The Washington, DC BCR Network

The Building Community Resilience process serves as a central strategy and organizing platform to improve child health and wellness outcomes in the nation’s capital region. The National BCR staff based at the Sumner M. Redstone Global Center for Prevention and Wellness at George Washington University’s Milken Institute School of Public Health act as the organizing partner for local BCR efforts, which expanded in 2019 to Baltimore, MD, through collaboration with the Center for Urban Families.

Key partners in the District include members of its newly formed DC BCR policy task force: the Ward 8 Health Council, the Center for Health and Health Care in Schools at GW’s School of Public Health, the Rodham Institute at GW School of Medicine & Health Sciences, Martha’s Table (a place-based DC nonprofit supporting children and families) and Trinity University. Another key local partner is the Early Childhood Innovation Network (ECIN), a collaborative of health, education, and community providers promoting resilient families from pregnancy through age five in DC, which includes the Children’s Law Center, Children’s National Health System, Far Southeast Family Strengthening Collaborative, Georgetown University Center for Child and Human Development, and Ward 5 & 7 Health Alliance Network. Resilient DC in the Executive Office of the Mayor, and clinicians and staff from Children’s National Health System, Medstar Georgetown University Medical Center and Unity Health Care, Inc. are also important local partners.

The Community Context

In recent years, Washington, DC has seen rapid growth – in population, development, investment, and property values – but not all residents are prospering. Stark inequities are seen across the District, fueled in part by its status as the U.S. city with the highest ‘intensity’ of gentrification – with more than 20,000 African American residents displaced 2000-2013 – according to a recent study. The contrast in prosperity is most visible east of the Anacostia River.

What is Building Community Resilience?

Building Community Resilience (BCR) is a national network and learning collaborative that seeks to improve the health and life outcomes of children, families, and communities. Teams in five regions across the country are using the BCR process and tools to help their communities not only ‘bounce back’ in the face of adversity, but bounce forward. Over the past three years, BCR teams have helped build and strengthen the buffers that can prevent negative outcomes associated with adverse childhood experiences (ACEs), particularly in the context of adverse community environments (ACEs)—the “Pair of ACEs.”

Using the BCR process and tools, teams work to align large systems with one another—such as health care, city government, and education—and also with community-based partners, including parenting support services and grassroots health advocacy. Teams also develop strategies—from implementing trauma-informed practices to data sharing and advocating for policy change—that bolster strengths, fill gaps, and ultimately build child, family, and community resilience. Teams identify community strengths and gaps, work in partnership with community not on community, develop a shared understanding of adversities and goals, and identify concrete policy asks to pursue. The teams use the BCR tools and resources, including the BCR Coalition Building and Communications Guide, the Partner Build Grow Action Guide, and the Policy & Advocacy Guide, all of which are also free to the public.

BCR is part of the Sumner M. Redstone Global Center for Prevention and Wellness at the George Washington University’s Milken Institute School of Public Health. The national BCR team at GW provides technical assistance, including strategic planning, facilitation of cross-sector information sharing, support for data and measurement, development of policy strategies, convening, and communications support.
Adapting & Growing through the BCR Process
To address the ‘Pair of ACEs’, the DC BCR network approaches its work through an equity lens, collaborating with partners across a range of sectors that impact child, family, community health and safety, and policy outcomes. The DC networks engages partners in the medical community, community-based organizations, multiple universities, DC Council and government – including departments that manage health and education, early learning centers and juvenile justice. A key component of the DC BCR work is expanding implementation of trauma-informed approaches to individuals and systems that interact with children and families. Adopting trauma-informed practices involves understanding, recognizing, and responding sensitively to experiences of trauma, which include individual and community adversities such as exposure to violence, abuse, parental incarceration or mental health issues, poverty and community disruption.

Policy Engagement as a Means to Address the Pair of ACEs
The BCR national team based in DC, which unlike other BCR partners does not have voting representation in Congress, engages with local policymakers in city council, as well as in the Executive Office of the Mayor, the Office of the Attorney General and government agencies including the Office of Neighborhood Safety and Engagement to educate them on the Pair of ACEs and support trauma-informed policy, practice and programs for children and families. In partnership with longstanding local partner, GW’s Center for Health and Healthcare in Schools, the national BCR team is supporting a policy task force and local policy agenda, including priorities around DC Council’s sustained funding for trauma-informed policies, specifically, the Birth to Three for All DC law and recommendations of the Coordinating Council on School Mental Health. As such, the national BCR team has begun to provide technical assistance to local partners with assessment of place-based community strengths and gaps, as well as to engage on the development of ACEs legislation at the invitation of DC Council.

The BCR national team, along with members of the broader DC BCR team, has been involved in a number of District-level matters that impact children and families, including the highlighted legislation below.

- Passage of Birth to Three for All DC Act (2018) – DC BCR team members, including those from Children’s National and the BCR national team, worked to inform DC Council in the development of the legislation, which includes a significant investment in high-quality, affordable child care for all DC residents and an expansion of HealthySteps, a national, evidence-based program that improves child health outcomes through mental health and social supports for parents and young children in the pediatrician’s office. (Read our testimony here.)
- Passage of the Fair Access to Schools Act (2018) – the BCR national team, along with local partner The Center for Health and Health Care in Schools, provided joint testimony before DC Council to support and expand the trauma-informed care provisions in the legislation. The bill was crafted to address some of our systemic educational inequities in the wake of local scandals around inappropriate punishment, suspension and graduation rates. (Read our testimony here.)
- Passage of the Women, Infant and Children (WIC) Program Expansion Act (2018)– the legislation would remove barriers to expand WIC participation, a proven and effective program that improves outcomes for young children and families. (Read our testimony here.)
Exploring the feasibility of adversity screening in pediatric primary care. The overall goal of the care in pediatric primary care (2) Using a strengths based trauma informed approach to build resiliency in patients, (3) year, this portal includes families and also support child, family and community resilience through a trauma the Pair of ACEs. The goal of developing and disseminating START is to help DC providers manage the complex needs of providing practical knowledge and resources to help them address patients' and families' experiences of trauma.

Children's National Health System (CNHS)
Starter Trauma and Resilience Toolkit

Growing Local Partnerships in DC & Regionally for Policy, Practice & Program Change
In 2018 and early 2019, the local DC BCR network broadened significantly with new partnerships rooted deeply in community. Notably, partnerships with the Ward 8 Health Council, GW’s Rodham Institute, Trinity University, and Martha’s Table were established. In particular, these new BCR partners are comprised of individuals from and directly serving the communities bearing the greatest burden of the Pair of ACEs in DC, and therefore, will have the strongest solutions for resilience and equity building. In addition, collaboration has begun with Baltimore’s Center for Urban Families around supporting fatherhood in African-American families and communities through increased economic opportunity, family stability and advocacy for family centered child support reform.

Identifying Community Stressors & Development of the Root Causes Project
The Root Causes Community Dialogue Project was born in 2017 as an outgrowth of focus groups conducted by BCR to understand the community perspective of barriers to health and wellbeing. Initial focus groups conducted at Unity Health Care – a neutral, trusted community resource and BCR partner – with patients living east of the Anacostia River (Wards 7 and 8) revealed that tension between community and metropolitan police is stressor felt daily in interactions with police officers on community streets and compounded by community violence. As a result, the national BCR team created the Root Causes project to begin to understand these community-police dynamics, as well as potential solutions to reduce tensions and build community resilience. Throughout 2018, the BCR National team developed partnerships with Reaching Out to Others (ROOT), a longstanding and trusted community based organization, the DC Metropolitan Police, and the National Office of Black Law Enforcement Executives. In 2019, five focus groups were conducted with youth aged 16 to 21 and separately with metropolitan police officers in collaboration with key staff at the DC Department of Parks and Recreation at Bald Eagle Recreation Center in Ward 8.

Resilience as a District-wide Strategy
In 2016, Washington DC was selected to become part of the Rockefeller Foundation’s 100 Resilient Cities (100 RC) initiative and created Resilient DC in the Office of the City Administrator in the Executive Office of the Mayor. In 2017, Resilient DC highlighted the BCR process as an exemplary approach to building resilience in the nation’s capital Connections e-magazine. In 2018, BCR officially partnered with Resilient DC – tasked with developing a Resilience Strategy for the District. Engagement has included a BCR-led convening of many of the city’s public and community health providers to discuss community adversity, helping the city identify specific adversities and barriers to wellbeing, assets to build upon, and potential solutions. BCR has also played an active role in the Opportunity in All Neighborhoods working group, and helped the Resilient DC process see its broad resilience work through an equity lens, leaning on the BCR national team’s experience helping to develop Dallas’ Resilience Strategy, which incorporated equity and accountability measures (Dallas is another 100 RC city and also one the five BCR teams nationwide).

The Early Childhood Innovation Network
The Early Childhood Innovation Network (ECIN) (www.ecin.org), which focuses on families from pregnancy through children up to age five, works to ensure adults in the caregiver role—parents, family members, educators, and health providers—have the knowledge and resources to improve outcomes for their children. To address exposure to the Pair of ACEs, ECIN is implementing trauma-informed approaches to engage families, community organizations, and the broader ‘system of care.’ Through collaboration with Children’s Law Center and ZERO TO THREE, a national early childhood organization, ECIN also advocates for federal funding of early childhood and maternal mental health programs.

Starter Trauma and Resilience Toolkit
Children’s National Health System (CNHS), part of the Early Childhood Innovation Network, has built an online portal called the Starter Trauma and Resilience Toolkit (START). Its goal is to equip health care providers across DC with practical knowledge and resources to help them address patients’ and families’ exposure to traumas, which can include the Pair of ACEs. The goal of developing and disseminating START is to help DC providers manage the complex needs of families and also support child, family and community resilience through a trauma-informed approach to care. New this year, this portal includes three case-based training modules focused on (1) Applying the principles of trauma informed care in pediatric primary care (2) Using a strengths based trauma informed approach to build resiliency in patients, (3) Exploring the feasibility of adversity screening in pediatric primary care. The overall goal of the three modules is to help...
providers gain confidence and skills in informally and formally screening for, identifying, and responding to a history of trauma and adversity during patient encounters.

Forging Institutional Change through Nursing Education at Children’s National Health System (CNHS)

CNHS has taken an institutional approach to becoming a trauma informed center. As such, a nursing-physician partnership led to an educational institutional nursing goal for 2018, to train 80% of nurses in key areas to “advance nursing knowledge, skills and practice to improve the understanding of and responsiveness to the impact of trauma and adversity among pediatric patients and their families.” This educational intervention was done through a partnership with the Substance Abuse and Mental Health Administration’s National Center for Trauma-Informed Care (NCTIC), who delivered seven half-day trainings. In order to inform this process, a hospital-wide assessment was conducted, using a 28-item survey. Of the greater than 600 respondents, more than 50% of respondents had not had any education related to trauma informed practice (TIP) and nearly 81% responded that they don’t feel they have the resources needed to engage effectively in TIP. A post-intervention survey is currently being analyzed to determine the effect, or strength, of the intervention. In addition, together with BCR, CNHS is working to validate the 28-item survey tool so that other similar institutions may be able to assess the trauma informed capacity of their staff.

HealthySteps Program and Expansion

HealthySteps DC embeds an early childhood mental health specialist and family service associate in Children’s Health Centers in Ward 8. HealthySteps supports families through parenting guidance, support between visits, screening and referrals to community resources, and care coordination – all tailored to each family’s needs. In 2018, HealthySteps DC served approximately 700 children. ECIN implements an enhanced version of the national model by providing parents and caregivers with brief clinical sessions on parent mental health, child behavior, sleep hygiene, grief and loss, and positive parenting practices.

Next Steps

Throughout all of its work, the DC team is focused on establishing long-term sustainability, working to align and connect existing services and to support capacity building, and also to advance policy, practice and program change that supports resilience and equity. Building upon lessons learned from the second wave of the Root Causes focus groups, the DC BCR team will continue exploration of deeper connections with external services, including the Metropolitan Police Department and community anchors, such as the Department of Parks and Recreation at Bald Eagle Rec Center. Ultimately, the Root Causes project will seek to identify solutions with community and police to address the ‘Pair of ACEs’ and eliminate deep-seated tensions that are not only counterproductive, but pose a public health threat. Children’s National will continue its multifaceted approach to address childhood adversity and trauma. The START case based modules will be disseminated to practitioners within CNHS and also beyond. An additional module, specifically focused on provider wellness, compassion fatigue, and vicarious trauma has also been piloted and continues development. In addition, they are exploring feasibility of clinic and/or hospital wide screening for adversity.

With long-term sustainability in mind, the DC BCR team continues to develop relationships with trusted provider organizations in DC and to explore and deepen relationships with DC government in an effort to embed the BCR work into DC city systems and agencies. This includes continuing conversations with the Office of the Attorney General, the Office for Victims Services and Justice Grants, the Office of the State Superintendent of Schools, DC Health, The Lab @ DC (a relatively new District endeavor that aims to harness public data to inform policy) and others.

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