot our plans and ideas due to the impact of COVID and the inability of the project team to connect in person with our planned target audience.

Phase I: Community Events & Engagement

This phase aims to evaluate the perception of community engagement and the increase in program awareness. The research questions will explore systemic and institutional allies, engagement efforts over time, and the standardization of team knowledge through "Train the Trainers" sessions.

Once we finally were able to initiate training, it was clear that the impact of our intervention was not just on preparing adults to support children living with trauma. What communities responded to was the revelation in those being trained that they had existing trauma that was not being managed. The psychiatric “first aid” skills ended up being the signature take away from our interactions.

Phase II: Recruiting

The primary goal of this phase is to assess the successful identification and recruitment of participants. The plan will analyze the return on investment for recruitment efforts, the achievement of recruitment goals, and factors influencing attrition. Feedback from the first round of recruiting will be used to improve the second round.

The team really struggled with recruitment. The culture of New Orleans is one based on peronal connections and relationships. Although the project team had key members of the community represented in our membership, we were still very much considered outsiders. As such, the inability to connect in person, with the support of a trusted mutually respected intermediary, really hampered

our ability to recruit. We ultimately made much better progress recruiting participation from social workers than community members.

Phase III: Initial Training & Engagement of Dyads

This phase will focus on evaluating the participants' attendance in training sessions, the increase in their KSAPs, and their buy-in and acceptance of the program. Sorting and assigning processes will be examined for minimizing conflicts within groups.

The challenge with actualizing this phase was two-fold. First, we had significant challenges moving from polite engagement to physical and enthusiastic participation. In spite of multiple meetings, one-on-one interactions, and key informant interviews, we did not get a critical mass of participants together to form the dyads. Second, the dyad members operated on diametrically opposite schedules. As such, pairing them for meetings was like getting a nocturnal and a diurnal being to find a mutually agreeable “favorite time of the day”. These groups simply were not available at compatible times of day, days of the week, or seasons of the year. This reality was profound and surprising.

Phase IV: Strengthening Ongoing Dyad Training Efforts

The plan in this phase is to utilize feedback mechanisms to identify and address dyad obstacles, aiming to reduce attrition and increase engagement. Thematic feedback segments called "Throwbacks" will be used, and barriers preempted during planning will be assessed for their impact on dyad success.

Phase V: Operationalizing Dyad Efforts: Improving Access to Care

In this phase, the focus is on increasing community-based trauma-related behavioral health referrals by dyads. The plan involves assessing participants' future needs and activities performed with associated children. The outcomes will be evaluated through surveys, interviews, and analysis of changes in referrals by dyads.

There were many attempts to pivot and improve our pricess of operationalizing the joint training process. In the end, we retreated to training participants in whatever sized group at whatever time possible. Key informant interviews during thr process of creating these pivots really illuminated how our academically focused language and structure was not resonanat with the needs of the community and school-based groups we sought to impact.

Dissemination

The dissemination strategy involves presentations, reports, articles, workshops, and social media engagement, emphasizing the project's achievements and its potential impact on the community. The evaluation plan's findings will be disseminated utilizing various key messages such as:

- **Effectiveness assessment of emPOWER NOLA Project strategy.**
- **Integration pathways for cultural competency and community integration.**
- **Program effectiveness, replicability, scalability, and impact assessment.**
- **Improved KSAPs in cultural competency and trauma in children.**
- **Empowerment of communities to access resources for children's support.**
- **Leveraging social and institutional capital for community empowerment.**
- **Improvement in referrals and increased school-based referrals in behavioral healthcare.**

Lessons Learned

The key things learned in this process were the need for cultural humility and the requirement that ideals created in the theoretical space must constantly pivot for successful application in the practical space. Members of the Clinical Scholars group and the larger support team all have strong roots in New Orleans and varied perspectives on the community and its culture. That variety of points of view was critical to minimizing blind spots in our project design and planned implementation. However, we still were able to gather insight from centering the feedback and perspective or our target groups over our own. Community members and culture bearers are very skilled at understanding and communicating how they prefer to be engaged and suggesting approaches to engagement that increased the likelihood of success. It takes humility to receive that feedback from those identified as targets of an intervention. As such, the theoretical plan had to be modified many times over to fit the realities of the landscape. The willingness to remain true to the goals of the project did not impair the reality that the interactive model needed to train communities required flexibility in the approach and interaction. One cannot be so wedded to process that changes in the program environments cannot be incorporated in real time to make success more likely.

Challenges

The first challenge was particularly impactful as it complicated the other two. In this community, face to face connectivity is required to generate trust. This is especially true when a new or unfamiliar group comes into a community setting. COVID public health limitations were very robust in New Orleans, and it eliminated the possibility of moderate or large gatherings. And it made small meetups more difficult due to justified fears of individuals around infection. That reality significantly delayed several portions of our program implementation and negatively impacted our ability to build trust with our target audience. We mitigated these challenges respectively:

- Leaned heavily into video conferencing as a surrogate for in-person meetings.
- Identified unique individuals that were both culture bearers in community groups and mental health professionals in the school system to bridge in an individual what was challenging to bridge between groups.
- Created a robust website and social media presence to connect, support, explain and inform the public and stakeholders about our efforts and passions.

There is no substitute for human touch and focused interpersonal interaction. It is the bedrock of New Orleans culture that values lineage, familiarity, and intentional interpersonal respect. Our solutions could not replace the missing personal touches eliminated by COVID restrictions. However, they did set the project up for a strong rebound as the limitations on in person meetings were softened and ultimately eliminated. The mitigation steps also allowed us to directly modify implementation of our theoretical framework to improve the chances of success.

In the end, we trained the school-based persons and the community-based culture bearers separately. That was the only way to move forward as there was not a common calendar time or time of year that worked for both portions of the dyad. To provide context and connection, we did key stakeholder interviews with individuals that were both leaders in culture bearer organizations and embedded in school system leadership and mental health. That allowed our curriculum to be presented and impact made, but also allowed for understanding of how the intervention is centered in schools versus how it would be centered in a community setting.

Successes

Our project centered on teaching adults, who interact with children, how to be trauma-informed in their support and effective in their personal advocacy on behalf of said children. However, the training uncovered that these adults had unresolved traumas of their own that interfered with how they showed up for the children they served. That led to a “heal the healer” effect. Specifically, the training spurred the recipients to tackle traumas in their psychosocial history before they could fully implement the core lessons of the curriculum with children they supported.

As we saw recipients of the programming and training being triggered to re-examine their own past, a need for portable and practical psychological first aid presented itself. The tools in a psychological first aid “kit” are effective across a broad portion of persons, perspectives, and populations. In addition to being effective at de-escalating those triggered by the curriculum, it gave trainees something tangible they could use when working with youth actively struggling with a psychosocial stressor.

Shifts in Thinking

We came into this project focused on bringing together community groups and school-based mental health professionals for concurrent and interactive training. Due to the challenges described, plus the scheduling realities of the two groups, we realized that our cohorts could be trained independently rather than just as linked dyads. It was a major shift in thinking to re-design how, when and where our programming was going to occur. We learned that:

- **The best ideas are not just the province of the most academically educated.**
- **It is better to be interactive and reciprocal with target community groups than didactic and authoritative.**
- **Success can present many ways, not just as it was originally idealized by the project design.**
- **Personal growth is often a consequence of true engagement and skills building.**

Key Messages

- We are of the community and not external to it.
- We value and center the perspective and preferences of the participants.
- We respect and incorporate the values of the community and our target population.
- We are worthy of the trust the community places in us to be a force for positive change.

Recommendations

This toolkit is designed to provide guidance on how groups looking to incorporate change and interact with informal strong networks or naturally occurring social networks to address a decentralized, broad or community challenge can be successful. Too often those working with theoretical models come into communities with a desire to instruct and improve in a way that communities perceive as infantilizing and condescending. A better approach is to identify how the change agents are/are not a part of the community being served, recognize the cultural and human capital in the community and create reciprocal interventions that allow both parties to be centered and provide direction.

Getting Started

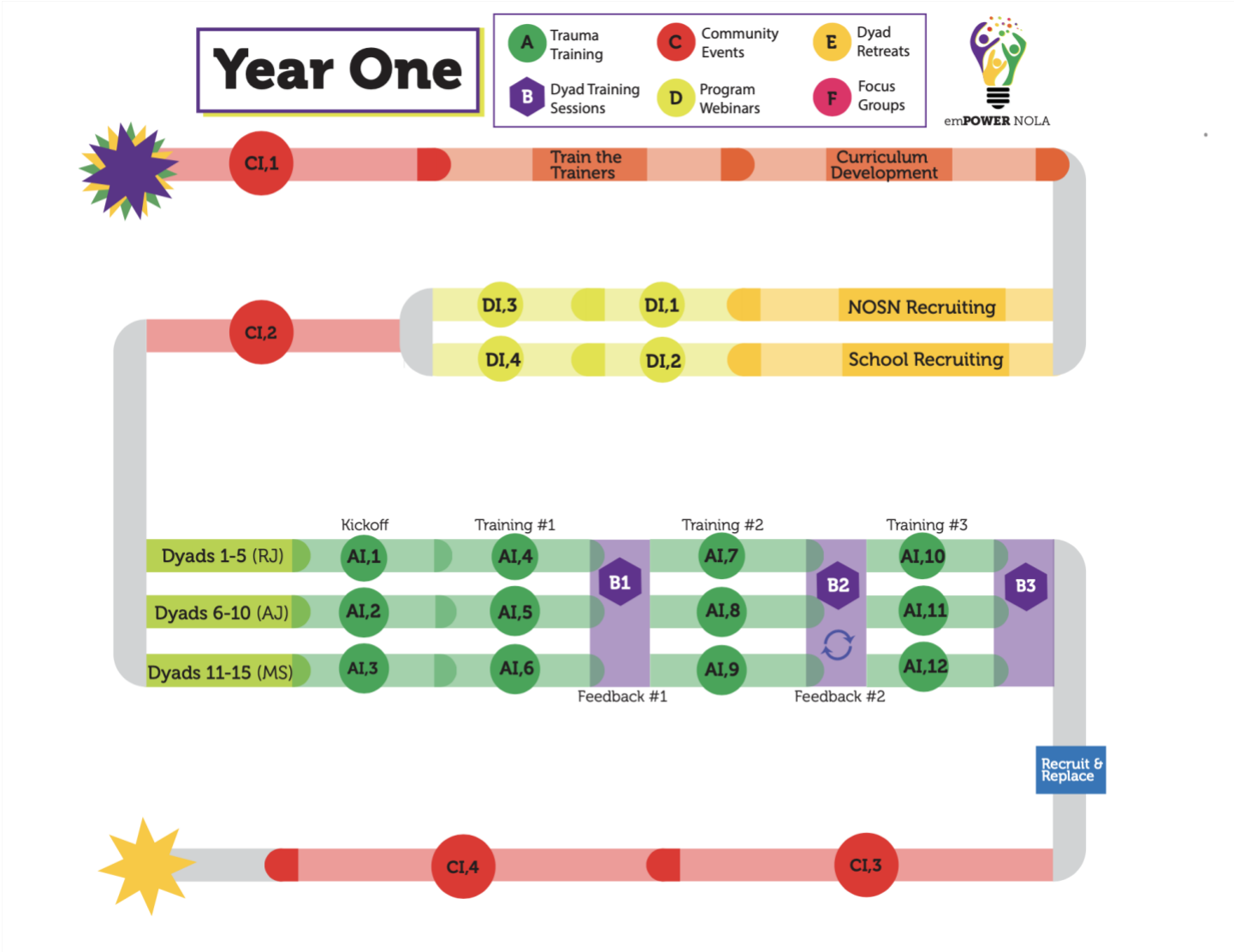
The first thing in putting together an effective team working with the community is to make certain that the project team leadership and members have some tangible commonality with the population being served. That means we cannot have those with no connection to "the community" presenting like a great "Tarzan" figure liberating the larger masses that they perceive need saving. In doing that, the project team can design interventions that are a better fit for the cultural landscape and with fewer "blind spots" that will complicate acceptance. The next most important thing is to create a model of interaction and approach that is understandable by the project team and relatable to the target population. It is a challenge when the project team has an approach that is overly academic and intellectually clever but does not lend itself to clear translation or inspire excitement in those in the target population.

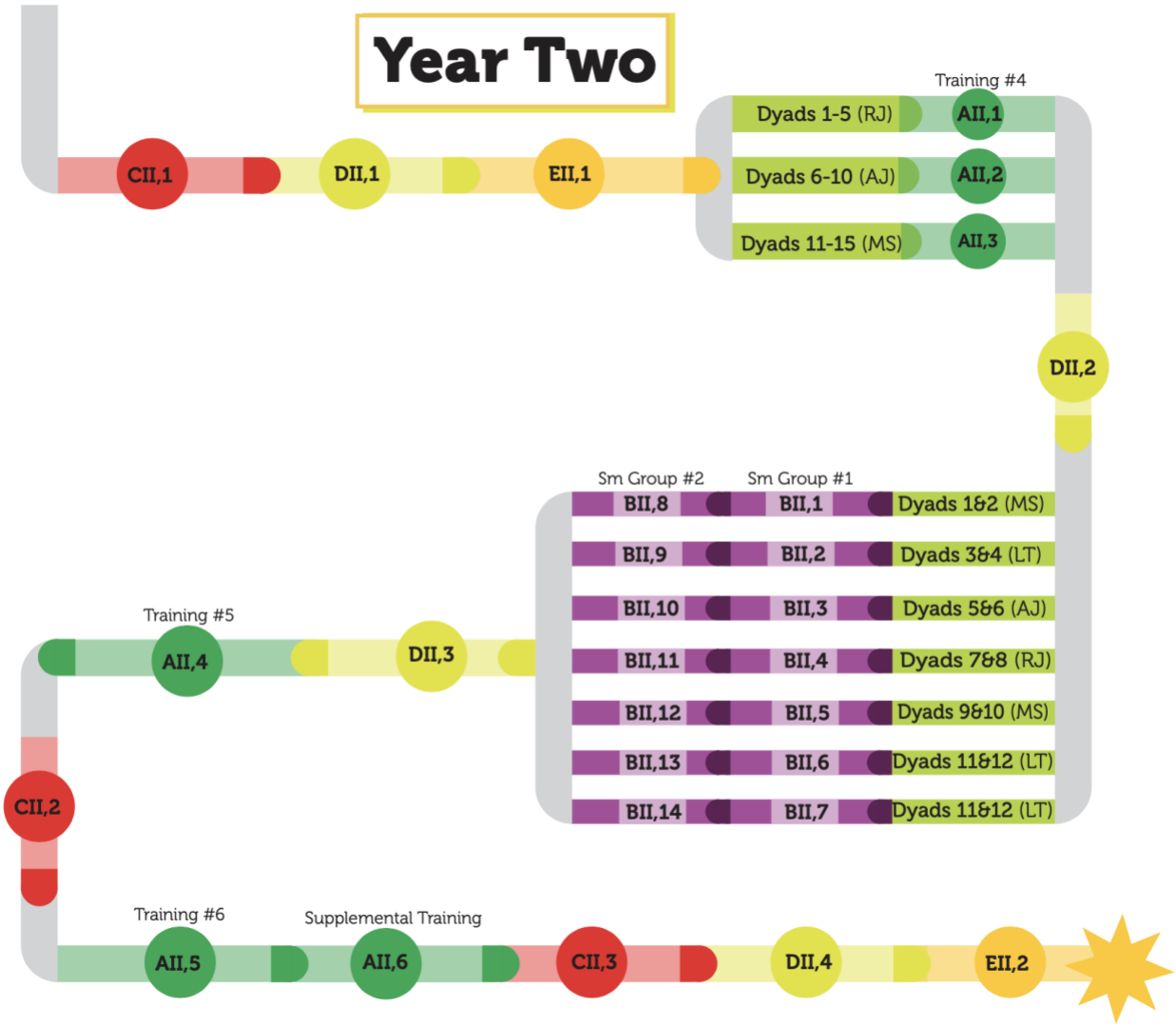
Best Practices

- **Community centered impact, using this emPOWER NOLA model of engagement, cannot be created and thrust onto a community.**
- **Community centered impact cannot be didactic and unidirectional where directives come from the project team to the target population.**
- **Community center impact cannot be devoid of context and construct essential to the population targeted for service.**

Appendix

Appendix A: Logic Model

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DII,1
EII,1
Training #4
Dyads 1-5 (RJ)
AII,1
Dyads 6-10 (AJ)
AII,2
Dyads 11-15 (MS)
AII,3
DII,2
Sm Group #2
Sm Group #1
BII,8
BII,1
Dyads 1&2 (MS)
BII,9
BII,2
Dyads 3&4 (LT)
BII,10
BII,3
Dyads 5&6 (AJ)
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BII,4
Dyads 7&8 (RJ)
BII,12
BII,5
Dyads 9&10 (MS)
BII,13
BII,6
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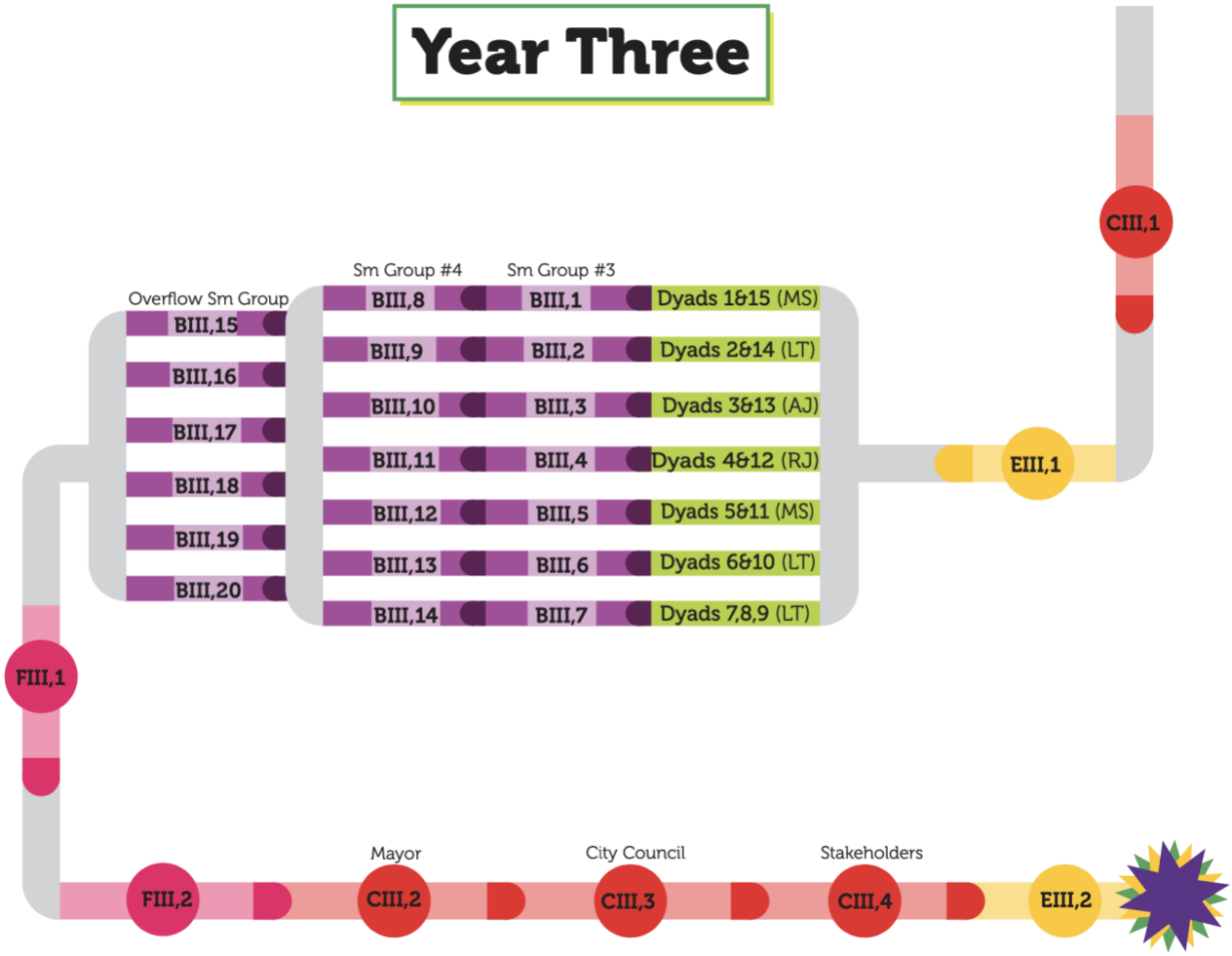
AII,4
DII,3
CII,2
Training #6
AII,5
Supplemental Training
AII,6
CII,3
DII,4
EII,2

Year Three


CIII,1
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Dyads 5&11 (MS)
Dyads 6&10 (LT)
Dyads 7,8,9 (LT)
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FIII,1
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City Council
Stakeholders
FIII,2
CIII,2
CIII,3
CIII,4
EIII,2

Appendix B: Curriculum Objectives

Session #1 Learning Goals

emPOWER NOLA

What we'll discuss

- What is emPOWER NOLA?
- Introductions
- Small-Group Session
- Outline of Program Structure
- Safety, Transparency, and Trust
- Mandated Reporters

Session #2 Learning Objectives

emPOWER NOLA

What we'll discuss

- What is trauma?
- Trauma Scale
- Stress and trauma responses
- Intergenerational Trauma
- Genogram
- Black Organizations in New Orleans

Session #3 Objectives

emPOWER NOLA

What we discussed during this session

- Trauma Theory
- Adverse Childhood Experiences
- Trauma and The Brain
- Resilience and Protective Factors
- Trauma-Informed Organizations

Session #4 Objectives

emPOWER NOLA

What we discussed in this session

- Psychological First Aid (PFA)
- Linking Youth to Mental Health Care in LA
- Types of Mental Health Providers
- What to Look For in a Provider
- Local Clinics

Appendix C: Bibliography

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