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About the Resilient Georgia Regional Grants

In the fall of 2019, the Pittuloch Foundation and Resilient Georgia awarded two-year grants to four cities and the surrounding counties to provide a regional emphasis on trauma informed awareness, Adverse Childhood Experiences (ACEs) and child sexual abuse prevention training as a basis to transform systems and procedures crossing both public and private sectors.

Resilient Georgia is a not-for-profit established to work with public and private partners to design a unified vision and to create an integrated statewide birth through 26-year-old behavioral health system of care. Resilient Georgia serves as a supportive and guiding resource throughout each Regions planning and implementation process.

Coalition Mission

To lead a regional coalition of collaborative, community-based partnerships to prepare Augusta and the surrounding counties to address Adverse Childhood Experiences (ACES), Trauma Informed Care and Resilience. Key components to be implemented by our partners include serving teens 13-19 in the 14-county area by (A) promoting coordinated Trauma-Informed Practices across Systems; (B) advancing workforce through recruitment, education, and development, and (C) building awareness and a common language and understanding about adversity and resilience. Visit our website to learn more: <https://www.resilientteens.org>.

Summary

The Augusta coalition focuses its coalition efforts on teaching and building resiliency skills among teens in the CSRA, educating the community on the impacts of trauma, and strengthening support for programs and services. rural, urban and suburban areas in the region, with targeted populations including:

- Teens 13-19
- Teens in rural, urban, and suburban areas of the 14-county catchment area

Augusta's coalition includes 8 community organizations and two departments at Augusta University, the CSRA Community Foundation, and the Medical College of Georgia Foundation.



Leadership Team and Contributors

Dr. Kimberly Vess Loomer

Medical College of Georgia, Augusta University

Dr. Melissa Bemiller

Augusta University

Ms. Julie K. Miller

Region 7, Family Connection

Coalition Partners

List all of the partners with your coalition, including:

- Augusta University: Medical College of Georgia, Department of Social Sciences (Loomer & Bemiller)
- Family Connection– Regional Manager -7 (Julie K. Miller)
- Child Enrichment – Executive Director
- Safe Homes – Executive Director
- 100 Black Men of Augusta – Vice President of Programs
- Boys and Girls Clubs of CSRA – Chief Operations and Strategy Officer
- Family Y (YMCA of Greater Augusta) – District VP
- The Community Foundation of CSRA
- Medical College of Georgia Foundation

Message from the Principal Investigator(s)

We are thrilled to be part of Resilient Georgia's efforts to create a Trauma Informed Georgia. The flexibility shown to us as grantees during the pandemic are much



appreciated and demonstrate the commitment of the Pittulloch Foundation and Resilient Georgia's to bettering our state. Preliminary data and feedback from our Resilient Teen participants and our medical student facilitators indicate we are touching on relevant and crucial topics in our communities. We look forward to continued work together.

Key Impacts/Accomplishments

1. Created a Resilient Teen program from scratch and successfully implemented it during a pandemic when schools were closed and all meetings became virtual.
2. Built a strong coalition of partners to advance the message of trauma and its impact on communities with resilience being the antidote.
3. Designed an innovative way to involve medical students in the delivery of Resilient Teen curriculum.
4. Created a logo, instagram account, toolkit, and website to communicate with teens and the community about this initiative.
5. Provided training on trauma and resilience to a variety of partners.
6. Collected valuable data that will inform future work on trauma and resilience.
7. Informed communities about the Handle With Care project and worked with those communities to implement.
8. Formalizing work by including in Family Connection annual strategic plans.

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Description of Trauma-Informed Care (TIC) and Adverse Childhood Experiences (ACES)- Related Efforts

TIC/ACES Services – General

.. We hosted three meetings with our community partners to describe TIC/ACES and begin dialog about a shared common language before COVID-19 occurred.

.. We partnered with Augusta University's Institute of Public and Preventive Health through the Resilient Augusta, a multidisciplinary group. During the last three months, we have been attending the monthly meetings and promoting the scheduled activities, including Understanding Resilience Series as an effort to address with TIC and ACEs.

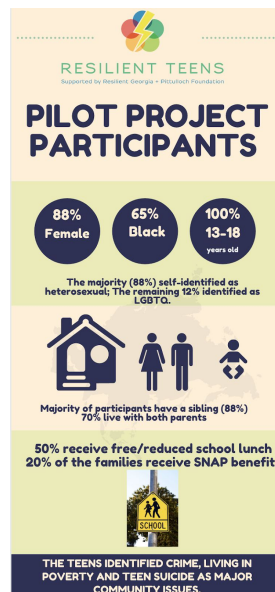


Prevention/Intervention

- In a pilot program to address Adverse Childhood Experiences (ACEs), resilience, and trauma informed care in teens 13-19 in the 14-county area of the Central Savannah River Area of Georgia, teens completed six weekly virtual sessions called “**Resilient Teens.**” This program placed 20 teens, participating from 13 of the 14 counties in our area, into small groups which were facilitated by 26 medical students. Fourteen additional medical students helped with other aspects of the program with teens. Demographics of the teens and their perceptions of top community issues are below:

- **Demographics**

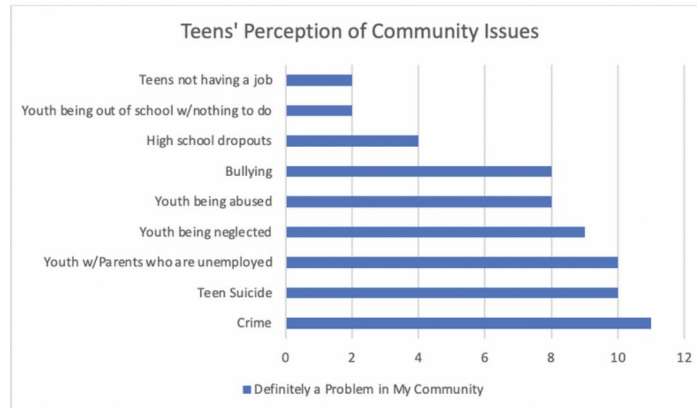
- Eighteen youth responded to the post-test survey, but only seventeen answered all questions. Most of the participants were:





- **Community Issues**

Additionally, we asked youth about their perception about problems in their community. Their responses indicate that they are viewing the same community issues that are being reported through Family Connections and other agencies. The issues marked as “definitely a problem in my community” given in order are:



Crime (11), Children living in poverty (10), Teen suicide (10), Youth with parents who are unemployed (9), Youth being neglected (9), Youth being abused (8), Bullying (8), High school dropouts (4), Youth being out of school with nothing to do (2), Teens not having a job (2).

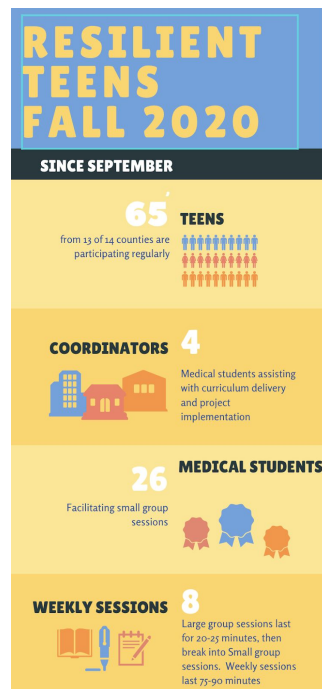
- **Mental Health**

- While the majority of teens (55%) indicated that they know the best ways to care for their mental health, 83% indicated that they feel as though they do not know how to express their feelings sometimes. When they are upset, anxious, or sad, the majority (66%) said that they go somewhere to be alone, followed by take a nap (50%), and doing something artistic (44%).
- Concerning their overall knowledge, most of the respondents knew some or a lot about depression (72%), anxiety (83%), and suicide (72%). When asked about their knowledge of skills to assist with depression (66%), anxiety (66%), or suicide (44%); they were less confident with their knowledge. Asking if they knew about resources available to help (38%) with these issues or where to locate (55%) said resources resulted in lower confidence.
- Further, we wanted to know if we provided the knowledge and trained them about the issues, would they feel comfortable talking with other teens who may be facing the issues. The results show that the majority would feel somewhat to very comfortable speaking with others about these issues if they had the knowledge and skills. Overall, most of the respondents showed some level of comfort for



discussing depression (94%), anxiety (83%), suicide (55%), skills to assist with depression (88%), anxiety (94%), or suicide (66%), the availability of resources to help (72%), where to locate the resources (72%), and best ways to care for your mental health (77%).

- This pilot project dataset, though small, reinforced our belief that the tenets of Resilient Teens meets an unfilled need in our catchment area. Further, teens recognize these areas of need and would like to have the skills to address them.
- To incentivize participation, teens received a \$100 gift card if they attended all six sessions.
- **Resilient Teens 2.0:** In September of 2020, a revised version of “Resilient Teens” began. This version was adjusted based on the evaluation of the pilot program.



- Recruitment
 - Expanded methods to obtain a larger group of teens for the program
 - Made concerted efforts to make sure that the teens represented areas they came from



- Interviewed medical students to assess availability, knowledge of resiliency and trauma, and dedication to participation
- Curriculum: The Resilient Teens curriculum was adapted from two evidence-based sources and is based on the 5 Pillars and 7 C's of

The basis of our curriculum

5 Pillars of Resilience

Resilience is made up of five pillars. By strengthening these pillars, we in turn, become more resilient.

Self-Awareness

Mindfulness

Self-Care

Positive Relationships

Purpose



7 C's of Resilience

You too can master the 7 C's of Resilience

Competence

Confidence

Connection

Character

Contribution

Coping

Control

Resilience as outlined below:

- The five pillars are self-awareness, mindfulness, self-care, positive relationships and purpose. A lesson on each of these pillars is delivered in a large group format and then teens break into small groups with two facilitators per 7 teens (grouped by age) to do age-appropriate activities that reinforce the lesson.
- **Self-Awareness** is having a clear perception of your personality, including strengths, weaknesses, thoughts, beliefs, motivation, and emotions. Self-Awareness allows you to understand other people, how they perceive you, your attitude and your responses to them in the moment.
- **Mindfulness** is a state of active, open attention on the present. When you're mindful, you observe your thoughts and feelings from a distance, without judging them good or bad. Instead of letting your life pass you by, mindfulness means living in the moment and awakening to experience.



- **Self-care** is unique for each person and can be understood in many different ways. In its simplest form, the term refers to our ability as human beings to function effectively in the world while meeting the multiple challenges of daily life with a sense of energy, vitality, and confidence.
- **Positive Relationships** are the people who support and care for us — and we care for them. One of the most profound experiences we can have in our lives is the connection we have with other human beings. By building positive relationships with others, we will be happier and more fulfilled and feel more supported, supportive, and connected.
- **Purpose** is a recognition that we belong to and serve something bigger than ourselves. Our purpose helps to shape the mindset and attitude we have toward others and the events we experience. We can find purpose in our faith, family, a political party, being green, being part of a sports team, or being a part of an organization like Resilient Teens.
- In addition, the program provides QPR training to the youth for suicide prevention.
- The seven Cs of Resilience are
 - **Competence:** When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don't allow young people to recover themselves after a fall.
 - **Confidence:** Young people need confidence to be able to navigate the world, think outside the box, and recover from challenges.
 - **Connection:** Connections with other people, schools, and communities offer young people the security that allows them to stand on their own and develop creative solutions.
 - **Character:** Young people need a clear sense of right and wrong and a commitment to integrity.
 - **Contribution:** Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contributing feels good and may therefore more easily turn to others, and do so without shame.
 - **Coping:** Young people who possess a variety of healthy coping strategies will be less likely to turn to dangerous quick fixes when stressed.



- **Control:** Young people who understand privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.
- Evaluation
 - In addition to a pretest and post test, a weekly survey is conducted weekly with the students and the facilitators to get timely feedback.
- Incentives were built into the program to encourage full participation for the eight-week program.



Incentives

\$100 for teens who participate in all sessions
Some students received chromebooks or hotspots, if needed for connectivity

- Demographics
- Forty-three teens responded to the pre-test survey. Most of the participants were:
 - female (77%)
 - Black (56%)
 - heterosexual (88%)
 - 15 years old (23%), age range 13 and 17
- When discussing their living situation, 38 teens (88%) had siblings, nearly all teens lived with their mom (98%) or dad (65%). The participants specified that 49% of them receive free or reduced school lunches, but only 9% indicated that their family receives SNAP benefits.
- Community Issues
 - Additionally we asked youth about their perception about problems in their community. Their responses indicate that they are viewing the same community issues that are being reported through Family Connections and other agencies. The issues marked as “**definitely a problem in my community**” given in order are:



- Drugs (65%)
 - Bullying (60%)
 - Youth being abused (47%)
 - Youth being neglected (44%)
 - Youth with parents who are unemployed (42%)
 - Suicide (42%)
 - Crime (42%)
 - Poverty (37%)
 - Teen pregnancy (37%)
 - Public areas unkept (35%)
 - High school dropouts (35%)
 - Hunger (35%)
 - Medical access (33%)
 - Lack of police presence (26%)
 - Youth being out of school with nothing to do (21%)
 - Lack of parks/greenspaces/outdoor activities (12%)
 - Teens not having a job (7%)
- Mental Health
 - While the majority of teens (55%) indicated that they know the best ways to care for their mental health, 54% indicated that they feel as though they do not know how to express their feelings sometimes. When they are upset, anxious, or sad, the majority (77%) said that they listen to music, followed by going somewhere to be alone (67%), and take a nap (53%).
 - Concerning their overall knowledge, most of the respondents knew some or a lot about depression (79%), anxiety (81%), and suicide (81%). When asked about their knowledge of skills to assist with depression (40%), anxiety (53%), or suicide (37%); they were less confident with their knowledge. Asking if they knew about resources available to help (16%) with these issues or where to locate (20%) said resources resulted in lower confidence.
 - Further, we wanted to know if we provided the knowledge and trained them about the issues, would they feel comfortable talking with other teens who may be facing the issues. The results show that the majority would feel somewhat to very comfortable speaking with others about these issues if they had the knowledge and skills. Overall, most of the respondents showed some level of comfort for discussing depression (74%), anxiety (65%), suicide (49%), skills to



assist with depression (49%), anxiety (65%), or suicide (51%), the availability of resources to help (65%), where to locate the resources (65%), and best ways to care for your mental health (67%).

Advocacy and Policy

Members of the Augusta coalition have begun work on bringing Handle with Care to the area.

Meetings have been held with school officials and law enforcement. The initial reaction has been positive. We have created a powerpoint presentation to make to Richmond County Board of Education. The creator of the project out of West Virginia attended a virtual meeting and explained the program's history and efficacy. Work will continue to get the necessary MOUs and processes to implement.

Family Connection Regional Manager has shared the work Region 7 has been doing on trauma and resilience and has advocated for including the work in its annual strategic plan.

The Summit will include a call to action for local leaders to implement trauma informed practices and encourage training for staff and the community at large.

The co-PI on the project just received funding to implement the evidence-based program Partnerships for Healthy Communities (PHC), a child abuse intervention and prevention course. This will help address the increasing problem of child abuse in the same area that Resilient Teens is focusing on. The program is designed to increase awareness, recognition, and provide prevention, reporting, and documentation strategies for child abuse. The program is geared towards emergency care providers such as Law Enforcement, EMS, Fire, and 911 Dispatch; as well as nurses, child service personnel, emergency departments, and others who interact with children. The PHC course was developed by Children's Healthcare of Atlanta in 2016 has been successful at increasing recognition of child abuse and providing useful prevention strategies in the Atlanta area. This will be a collaborative effort between the Department of Social Sciences



and Trauma Department at Augusta University, the Children's Hospital of Georgia, and Child Enrichment.

Research

- Teens and group facilitators were recruited and screened for participation in the Resilient Teens pilot project and the Fall 2020 Resilient Teens program.
- We have sought IRB approval for our study from Augusta University.
- Two surveys have been completed:
 - **Survey One:** This survey was developed and distributed prior to the pandemic when our focus was on the Mental Health First Aid Training that we had planned to implement. The survey was sent via email to our partner's employees. This survey asked the participants for demographics, to define TIC and ACEs in their own words, asked if they have heard those terms, and where they heard the terminology from. Then we gave a definition for ACES and asked follow-up questions. These questions included: if they believed ACEs existed and if not, why; if they believe ACEs can be prevented; and what their organization or they are currently doing to prevent or respond to ACEs. The definition of TIC was presented and followed by questions:
 - Do you believe TIC is being practiced in our community?
 - What are you or your organization currently doing that is considered trauma informed care? The response rate was low as the survey was implemented as COVID-19 struck. We will pick up this work in the fall as we begin Mental Health First Aid for Teens.
 - **Survey Two:** To kickstart the Resilient Teens pilot program, we developed the "*How Are You Feeling?*" survey to obtain a baseline of how the teens were coping with COVID-19 and their attitudes and skills related to ACES and TIC.
- During the Fall 2020 Resilient Teens program, pre-surveys were collected from teen participants and medical student facilitators. Additionally, survey data is collected at the conclusion of every weekly Resilient Teens session by both the Teens and the Facilitators.

Training



... Our next steps include gathering our community partners in January to launch Resilient Teens 3.0 and to discuss the Trauma Informed Care summit, planned for 2021.

Innovative Partnerships

The partnership that has been created between Augusta University and Family Connection as a result of this grant has opened up a whole new way of community collaboration. Specifically, the innovative use of medical students as coordinators and facilitators of the Resilient Teen program has infused a diverse group of individuals with creative ideas into the process. These young people who are committed to service have formed relationships with the teens and with the leadership of the program. Their input is crucial to the success of this project and they have been exposed to the needs and challenges of teens living in rural areas.

As a result of the partnership between AU and FC, there is more two-way communication and awareness of ways the two entities can collaborate on other projects that will benefit the communities they both serve.

Opportunities and Future Goals

- Trauma Informed Care Summit for 2021
- Resilient Teens 3.0 to begin in February 2021
- Alumni Group being created to engage past Resilient Teen participants and begin the pipeline of teens trained in ACES/TIC.
- TIC Trainings for our partners and the community

Family Connection is working with its 14 communities to introduce the Handle With Care model that alerts schools and daycare centers if a child has experienced a trauma so appropriate interventions can be implemented. TIC training will be provided to county leaders, law enforcement and school personnel.

As part of this effort, coordinators will include increasing trauma awareness as a goal in their annual strategic plan and will be encouraged to add youth that participated in the Res



We are using a partner engagement matrix to determine which partners are missing from our coalition and identifying ways to engage them in the process.

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Spotlight

.. Resilient Teens has now served 91 teens! We have engaged 52 medical students as facilitators with 4 of them serving as Student Coordinators. The Leadership team meets weekly, the day preceding the weekly meeting between the Leadership Team and the Student Coordinators.

The four student coordinators have been a highlight of the program and its mission in the area of workforce education.

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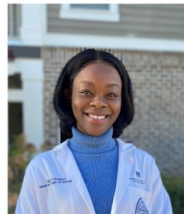
SPOTLIGHT: MCG MEDICAL STUDENT COORDINATORS



JERE TAN



LAUREN BROWN



UGOCHI UZOIGWE



AYESHA SYED

QUOTES:

"Being a part of Resilient Teens has been an extremely rewarding experience. Being able to work with my classmates to put this program together and seeing how excited the teens are to participate every week has really made the experience worthwhile. I cannot wait to see how the Resilient Teens program flourishes and develops in the future, hopefully reaching out to many more students."

"I love working with teens and getting the opportunity to connect with them through mentorship. Resilient Teens gives teens a community to overcome challenges in their lives and build themselves up, and it's great that we can reach so many teens throughout Georgia. As a coordinator for the program, I am inspired by how Resilient Teens has motivated our teens and volunteers, and I am excited about how we will continue to grow in our impact."

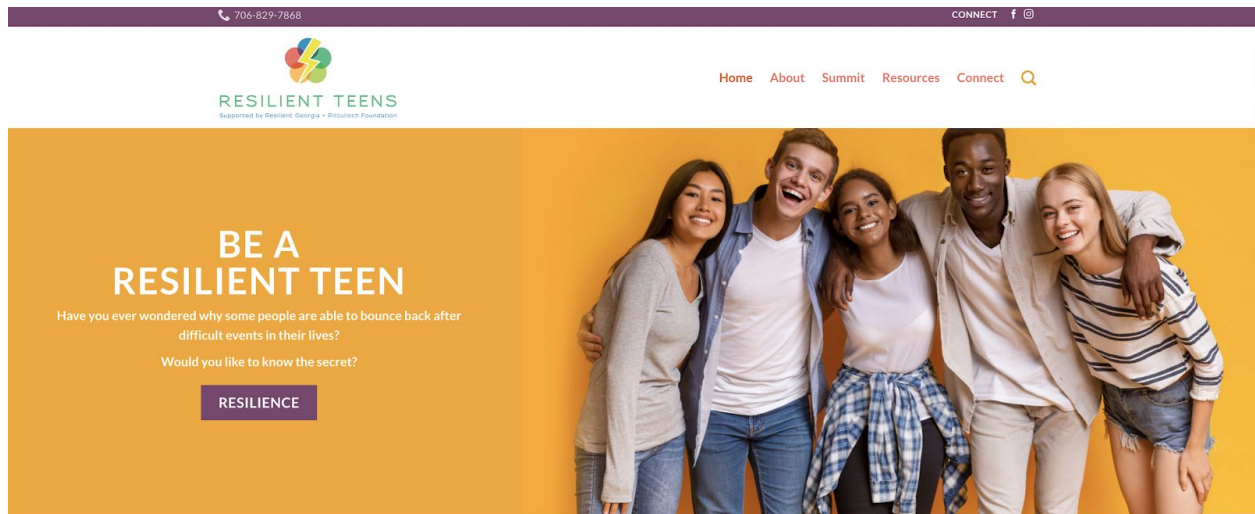
"What I learned from the program is that you have to be healthy, not just physically but mentally as well," said Nizhia Harrison, a Burke County teen who attended every session of the pilot project. "You have to take care of yourself and



to make sure that you are mentally happy. What was meaningful to me was that we were able to open up and express ourselves to people that we don't know, but also feel safe and know that they are here to help us."

Inspired Action

The Resilient Teen program now has a website and new material is being added monthly. Check out www.resilientteens.org and resilient_teens on Instagram. Posts are added weekly to engage youth in learning about resilience.



We worked with Resilient Augusta and Family Connection to provide a statewide showing of the Resilience documentary via the internet with more than 50 agencies in attendance.

Region 7 Family Connection Coordinators are sharing trauma and resilience information at their collaborative meetings and several have attended the Connections Matter training. As a region, we are working to get community partners trained as Connections Matter facilitators to be able to provide the trauma training to our 14 communities.



Income and Expenses/Financials

Income: 85,305

Expenses:

Program coordination and delivery: \$55,000 spread out to participating 14 counties

Communication: \$16,000 Laptops, wi-fi hotspots, and phone cards for teens to participate - distributed to 14 counties

Incentives: \$9,000

Supplies: \$2,400

Remaining balance: \$2,905 - will be used to cover supplies and any additional incentive costs at the end of this cohort

Other Donors/Funding Sources

Medical College of Georgia Foundation \$100,000 match