“Joining Forces for Children aims to improve child health and wellness by strengthening the protective factors that build resilience in children and their families. Over the last two years, we have seen this work strongly resonate with – and inspire – parents, social service providers, educators, health care providers, and community members. Most exciting is the energy and effort contributed by individuals and organizations as we collaborate to improve outcomes for our community and children.” Dr. Bob Shapiro, Division Director, Mayerson Center for Safe & Healthy Children, Cincinnati Children’s Hospital Medical Center

Greater Cincinnati’s Core BCR Team
In Cincinnati, the Building Community Resilience process serves as a central strategy and organizing platform to improve child health and wellness outcomes across Greater Cincinnati. Joining Forces for Children, the regional initiative participating in the Building Community Resilience (BCR) learning collaborative, is spearheaded by The Mayerson Center for Safe and Healthy Children at Cincinnati Children’s Hospital Medical Center and spans multiple counties in Ohio, Kentucky and Indiana. Joining Forces for Children (JFFC) includes over 50 organizations and 200 members from school systems, social service agencies, medical providers, parenting support organizations, early childhood professionals, home visitation services, and many other stakeholders.

The Community Context
Children, families, and communities in the Cincinnati area face many challenges that increase the likelihood of negative health and other life outcomes. For example, Cincinnati children experience neighborhood violence or have had an incarcerated parent at more than double the national averages, according to 2016 National Survey for Children’s Health data. Cincinnati also has one of the highest child poverty rates in the nation. In the 2017 Child Well-Being Survey (CWBS), it was found that for our region, these adverse experience are more common in households earning less than 200% of the Federal Poverty Guidelines (FPG).

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.
Finally, the Ohio Valley is also ground-zero for the nation’s opioid epidemic, which has taken an unprecedented toll on families, communities, and the region’s major systems, from mental health and substance abuse programming to education, foster care, and public safety. While these challenges exist, Greater Cincinnati also has many essential strengths and assets that the local BCR coalition is lifting up and building upon, including increased investments at state and local levels for trauma-informed systems building, a heightened focus on family-centered solution designs, and strong community driven focus on multi-generational approaches to build resilient families.

Adapting & Growing through the BCR Process
In 2015, Joining Forces for Children (JFfC) developed a five-year strategic plan that “incorporates the concepts involved in adversity reduction as well as resilience building within families.” An essential component of the 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 abuse, parental incarceration or mental health issues, poverty, violence and community disruption. JFfC has used the BCR platform and tools to increase understanding about trauma-informed practice and to adopt implementation strategies from other members of the BCR collaborative. As a member of the collaborative stated, if “we can help families to raise children in a strong, nurturing, safe and stable environment... the science is clear, we will make a difference.”

The work of Joining Forces for Children has evolved to focus on four key areas, or channels. Within each channel, activities raise awareness, provide trainings around the ‘Pair of ACEs’ and their impact on child health and other outcomes, encourage adoption of trauma-informed practices, expand screening for exposure to ACEs in children and parents, and develop policies to create trauma-informed communities:

1. Early Childhood channel – focuses on children younger than 8 years old. Efforts include building awareness with early childhood professionals, caregivers and parents on the impact of the ‘Pair of ACEs’ on child development and wellness in order to prevent the negative effects of toxic stress exposure on children and promote protective factors that build resilient children and families.

2. School Age channel - focuses on children between 5-18 years old. Efforts include creating safe school and after school environments where all faculty & staff understand that teaching and responding to students in a trauma-informed manner will ultimately promote academic and social emotional growth.

3. Health Care channel – focuses on patients (child and parent) and healthcare providers. Efforts include educating providers and other healthcare staff about methods to screen and identify the patient’s exposure to the ‘Pair of ACEs’, and taking steps to reduce exposure to adversities that can worsen health and other outcomes.

4. Community Connections channel –focuses on awareness and knowledge building for anyone in our community interested in connecting with Joining Forces for Children and learning more about ACEs, toxic stress and building resilience. This channel hosts a quarterly event series to share important information via a keynote speaker equipped to discuss the broad effects of ACEs in systems of care and response, along with a spotlight segment with a local program sharing their strategies to identify, support and mitigate ACEs in our community.

Community Embedded Initiatives
Joining Forces for Children’s partner agencies are addressing the ‘Pair of ACEs’ through a range of methods and tools that can vary by channel. A few examples of their community partners’ work are outlined below.

Healthcare Transformation: Two-Generational Approaches to Addressing ACEs in Pediatrics
The Healthcare Channel operates within Cincinnati Children’s Hospital Medical Center (CCHMC) and community pediatric practices. The approach includes introducing and implementing adversity screening tools within clinical care settings. Health care practices traditionally do not include the intentional identification of and referrals for such conditions as substance abuse, domestic violence, food insecurity, and parental mental health disorders. Therefore, this two-generational model is truly a transformational change that aims to increase child and family resilience – a protective factor to prevent and mitigate the negative outcomes that can result from exposure to such adversities. Screening tools are modified according to the patient population being served and the specific clinical environment. JFFC is studying the effectiveness and value of these tools to improve their adoption for different populations.
Parent Connext™: Embedding Parenting Services in Pediatric Care

Parent Connext™ is a partnership between the Mayerson Center for Safe and Healthy Children, Beech Acres Parenting Center – a partner with over 165 years of experience strengthening and supporting Cincinnati’s children and families – TriHealth, and multiple community pediatric practices. Parent Connext™ spans the HealthCare Channel and the Early Childhood Channel. Parenting Specialists employed by Beech Acres are trained and placed within pediatric practices across Greater Cincinnati – a much-needed resource for both pediatricians and parents. Parents are referred to the Parenting Specialists by their pediatrician or a screening tool identifies a need. The parenting specialist provides prompt, practical support and guidance for a variety of parenting challenges and also links families to needed community resources. Parent Connext™ builds a family’s capacity to provide a safe & nurturing environment for their children, which is a protective factor that builds child and family resilience. Parent Connext™ is currently operating in twelve pediatric primary care locations across fifteen locations.

Promoting Family Wellness in Early Childhood

The Resilient Children and Families Program (RCFP) is an initiative of the Consortium for Resilient Young Children (CRYC), a collaborative of 10 mental health and early childhood agencies in Greater Cincinnati. RCFP partners with child care programs and preschools to promote the social-emotional development and well-being of young children and strengthen the capacity of the adults who care for them. RCFP is built upon the Strengthening Families framework – an evidence-informed, strength-based, two-generation approach to preventing childhood adversity. The Early Childhood Channel is working in partnership with CRYC to infuse an understanding of ACEs and supports for families experiencing adversity into this program. This year, early childhood professionals from 16 child care programs and preschools have been trained and empowered to screen for both adversity and protective factors, to engage parents in conversations using motivational interviewing skills, and to connect families with in the moment supports and resources. Based on the results from a prior pilot, this approach is anticipated to strengthen the relationship between early childhood professionals and the families they serve, to increase family engagement and trust, and to improve family resiliency and protective factors.

Arts Over ACEs Center

Learning Through Art, Inc. (LTA) is a non-profit dedicated to providing quality performing arts programs in support of arts integrated education, literacy, community development and engagement encouraging multi-cultural awareness and understanding and a JFfC member. In the summer of 2018, LTA launched the new Arts Over ACEs Center, which is designed to help mitigate the lasting impacts ACEs have on children’s well-being and education attainment by engaging the whole family in arts-based programming that strengthens parent-child relationships and builds literacy and life skills. The Center provides tools that help children and families become more resilient and overcome barriers through evidence-based art therapy, music therapy and the national award-winning Books Alive! For Kids performing arts literacy program.

Growth of Work Serving School-Age Children

The School-Age channel has gained significantly through JFfC’s participation in the BCR learning collaborative. Prior to 2017, JFfC was only working sporadically with various schools and school districts in the Greater Cincinnati area to increase awareness about the Pair of ACEs and their impact on children. Inspired by the Portland BCR team’s work centering on a school-mental health agency partnership, JFfC decided to engage its school partners in a new way for the Spring 2017 BCR meeting in Cincinnati. An informal gathering was held with the Portland team, allowing JFfC to learn from another BCR team well on its way in building trauma-informed schools. It also provided local school partners a platform to share their journey and ultimately strengthened the JFfC and school district partnerships. Cincinnati area schools also participated on a panel session at the Spring 2017 BCR meeting in Cincinnati, which was open to local agencies, schools, and partners interested in learning more about JFfC. This convening resulted in a number of new partners interested in participating in the School Age channel, as well as a dramatic increase in the number of schools that have reached out directly for help with training, planning, and implementation strategies to start or further their work to become more trauma-informed.

Over the last year, engagement in the School-Age channel has been incredibly strong. The channel gatherings have proven to be a great platform to share ideas, strategies, successes and failures from various participants including teachers, school administrators, school-based mental health agencies, after school programs, and many other wrap
around service providers. It has also created a new awareness of trauma informed activities happening all around classrooms and buildings throughout the Greater Cincinnati area and created new opportunities to partner on projects. For example, JFfC partnered with a local Cincinnati Public high school to complete a year-long Trauma Informed Care Learning Community facilitated by the National Council on Behavioral Health and the Tristate Trauma Network. The high school created a core TIC team to attend in-person meetings, participate in monthly webinars, complete pre/post assessments and work out strategies to implement changes in several of their seven domains for trauma informed schools. In addition to the Cincinnati Public School staff, the TIC team included several community agencies and JFfC members including the Mayerson Center for Safe and Healthy Children, MindPeace, Lighthouse Youth Services, GRAD Cincinnati, High Schools That Work, and the Cincinnati Health Department. Their work will continue into the 2018-2019 school year and will start by combining the TIC team with the PBIS (positive school culture) committee for a more robust and integrated approach moving forward.

The Role of BCR
As a participant in the national BCR collaborative, JFfC has access to the other four cities working to address the ‘Pair of ACEs’ using the BCR process. Through in-person and virtual meetings, JFfC shares successes as well as challenges that help shape each BCR city’s initiatives. This work is pioneering and requires exploration, experimentation, and frequent course changes. BCR provides resources and a framework to support information sharing, data collection, outcome measurement, and solution identification.

Key Regional Health Department Partnerships
In 2017, through BCR’s technical assistance and the national BCR partnership with NACCHO (National Association of City and County Health Officials), JFfC began to establish partnerships with the Cincinnati Health Department, Northern Kentucky Health Department, and Clermont County Health Department. These partnerships have produced important education opportunities: Dr. Shapiro presented on ACEs and health outcomes to the Northern Kentucky Health Department’s population health division and clinical services, which includes their Women Infants and Children supplemental nutrition program, family planning, and syringe exchange program. Dr. Shapiro also met with The Early Childhood Coordinating Committee (EC3), a subcommittee of Clermont County Family and Children First Council, on ACEs’ impact on child development. The EC3 mission is focused on coordinated interdisciplinary, family-centered system of services for families with a child 0-6 who is or may be at risk for multi-need/multi-system services.

Policy and Advocacy
Joining Forces for Children utilized the support of BCR policy experts in responding to local and statewide advocacy opportunities. In both Ohio and Kentucky, policy makers are responding to the opioid crisis. With BCR’s support, Joining Forces for Children leadership developed relationships with legislators and were asked to provide continued guidance and information as more funding is allocated to both the trauma informed care funding for families and children and prevention and response to the opioid crisis. With the help of BCR’s Policy Director, Joining Forces for Children leadership crafted coalition letters, letters to the editor, and best practice information on the biological impact of ACEs, the need for an upstream analysis and response to the multi-generational trauma related to the opioid crisis.

Next Steps
Joining Forces for Children is at an exciting turning point, with each channel refining their specific goals and objectives to accomplish over the next 1-2 years and identifying ways to move Greater Cincinnati forward in becoming a trauma-informed region. JFfC is still determining how to collectively capture data and measure community impact, as each program and organization within the collaborative has taken a slightly different approach to this process. JFfC will to continue to learn from the national BCR learning collaborative and other cities that are developing community-wide measurement of exposure to adversities and factors that support resilience.

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