

Continuing the NRF/ Cultural Competence in Our Region

Interest Group Goals and Strategies

Interest Group: Intake Process (Helping Agencies Become more aware of Social Emotional Needs and Begin to Identify Stress and Stress Recovery in Children and Families)

Goal #1: While utilizing the current intake processes, gather more NRF information about child and family.

- a. Begin with those who have already attended 4Cs
- b. Include questions about stress and stress recovery in initial meetings with families.
- c. Adapt current forms to include culture questions and more info about sleep
- d. Begin to share this intake information with other service providers to orient agencies to the NRF and important information about how to work with this family.

Goal #2: At agency level begin to have discussion with decision makers about how to include NRF information as a part of every agency's beginning place with children and families.

- a. Identify all county/valley wide agencies who conduct initial intake/assessment with children and families. (County Office of Ed, School Districts, Early Start Programs, CVRC< HeadStart and Early HeadStart, Behavioral Health, Public Health, Children's Hospitals, Family Resource Centers, CCS, etc...)
- b. "Infiltrate" collaborative groups such as Fresno Early Childhood Coalitions, First Five, HeadStart Collaborative, MOCPOC, etc. to bring the discussion about importance of this information and how it can inform any service provider's work with family.
- c. Develop shared consent among agencies if necessary.

Goal #3: Develop Buy in and Training for Lead Agencies who would begin to use or are thinking of beginning to use the NRF in their initial assessments.

- a. Build critical mass of people with knowledge and experience about the NRF in the EC field
- b. One-day overview training about step 1 of NRF – for many people
- c. Identify an NRF team who could work with agencies to promote the NRF. They would know NRF as well as the individual agency's mission. They can identify the "hook" connect the dots for how the NRF will help them to fulfill their agency mandate.
- d. NRF people could push into agencies to mentor, support, train staff to foster implementation.

Utilize real life examples, cases, as best strategy to teach how to use material and benefit program

Interest Group: NRF Community Trainings

Goal #1: Transfer NRF knowledge into agency

- a. 4 Colors, head, hand, heart
- b. 4 toxic stress patterns
- c. 4 brain systems
- d. Use handouts on website
- e. Holding inner agency trainings-regularly scheduled
- f. Identify persons with authority to make a change
- g. Educate these identified on the NRF

Goal #2: Influence Administration/ Educate county on Billing

- a. Educate, provide knowledge
- b. Influence administrators to support NRF
- c. Communicate with funders (Fresno county) so they are willing to fund. Influencing administrators
- d. Reach out to county contacts. Jim Richie.
- e. County needs 0-5 clinicians
- f. New program (0-5 based)
- h. Educate county administrators to allow billing for NRF
- i. Coordinate language to be used in Medi-cal billing documentation

Goal #3: Cross Sector Coordination

- a. 1 month- colors and sleep
- b. 2nd month- practice
- c. 3rd month- 4 toxic stress patterns
- d. University funding

Interest Group: Reflective Practice

Goal #1: Design directory of RP providers in our region

- a. Website
- b. Put on children's institute

Goal #2: Supporting agencies in creating groups

- a. Use NRF language when presenting cases/conceptualizing case in each agency
- b. Integrating NRF language in RP groups, do NRF and RP at the same time

Goal #3: Increase capacity of RP at each agency

- a. Inaccuracies
- b. Community Education
- c. Zoom
- d. Funding

Interest Group: Continuing Collaborative Systems

Goal #1: Develop core committee to address logistic strategies:

- a. Explore interests
- b. Develop a model

Goal #2: Create a place to connect

- a. Begin with first 2 cohorts- explore expanding "invite a friend"
- b. Secure location, facilitators
- c. See NRF 2 cohorts as the collaborative
- d. Continue to build expertise within
- e. Expand to include other
- f. Intake process buy-in at collaboration
- g. Bring stories to collaborative meetings

Goal #3: Maintain a developed collaborative system

- a. Build a core database of invited agencies
- b. Where to house- 1st 5, cure, etc...
- c. Update resource book
- d. Warm hand off to an agency
- e. Connections

- f. See as integrated as larger goal

Interest Group: Cultural Barriers of Shame

Goal #1: Improving Mental Health of Community

- a. Reaching more people, providing role model
- b. Reduce the stigma of “mental health”
- c. Football player/coach- role-model benefits of M H
- d. Mental wellness, relationship doctor, mental well being
- e. Small groups
- f. Incorporating MG in existing corporations, such as basketball camps
- g. Talk with families that we serve
- h. Opportunities for males to be incorporated in children upbringing
- i. Offering opportunity for more exposure to positive
- j. Going to where the men are already at
- k. “Anger management classes” in gyms for men
- l.

Goal #2: Reducing stigma

- a. Talking out the “labels/jargon” when in direct practice (“relationship doctor” vs “mental health specialist”)
- b. Focus on strengths and relating. MH concerns to solvable daily life skills/” reconnecting the mind as part of the body” ad campaigns
- c. Developing/promoting language that is less stigmatized addressing the 5x’s without labeling them/calling it “MH”

Goal #3: Validating

- a. More accessible places/spaces that are more comfortable (over the phone; in home)
- b. Incorporating add members in the family units as part of intervention
- c. Taking the fear out of working with each other (men working with children)
- d. More available role models