

# **Handbook for “Emerging” Community-Led Resilience Networks**

How CRNs can develop, implement, evaluate, and continually improve strategies that use a public health approach to build population-level mental wellness and resilience for the C-E-B crisis

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## Purpose of this Handbook for “Emerging” Community-led Resilience Networks

This Handbook is for Community-led Resilience Networks (CRNs) that have formed a wide and diverse steering committee, crafted a vision and mission, and clarified their values and operating principles. The Handbook is also for existing human services, environmental, or other types of community coalitions that have established a multi-sectoral steering committee (task force or leadership circle) and now want to expand their focus to address the climate-ecosystem-biodiversity (C-E-B) crisis.

We call both of these networks as “Emerging” CRNs because they have advanced to the point where they are now ready to develop strategies to build population-level mental wellness and transformational resilience for the C-E-B crisis.

The Handbook starts by restating the core principles of a public health approach to build population-level mental wellness and resilience that should form the basis of the CRN’s strategies.

The Handbook then discussed three different ways CRNs can begin to engage local residents in building mental wellness and resilience. The remainder of the Handbook focuses on how CRNs can use the information generated during those initial activities to develop its specific goals, strategies, action plans, and evaluation methods.

It is important for Emerging CRNs to know that this document should be read alongside the Handbook on the *Five Foundational Protective Factors for Building Universal Mental Wellness and Transformational Resilience for the C-E-B Crisis* because the strategies it develops should in age, demographically, culturally appropriate ways address the five foundational protective factors it describes.

The Handbook closes by describing the criteria that an “Emerging” CRN will need to meet to transition to an "Operational" CRN.

As with the Handbook for “Start-up” CRNs, this handbook includes a good deal of information that is likely to be new to the reader. It might therefore be beneficial to read one section at a time and discuss it with other steering committee members. When the information has been digested, readers can move to the next section. No matter how it is done, everyone involved with a CRN should read the document.

## **I. A Public Health Approach to Building Population-Level Mental Wellness and Resilience for the C-E-B Crisis**

After a steering committee has been organized to lead a local Community-led Resilience Network (CRN) and it has clarified its mission, values, and core operating principles, it is ready to develop strategies and action plans to accomplish its mission.

### **A. The Importance of Using a Public Health Approach**

It will be important for all CRN steering committee, Resilience Innovation Team, and other members to remember that the methods it uses should be grounded in a public health approach to mental wellness and resilience. The core principles of this approach were discussed in the handbook for “Start-up” CRNs. However, because they are important to guide the activities of a CRN we have restated them again here.

Just like a public health approach for physical health issues, a public health approach to mental wellness and transformational resilience focuses on the *entire population*—all adults, adolescents, and young children in the neighborhood or community. This includes people deemed more at-risk due to pre-existing health concerns, socioeconomic marginalization, and historical trauma, along with those with symptoms of with mental health challenges. Fully engaging these groups with other residents avoids the stigmatization and siloing that often results when they are isolated from others. The goal should always be to *"leave no one behind."*

The top priority of a public health approach is to *prevent* mental health and psychosocial problems. Methods to help people heal when they experience struggles are fully integrated into the prevention strategies. They are not addressed separately. The CRN steering committee should always remember that *"prevention is the cure."*

These goals are accomplished by actively engaging residents in developing strategies that strengthen existing and form additional *protective factors*. The strategies developed by the CRN steering committee should emphasize *building social connections, engaging residents in mutual aid, teaching resilience skills, offering community-minded healing venues, and strengthening other local resources*.

There is no one-size-fits-all approach to this work. Each CRN will need to develop its own age, demographically, and culturally appropriate approach. However, our research identified five foundational protective factors that communities should focus on to prevent and heal the mental health, psychosocial, and related physical health impacts of the C-E-B crisis. As previously stated, they are described in the separate Handbook titled *The Five Foundational Protective Factors For Building Universal Mental Wellness and Transformational Resilience for the C-E-B Crisis*.

## **B. How “Emerging” CRNs Can Begin To Engage Local Residents in Building Mental Wellness and Resilience**

The CRN steering committee can consider three different options to begin their work.

### **Option 1: Organize Trauma Healing Gatherings**

In communities where many residents have already experienced trauma through violence, social strife, economic distress, extreme weather disasters, continual disruptions to the provision of food, water, shelter, jobs, incomes, health care or other basic needs, forced migration, or other community stresses or emergencies, a good way for a CRN to begin its work is to organize group and community-minded trauma "healing gatherings."

These events are very important because severely stressed or traumatized residents often can do little more than attend to food, water, shelter and other basic survival needs. Some will try to dull their pain and suffering by misusing drugs, alcohol, food, and other substances that end up causing self-harm or injuring their family or others. Other traumatized people will often turn their distress outward and become aggressive or violent toward their significant other, children, or people who think, act, or look differently.

In addition, severely stressed and traumatized people frequently have a very difficult time engaging in activities that help other community members and often oppose changes in practices and policies needed to reduce the C-E-B crisis to manageable levels.

For this reason it can be important to engage them in trauma healing gatherings.

#### **One Approach: Healing Circles**

One way to accomplish this is to organize a regular series of age and culturally-appropriate “Healing Circles” (sometimes called Listening Circles). These proceedings can involve five to one hundred or more local residents who come together in a safe, supportive, and non-judgmental environment to support each other with deep listening, empathy, and compassion. Residents share the distress they are feeling with others, hear what other community members are experiencing and how they are dealing with it, and then learn simple resilience skills and methods that help them begin to heal.

In different ways trauma healing gatherings often have three focuses:

- *Sharing Thoughts and Feelings* – For most people healing begins by sharing the stresses and traumas they experience, what they are thinking or feeling, and how they are dealing with adversities. Both verbal and non-verbal means of expression can release the trauma buried in their nervous system that causes people to engage in activities that can harm themselves, others, or the natural environment.
- *Learn “Presencing” Resilience Skills* – After people begin to express their thoughts and feelings, they learn what we call “Presencing”—or self-regulation--resilience skills.

These are simple, self-administrable, age and culturally-appropriate methods to regulate and calm their body, mind, emotions, and behaviors when distressed. Doing so helps them come back to the present moment and avoid thinking about what happened in the past or worrying about what might occur in the future. Presenting skills can give people confidence that they can manage their thoughts and emotions in any situation.

- *Learn “Purposing” Resilience Skills* – As participants begin to regulate the body, mind, and emotions, Healing Circles can help people learn what we call “Purposing”—or adversity-based growth--resilience skills. These are simple, self-administrable, age and culturally-appropriate methods that help people make the choice to use adversities as catalysts to learn and grow as people and find new sources of meaning, purpose, courage, and hope in life.

The group and community-minded healing gatherings should allow residents to meet and interact with people they do not know. This can begin to build new social connections that will be vital to sustain their capacity for mental wellness and transformational resilience during future adversities.

Over time, the positive feelings people experience after they begin to heal will lead many to become interested in engaging in the other foundational protective factors that CRNs emphasize to enhance their capacity for mental wellness and transformational resilience during persistent C-E-B crisis generated adversities.

#### *Other Trauma Healing Options: Expressive Arts, Music, Dance, Drama*

There are other types of healing gatherings CRNs can organize. For example, expressive arts, music, dance, and drama are beneficial for people who can communicate their thoughts and feelings in primarily non-verbal ways. CRNs will need to decide on the type of trauma healing gatherings that make sense to help the majority of local residents.

#### *Who Can Lead These Processes?*

The CRN can ask local residents or organizations with expertise in the methods chosen to help their community begin to heal to facilitate the gatherings. If local expertise does not exist, the CRN can bring in outside professionals with expertise. When doing so, the CRN should request the outside organization to train local residents to run future sessions as peer leaders. Numerous organizations offer this type of facilitation and training.<sup>1</sup>

#### *Option 2: Hold a Major Conference*

In communities where many residents are distressed but still functioning well, a CRN can begin its work by holding a major gathering keynoted by well-known speakers who can offer a vision of how the community can begin to prevent and heal C-E-B crisis generated and other traumas and address its challenges. CRNs can do significant outreach before the event to encourage community leaders to attend the event. They can also proactively

prepare activities residents can engage in after the conference ends. Another might be to engage residents in the process of mapping local protective factors and developing a community resilience portrait described below.

### Option 3: Engage Residents in Mapping Local Protective Factors (Assets) and Creating a Community Resilience Portrait

This option is best-suited for communities that have not yet experienced population-level traumatic events and residents are eager to establish methods to prevent widespread traumatization in the future. It can also be implemented as a follow-up in distressed communities after trauma-healing gatherings have been underway for a while. It involves actively engaging residents in discussions that build an understanding of how they can strengthen and sustain mental wellness and transformational resilience, reduce the community's contribution to the C-E-B crisis, and enhance local conditions.

One outcome can be a "Community Resilience Portrait" document that identifies the strengths, skills, resources, and other protective factors—which can be called assets-- that residents can use to respond to adversities in safe, healthy, equitable, just, resilient, and ecologically regenerative ways. More information on how to develop a Community Resilience Portrait can be found [here](#).

Please know, however, that the production of a written document is not essential. More important is that the entire process should bring residents together in dialogues that begin to build the social connections – which is the most important protective factor communities should focus on--and the common purpose and collective efficacy needed to prevent and heal distresses and traumas while motivating residents to reduce their contribution to the C-E-B crisis.

#### How to Develop a “Community Resilience Portrait”

##### Step 1: Engage Residents in Discussions about their Concerns and Desires

A starting point is for the CRN to hold discussions with residents to identify their primary concerns, interests, and desires. Try to link what emerges with mental health and psychosocial problems that exist in the community. These discussions should focus on what residents see as vital for their health, safety, wellness, and resilience, and avoid venting about gripes or pet peeves. Then ask participants if they are willing to help develop a portrait of the protective factors that exist in the community and could be strengthened or expanded, and additional ones that can be formed to build mental wellness and transformational resilience. If and when a sufficient number of residents are willing to work with the CRN steering committee to develop a “Community Resilience Portrait” the process can move forward.

### Step 2: Clarify Geographic Boundaries and Demographics

A first step is to ask residents to clearly define the geographic boundaries of the area they will assess. This is important because residents often do not think of their neighborhood or community by the legally defined boundaries that exist. The CRN should work with residents to decide what geographic areas they will focus on when discussing issues, with specific street names or landmarks to identify borders if possible, and what regions should be defined as outside the focal area.

Once the geographic area is clarified, its demographics should be identified. This includes the number of people who reside in the area, and their make-up including age, gender, ethnicity, disabilities, types of work they do, level and type of education, languages they speak, religious or spiritual affiliations, income levels, and more. It should also include the types of civic, non-profit or non-governmental organizations, private businesses, and government agencies that exist or work in the area and the type of activities they engage in.

### Step 3: Decide on What Information to Collect

After gathering that information, the CRN's next step is to determine the type of protective factors—social connections and supports, local skills, strengths, resources, and other “assets”-- that will be examined. To the extent that it exists, for example, information can focus on assets such as:

- Citizen associations ranging from tenants' associations, charitable groups, elderly groups, fitness groups, book clubs, animal care and nature-based groups, and more, through which people come together to get to know each other pursue common interests and goals;
- Institutions such as schools, universities, hospitals, libraries, museums, human service organizations, and local government agencies that offer helpful services and safe locations for people to meet and engage with each other, and those that offer food, water, shelter, power, and other essential resources before, during, and after severe stresses, emergencies, and disasters;
- Religious and spiritual institutions and organizations that offer a safe place for people to meet, emotional inspiration, and can offer food, water, shelter, power, and other supplies during emergencies and disasters;
- Supportive physical/built assets such as roads, walking and bike trails, parks and open space, and other public spaces that are part of the community's infrastructure;
- Supportive aspects of the local economy such as local private and non-profit businesses, food providers, community gardens, credit unions, and businesses associations that provide living-wage jobs and strive to reduce their social, economic, and ecological impacts;

- Ecological assets such as local forests, waterways, wetlands, open spaces, and biodiversity that exists, such as fisheries, wildlife, avian, and other organisms;
- Older, middle age, and younger individuals including activists, entrepreneurs, artists, and others with unique and helpful skills and capacities;
- Supportive social narratives or stories that are repeated in different parts of the community about the resilience past and current residents have shown during adversities, and those that promote intrinsic values such as caring for others and conserving nature;
- The degree of literacy about mental health and resilience that exists in the community, including how many people understand how traumatic stresses and traumas can activate natural psychobiological fight-flight-or freeze reactions, how many people know and use in Presenting—or self-regulation and co-regulation resilience skills—and how understand and utilize Purposing—or adversity-based growth resilience skills.
- The number of type of opportunities residents have to participate in activities that help them strengthen and sustain mental wellness and transformational resilience, including where they are located: these might include opportunities to practice forgiveness, find simple joys, laughing often, being grateful for what they have, continual learning, and caring for their physical health in the midst of adversities;
- Group and community-minded venues that help people release the stresses and traumas they hold and heal in safe and supportive environments.
- Regular rituals and memorial events that highlight the strength and resilience of local residents;
- Other assets that serve as protective factors for different neighborhoods, populations, sectors, or the entire community.

For each of the assets and resources, the CRN should identify their location, services they provide, number and type of people served (and who is excluded), hours of operation, cost of engagement (user fees etc. if any), influence in the community, and other similar factors.

After the assets are identified, it can sometimes--but not always--be helpful to identify “risk factors” that can undermine these protective factors. Assessing risk factors should *not* be the first or a primary focus because it can easily lead residents down a rabbit hole into discussions about all the limitations, deficits, and problems that exist in their community.

If the CRN decides to focus on risks, it should be made clear to everyone that the goal is simply to illustrate factors that could work against their efforts to strengthen the community's protective factors. It should also be continually emphasized that efforts to fortify existing protective factors and establish additional ones are far more important to enhancing community wellness and transformational resilience than trying to reduce or

eliminate risk factors. That is because the C-E-B crisis is likely to continually generate new and different types of risks and make the list of risks never ending, while strengthening protective factors will often buffer people from multiple risks at the same time.

Risk factors that can be examined might include types, levels, and locations of:

- Socially isolated individuals and populations
- Alcohol and other drug use and addiction
- Poverty levels and locations
- Types of violence and crime and their primary locations
- Racism, sexism, religious persecution, and other forms of oppressions
- Poorly built, dangerous, or socially disruptive physical infrastructure such as roads highways, water and power systems, parks and open space
- Dilapidated, unsafe, and unhealthy residential housing and commercial buildings
- Toxic air, water, or soil pollution and the areas and populations most affected
- Areas that lack trees, vegetation, and other green spaces
- Other risk factors.

The information available on both the protective and risk factors will vary community-to-community. Some communities will have access to ample information produced by the national, state/provincial governments, counties, municipalities, or universities. Local newspapers, TV and radio stations, libraries, neighborhood and business directories, and other resources might also offer helpful information. Other communities will have limited data and information. Do an internet search, talk to people in different public and non-profit organizations and universities, and in other ways look around to see what data is available.

Note, however, that in most communities more information will be available on risk factors than protective factors, as that is what most researchers and government agencies focus on. This is why it is so important to actively engage residents in discussions about these issues rather than relying on previously published documents or other professional assessments. Local residents often know far more about the assets and resources that help them remain healthy and resilient and heal when they are impacted by adversities, than assessments completed by professionals that might not live or work in the area.

#### Step 4: Develop a Draft “Resilience Snapshot” of the Community

The CRN can organize the initial information that is gathered from the discussions into a short, easy-to-read draft "Resilience Snapshot" of the community. When possible, the CRN can also locate the individuals, organizations, institutions, services, and other assets that are identified in the draft snapshot on a physical map of the area. This can be called a draft protective factor or “asset map” and can make it easy for people to visualize and make sense of the information provided in written documents.

The draft Resilience Snapshot should be used as a starting point for engaging residents in further in-depth discussions about how to use a public health approach to strengthen the capacity of all residents for mental wellness and transformational resilience. The methods used to engage residents will differ in each community based on the demographics, culture, resources available, and other issues that are present. However, below are some options to consider to obtain the perspective of residents about the issues they care most about and the assets that can be used to address their concerns.

- Written resilience surveys
- Carefully selected personal interviews
- Focus groups
- Town hall meetings
- *The Most Helpful Approach: Neighborhood Resilience Dialogues and Asset Mapping:* By far the best way to truly understand what residents care about, and how they view their community's protective factors, is to actively engage them in group discussions. This can be done as an addition to the options described above, or as the stand-alone approach. Meetings can be held in which ten to one hundred or more residents come together to share their top concerns, connect those issues with mental health and psychosocial problems in the community, and then discuss the assets they believe exist that can be used to address the issues. If a draft Resilience Snapshot and asset map have been developed, they can serve as the starting points for the discussions. Or the discussions can begin without any previously developed information or asset map.

The more diverse the people that participate the better, and a standard set of questions should guide the discussions. If a small group participates, they can all be engaged in a discussion. If a large number of people show up, small groups of five to eight people can be formed and each group should be asked to identify someone to take detailed notes, someone else to handle the asset mapping process, and another person to write the key points in large letters on a flip chart so everyone can easily see them.

## Step 5: Map Local Protective Factor or “Assets”

[Asset maps](#) allow residents to see, in visual terms, the social networks, organizations, groups, and other strengths, resources, and other protective factors that exist in their community. When people identify local assets and see their location on a map, they often have greater ability to determine how they can be used to address their concerns and how they can be strengthened and expanded. The maps also help people think about how additional protective factors can be formed and how local capacity for mental wellness and transformational resilience can be enhanced. In addition, engaging residents in the development of asset maps can establish a powerful sense of ownership of the issues and motivate them to actively engage in efforts to strengthen and expand the protective factors.

An overall process of creating an asset map includes:

- Obtain a physical map that contains the geographic areas that were identified by the CRN, and draw lines on it to clearly show the boundaries of the area that is being mapped. This might require enlarging the map.
- If a draft Resilience Snapshot has been developed, locate the protective factors that were identified on the map, and mark the actual street locations of each of them, along with the type of services, supports, who they serve, and other supports they provide people in the area.
- Then, actively engage residents in discussions about the draft asset maps and have them use dot stickers to amend and improve them. This involves identifying and mapping assets such as those previously described.
- It is usually helpful to create a legend on the side of the map to clarify what each of the colors represents. Use different colors for different types of resources and assets. Some assets--and thus stickers--might overlap on the map. All this information will provide a visual representation of the protective factors people believe exist in their area, and where they are physically located.
- Make sure the asset map is visually appealing and clearly highlights the assets, including where resources are clustered, and gaps in geographic areas or populations being served.
- When the mapping has been completed, a facilitator should summarize the key points depicted on the map for all to hear. Further discussions should then take place focused on questions such as: "How do these protective factors help various individuals, neighborhoods, and groups sustain their capacity for mental wellness and transformational resilience during adversities?", "What assets and resources are underused?", "Where are the most obvious gaps or weaknesses in our assets and resources?" and most importantly, "How might we strengthen the existing assets, and form additional ones, to enhance everyone's capacity for mental wellness and transformational resilience during adversities?" Questions about the community's

awareness of the serious nature of the C-E-B crisis and if and how they believe they can help reduce local emissions and prepare for and adapt to the likely impacts of the C-E-B crisis can also be addressed.

- After engaging people in these dialogues, residents should be asked to discuss next steps. This can include what they are willing to personally do to strengthen existing assets or form new ones, and how they can personally engage in local solutions to the C-E-B crisis. It can also include what should be done with the asset maps. The next steps might include, for example, holding meetings, or going door-to-door in different blocks and neighborhoods, to share the asset maps and engage residents in discussions about ways to strengthen them and establish additional ones. Other options could include sharing the maps with the organizations that were identified as assets to gather their views about how their services could be linked with others or in other ways strengthened and expanded. In addition, the asset maps could be shared with local policy makers, and discussions could begin about revamping their programs or policies to strengthen the assets, establish additional ones, and possibly reduce the influence of the risk factors that were identified that undermine mental wellness and transformational resilience.

Engaging residents in discussions to identify their top concerns, linking them to mental health and psychosocial problems, and then mapping the assets available to address them is often extremely enlightening for everyone involved. However, as previously stated, even more important is the social connections that can be established through the process. The trust and comradery that often emerges will be extremely important to build the common purpose needed to enhance the community's capacity to prevent and heal distresses and traumas resulting from the C-E-B crisis. The relationships will also help build the collective efficacy and common purpose that will be necessary to motivate people to engage in activities that reduce their contribution to the C-E-B crisis and enhance local conditions.

#### Step 6: Integrate the Information and Asset Maps into a "Community Resilience Profile"

If a draft Resilience Snapshot was developed, the information included should be combined with the material generated during the surveys, interviews, meetings with residents, and asset mapping processes to produce a thorough profile of the community's capacity for mental wellness and transformational resilience. The Community Resilience Profile should, to the extent possible, provide a comprehensive picture of the strengths, skills, physical and social resources, and other protective factors that are available to help all residents enhance their capacity for mental wellness and transformational resilience during ongoing adversities, and reduce their contribution to the C-E-B crisis as they strengthen physical resilience and adapt to impacts.

When stating the conclusions, the Community Resilience Profile should openly declare any important limitations that exist. This can include, for example, whether a broad and diverse set of residents were involved in its development, or if the views likely represent just a narrow portion of the local population and people living in specific neighborhoods. In addition, the conclusion should declare if enough relevant data was found, or if the

information is somewhat outdated, limited in scope, or narrowly focused on specific issues, populations, or sectors. The opinion should also state which areas, populations, or sectors are not well represented in the feedback. This type of statement can clarify that the capacity for mental wellness and transformational resilience of residents is fluid and can significantly improve if specific actions are taken.

#### Step 7: Further Engage Residents in Discussions to Identify Pathways Forward

After the Community Resilience Profile is completed, residents should again be actively engaged in discussions that build on their previous dialogues and focus on how to strengthen existing assets, establish additional ones, and enhance the capacity of all adults, adolescents, and young children to prevent and heal distresses and traumas. If it has not been previously addressed, this is when the need for the community to reduce its contribution to the C-E-B crisis, and prepare for and adapt to the impacts, can be added to the discussion to identify possible paths forward.

The information that results should be used by a CRN to form its goals, strategy, and action plan for building universal capacity for mental wellness and transformational resilience.

The Community Resilience Profile and assets maps will often prove to be valuable sources of information long after they are created, so decisions about where they will be housed after the process ends will be important. For example, if they are located on the website of a public agency or non-profit organization, many residents will not know about or make the effort to find them. A good approach will therefore often be for the entity that houses the document to send out a web link to their members, social networks, and numerous groups and organizations in the community with a request to post it on their websites. People will be more likely to see the link and access it when it is posted on websites they regularly visit.

### **III. Develop the CRN's Goals, Objectives, Strategies, and Action Plans**

After residents engage in trauma-healing gatherings, a major gathering is held, and/or following the development of the Community Resilience Profile, the CRN should use the information generated by the processes to establish its specific goals, objectives, strategies and action plans. As with the previous steps, they should be developed through a deep and broad participatory process because the interests and desires of residents should form the basis of the CRN's strategies.

#### Determine the CRN's Goals

Goals are the broad primary outcomes the CRN wants to achieve. Setting goals provides a sound basis for planning, implementing, and evaluating the CRN's activities. TRNC steering committee, resilience innovation team members, and other residents might sometimes have a general idea of what is needed to enhance their community's capacity for mental wellness and transformational resilience while engaging in solutions to the C-E-B crisis, but

not a clear vision. When goals are agreed upon, however, everyone can more easily understand what the CRN will seek to achieve.

In addition, the goals set by the TRNC should highlight the community's potential, rather than its deficits and problems. This can spur creativity that produces new ideas about how to enhance the capacity of residents for mental wellness and transformational resilience as they engage in activities that reduce their contribution to the climate emergency and prepare for and adapt to its impacts.

For example, the goals of Peace4Tarpon in Tarpon Springs, Florida, in the U.S. that is considered the first "trauma-informed community: it looks through a "trauma-informed lens" to address the root causes of challenges related to: <sup>2</sup>

- *Connect* residents and service providers to available resources;
- *Inform* citizens and professionals on research that shows direct causes and outcomes of adverse childhood and adult experiences (trauma);
- *Transform* communal and personal attitudes toward health, renewal, resolution, resilience, and compassion;
- *Heal* people, systems, and community through trauma-informed prevention practices and resolution methods

#### Clarify the CRN's Objectives

After determining goals, the next step is to clarify the CRN's objectives. These are the specific measurable results the CRN wants to achieve within a specific time period to meet its goals. Objectives should be achievable yet challenging and be directly connected with the CRN's vision and goals. They should also include specific timelines. If the CRN organized different Resilience Innovation Teams, they should develop specific objectives for the various neighborhoods, populations, and sectors they engage with.

For example, an objective of building social connections in the community might be to "Increase by 20 percent within one year and by 50 percent within five years the number of isolated people who are in daily contact with someone who will spend time with them and assist with their physical and emotional needs."

#### Develop the CRN's Strategies

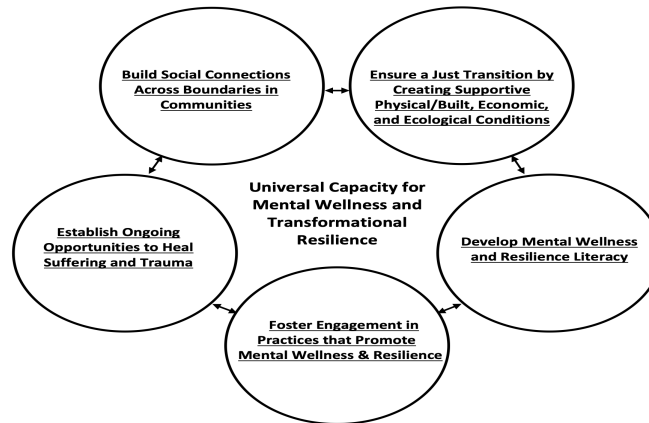
The strategies developed by the CRN are the approaches that will be used to implement their objectives and achieve their goals. Involving residents in the development of strategies is essential to ensure that they are age and culturally appropriate while being supported by the community, who ultimately decides how the strategy will be implemented.

As with objectives, if the CRN steering committee has decided to organize several Resilience Innovation Teams to engage different populations and sectors in the community, they will each need to develop strategies that make sense for those they will work with.

All of the CRN strategies should prioritize the five interactive foundational protective factors our research identified as essential to build population-level mental wellness and transformational resilience for the C-E-B crisis. They include:

- Build robust social connections and supports throughout the community linked with engaging residents in providing mutual aid to each other;
- Actively engage residents in creating safe, healthy, just and equitable, low GHG emission, climate resilient physical/built, economic, and ecological conditions;
- Develop universal literacy about mental wellness and resilience by helping everyone become trauma informed and learn Presencing and Purposing resilience skills.
- Foster engagement in activities that strengthen and sustain mental wellness and transformational resilience
- Establish ongoing mostly group and community-minded opportunities for residents to heal their traumas;

**The Five Interrelated Foundational Protective Factors TRCNs Should Focus on to Build Universal Capacity for Mental Wellness and Transformational Resilience for the C-E-B Crisis**



These protective factors are described in detail, with multiple examples, in the CRN Handbook on the *Five Foundational Protective Factors for Building Universal Mental Wellness and Transformational Resilience for the C-E-B Crisis*.

Use a logic model to develop strategies

It will be important for the CRN to build its strategies in a logical manner. Each activity should connect to and build on others. A logic model can be used to develop this type of

strategy. This is a systematic and visual way to develop and present the CRN's strategy to local residents, groups, organizations, funders, and others. Words and pictures are used to describe the CRN's perspective about how a sequence of activities will build on each other to achieve its vision and goals. Mapping the synergy between proposed activities will help CRN's members think through, in a logical way, what their actions will achieve, how they will interact, and what the outcomes will be.

As CRN members work through the logic map, adjustments can be made that help avoid mistakes and prevent dead ends. This can be a challenging and time-consuming process. But taking the time to complete a logic map can create an approach that can successfully foster universal capacity for mental wellness and transformational resilience in the community as residents engage in actions that reduce their contribution to the C-E-B crisis.

There are several different logic models and each CRN will need to decide which one makes sense to use. Three of the most commonly used models include:

- *A Theory of Change* approach, which describes how specific actions will build on each other to produce the desired outcomes. It can be helpful for grant writing and fundraising purposes. For example, a theory of change logic model for a program aimed at establishing safe and healthy housing might be based on the logic that engaging residents in creating new climate-resilient housing will lead to improved mental health, physical health, increased opportunities for employment and education, and stable housing and costs.
- *An Activities-Based* approach, which focuses on the specifics of the implementation process, including the steps an organization will take to achieve its desired goals. For example, an activities-based logic model might be that by providing educational materials, holding public education workshops, organizing social support groups, and launching a social media campaign, community awareness of the physical and mental health impacts of the C-E-B crisis will increase and mental health and psychosocial problems will decrease by a specific percent.
- *An Outcome-Based* approach, which seeks to connect resources and activities with desired results and impacts over, for example, a 1-3 year and a 4-6-year timetable. For example, an outcome-based logic model for increased public awareness of the physical and mental health impacts of the C-E-B crisis might state that the short-term outcomes will be increased knowledge, and the long-term impacts being complete changes in behaviors.

A CRN's mid- and long-term outcomes and overall impacts should describe changes in the five foundational protective factors described above that our research determined needs to be emphasized to strengthen universal capacity for mental wellness and transformational resilience for the C-E-B crisis.

For example, the long-term impact of building robust social support networks could be that, "A majority of residents now have family, friends, or neighbors residing somewhere in the community they can turn to for practical assistance and emotional support during both acute disasters and ongoing adversities."

Medium-term outcomes show changes in thinking, practices, and behaviors that result from the actions the CRN has taken to help produce the impact. A medium-term outcome for the foundational area of building robust social support networks could be, "More residents feel confident in their ability to respond constructively to adversities due to the increased social connections they developed."

Short-term outcomes are the immediate results the CRN wants to achieve. They will be the primary focus of the CRN's work. Short-term outcomes can include increased awareness, knowledge, skills, or motivation. To follow up on the previous example, a short-term outcome for building social support networks could include, "More residents are taking part in neighborhood activities."

### *Developing a Logic Model*

An eight-step process can be used to develop the CRN's logic model.

Step 1: Clarify the CRN's vision and goals

Step 2: Identify the populations and sectors the CRN steering committee and/or the Resilience Innovation Team wants to engage with.

Step 3: Select the long-term outcomes that best meet the CRN's vision and goals.

Step 4: Select the medium-term outcomes that would best achieve the CRN's long-term outcomes.

Step 5: Select the short-term outcomes that would have the best chance of producing the medium-term outcomes.

Step 6: Identify the activities the CRN will use to achieve its short-term outcomes.

Step 7: Identify the resources (or inputs) the CRN will employ to implement the activities that are listed in Step 6.

Step 8: Identify the indicators that will be used to measure success or failure in achieving the CRN's short- and medium-term outcomes and long-term impacts.

Completing these steps will help the CRN develop a logic model that describes the work it will do in the near-term, and how it will contribute to the medium-term outcomes and overall changes that create a culture of mental wellness and transformational resilience in the community.

### Selecting Indicators

The indicators adopted by the CRN should show how short-term outcomes combine to produce the mid-term outcomes and make a long-term difference. Objective indicators are straightforward and measure facts about the community that can be obtained from government statistics and various academic research reports, such as those used in the Community Resilience Profile. This type of indicator often does not, however, assess the status of, or changes in, perceptions, attitudes, and values found in a community. The CRN should therefore also select indicators that are good proxies of these attributes and that, taken together, can provide a decent appraisal about whether those characteristics or outcomes are present and/or to what degree they have changed. Information about these types of indicators is gathered through interviews, focus groups, and other approaches that were used to develop the Community Resilience Profile.

An example of an indicator that can determine if more residents are taking part in neighborhood activities could be "the number of people who attend neighborhood meetings or events." This indicator can be tracked by monitoring how many people attend different meetings or activities.

As previously mentioned, logic models should be developed by the CRN as a whole and by each of its Resilience Innovation Teams to think through and describe how they will help the neighborhoods, populations, and sectors they are working with engage in the five foundational areas involved with building universal capacity for mental wellness and transformational resilience.

### Resources

- An excellent reference for developing a logic model focused on establishing robust social support networks is *Social Capital, Health, and Wellbeing: A planning and evaluation toolkit* by the Health Inequalities Standing Group of Edinburgh, Scotland. <sup>3</sup>
- A helpful reference for developing logic models on psychological and emotional resilience building efforts with children and families was developed by the U.S. Department of Health and Human Services titled *Using Logic Models Grounded in Theory of Change to Support Trauma-Informed Initiatives to Build Resilience in Children and Families*. <sup>4</sup>
- A logic model for building supportive physical/built and economic conditions is the U.S. Economic Development Administration's *Economic Development Logic Model*. <sup>5</sup>
- Logic models for promoting overall wellness and resilience literacy can be found on the *Listing Logic Models on Health Education* site. <sup>6</sup>
- The U.S. National Ecosystem Services Partnership developed a document on creating logic models for ecological restoration titled *Building and Using Conceptual Diagrams*. <sup>7</sup>

- *Metrics for Healthy Communities* offers sample logic models for numerous issues ranging from affordable and supportive housing, to access to healthy food, transit development, increasing physical activity, worksite wellness, elementary and secondary schools, and more.<sup>8</sup>

Links to strategies to build mental wellness and resiliency in communities can be found in the Appendix.

### Develop Action Plans

After the CRN develops its strategy, it can craft an action plan. This describes the CRN's day-to-day activities and tactics, with timelines, and individual, group, and organizational responsibilities, that will be used to implement the strategy.

When the action plan is finalized, implementation can begin. This does not mean the planning process is over. A strategy and action plan should never be considered final. They will need to continually evolve due to new information and insights that emerge and changes that occur in the community as the C-E-B crisis intensifies.

For this reason, as discussed in the handbook for “Prospective” CRNs, it will be essential for the CRN to become a learning community that embraces a nimble, flexible, iterative approach to strategy development and implementation. New information should be continually used to adjust and improve members' thinking as well as their strategies and action plans. This will allow for continual course correction and improvements.

### Tracking and Evaluating Progress

CRN's will need to continually track and evaluate the progress of its strategy and action plan. This is important to learn what works, what does not, and constantly improve. It is also important to highlight successes for residents to see, and to secure continued funding.

As previously discussed, indicators and measures to evaluate progress should be established before the CRN begins to implement its strategy, not after it is underway, as the way progress is tracked can influence the way the strategy and action plan are implemented.

As the strategy and action plan are developed, on its own, or in partnership with academic institutions, other organizations, or consultants the CRN needs to decide what indicators it will measure, and how and when evaluations will take place.

In addition to completing periodic formal assessments, each of the Resilience Innovation Teams involved with the CRN should regularly report their progress, and the changes they have seen, to the larger CRN steering committee and all the other Resilience Innovation Teams. When obstacles appear, or activities do not produce the outcomes that were desired, the Resilience Innovation Teams should inform the entire CRN how they will

examine their assumptions and beliefs, alter their approach, and in other ways get their strategy back on track.

The evaluation should also be used by the CRN to identify additional resources that are needed to strengthen and expand its efforts. With this information in hand, TRNC members can join with other organizations to advocate for needed resources to civic, non-profit, private, and government entities. In addition, the CRN can advocate to local non-profit and private organizations as well as government agencies and elected officials to ensure that marginalized populations receive the same level and type of services and resources during severe stresses, emergencies, and disasters as any other population does.

#### **IV. Conclusion**

This handbook described three different ways community-led CRNs can begin to engage residents in strengthening their capacity for mental wellness and transformational resilience for the C-E-B crisis. It then described how a CRN can use the information generated during those processes to develop its specific goals, objectives, strategies and action plans for achieving its vision and mission. The checklist found below can be used by CRNs to monitor their progress in completing these steps.

When a CRN has demonstrated that it has completed all of the steps described below and is ready to begin implementing its strategy and action plan, it is ready to become a “Operational” CRN. The steps that have been completed include:

- A steering committee has been formed composed of people representing or working with at least 8 of the 15 populations and sectors listed in the Handbook for "Start Up" CRNs. The roster of network members should be kept up to date.
- Signed letters from the individuals, groups, and organizations involved with the steering committee stating that they will actively participate in the development, implementation, evaluation, and continual improvement of its strategy.
- A list of individuals, groups, and organizations willing to participate in the activities of the CRN that are not formal members of the steering committee.
- Clear guidelines on how decisions regarding operations and strategies will be made by the steering committee including how conflicts will be handled, including how conflicts and disagreements about mission, goals, and strategies will be handled.
- A clearly defined neighborhood or community boundary.
- A mission statement, vision, and goals aligned with the goals and principles of the CRN Commissioning Initiative focused on using a public health approach to build population mental wellness and resilience for the C-E-B crisis.

- A detailed strategy and action plan describing how the CRN will achieve its mission and goals during the initial two years. At a minimum, the action plan should include: the populations and sectors it will engage; the initial methods it will use to implement the five foundational protective factors needed to build population mental wellness and transformational resilience; the individuals, groups, and organizations that will be involved in implementing the strategy; how the strategy will be monitored, evaluated, and continually improved; and staffing and financial information.
- A commitment by the steering committee to monitor and evaluate its progress on a regular basis, use the information to update and improve its strategy.
- A letter of support or MOU from an NGO or other organization that will serve as the CRNs fiscal sponsor.
- An initial CRN fundraising strategy and how financial accounting will be handled.

Checklist for Developing CRN Goals, Objectives, Strategies and Action Plans

	Yes	No	Comments
Did the CRN use the information obtained from residents during the initial healing gatherings and/or asset mapping and the creation of a Community Resilience Profile to establish clear goals?			
Did the CRN develop specific objectives to achieve its goals?			
Did the CRN use a logic model to develop strategies for achieving its goals and objectives and engage every population and sector of the community in building mental wellness and transformational resilience?			
Did the CRN craft an action plan complete with timetables and responsibilities to implement its strategy?			
Did the CRN carefully coordinate and integrate the strategies and action plans developed by the different Resilience Innovation Teams?			

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<sup>1</sup> Integrative Community Therapy (ICT) which is based on the Brazilian method called Terapia Comunitária Integrativa, is offered in many nations worldwide. The Visible Hands Collaborative, located in the U.S., trains people to become ITC facilitators; The Center for Mind-Body Medicine, Trauma Resource Institute, and other organizations also facilitate trauma healing events in different parts of the world.

<sup>2</sup> Peace4Tarpon: <https://www.peace4tarpon.org/sample-page/vision-mission/>

<sup>3</sup> Health Inequalities Standing Group of Edinburgh. *Social Capital, Health, and Wellbeing: A planning and evaluation toolkit*. Obtained at: <https://www.communityscot.org.uk/content/social-capital-health-and-wellbeing-a-planning-and-evaluation-toolkit>

<sup>4</sup> Ingoldsby E. et al. (August 2020). *Using Logic Models Grounded in Theory of Change to Support Trauma-Informed Initiatives Trauma-Informed Approaches: Connecting Research, Policy, and Practice to Build Resilience in Children and Families*. U.S. Department of Health and Human Services. Obtained at: <https://aspe.hhs.gov/sites/default/files/private/pdf/262051/trauma-informed-logic-models.pdf>

<sup>5</sup> U.S. Economic Development Administration, *Economic Development Logic Model*. Obtained at: <https://www.eda.gov/files/performance/ED-Logic-Model.pdf>

<sup>6</sup> Listing Websites about Health Education Logic Models. Obtained at: <https://find-study-now.com/health-education-logic-model/>

<sup>7</sup> Olander L. et al. (No date available). *Building and Using Conceptual Diagrams*. National Ecosystem Services Partnership. Federal Resource management and Ecosystem Services Guidebook. Obtained at: <https://nespguidebook.com/assessment-framework/conceptual-diagrams/>

<sup>8</sup> *Metrics for Health Communities*. (No date available). Wilder Research and the Federal Reserve Bank of Minnesota. Obtained at: <http://metricsforhealthycommunities.org/logic-models/about-logic-models>