



## SECTION 1

### BACKGROUND

In 2009, Benton-Franklin Health District (BFHD) staff and other community partners began learning about Adverse Childhood Experiences (ACEs) and their impacts on long-term health outcomes. Research conducted by the Family Policy Council in Washington has shown that communities with a higher capacity to support young people, suffer fewer ACEs and experience increased levels of social/emotional learning and overall better health.

In 2014, BFHD hosted our first community meeting with a focus on ACEs awareness and prevention. In 2015, the ACEs/Resilience Collaborative developed an action plan which consisted of increasing awareness of ACEs, resilience, and the improved delivery of trauma-informed practice within BFHD and throughout the Community. By 2016, the coalition had provided training and outreach on ACEs, resilience, and trauma-informed care and developed a community resource connection tool that was shared and replicated throughout Washington State.

In 2017, The Tufts Medical Center introduced the HOPE (Healthy Outcomes from Positive Experiences) Framework. The HOPE framework focuses on the need to actively promote positive childhood experiences and community environments that contribute to healthy development and well-being, as well as prevent or mitigate the effect of adverse childhood experiences and other negative environmental influences. Key positive childhood experiences fall within four broad categories:

- being a part of nurturing, supportive relationships
- living, developing, playing, and learning in safe, stable, protective, and equitable environments
- having opportunities for constructive social engagement and connectedness
- learning social and emotional competencies

This new framework highlighted that ACEs and their associated harms are preventable. During the past two years, coalition members have received further education from The Montana Institute & the Science of the Positive, Positive Community Norms, and the Science of Hope. Due to the onset of the COVID pandemic, many coalition members were deemed essential workers with a large increase in their workloads resulting in a pause in the work of the collaborative.

## SECTION 2

### VISION

Our community is one that honors and fosters positive community experiences and environments as fundamental to the health and well-being of all residents.

## SECTION 3

### MISSION

The mission of the Community of HOPE Coalition is to strengthen and grow a community that promotes resilience, hope and positive experiences and community environments for the well-being of our youth.

## SECTION 4

## PURPOSE

The Community of HOPE Coalition convenes stakeholders to take a community-based approach to address the root causes of trauma and ACEs through the promotion of healthy outcomes from positive experiences and environments to build resilience, promote healing, and advance equity on a community level.

Our work is intended to amplify impact and advance systems change; it is not intended to replace the efforts of the many other communities or direct-service providers working towards similar goals. Instead, we strive to bring groups together to raise awareness and promote safe, stable, and nurturing relationships and environments.

We will use strategies from the Essentials for Childhood Framework, Positive Community Norms Framework, and the Center for Community Resilience to promote the types of relationships and environments that help children grow up to be healthy and productive citizens. We will raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child abuse and neglect.

Together we will:

- Develop a *shared understanding and language* around ACEs, Resilience, Hope, and our community narratives.
- Assess the community's *state of readiness* and use data to inform coalition actions.
- Develop and engage *cross-sector partnerships* to support the efforts of the coalition.
- *Engage our community* to promote hope by supporting it to increase linkages to social supports, and programming and by creating policy and systems changes.
- The Coalition will center our work around The Four Building Blocks of HOPE from the Tufts Medical Center framework.

## SECTION 4

## MEMBERSHIP

All organizations and residents of Benton and Franklin Counties, Washington are eligible to be members of the coalition, which is comprised of individuals and organizations, both public and private that are committed to expanding the understanding of trauma, adverse childhood experiences (ACEs) and the impact that healthy positive experiences and environments have on the health and well-being of Benton and Franklin County children, families, communities, and systems.

The coalition has a steering committee that includes members selected from the following:

Benton-Franklin Health District - Coalition Coordinator

Up to four At-Large Members At-Large - Members may self-nominate or be nominated by the membership.

## SECTION 5

## GOVERNANCE

**The Membership** will actively serve to follow the coalition's vision to promote Resilience and Positive Healthy Outcomes in our community by supporting the Coalition's mission, purpose, and efforts.

Duties of the Membership:

1. The Membership is responsible to approve and revise the action plan and any amendments.

2. The Membership is responsible to approve and revise the coalition charter and any amendments.
3. The Membership is responsible for supporting and carrying out the activities outlined in the action plan.

The Steering Committee will serve until they are no longer willing/able to serve or are asked to step down for conducting business that is counter to the Coalition’s mission, purpose, goals, objectives or guiding principles.

Duties of the Steering Committee:

1. The Steering Committee is responsible for setting the agenda for all meetings, assuring the maintenance of minutes and other paperwork, and managing the business of the Coalition.
2. To conduct business, at least three (3) members of the Steering Committee must be present.
3. Steering Committee meetings may be conducted in-person, by telephone, virtual meeting, or email.
4. The Steering Committee can form other workgroups on an as-needed basis.

**SECTION 6 OPERATING PROCEDURES**

**Meetings:** The Coalition shall strive to meet a minimum of six (6) times per year. Meetings will focus on information sharing, training in issues specific to HOPE, building connections with state and local stakeholders, and furthering the goals of the Coalition. Meetings will fall on the 2nd Tuesday of the month at 3:30 pm unless otherwise communicated. Monthly coalition meetings are open to the public. Meetings may be held virtually or in person.

**Agenda:** The agenda will be prepared in advance by the coalition coordinator or designee. Requests for agenda items must be submitted in advance to the coalition coordinator. The agenda will include data updates relevant to the population.

**Decision Making:** To the degree possible, consensus decision-making will guide the Coalition. The majority vote shall govern the implementation of policies, programs, and changes of the Coalition and its Leadership, except as otherwise provided by the policies and procedures.

**SECTION 7 CHARTER AMENDMENTS**

Changes to the Charter may be proposed by members be approved by the Coalition at any regular monthly meeting. The Charter will be updated annually.