

Handbook To Form a Community-led Resilience Network

**How to organize a community-led resilience network
with a steering committee, vision, mission, and operating principles**

Table of Contents

Purpose of the Handbook

- I. Why it is vital to organize community-led resilience networks to build population-level mental wellness and resilience for the C-E-B crisis.
- II. Process for Forming and Operating community-led resilience networks
- III. Definitions
- IV. Why a public health approach applied in communities is needed to build population-level mental wellness and resilience for the C-E-B crisis.
- V. Steps to organizing a community-led resilience network
- VI. Important initial activities of the steering committee of a community-led resilience network
- VII. Following from the above, twelve characteristics of successful community-led resilience networks
- VIII. Criteria for transition from a start-up to an operational community-led resilience network
- IX. Conclusion

Checklist for Start-up Community-led Resilience Networks

Purpose of this Handbook for Start-Up Community-Led Resilience Networks

As a partner in the (UN) High-Level Climate Champion *Race to Resilience* Campaign, the International Transformational Resilience Coalition (ITRC), and its core partners have organized an international consortium of organizations to help form and operate community-led resilience networks in all urban neighborhoods, mid- and small communities, and rural areas worldwide.

A community-led resilience network is a wide and diverse assembly of individuals, groups, and organizations that use a public health approach to strengthen their entire population's capacity for mental wellness and resilience to prevent and heal the impacts of climate-ecosystem-biodiversity (C-E-B) crisis. A central focus of prevention and healing is to engage in the transformational changes needed to reduce their contribution to the C-E-B crisis to manageable levels, and set their community on a safe, healthy, just and equitable, zero-emission, and ecologically regenerative resilient path.

This handbook is for people who understand the benefits of forming community-led resilience network, want to organize one themselves and/or help others organize one. The handbook is also for existing organizations and coalitions that want to overcome siloed and fragmented approaches to provide an integrated and holistic response to the C-E-B crisis.

The handbook begins by explaining why it is vital to prevent and heal the pervasive mental health, psychosocial, and related physical health issues generated by the C-E-B crisis and engage residents in local solutions to the crisis and other challenges while establishing healthier conditions in their community.

It then describes the steps involved with organizing and operating a community-led resilience network.

The handbook goes on to provide a step-by-step guide for how a new resilience networks can be organized. It also describes how existing coalitions and organizations of many types can expand their focus to become a community-led resilience network.

It then discusses ways to structure a steering committee for the resilience network to guide its operations, select an executive committee and/or co-chairs, and organize "Resilience Innovation Teams."

Some of the issues that are important for resilience networks to address are then outlined, including the development of a compelling mission statement and goals and clarifying its values and operating procedures. Twelve characteristics of successful local resilience networks are then discussed.

This Handbook includes a number of links to resources that can be helpful to a community-led resilience network. However, it is not possible to include links to every possible resource. We encourage readers to get on the web, talk with local residents and

professionals, and in other ways investigate resources that make sense to use in their neighborhood or community.

In addition, this handbook includes a substantial amount of information, much of which might be new to many people. For this reason it might be best to read one section at a time and discuss it with others that might be interested in forming a local resilience network. When the information has been digested, readers can move to the next section. No matter how it is done, we urge everyone involved with an effort to form and operate a community-led resilience network to read this handbook.

I. Why Community-Led Resilience Networks Are Urgently Needed

Traumatic Stressors are Pervasive Worldwide Today

From job and income struggles, to rising poverty, social isolation, political and religious extremism, food and water, involuntary displacement, and wars, traumatic stressors are at epidemic levels worldwide. Together these stressors are pushing mental health, psychosocial, and physical health issues to *record levels* in almost every nation worldwide!

The Climate-Ecosystem-Biodiversity (C-E-B) Crisis Is Adding Piling on Even More Stressors

Added to these adversities are the toxic stresses, emergencies, and disasters caused by the rapidly accelerating global C-E-B crisis.

The years 2023, 2024, and 2025 were the warmest ever recorded in history, and the past eleven years (2015-2025) were the hottest 11 years on record. Record levels of carbon dioxide were also measured in the atmosphere.

The carbon, methane, and other greenhouse gasses humans have added to the earth's atmosphere since the start of the industrial revolution act like a blanket that prevents heat from dispersing into space. Global surface and ocean temperatures have consequently continued to rise. For the past three consecutive years global average surface temperatures were more than 1.5 degrees Celsius (2.7 Fahrenheit) above pre-industrial levels. This means temperatures have already exceeded the 1.5 Celsius (2.7 Fahrenheit) extreme danger threshold set by the UN Intergovernmental Panel on Climate Change, and more global heating is certain.

Rising temperatures, in turn, are activating—and are activated by—the accelerating degradation of ecological systems and loss of biodiversity worldwide. The outcome is the global climate-ecosystem-biodiversity (C-E-B) crisis, not just an atmospheric climate crisis.

A top priority today of every community, state/province, and nation worldwide must be to quickly stop burning and using fossil fuels, eliminating carbon and other greenhouse gas (GHG) emissions, and conserving and regenerating ecological systems and biodiversity.

Historically, the U.S. and other industrial nations have, by far, generated more GHG emissions than the entire Majority World--meaning all other nations on the planet. They have a major responsibility to lead the way in eliminating the use of fossil fuels, slashing emissions, and regenerating the natural environment to protect society now and in the future.

Today, however, China, India, the European Union, Russia, and Brazil have joined the U.S. in generating over 60% of annual global emissions. Each of these countries also have a duty to dramatically slash their emissions and conserve and regenerate the natural environment.

Why it is Essential to Build Population-Level Mental Wellness and Resilience

Even if greenhouse gas emissions are quickly eliminated, and ecological systems and biodiversity are rapidly regenerated, the amount of emissions already concentrated in the atmosphere, and ecological damage that has occurred, means the C-E-B crisis will accelerate for decades. The crisis is already generating more frequent, extreme, and prolonged weather disasters and emergencies. These events are increasingly coupled with cascading disruptions to the ecological, social, and economic systems people rely on for food, water, shelter, income, jobs, health, safety, security, and other basic survival needs.

The combination of these impacts is already stressing and traumatizing billions of people worldwide. As it worsens, the C-E-B crisis will severely stress or traumatize nearly everyone in different times, ways, and magnitudes. This is why it is now essential to aggressively prepare for and address these impacts.

Although they will remain important--where, when, and for whom they exist--individualized mental health, social services, and disaster mental health cannot address today's epidemic of mental health and psychosocial issues. They also mostly focus "downstream" on treating symptoms after they appear, and do not work "upstream" to address the many interacting stressors that activate mental health and psychosocial issues. Consequently, these approaches have no chance of preventing or healing the scale and scope of the social, psychological, emotional, behavioral, and related physical health struggles speeding our way due to the C-E-B crisis.

We must therefore quickly expand how mental health, psychosocial, and related physical health issues are addressed by actively engaging local residents in using a public health approach to strengthen their entire population's capacity for mental wellness and resilience, as they engage in actions that transform their area into a health, safe, just and equitable, zero-emission, climate resilient community.

The most effective way to do this is to organize wide-and-diverse Community-Led Resilience Networks (CRNs) in neighborhoods, communities, and rural areas worldwide. Cooperation, collaboration, and mutual aid are key to significant positive changes. CRNs can accomplish this by reaching out, bringing together, engaging, connecting, teaching, sharing, motivating, and empowering local residents, groups, and organizations to come together to think big, innovate, and build a better future for themselves and future generations.

II. Process for Forming and Operating a Community-Led Resilience Network

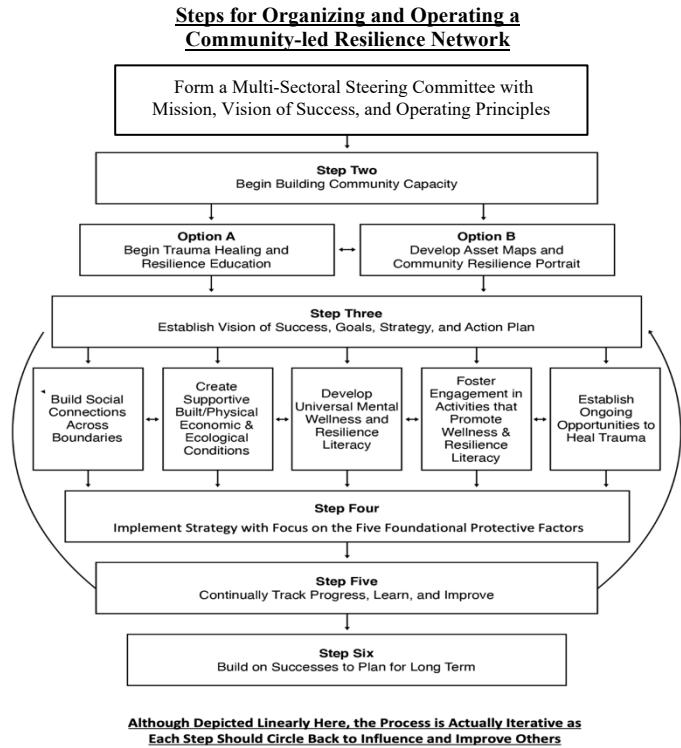
This is one of four Handbooks that explain the different steps involved with forming and operating a CRN. The steps are described in the graphic found on the right.

This specific Handbook is for people wanting to start and organize a CRN.

The Handbook for “*Emerging CRNs*” describes steps two and three: begin building community capacity for mental wellness and resilience, and developing strategies and actions plans.

The Handbook on the *Five Foundational Protective Factors to Build Universal Capacity for Mental Wellness and Resilience* describes the key factors CRNs should emphasize in their strategies.

The Handbook for “*Operational CRNs*” describes steps 4-6: Implementing the strategies, tracking progress, and planning for the long term.



III. Definitions

Before diving into the specifics of how to organize a Community-led Resilience Network, let's clarify the terms used in this and other handbooks, and how they apply to the C-E-B crisis. The terms described here are used in industrialized nations. Different terms are often used in majority world nations to describe similar processes and phenomena.

Terms Used to Describe the Impacts of the C-E-B crisis

Disasters are serious large-scale long-lasting disturbances to the functioning of a community that exceed its capacity to cope using its own resources. Disasters can be caused by weather-related and other environmental factors, human activities, or technological hazards, as well as various factors that influence the exposure and vulnerability of a community and produce severe property damage, deaths, and/or multiple injuries (adapted from The International Federation of Red Cross and Red Crescent Societies and U.S. Federal Emergency Management Agency) .

Emergencies are significant environmental, technological, or human-caused incidents or disturbances that damage or change normal living conditions in a community and require responsive action to protect life or property. Emergencies are typically smaller in scale and scope and do not last as long as disasters (adapted from the U.S. Federal Emergency Management Agency).

Cascading Disruptions to Essential Systems are impacts to or failures within one part of a social, economic, and/or ecological system that is interconnected with and activates impacts or failures within other parts of the systems and/or in other systems. They can reduce or destroy the food, water, shelter, jobs, incomes, health safety, and security or other resources humans depend on for basic survival (adapted from B. Doppelt, *Preventing and Healing Climate Traumas*, 2023).

Psychological and Emotional Distress can be thought of as an understandable and normal response associated with stresses and demands that are difficult to cope with, or that result from witnessing others in harmful situations or from fantasizing about future impacts. Eco-anxiety and climate anxiety are some of the terms used to describe the distresses resulting from worrying about what the C-E-B crisis will mean for the future (from Anouchka Grose, *A Guide to Climate Anxiety*, 2020).

Traumatic Stress results from frightening incidents of great emotional intensity that are beyond normal daily experience (from Karl and Evelyn Batsch, *Healing Stress and Trauma*, 2005). Consider how stressful it can be, for instance, when you and your family struggle to obtain food, water, or shelter for long periods of time, or when you must deal with one extreme weather disaster after another with little time for rest and recovery.

Individual Trauma can be considered "a blow to the psyche that breaks through one's defenses with such brutal force that one cannot react to it effectively... As so often happens

in catastrophes...(people) withdraw into themselves, feeling numbed, afraid, vulnerable, and very alone." (from Kai Erickson, *Everything in its Path*, 1978).

The traumas resulting from C-E-B crisis-related traumatic stresses, emergencies, and disaster can lead to anxiety, depression, post-traumatic stress disorder, complicated grief, and other mental health issues. Trauma can also cause individuals to try to dull their pain with drugs, alcohol, or other substances. Further, it can lead individuals to turn their distress outward and become aggressive or violent toward their spouse and children, or people who look, think, or act differently. All of these reactions can harm the self, families, organizations, and entire communities.

Because severely stressed and traumatized individuals tend to retreat into a self-protective survival mode that causes them to oppose anything they perceive as threatening, these reactions also make it more difficult to adopt policies and practices that involve a change in behavior or lifestyle to reduce the C-E-B crisis to manageable levels and adapt to its impacts.

Community Trauma can be defined as an event or series of events that create ..."a blow to the basic tissue of social life that damages the bonds attaching people together and impairs their prevailing sense of community... (it is) a gradual realization that the community no longer exists as an effective source of support and that an important part of the self has disappeared." (from Kai Erickson, *Everything in its Path*, 1978).

Community trauma can occur when an entire community burns down in a wildfire, a town is destroyed by a major flood or wind storm, or when widespread violence activated by the traumatic stresses generated by the C-E-B crisis affects numerous residents. Community trauma can also affect people with shared identities, such as religious, spiritual, refugee, and web-based groups.

The outcomes of community trauma often include, but go beyond those found with individual trauma, and include widespread anger and collective hopelessness and helplessness that produce numerous problems.

Societal Trauma goes beyond a specific geographical area or group with a shared identity to affect entire cultures, nations, or all of humanity. (Note that both community and societal trauma are sometimes called collective trauma). The COVID-19 pandemic was a societal trauma. Everyone worldwide was affected, but it was eventually reduced to manageable levels. The C-E-B crisis will also impact everyone worldwide. However, it will continue to accelerate for decades. Without major efforts to get out front of the impacts, the C-E-B crisis will be *the greatest societal trauma modern society has ever experienced!*

Terms Used to Describe What is Needed to Respond to the Impacts

Note that much more information about the definitions and processes described below can be found in the *Handbook on the Five Foundational Protective Factors for Building Universal Mental Wellness and Resilience for the C-E-B Crisis*.

Mental Wellness is defined by the World Health Organization (WHO) as “more than just the absence of mental disorders or disabilities.” It calls it “a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.” Building on the WHO's definition, we use the term mental “wellness” rather than health to emphasize both “feeling good” and “functioning well.”

Resilience involves far more than “bouncing back” from acute shocks and persistent adversities, which is what many people think resilience means. This definition assumes hardships will end and give people time to recover and return to previous conditions. It also assumes that conditions will be similar after a major adversity to what they were beforehand, and that people want to return to them.

Bouncing back to previous conditions, however, will increasingly not be possible--or even desirable--as the C-E-B crisis intensifies. One reason is that circumstances will continually change, often in harmful ways, and make it impossible to return to previous conditions. In addition, the mixture of accumulating disruptions to the systems people rely on for basic needs, and more frequent, extreme, and prolonged disasters and emergencies, will leave people with less and less, or no time at all, to recover and return to previous conditions.

In addition, marginalized and impoverished populations, those who experience ongoing racism, sexism, and other systemic oppressions, and people who have been subjected to other forms of traumatic stresses or traumas don't want to return to previous conditions. They want to *increase* their sense of health, safety, and wellbeing substantially *above* pre-adversity levels.

Further, in many cases, previous ways of living, including the excessive ecological damage created by resource extraction, production, consumption, and waste methods, the types and amount of energy used, and ways that people separate themselves from others, contributed to the C-E-B crisis, so bouncing back to pre-crisis conditions will often make the crisis worse.

The suffering generated by the C-E-B crisis can either defeat or empower us. It can empower us if we are able to use adversities to learn, grow, and find constructive new sources of meaning, purpose, and direction.

Rather than bouncing back to previous—and often unhealthy conditions--enhancing resilience during the C-E-B crisis should focus on what we call “Transformational Resilience.” This is the ability of individuals and communities to use adversities as catalysts to transform their thinking and behaviors, and the way their community functions, to create conditions that are *substantially more healthy, safe, connected, supported, just, equitable, zero-emission, and ecologically regenerative* than previously existed.

In western psychology this process is often called “post-traumatic growth,” “trauma-induced growth,” or “adversity-based growth.” However, when applied to the C-E-B crisis, we believe Transformational Resilience is a much more helpful term. That’s because it

speaks to the fundamental changes in thinking and practices needed to prevent and heal individual and collective distresses and traumas, and to transform groups, organizations, and communities into socially, economically, and ecologically regenerative systems.

Resilience is a *process*—not a specific outcome. It involves three interactive phases that can be called the “Transformational Resilience Cycle.” As stated above, the TR cycle is explained in greater depth in the *Handbook on the Five Foundational Protective Factors for Building Universal Mental Wellness and Resilience for the C-E-B Crisis*.

For now, “Start-up” CRNs should understand that inherent in the process of Transformational Resilience is a choice: in the midst of C-E-B crisis-generated adversities individuals, groups, organizations, and communities as a whole can continue to hold on long-held assumptions and beliefs about the way the world works and their role in it, or they can choose to open themselves to new ways of seeing the world and engaging with it.

Those that are determined to maintain previous perspectives and practices usually focus on what they believe has already been, or will be lost in the future, if they alter their thinking and methods. At best they tweak things at the margins in order to maintain long-held assumptions and beliefs. Their refusal to acknowledge or address current realities often activates widespread self-harm, harm to families, organizations, the community, and the earth’s climate, ecological systems, and biodiversity.

In contrast, individuals, families, groups, organizations, and communities that make the choice to use the disarray generated by C-E-B crisis as catalysts to learn, grow, and adopt new ways of seeing and acting in the world often discover skills and strengths they never thought they had, find deeper appreciation of life, and develop stronger relationships with others. Many people become more empathetic and more generous, which leads to greater happiness. They also experience greater emotional stability, and unearth other qualities that give their lives new meaning and direction.

These capacities help people who have engaged in the transformational process buffer themselves from and push back against traumatic stresses and remain socially, psychologically, emotionally, and behaviorally resilient during adversities. Many are also motivated to help reduce the C-E-B crisis to manageable levels, and assist others to engage as well.

If and when reality changes again and new crises occurs, the transformational resilience cycle will begin once more.

The role of a CRN is to establish the conditions in their community that empower residents to become creative forces to transform the way they think and act to establish substantially more healthy, safe, connected, supported, just and equitable, zero emission, ecologically regenerative conditions.

IV. A Community-Led Public Health Approach to Population-Level Mental Wellness and Resilience

As previously discussed, in different times, ways, and magnitudes the impacts of the C-E-B crisis speeding our way will severely stress or traumatize everyone. Individual mental health, human services, and disaster mental health will remain important, but cannot prevent or heal societal level distresses and traumas. A public health approach to mental wellness and transformational resilience is needed.

This method is best applied in neighborhoods and communities because this is where most people spend the majority of their time living, working, and recreating. It is also where people experience the impacts of the C-E-B crisis most directly and regularly.

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 community. This includes people deemed more at-risk and those with existing symptoms of mental health challenges. Fully engaging these groups with other residents avoids the stigmatization and siloing that often results when they are isolated from others or addressed separately.

The top priority of a public health approach is to *prevent* mental health and psychosocial problems. Methods to help people *heal and recover* when they experience struggles are fully integrated into the prevention strategies. They are not addressed separately.

These goals are accomplished by actively engaging residents in developing strategies that strengthen existing and form additional *protective factors*—such as robust social connections and supports, engagement in mutual aid, individual and collective emotional self-regulation and adversity-based growth resilience skills, engagement in different pro-social activities, participating in local resources, and other assets—that buffer people from and help them push back against traumatic stresses and traumas.

This approach is best implemented by the formation of a community-led resilience network.

The words included in the name Community-led Resilience Network (CRN) are chosen for a specific purpose:

- Community-led means local residents own the initiative and are the decision makers about what the CRN does. Governments and NGOs can provide funding, offer information and training, and in other ways participate in the CRN. However, they do not make decisions for the CRN. (The differences between community-led and community-based is discussed below).
- Resilience: The CRN focuses on enhancing the capacity for social, psychological, emotional, and behavioral wellness and *transformational resilience* for C-E-B crisis-generated and other adversities, not merely fixing community deficits or treating individuals with symptoms of pathology.

- **Network:** The coordination must be done by a formally constituted wide-and-diverse multi-sectoral *Network* that meets regularly to plan, implement, evaluate, and continually improve its wellness and resilience building strategies, not an informal group that meets occasionally or advises other organizations.

As long as these purposes are clearly understood, a community-led resilience network can use any name that makes sense to local residents.

In municipalities, CRNs should be organized in different neighborhoods. When this occurs, an umbrella CRN can also be established to link and coordinate the activities of the many different neighborhood CRNs.

A single CRN can be formed in small and modest-sized communities. In rural areas, a county-level or regional CRN can be established that coordinates the activities of different social networks, groups, and organizations spread across the region.

The Difference Between Community-Led and Community-Based Initiatives

As discussed above, it is important here to distinguish between community-led and community-based initiatives. A community-based program is organized by a civil society organization (a non-profit/NGO or community-based organization/CBO) or by a government institution. They usually obtain funding from an external source to launch an initiative, and involve local residents to gather information to guide their efforts. However, the NGO/CBO or government agency is the final decision-maker because they need to show their funder that they achieved their stated goals. Local residents consequently don't feel ownership for the initiative and many participate just to obtain whatever resources it might provide. Because the community never owns the program it ends when the funding dries up.

In contrast, community-led initiatives are, from top-to-bottom, run by the residents, groups, and organizations involved. They make all decisions about how it should operate, not the organization that secured the funding. The network often selects an NGO/CBO or government agency to serve as the fiscal sponsor. This entity is authorized to receive grants and tax-exempt donations for the initiative, and possibly provide other types of support services. But it has no involvement in decision making about how the initiative operates or funds are spent. Those decisions are made by the members of the group. This creates a powerful sense of collective ownership and responsibility for the initiative among participants. If and when funding ends, the initiative usually continues because the community owns it.

Both community-based and community-led initiatives can help get a CRN up and running. But unless from the start it is operated as a community-led initiative, with decision-making authority resting with the CRN steering committee and other members, participants will not take ownership and it is likely to grind to a halt when there are funding struggles.

What is important to remember is that throughout human history the majority of examples of beneficial transformational changes happened when people joined forces to think big, innovate, and establish something new. The importance of collaboration is why forming CRNs is so important.

V. Steps to Organize a Community-Led Resilience Network

There is no standard blueprint for organizing a CRN. Each comes together in their own unique way. Some are organized by a civil society organization (non-profit/NGO, CBO), and a few are formed by a local university or government agency. Most, however, are initiated by 1-3 local community leaders who see the need and reach out to other local leaders to engage them in forming a network.

No matter how they begin, most CRNs use a number of common steps to organize a steering committee (or board of directors) to lead its operations. If you are interested in forming a CRN, you can use your own version of the steps described below:

A. How to Organize a New Community-led Resilience Network

Step One: Form an Initial Small Planning Team

- Reach out to 3-6 friends and colleagues you know who might be interested in forming a local resilience network, share your idea of forming a CRN, answer questions, and ask them to join you in organizing a steering committee to lead the network.
- Meet with these people to discuss the scale and scope of mental health and psychosocial problems seen in your community, what the group believes are the primary causes, and how the C-E-B crisis is already, and will likely in the future impact local residents, organizations, and the community as a whole. Then, discuss if and how a community-led initiative to build mental wellness and transformational resilience can help prevent and heal the issues.
- If the initial small group agrees that a community-led CRN will be beneficial, they should develop a first vision of what a successful network can achieve. Their initial vision can be compared to how the community would likely look and function in 5-10 years under a business-as-usual scenario. Discussions could occur about different ways to achieve the vision, which can be turned into possible strategies they imagine can be used to achieve the vision and goals. The initial need, vision, goals, and strategies should be written down, and then pondered and improved as needed.
- After the group agrees to the first rendition of the need, vision, goals, and possible strategies, develop a short set of bulleted talking points group members can use to describe the key points to other people in 1-2 minutes. This “elevator speech” should describe the group’s view of the need for a local CRN, and its initial vision of success, goals, and possible strategies to achieve them. Each group member should verbally practice the elevator speech numerous times to improve the content and refine their ability to verbalize it to others. Social media presentations can also be developed.
- At the same time or soon thereafter, the initial group should identify 6-12 or more other local leaders they can contact to share the elevator speech and ask to participate in a steering committee. To decide who to contact it will help to clarify the geographic area

the CRN will initially focus on. This can include the identification of street names and locations that form the boundary of their work. The area where the CRN's works might change over time. But the initial depiction of the CRN's geographic focus will help determine what individuals, groups, and organizations to reach out to.

Below is a sample list of populations and sectors to consider asking to participate in the steering committee:

- Grassroots groups, community-based organizations, civil society organizations, neighborhood associations, and volunteer civic organizations representing every geographic region and population in the neighborhood or community;
- Elementary and secondary schools, high-needs schools, higher education institutions, community colleges, job-training programs, and other education or training agencies or organizations;
- Youth-serving organizations, such as youth after-school and summer programs;
- Parental, family, and early childhood education programs;
- Faith and spirituality organizations;
- Senior care organizations;
- Humanitarian aid organizations and other groups providing food, water, shelter, and other essential resources to lower-income, displaced, homeless, and other marginalized people;
- Climate change mitigation, adaptation, external physical resilience, environmental conservation and regeneration groups and organizations;
- Social and environmental justice groups and organizations;
- Human rights groups and organizations;
- Disaster preparedness and emergency response groups and organizations;
- Businesses and business associations;
- Social work, mental health, behavioral health, substance use, physical health, public health, and other professionals, groups, organizations, agencies, and institutions in the human health and social services fields;
- Police, fire, and other agencies and organizations involved with community safety, security, and the justice system;
- The general public, including individuals who have experienced adverse mental health or behavioral health conditions that can represent and engage with others who experience similar struggles.

Possible Roles of Steering Committee Members and Others Involved with the CRN

When reaching out to local residents, groups, and organizations about participating in the steering committee, it will be helpful to explain the different roles they can play. Each member can take on different roles. Although they will differ in every CRN, in general the roles include:

- Helping to develop, implement, and evaluate the CRN's mission, vision, goals, strategies, and action plans, to ensure they are achieving their desired ends.
- Helping to recruit and engage additional individuals, groups, and organizations in CRN activities.
- Actively participating in one or more than one of the CRN's Resilience Innovation Teams that devise and implement strategies to foster mental wellness and transformational resilience within different neighborhoods, populations, and sectors of the community.
- Helping to recruit, hire, and/or supervise staff and volunteer leaders.
- Identifying and/or securing specialists to serve as peer trainers and assist with other CRN activities.
- Locating potential funders and/or assisting with the development of funding requests.
- Providing volunteer and/or paid staffing support to schedule, organize, and operate CRN events.
- Actively participating in as many CRN activities as possible.
- Providing research, reviews, writing, and/or editorial assistance to produce CRN documents.
- Promoting the work of the CRN to local residents, public officials, the media, businesses, and the general public.

Step Two: Share the Need and Initial Vision, Goals, and Strategies with Other Community Leaders

- Members of the initial small planning group should arrange meetings with the individuals on their contact list, share the elevator speech, get their feedback, and if they voice interest, ask them to join the CRN steering committee. Be prepared to answer challenging questions, ranging from how much time would be required to how the CRN's activities might impact their work. If you do not have good answers, tell them you will speak with the planning team and promptly get back to them.

- When 3-6 or more new people agree to participate in a steering committee, hold a group meeting. The initial gathering might be a video call, which can be followed by an in-person get-together. The meetings should allow people to get to know each other, learn what they care about, and why they are interested in a CRN. The initial meeting (and all other meetings) should focus on establishing camaraderie and rapport, as few concrete goals can be accomplished unless these qualities exist. Building personal relationships, learning how each person sees things, and showing interest in issues they and their group or organizations are concerned about all help generate good rapport.
- One way to do this is to engage the new members in discussions to improve the need, vision, goals, and possible strategies of the CRN developed by the initial small planning group. This can create a sense of ownership and generate commitment and support among new participants. The talking points and elevator speech developed by the initial planning team should then be updated accordingly.
- This process might need to be repeated several times over a 3-6 month period to engage a diverse set of 8-16 people willing to serve on the CRN steering committee. When new people voice interest, they should be involved in improving the need, vision, goals, and possible strategies. They should also be asked to suggest other individuals, groups, and organizations to contact that might be interested in participating and will add diversity and/or expertise to the CRN. A plan to identify who will contact them should be crafted, and additional meetings held as needed.

Step Three: Formalize the Steering Committee and Choose a Name

When 8-16 or more people representing or working with different populations and sectors in the neighborhood or community are committed to participating in the initial CRN steering committee, it should be formally established. The committee should also select a name they believe will resonate with members of the community. They should then engage in the important activities described on page

B. How Existing Coalitions or Organizations Can Expand to Become a CRN

An existing coalition or organization focused on human services, social work, climate or environmental issues, disaster response, or other issues not related to building mental wellness and transformational resilience for the C-E-B crisis might want to expand to include this focus in their work. This can be an effective way to form a CRN.

This will succeed, however, only if the existing coalition or organization is committed to expanding beyond its current mission, membership, and approach to use a public health approach to build universal capacity to prevent and heal C-E-B crisis-related distresses and traumas and engage residents in solutions to the crisis. This can be difficult for existing groups. Some might initially voice interest in broadening their focus, but time constraints, the mental models that dominate the group, or their funding streams might soon lead them to revert back to their previous focus.

If you want to engage your coalition or organization in building population-level mental wellness and transformational resilience, discuss the likely impacts of the C-E-B crisis on the work your group does and populations it serves with leadership and members.

When they realize the serious nature of the impacts coming their way, discuss how they can expand their focus and membership to help the entire neighborhood or community strengthen its capacity for mental wellness and transformational resilience, reduce their contribution to the C-E-B crisis, and establish health, safe, just, equitable, connected, supportive, ecologically regenerative local conditions.

C. Selecting an Appropriate Organizational Structure

In the first year or so a CRN will typically operate with a somewhat informal organization structure. However, when a sufficient number of individuals, groups, and organizations decide to participate in the CRN steering committee (also called a council, task force, or leadership circle) in other ways become involved, it will usually benefit by developing a more formal structure.

Designate Co-Chairs and/or an Executive Committee or Leadership Circle

The CRN steering committee should always serve as the overall decision making body of the network. However, the entire committee might only meet monthly, yet there are decisions that need to be made on a daily or weekly basis. For this reason, it will often also be beneficial for the steering committee to designate co-chairs and/or a 3-6 person smaller executive committee of some type that is authorized to make ongoing decisions. The authority of the co-chairs and/or executive committee should be limited to decisions that are clearly consistent when the mission, goals, and strategies are approved by the larger steering committee. When it is unclear if and how an issue fits within the CRNs stated guidelines, the co-chairs and/or executive committee should refer issues to the larger steering committee for final approval.

Organize Resilience Innovation Teams

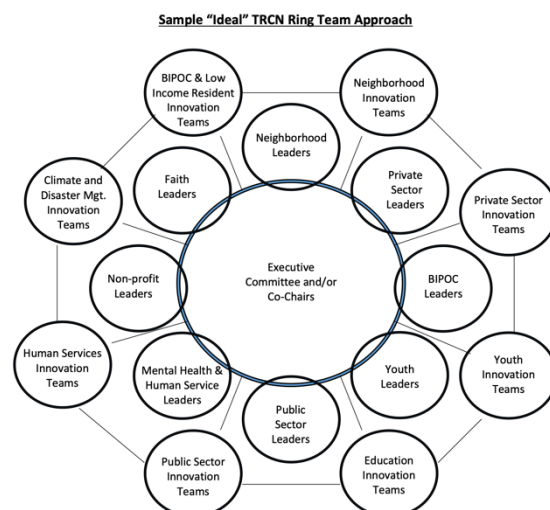
In addition, because in most communities no single group or organization can assist all of the different populations and sectors, the steering committee should consider forming a set of "Resilience Innovation Teams." The teams are composed of individuals, groups, and organizations that work with and are respected by different neighborhoods, populations, and sectors. Their role is to use a public health approach to develop strategies to engage their groups and sectors in activities that strengthen their capacity for mental wellness and transformational resilience as they reduce their contribution to the C-E-B crisis and enhance local community conditions. This will require a good deal of "well-coordinated decentralization."

"Well-coordinated decentralization" might seem like a term filled with contradiction. But a "Hub and Spoke" or "Ring Team" structure can be a useful way to coordinate the efforts of numerous semi-independent Resilience Innovation Teams.

Different Resilience Innovation Teams can be formed, for example, to develop strategies to engage specific neighborhoods, K-12 schools, working age adults, seniors, higher educational institutions, volunteer and civic groups, recreational clubs, private businesses, health care providers, public agencies, and other populations and sectors in building mental wellness and transformational resilience.

On a monthly basis, or more often, each of the Resilience Innovation Teams should share their strategies and activities with the CRN steering committee and all other Resilience Innovation Teams to ensure that everyone knows what they are doing, identify overlaps and gaps, obtain feedback, and in other ways improve, integrate, and coordinate efforts.

For example, a K-12 school Resilience Innovation Team might focus on children in public schools. When they share their strategies with the CRN steering committee and other Resilience Innovation Teams, someone might point out that children in private schools, or that are being home-schooled, should also have the opportunity to be engaged. This can spur efforts to contact people who operate private schools and work with the parents of home-schooled children to ask if they would like to participate in the CRN's mental wellness and transformational resilience building activities.



In addition, when organizations involved with different Resilience Innovation Teams find they are planning to submit proposals to the same funder, discussions can occur to clarify how to distinguish the proposals, or possibly merge them.

The *Sample “Ideal” CRN Ring Team Approach* graphic found above explains the well-coordinated decentralized approach. The steering committee is depicted on the inside loop, with co-chairs and/or an executive committee. Outside of this are a suite of Resilience Innovation Teams helping different populations and sectors strengthen their capacity for mental wellness and transformational resilience for the C-E-B crisis. They continually share their activities with the steering committee, gather feedback, and improve their strategies and methods.

D. Funding an Initial CRN

Some community-led resilience building initiatives, such as [Peace4Tarpon](#) in Tarpon Springs, Florida in the U.S., begin without funding and operate for years without much or any of it. Their founder said not having funding served them very well as they were not beholden to anyone. This was possible because the founder was able to volunteer her time to coordinate the initiative.

Most community-based initiatives, however, will, in fairly short-order, need to secure funding to cover administrative costs and hire staff. Without funding, the efforts by volunteers run the risk of dwindling and the CRN's efforts can stall or terminate.

Raising funds, however, can be challenging for start-ups. In addition, most resources for mental health work currently go to government agencies or professional organizations for clinical treatment, not community-led mental wellness and resilience building initiatives. However, a carefully developed approach can achieve success.

One of the best ways to raise start-up funds is to ask CRN members to consider making modest personal donations, and to ask them to also request donations from their friends, colleagues, and others they know in the community.

The CRN can also use crowdfunding platforms such as GoFundMe to raise start-up funds. This approach allows the CRN to share their work and request large and small donations from potentially millions of individuals and organizations that might want to help. The CRN can create a website that describes its vision and mission that can be linked with its crowdfunding page. It can also set a fundraising goal and track donations so people can see how the campaign is going. In addition, creating a page on the website that recognizes people who contribute funds can be helpful (though some donations might be anonymous).

Another way to raise both start-up and ongoing funds is for the CRN to hold community fundraisers. This can be done by the CRN on its own, or in partnership with other well-known local organizations, such as those participating on the CRN's steering committee, or that are involved with a Resilience Innovation Team. It often helps to organize a fundraising committee to develop the campaign strategy. Small donations of \$15 to \$100 (U.S.) can be solicited and strategies can also be developed to approach residents who are known to have the potential to make larger donations.

After the CRN has achieved some success, it can approach local, state/provincial, or even national and international philanthropic organizations for funding. National and state/provincial, and local governments should also enact policies that fund CRNs. Numerous funding options can be found on the web.

It might take a number of years before foundations will fund the CRN because most, especially large ones, avoid start-ups and prefer to support established non-profits with proven track records. However, a local agency or philanthropic foundation might be willing to invest early on if they see progress. Or, the CRN can approach an existing organization that receives grants from external foundations to see if they can be included in a grant proposal it is submitting. Over time, as the CRN becomes established and develops a track record, it can approach a larger foundation on its own for funding.

VI. Important Initial Activities of the CRN Steering Committee

1. Clarify the CRNs Mission and Vision

After the initial steering committee has been formed, it should build on the mission statement developed by the original organizers and craft one that all members embrace. To develop a clear and powerful mission statement, the CRN should answer basic questions such as:

- What are the top priorities of local residents?
- How do they relate to mental health and psychosocial issues, and how can we address their needs in ways that strengthen their capacity for mental wellness and transformational resilience?
- How can residents be engaged in actions that reduce their contribution to the C-E-B crisis and significantly enhance local social, economic, physical/built, and ecological conditions in healthy, safe, just, and equitable ways?
- How can we operate to achieve these goals?

The answers to these questions should be written up into simple 1-2 sentence-long action-oriented assertions that describe the purpose and goals of the network, who it will engage, and how it will accomplish its goals. Developing a good mission statement requires thinking long-term in a big-picture way.

After the mission statement is developed, the CRN should clarify its vision of success. The vision should describe its dream for the future--the ideal way CRN members would like things to look and function in the community when it has built a universal capacity for mental wellness and transformational resilience.

A good vision statement should be written in the present moment, not future tense, but be forward-looking. Like the mission statement, it should be written as a short, powerful, unequivocal description of the ideal conditions the CRN seeks to achieve.

The vision should also be inspirational and create a vivid picture in people's minds of why the CRN's work is very important. At the same time, it should not be unrealistic, include metrics, or be too specific.

2. Clarify the CRNs Core Values

From the accelerating distresses and traumas generated by the adversities generated by the C-E-B crisis, to staffing, funding, and other typical organizational struggles, a CRN is certain to face numerous challenges. After the CRN clarifies its mission and vision, it will therefore be important to adopt a clear set of core values to ensure continued wise and

skillful decision-making during difficult times. The values adopted by the CRN will also help attract additional participation and motivate residents to engage in its activities. It is important to remember that both explicit values such as those that are publicly stated above, and implicit values, which are unstated but nevertheless powerful, will be important to the success of the CRN. If, for example, a CRN begins to value revenue over activities that build social connections, or if they locate most of their work in wealthier neighborhoods and ignore low-income areas or BIPOC populations, residents will come to believe that the network's explicitly stated value of equity is illegitimate and that money and power are their actual implicit values. This will cause a loss of faith and trust in the integrity of the CRN.

The difference between how the CRNs address intrinsic and extrinsic values will also be important. Intrinsic values tend to focus on compassion, connection, and kindness toward everyone and everything, including the natural environment and biodiversity. Extrinsic values tend to focus on a desire for status, wealth, power, or other forms of self-aggrandizement.

When asked what they really care about, most people will prioritize intrinsic values. Yet, a small percentage of people will describe extrinsic values as most important to them. These individuals are typically not interested in connecting with others or concerned about their community. They also tend to have higher levels of stress, anxiety, anger, depression, and dissatisfaction than people who hold intrinsic values.

The values people hold are not shaped by some mysterious force. They result from the norms and values promoted within their family, by people in their social networks, and by the cultural, religious/spiritual, economic, and political environments in which live.

If a CRN wants to enhance everyone's capacity for mental wellness and transformational resilience as it engages residents in reducing their contribution to the C-E-B crisis, it will need to continually promote intrinsic values such as connectedness with others, empathy, and engagement in prosocial actions that help others, while regenerating tattered social and ecological systems, and downplay extrinsic values.

3. Identify the CRNs Operating Principles

The values that a CRN chooses to guide its activities should be closely connected with a set of agreed-upon operating principles. Operating principles describe the way the CRN will put its values into practice to achieve its vision. They help guide decision-making and allow things to get done quicker. The operating principles can also circle back to influence the CRN's mission, vision, and values. Some of the most important operating principles CRNs should consider adopting include:

- *Service-driven and Participatory Leadership*: The CRN should be led by respected members of the community who prioritize serving others over their own interests. They should be able to communicate effectively with and serve as "links" between both community leaders and residents who are otherwise usually marginalized or excluded from community activities. The leaders should not be firmly committed to any specific

theory or approach to building mental wellness and transformational resilience, and thus be able to encourage CRN members to co-create innovative locally-relevant, age and culturally accountable strategies. Good leaders should also be able to reframe discussions by asking powerful questions rather than providing their own answers, and create feelings of safety that allow people to feel comfortable gathering together to discuss difficult issues. And the goal of a good leader should be to empower others to be the best they can be, not promote themselves.

- *Health, Wellness, and Resilience, Not Treatment:* The CRN focuses on designing and implementing strategies to prevent and heal mental health and psychosocial struggles by using a public health approach to build population-level mental wellness and transformational resilience. The focus is on building wellness and resilience, not diagnosing and treating mental health problems.
- *Do No Harm:* CRNs always pursue social justice, equity, and protect human rights. Unequal and unjust norms, practices, and policies can create and aggravate social, psychological, emotional, and behavioral problems for both the oppressed and oppressors. It is therefore essential for a CRN to explicitly state that social and environmental justice, equity, and human rights will guide *all* its activities and that they are firmly committed to not marginalizing or doing harm to any individual, neighborhood, or population.
- *Systems Thinking, Neuroscience, and NEAR science:* CRNs should use credible information grounded in the “social-ecological model” to design public health strategies to prevent and heal mental health and psychosocial struggles and engage residents in solutions to the C-E-B crisis. They should also learn the basics of systems thinking to understand how the impacts of the C-E-B crisis can activate cascading disruptions in one ecological, economic, or social system that compound to activate unforeseen, surprising changes in others, and conversely how positive changes in one area can produce a virtuous cycle that activates beneficial changes elsewhere. In addition, CRN members should learn and utilize the basic principles of [neuroscience](#) and [NEAR science](#) to understand--and teach others--how traumatic stresses and traumas can activate instinctive fight, flight, freeze reactions that affect people's body, mind, emotions, and behaviors and how, when unaddressed, those reactions can harm individuals, families, communities, and entire societies.
- *Ground-Up Demographically and Culturally Accountable Strategies:* The ability of a CRN to engage local residents in activities that strengthen their capacity for mental wellness and transformational resilience and reduce their contribution to the C-E-B crisis will be determined by the extent to which they trust, support, and are willing to participate in the initiative. To achieve this, strategies must focus on what is important to residents. The CRNs activities will therefore vary based on the demographics, cultural make-up, and history of trauma in the different neighborhoods, populations, and sectors of the community, and the resources that are available or can be obtained. The CRN should always design its activities from the ground-up to address local issues and conditions.

- *Continual Learning, Innovation, and Improvement*: CRNs will frequently need to alter their goals and strategies as the C-E-B crisis accelerates, new challenges appear, and novel dynamics surface that cause their strategies to fail to produce the desired outcome. This will require the willingness to recognize and alter deeply held assumptions and beliefs that previously seemed unassailable. Like peeling an onion, new insights will continually emerge as the CRN pursues its activities. A commitment to become a "learning community" that constantly discovers new things, revises its assumptions and beliefs, and subsequently alters their strategies and action plans should therefore be a core operating principle. Staying connected with and learning from CRNs in other communities, regions, and nations is a centerpiece of this process.

4. Learn and Practice Good Communications and Conflict Resolution Skills

Developing an agreed upon mission, vision, values, and operating principles among people who may not know each other or have worked together before will often create tensions and conflicts that lead to poor communications and decision making. It will therefore be very important for the steering committee to make explicit efforts to build trust and practice good communication, and effective conflict-resolution skills.

Dedicating time to allow people to build relationships, develop good rapport and camaraderie, learn how to communicate in ways that build respect and trust, and constructively resolve conflicts will help the steering committee become a cohesive force in the community. Learning and practicing these skills will also provide community members with an important role model they can follow to communicate effectively and resolve conflicts.

Effective communicators can explain their ideas in clear and simple terms, express their feelings in an open and non-threatening way, listen carefully to others, and ask questions to clarify their meaning. They are also willing to alter their beliefs if what they hear from others seems reasonable. Additionally, effective communicators reflect on the interactions occurring within their group, consider how to improve their own responses, and encourage others to do so well while initiating dialogues about issues or tensions that may arise.

Developing these capacities requires openness to new ideas and respect for the varied perspectives of CRN members. The mutual trust needed to develop and implement strategies to prevent and heal climate distresses and traumas and engage in solutions to the C-E-B crisis will emerge only when CRN members are willing to speak honestly and respectfully, support one another, and continually seek constructive feedback on ideas. This requires members to see each other as collaborators, not competitors, which is all too common when discussing funding or different strategies. Some good resources on developing communications skills can be found [here](#).

It takes time to develop these capacities. It will, therefore, be important for a CRN to continually dedicate time to learn and practice good communication and conflict resolution skills. This can occur informally through ongoing discussion among CRN members. It can also be done with role plays and conflict resolution games that allow people to practice

skills in non-threatening situations. Some good resources on conflict resolution can be found [here](#).

In addition, when tensions arise in the process of developing goals and strategies, it will be very important for a CRN to acknowledge and honestly discuss what has openly occurred, and dedicate time to clarifying how to communicate and resolve conflicts better in the future.

5. Educate All Members of the CRN

Early-on in the development of the CRN, it will be very important for members to become apprised about what will be needed to implement its mission, vision, and operating principles. This involves learning about the C-E-B crisis and how it is likely to impact the community. It also involves learning the basics of a public health approach to mental wellness and transformational resilience. Educational sessions should also be held on [servant leadership](#), [group facilitation](#), [asset mapping](#), [trauma-informed responses](#), and more.

The sooner a CRN begins this type of basic education and training the better, as it can provide members with the understandings and skills they need to work effectively with community members. It is also important because the previous education and training of many members might not have addressed these issues. Guest speakers can be engaged, and educational opportunities can be found on-line at little to no cost by partnering with a local university or other community coalitions that are seeking similar training.

6. Continually Work to Identify and Engage Other Community Champions

As the CRN steering committee begins to come together it will be important to let other community members know about the initiative and identify and engage community champions. A localized version of an "outside-in" approach can be used to identify and reach out to people to participate in the steering committee. This involves including, but expanding beyond well-known individuals, organizations, or elected officials to ask residents to recommend individuals that should become involved in the CRN. The network's initial focus should be people with:

- Influence: the ability to make things happen in different neighborhoods and sectors.
- Important information: about people and issues affecting the community.
- Resources: such as contacts, time, facilities, and money.
- Expertise: in working with the many different populations, sectors, and issues the CRN will engage with.
- Lived Experience: those already feeling the effects of different types of distresses and traumas.

It is important to keep in mind that even if some people cannot formally participate in the steering committee, effort should be made to engage them in one or more of the “Resilience Innovation Teams” the CRN should form to develop strategies that engage each of the populations, geographic areas, and sectors in the community in building mental wellness and transformational resilience. If they cannot engage in this way, the CRN should regularly publish newsletters and invite community members to attend events that keep them connected and help them learn about its activities.

VII. Following from the Above, Twelve Characteristics of Successful Community-led Resilience Networks

- **Localize!** Successful CRNs address the everyday issues of local residents and organize activities to serve the neighborhood and community, not causes or professions.
- **Center on Relationships!** CRNs view every issue and event as opportunities to build relationships and create wider and more diverse networks of friends, allies, and social supports.
- **Highlight Inner Good!** CRNs recognize there is something good in every person and that preventing and healing distresses and trauma requires people to recognize their wisdom and worthiness, share it with others, and support residents in the community to do the same.
- **Embrace Interconnection!** CRNs continually create common purpose by emphasizing the interdependency of individuals, families, organizations, and the community with each other and the air, water, soil, and other aspects of the natural environment that make their lives possible.
- **Connect Through Story!** CRNs use emotional, value-laden language, as well as stories with ample examples derived from the lived experience of resilient communities, to communicate how its vision, goals, and strategies will help improve residents' everyday lives. Numerous stories related to building mental wellness and transformational resilience can be found in the *Handbook for "Emerging" CRNs* and in the *Handbook on the Five Foundational Protective Factors for Building Universal Mental Wellness and Transformational Resilience for the C-E-B Crisis*.
- **Use Simple Terms!** CRNs use plain-language and avoid jargon in their messaging. They can include basic psychology and science in messaging, but only as secondary supports, as many residents think these fields are for professional only and do not speak to the issues they deal with on a daily basis.
- **Humanize the C-E-B Crisis!** CRNs translate the C-E-B crisis into issues related to public health, safety, and local community wellbeing because these qualities are more important to most residents than abstract atmospheric climate science issues.
- **Model Wellness and Resilience!** CRN leaders strive to portray a well-reasoned position on issues mixed with continual humor, compassion, and empathy. These qualities are essential to build the mutual trust and comradery that are key to engaging people in a common purpose. The key is not just to do it—but to live it!
- **Exhibit Ecological Responsibility!** CRNs continually examine and find ways to reduce their own and their community's contribution to the C-E-B crisis. This includes eliminating the use of fossil fuels and other sources of greenhouse gasses, and regenerating local air, soil, and water quality, forests, wetlands, and other aspects of the natural environment and biodiversity.
- **Ensure Equity and Justice!** CRNs evaluate all strategies and practices to ensure that they are just and equitable and protect human rights. Everyone in the community should benefit equally

from the activities of the CRN. Any impacts resulting from efforts to reduce the community's contribution to the C-E-B crisis should also be distributed equally to all populations.

- **Normalize, Don't Pathologize!** CRNs help residents realize there is nothing wrong with them when they experience psychological or emotional struggles as a result of the impacts of the C-E-B crisis. They are perfectly natural and normal reactions to dysfunctional external conditions. They use terms like transformational resilience, self-healing, and community renewal to emphasize that everyone has the capacity to recover and heal, rather than words that pathologize people like diagnose or treatment.
- **Strengthen Local Assets!** CRNs strengthen local protective factors and form new ones. This is very different from the all too common focus on fixing problems, eliminating deficits, and minimizing risks. They continually shine the light on the community's capacity for innovation and transformation by highlighting how local skills, strengths, resources, and other assets have been formed in the past, and the ability of residents to join together to create new possibilities today.

VIII. Criteria for Becoming Ready to Develop a Strategy to Build Population-level Wellness and Resilience

When a start-up CRN has demonstrated that it has met the following criteria, they are ready to begin developing their strategy to build population-level wellness and resilience.. The criteria includes:

- They have formed a wide and diverse multi-sectoral steering committee.
- Steering committee members have read all the materials provided in this Handbook.
- The committee has developed a vision of success, clear mission, core values, and operating principles that clarify its commitment to using a public health approach to build population mental wellness and transformational resilience and reduce their communities contribution to the C-E-B crisis.
- The geographic boundaries that will define the CRNs work have been defined.
- The steering committee has learned and continually practicing good communications and conflict resolution skills.
- A proposed timeline has been adopted for developing strategies to build population-level mental wellness and transformational resilience and begin to implement them (in no longer than 6-12 months).
- If needed, a letter of support from a civil society organization (non-profit or NGO) or government agency has been obtained stating that it will serve as the CRNs fiscal sponsor.

When this criteria is met the CRN should read the Handbook that offers guidance on how to develop a strategy to build population-level wellness and resilience for the C-E-B crisis.

X. Conclusion

We hope this Handbook has provided sufficient information to enable you to form a wide and diverse CRN steering committee and begin operations. The charts below can be used to ensure that all of the key steps have been addressed.

Checklists for Actions Involved With Organizing a CRN

| I. <u>Organizing a Steering Committee</u> | Yes | No | Tried but no success | Comments |
|--|-----|----|-------------------------|----------|
| Did the small group that desired to form the CRN develop an initial mission, vision of success, and approach for achieving it? | | | | |
| Did the initial group make a list of people to share their mission, vision, an approach with, and ask to participate? | | | | |
| Did the initial group create and practice an "elevator speech" to explain the CRN in simple compelling terms to others? | | | | |
| Do you now have at least 8-15 respected people from different neighborhoods, social networks, groups, and organizations in the community interested in an CRN? | | | | |
| Has the team of 7-15 discussed what its mission, vision of success, values, and operating principles will be? | | | | |
| Has the team of 7-15 selected an interim executive committee/board and/or co-chairs to make daily decisions for the CRN? | | | | |
| Has the initial team of 7-15 discussed how the CRN will communicate with each other and resolve conflicts? | | | | |
| Does the initial team of 7-15 have a plan to invite additional individuals, groups, and organizations to participate in the CRN? | | | | |

| II. Membership: Who is Involved? | Yes | No | Tried but no success | Comments |
|--|-----|----|----------------------|----------|
| Individuals who work with grass-roots groups and people typically uninvolved or marginalized in the community? | | | | |
| Neighborhood leaders? | | | | |
| Civic and voluntary organizations (e.g. YWCA/YMCA, Rotary)? | | | | |
| K-12 educational organizations? | | | | |
| Youth after-school and summer programs? | | | | |
| Elder support and care organizations? | | | | |
| Volunteer and non-profit environmental, conservation, and climate organizations? | | | | |
| Community colleges and universities? | | | | |
| Private businesses and business associations? | | | | |
| Adult job-training organizations? | | | | |
| Religious and spirituality leaders? | | | | |
| Organizations that provide food/water/power/shelter/sanitation during disasters and emergency situations? | | | | |
| Climate adaptation and mitigation professionals, groups, and organizations? | | | | |
| Public health professionals? | | | | |
| Doctors, nurses, and other physical health professionals and institutions? | | | | |
| Disaster response professionals? | | | | |
| Justice system representatives (e.g. police, courts)? | | | | |

| | | | | |
|---|------------|-----------|-----------------|--------------------------|
| Mental health professionals and institutions? | | | | |
| Non-profit, private, and public direct human service professionals and organizations? | | | | |
| Local funders? | | | | |
| Local government agencies focused on infrastructure, open spaces, parks, economic development, the natural environment, and climate change? | | | | |
| Local elected officials? | | | | |
| Does the initial CRN now represent all of the populations, neighborhoods, and sectors in the community? If not, who is missing? | <u>Yes</u> | <u>No</u> | <u>Not Sure</u> | <u>Others to Involve</u> |

| <u>III. Organizational Planning</u> | <u>Yes</u> | <u>No</u> | <u>Comments</u> |
|--|------------|-----------|-----------------|
| Has the CRN developed a plan to educate and train its members in core information and skills? | | | |
| Has the CRN developed a plan to identify and recruit effective leaders and staff? | | | |
| Has the CRN organize "Resilience Innovation Teams to design and implement strategies to enhance mental wellness and resilience among different populations and sectors of the community? | | | |
| Has the CRN discussed a "ring team" or similar organizational structure to coordinate strategies by different semi-independent Resilience Innovation Teams? | | | |
| Has the CRN developed an initial fundraising plan? | | | |

Some Helpful References for CRNs

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