Mobilizing a Community for Resilience

GETTING STARTED. In February, 2010, when Teri Barila launched the first team meeting of the Children's Resilience Initiative (CRI) with colleague Dr. Mark Brown, she was building on over 12 years of prior community development efforts. As the Walla Walla Community Network Coordinator (part of the statewide Family Policy Council), Teri had worked with residents to develop an array of responses to community needs and challenges. Through this process, neighborhoods had mobilized and agencies had learned the power of collective action. These existing resources created a "scaffolding" to support the new emphasis on adverse childhood experiences (ACEs).

CRI has two goals – to educate the community about ACEs and the science of brain development, and to build resilience within the community. Walla Walla has amazing resources, but it also has problems: One out of four children lives in poverty, 65% of residents have no more than a high school degree, and gangs and drugs are common. CRI is an intensive, structured collaboration with over 30 partners, including schools, city government, health and social services, law enforcement, justice, the media, business leaders, and parents. The coalition works collectively to increase public awareness, and members work individually to reshape their own agencies and services. Priorities for the future include policy change, sustainability, continued measurement of progress, and increased outreach to the business and faith-based communities.

CITY POPULATION: 32,000

COUNTY POPULATION: 60,000

Native American name meaning "Place of Many Waters"

In southeast region of Washington, 4+ hours by car to Seattle or Portland

Settled by fur traders, missionaries, soldiers, gold prospectors and pioneers

Has received many civic awards, including Great American Main Street award (2001), Greatest Small City in the U.S. (2011) and Great Places in America: Neighborhood (2012)

Known for agriculture, particularly sweet onions

The *Substance Abuse and Mental Health Services Administration* (SAMHSA) has a long-standing commitment to addressing the impact of trauma on individuals and communities. The *SAMHSA Spotlight Series* highlights different approaches to building trauma-informed, resilient communities. A setting is trauma-informed if the people in that setting *realize* the widespread prevalence of trauma, *recognize* the signs and symptoms, *respond* in an understanding and supportive manner, and *resist* doing further harm.

The goals of the *Spotlight* series are to:
1. Highlight innovative approaches to trauma-informed community change.
2. Provide information to other communities interested in becoming trauma-informed.

Substance Abuse and Ment l lth Services Administration
SAMHSA

The Change Process

FOCUS ON LINCOLN HIGH SCHOOL AND THE HEALTH CENTER

The transformation of Lincoln High School is probably the best-known success story in Walla Walla. When Principal Jim Sporleder learned about the ACE study, the school had high levels of violence, serious disciplinary problems, and poor overall student performance. The story of how Sporleder turned the school around has been told in articles, video clips, and in a feature length documentary. An evaluation of changes in the school's performance concluded that after trauma-sensitive practices were implemented, students' resilience increased overall. Students who attained higher levels of resilience also had more positive experiences at school and performed better on grades and standardized tests.

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Several aspects of this transformation are noteworthy. Changes in school policies and in how teachers and students interacted were profound. Disciplinary procedures shifted from an emphasis on consequences to helping students identify and control their own emotions. Teachers began to focus less on stopping challenging behaviors and more on underlying causes. Equally important was the co-location of a health center alongside the school. The Health Center at Lincoln (THC) was developed in response to the recognition that many students were not getting routine health, dental or mental health care. An adaptation of the School Based Health Center model, THC provides essential health services and helps students build resilience by creating social connections, providing concrete support, and teaching social/emotional competencies.

The success of Lincoln High has been an inspiration to other schools. THC has now opened a clinic at Blue Ridge Elementary, which has one of the city's most at-risk student populations. Blue Ridge is also home to one of three local Head Start programs adopting the Head Start/Trauma Smart model.

The Health Center at Lincoln High School

Spotlight on Implementation

PHYSICAL ENVIRONMENT. In a trauma-informed community, neighborhoods are safe, foster strong relationships, and support resilience. Establishing school-based health services is one example of building resilience through changes in the physical environment. To further strengthen neighborhoods, CRI has partnered with a grassroots organization called Commitment to Community (C2C). C2C works to build relationships, trust and ownership among residents and provides a "point of entry" for other service providers. Activities include neighborhood revitalization; social events and celebrations; development of community gardens, parks and recreational opportunities; and provision of basic supports.

BEFORE   **AFTER**

The photos show C2C and neighbors reinventing a local park to increase safety and rekindle community connections.

EVALUATION. Before launching CRI, Barila and Brown spent nine months gathering information on ACEs-related community needs and resources and assessing potential partners' interest in the new project. CRI continues to use data to monitor progress, set new goals, assess impact, and engage in shared learning, such as a recent series of focus groups held with major partners. Because so much of the work is done in partnership, CRI uses the collective impact model whenever possible. In this model, separate agencies use common measurement techniques to evaluate change involving multiple parties. CRI is also participating in an external evaluation of five counties implementing trauma-informed change efforts. This study, which is a project of the ACEs Public-Private Partnership Initiative (APPI), is measuring capacity development, community and agency change, and changes in ACEs-related social indicators.

SAMHSA'S IMPLEMENTATION DOMAINS

SAMHSA has identified 10 domains that are essential to the implementation of trauma-informed approaches in both organizations and communities. Domains highlighted in this document are indicated by arrows. For further information, see SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.

1. **GOVERNANCE AND LEADERSHIP** communicate and support the vision of a trauma-informed community.

2. Policy is reshaped to be trauma-informed.

3. **PHYSICAL ENVIRONMENT** promotes safety and resilience.

4. Engagement and Involvement of all citizens and organizations is encouraged; no group is excluded.

5. Cross-sector collaboration is the norm.

6. Screening, assessment, and treatment are in place for identifying and responding to trauma.

7. Training and workforce development are available for organizations and for the general public.

8. Monitoring and quality assurance processes are used uniformly to inform and improve services.

9. Financing mechanisms make trauma-informed programs and trauma specific services sustainable.

10. **EVALUATION** data are collected from a variety of perspectives.

Walla Walla Highlights

- Since 2012, the Resilience Trumps ACES website has had almost 21,000 users, over 29,000 sessions and 96,000 page views from 9 countries. Number of requests for the toolkit has doubled.

- The CRI Memorandum of Understanding has led to significant change in policy and practice in many community agencies, including the Children's Home Society and the Court Appointed Special Advocate program.

- Starting in 2013, the City Council designates each October as Children's Resilience Month. A community festival brings the message to a broad sector of citizens.

- A workshop for the business community, using an interactive computer learning lab, helped local businesses determine the cost of unaddressed ACEs to their bottom line.

- Ten agencies are training teams of trainers to help ensure sustainability. Using the *collective impact process*, participating agencies have agreed to a common agenda, goals, and tools to measure impact.

MOST SIGNIFICANT CHANGE: A 2014 health department survey conducted at 5 major community events found that 40% of the general population has a basic understanding of the terms "adverse childhood experiences" and "resilience."

COMMUNITY TO COMMUNITY SHARING. The CRI approach was grounded in the statewide Family Policy Council's community capacity development model, which emphasizes grassroots activism and community empowerment. Their commitment to evaluation was inspired by the University of Washington Communities that Care model. The project also drew from the Attachment, Self-Regulation and Competency model. Many other communities have been inspired by CRI and the Walla Walla experience. Media attention, staff presentations and community-to-community consultation have been important factors in spreading the word.
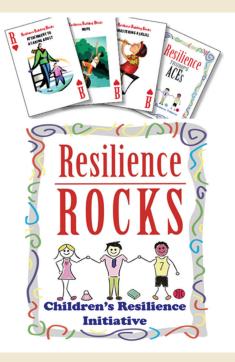
FOR FURTHER INFORMATION:

Children's Resilience Initiative
http://resiliencetrumpsaces.org/

Commitment to Community
https://www.bmacww.org/services/commitment-to-community/about-c2c

Health Center at Lincoln
www.thehealthcenterww.org

Early LearningCoalition
http://earlylearningwallawalla.org/

Children's Resilience Initiative logo, designed to show that resilience can buffer adversity.