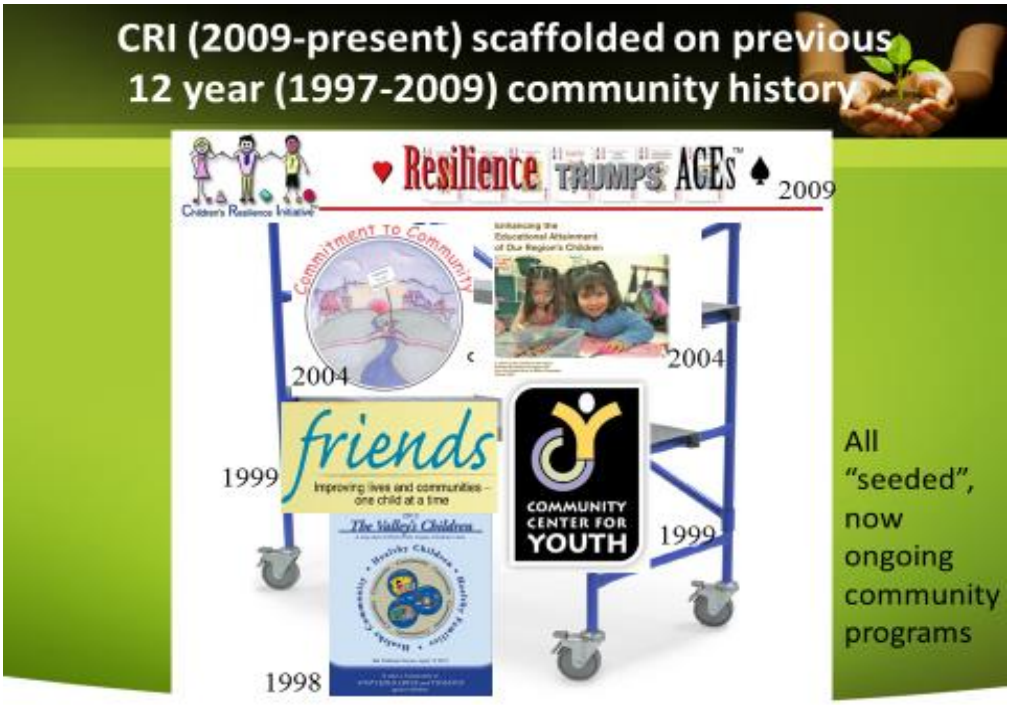
Scaffolding of Community Initiatives
To Build Community Capacity and Increase Resilience

A Case Study of Walla Walla Community Network in Washington State
An Example of the Family Policy Council (FPC) Stages Model



Abstract

This paper presents a case study of a scaffolding strategy employed in Walla Walla, Washington to build community capacity and increase resilience in stages. It explores how a community, with its own unique problems, energy, and assets, became successful, through time, developing first, through small efforts, and then in larger efforts dealing with harder, trauma based problems, building resilience across sectors – families, peers, schools, neighborhoods, community norms and awareness. Although this case study is an example of a general model of capacity building commonly adopted by forty communities in Washington State and described by the Family Policy Council (FPC), there is no single recipe, no single path with the same initiatives and the same trainings for all communities to follow. The FPC function was to support the communities to invent their paths and to continue to support them across their stages.

Methods

The qualitative evidence for the case study of Walla Walla came from:

- Research evidence of local conditions from FPC reports, visits and evaluations (1997-2015)
- Focused evaluation of one pilot site at Lincoln HS/The Health Center (2009-2014)
- Twelve focus group sessions with Children Resilience Initiative members on trauma sensitive practices
- Focus group with the Community Network board on history of initiatives and their scaffolding
- Interviews with community network director on the development of system thinking and strategies

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Introduction

Community prevention efforts in Walla Walla need to be viewed in light of Washington State's history, specifically legislative action taken in the 1970s and in the 1990s to address two similar sets of frustrations regarding the ***treatment*** and ***prevention*** of social and health issues.

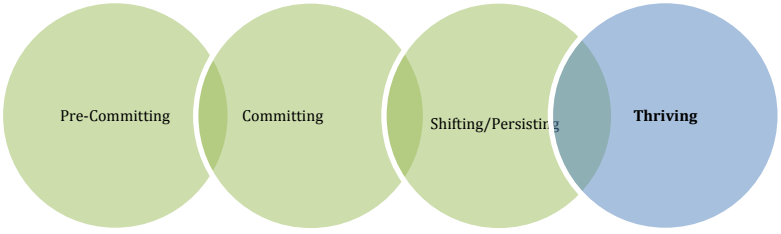
1. Frustrations regarding ***treatment*** of social and health issues:
   - The Department of Social and Health Services (DSHS) was formed in the 1970s, as an umbrella agency for 13 different 'siloed' programs, in the hope that co-location and common overall governance could help coordinate services. Different programs, however, continued using different assessment protocols, treatment programs and client identifiers. They had no coordinated strategy on how to treat common clients or how to use common data to guide action.
   - Top-down, standardized treatment efforts prescribed by federal and state regulations did not work well for clients with multiple problems (many related to Adverse Childhood Experiences).
2. Frustrations regarding ***prevention*** of social and health issues:
   - The same standardized, costly, evidence-based prevention programs were implemented across communities with different needs by different 'siloed' programs, without coordination (substance abuse, mental health, community mobilization, children's and suicide prevention programs). This resulted in few, if any, significant improvements in local rates of social and health problems.

The Family Policy Council (FPC) was formed in the 1990's as an inter-departmental, inter-program coordinating body (Hall et al., 2012) to address these frustrations. It was the 'backbone' agency for 42 community networks in the state of Washington for 17 years from 1995 to 2012. The function of the backbone organization was not to diffuse successful practices from other places, but to identify the trauma-informed principles of support and changes in organizations to expand those practices, both deeper and more broadly, thus supporting the process of building resilience.

The FPC mission was to:

- Oversee different prevention plans developed by local community network boards who were empowered to coordinate locally determined prevention efforts
- Stabilize across years and communities a minimum level of funding for prevention and encourage sharing or braiding of prevention funds across silos
- Provide epidemiological data on risk and protection profiles for each community
- Expect each community to report outcomes of their prevention efforts
- Offer assistance by FPC staff to communities on:
  a. Learning – science based prevention discoveries at yearly statewide meetings and time to reflect and report on changing conditions and outcomes of prevention efforts every two years (i.e. both research to practice and practice to research translational activities)
  b. Stable planning funding for local coordination and planning through fiscal agents and flexible contracts, performance-based, for biennially planned prevention efforts
  c. Legal structure of community network boards in relation to state central agencies
  d. Research on changing local community conditions and prevention outcomes

After 15 years of work with 42 community networks, the FPS identified "stages of community capacity." The Walla Walla scaffolding strategy mirrored the four phases of community capacity development described by the FPC and presented to a community psychology conference (Flaspohler et.al., 2012).



The table below displays the FPC and Walla prevention goals and strategies.

SHORT RUN GOAL: PREVENT THE ESCALATION OF INTERRELATED TYPES OF PROBLEM BEHAVIORS BY INCREASING RESILIENCE, MODERATING THE BEHAVIORAL /PHYSICAL EFFECTS OF CURRENT ADVERSE CHILDHOOD EXPERIENCES (ACE LEVELS) ON HEALTH

LONG RUN GOAL: DECREASE THE TREND TO MORE STRESSFUL/TRAUMA-PRODUCING SOCIAL CONTEXTS, THUS DECREASING THE UPWARD TREND OF ACES FROM ONE GENERATION TO THE NEXT

STRATEGIES: BUILD RESILIENCE AMONG AN INCREASING NUMBER OF PEOPLE IN THE COMMUNITY BY SCAFFOLDING INITIATIVES ON TOP OF ONE ANOTHER AT DIFFERENT STAGES OF COMMUNITY CAPACITY DEVELOPMENT WITH DIFFERENT COLLABORATING PARTNERS IN DIFFERENT SECTORS

The next table shows the stages of scaffolded initiatives based on community needs, focus and interest. For each initiative it shows the dimensions of resilience affected, the partners involved, the populations reached and the short outcomes.

THE WALLA WALLA UNIQUE SCAFFOLDED INITIATIVES - IN FPC STAGES

FPC STAGE (WALLA WALLA PHASE PERIOD IN YEARS)	WALLA WALLA INITIATIVES STARTING (CONTINUING TO PRESENT)	RESILIENCE DIMENSIONS (BASED ON MADSEN AND ABEL, 2010)			POPULATIONS		SHORT TERM OUTCOMES
		TRUST *SAFETY RELATIONSHIPS*	*MASTERY* *PROBLEM SOLVING*	*OPTIMISM* *HOPE/ PLAN/ CONTROL*	*DIFFERENT PARTNERS/ SECTORS*	*MORE PEOPLE INVOLVED- EARLIER IN LIFE*	
COMMITMENT STAGE (1998-2003) (SINGLE FOCUS – FEW PARTNERS)	CHILDREN'S FORUM	*			PROFESSIONALS /COMMUNITY MEMBERS	COMMUNITY ADULTS	SHARED KNOWLEDGE OF COMMUNITY
	FRIENDS AND COMMUNITY CENTER FOR YOUTH	*			MENTORS , POLICE, LEADERS	AT RISK CHILDREN (SCHOOL DROP-OUTS)	MORE SAFE PLACES AND RELATIONS
SHIFTING / PERSISTING STAGE (2004-2008) (MULTIPLE FOCUS – MORE PARTNERS)	RIDE THE WAVE	**	**		LOCAL FUNDERS, BMAC, CITY/COUNTY , COMMUNITY LEADERS	AT RISK COMMUNITIES	
	COMMITMENT TO COMMUNITY	**	**			POOR/ HISPANIC COMMUNITIES	SAFER COMMUNITIES, MUTUAL SUPPORTS
THRIVING STAGE (2009-NOW) (DEEPER FOCUS – INTEGRATED PARTNERS)	CHILDREN RESILIENCE INITIATIVE (CRI)	***	***	***	COMMUNITY COUNCIL, STATE AGENCIES, NON-PROFITS	AT RISK YOUTH AND ADULTS	MORE RESILIENT YOUTH AND ADULTS
	LINCOLN HIGH	***	***	***	TEACHERS, SCHOOL COUNSELORS, DOCTORS AND HEALTH PROFESSIONALS	AT RISK HIGH SCHOOL STUDENTS, LEARNING AND HEALTH CHALLENGES	BETTER LEARNING, AND SCHOOL OUTCOMES
	THE HEALTH CENTER	***	***	***			BETTER HEALTH
FUTURE	HEAD START PRE-SCHOOLS				EARLY LEARNING PROFESSIONALS	YOUNG CHILDREN STUDENTS IN AT RISK NEIGHBOR-HOODS	HIGHER RESILIENCE AT EARLY AGE
	ELEMENTARY SCHOOLS				TEACHERS AND STAFF		
	CHARTER MIDDLE SCHOOL						

* Resilience supported in only one social domain/community sector
** Resilience supported in a couple of social domains/community sectors
*** Resilience supported in multiple social domains/community sectors

Scaffolding Phase 1: 1995-1997
Walla Walla Case Study

Local Development Context
- New Network defines community boundaries
- Network requires Board formation
- New Board requires members, by-laws, fiscal agent, structure
- Board has new funding
- Board responds to local issues:
    - Prevention services are underfunded
    - School dropout rate is too high
    - New Juvenile Justice Center (JJC) is beginning to focus on youth problems leading to juvenile detention being too high

Network Board Initiatives
- Focused its role on "oversight funding"
- Held 'Forums' on learning, efficacy
- Consulted experts, studied learning styles (e.g., Bandura)

Network Director's story
- Network formed in 1995; there was a part-time director
- Theresa Barila joined the Board in 1997 as a community (non-fiduciary) member; she was then working for the Corps of Engineers, and wanted to be involved in community work.
- At this time, The Board was focused on by-laws, legal structure and other "dry" but necessary foundational work.

Transition to next developmental phase
Theresa became the part-time Network director in late 1997 when she resigned from the Corps. Based on her experiences with the Network to date, she wanted to shift into action. She wanted to include people who could be impacted by the Network's focus on adolescent problem behaviors. She asked, "What if we get everyone to come together to talk across respective disciplines." She asked why people weren't talking with each other across sectors, across agencies, like the multidisciplinary approach she knew from the Corps. She remembers someone early on saying to her, "You sure think differently." Complex problems, like hydropower, fish and irrigation had taught her systems.

Initially, she struggled to understand the expectations of FPC. She felt that there was not much guidance on how to do community work. She was frustrated with not having a road map. She wondered how to put into practice what was captured in the legislative document (RCW).

Pre-Commitment Stage
Family Policy Council model

Community Dynamics
Individuals seek outside resources to support existing organizations and activities

Community Understanding
Go through the required motions to secure funds

Role of Community Network
Distribute funds

FPC support
Statewide training on
- Network Board composition
- Open meetings
- Legal requirements
- Risk and Protective Framework

Local technical assistance

Transition to new stage by new FPC Director and Staff
External opportunity (FPC funding and technical assistance) motivates community to move to next stage.

Previously, the director focused on the role of the Network Boards on planning prevention service to reduce risks and increase protective factors. New director, Laura Porter, focused on unique community problems, assets, and empowerment.

Scaffolding Phase 2: 1998-2003
Walla Walla Case Study

Local Development Context
The Network tries to address community gaps:
- Need to involve people to share their stories. Convene community members at forums – community energy
- Beginning of the model: Committing to empowering people in the community. Focus on one or two community issues. Teri didn't choose, she and the Board listened to the community
- Working together, getting to know each other, trust building across different parts of the community

Network Board Initiatives
- Focus on children, relationships with adults, safety
- Forums to hear speakers, plan future
- Children's Forum brought agencies and community together
- Friends – mentoring activities with elementary school kids
- CCY (Community Center for Youth), a safe place for young people to gather for sports, dances, and connection in the evenings
- Evidence-based programs, trying to get the right people at the table – the movers and shakers, trying to draw in interested people, maintain momentum at state and local levels
- Theory of attachment, opportunities for social development

The Network director's story
Characteristics in early days: Empathy, capacity, persistence, tenacity.
A forum in the early days was designed to look at our data: "Where are we, how are our children, what are the trends?"
We were responding to community needs.
Two gaps were identified by the community:
1. Mentoring to help at-risk kids have a connection with a caring adult. In response, Friends was started in 1999.
2. Help kids to have a safe place where they had a voice. In response, CCY (Community Center for Youth) was started in 1999.

These two initiatives were "seeded" by the Network, providing the needed infrastructure and development during the foundational years. They are now on-going community programs.

Lessons learned in this stage:
- Bring data to the community so that they know about their community, e.g., 14 indicators that measure thriving families and thriving community (Hawkins & Catalano)
- Ask people: "What is important to you?"
- Convene the community around the Masai greeting – "How are the children" (in the community)?
- Tell stories – from the beginning, people heard and told stories.

Commitment Stage
Family Policy Council model

Community Dynamics
Residents and professionals gain shared understanding, vision, and motivation

Community Understanding
Try the FPC Capacity Development Process model

Role of Community Network
Bring people and ideas together

FPC support –
- Data on local community profiles of Risk and Protective Factors from Healthy Youth Survey starting 1998 (RDA/DSHS 1998 to present)
- Statewide trainings on community empowerment and system strategies for prevention
- Measurement and outcomes of community capacity 1998-2006 (Longhi & Porter, 2008)

Transition to next stage -
Truth-telling emerges from survey data (Healthy Youth Surveys) and stories of local experiences

Scaffolding Phase 3: 2004-2008
Walla Walla Case Study

Local Development Context
Network – maintain focus on collaboration and data. Many people working together on community risks and protections (asset focus).

- Recognition that if kids drop out, they have other problems. Problem of school attrition is more complex. Need to collect data.
- Dropout problem led to conversations which led to getting families involved.
- Work on safety led to work on parks, so neighbors felt safe to meet in the park, so children had a play space in the park.
- Mental model still risk and protection.
- Kids have risks – build protection. Safety nets.
- Meet where the people are. Listen. Human capital.

Network Board Initiatives- Focus on neighborhoods, action.

- Biennial Children's Forum events lend continuity to focus on data and action. New citizen driven initiative in development.
- C2C – Commitment to Community, neighborhood focus.
- Awareness of social capital & economic linkages.
- Trying to bridge isolation of communities.
- Citizen involvement – voices of both "Wallas".
- Empowerment through action.
- Emphasis on connecting services for at-risk populations.

The Network director's story

- Dario asked: "So, you started looking at the question of kids dropping out of school, and that led you to a question about what the neighborhoods looked like where kids were dropping out."
  Theresa: "We found kids didn't have alarm clocks, had to take care of several younger siblings, not that they wanted to miss school."
- C2C (Commitment to Community) grew from a community forum in 2004 asking, "What is the future of our neighborhoods?" That led to a year-long assessment. Network Board lent Theresa for the first four years to help shape C2C on Kreitzmann, McKnight, Senge and neighborhood empowerment models. A local foundation, Sherwood Trust, with Blue Mtn. Action Council, and Whatcom Co. Network, teamed in a collective impact approach.
- The FPC was bringing awareness of the ACE Study forward; an early pilot with Network and Juvenile Justice Center built on Thurston County Community Network.
- Housing needs of youth (emergency shelter for unaccompanied minors) continued to be a focus of the Network's community review process. Impact of ACEs being recognized as framework.

Shifting/Persisting Stage
Family Policy Council model

Community Dynamics
Innovative and Existing Practice shifts.
Experience of being "of and for" the community.
Shared theory of change is apparent in the collective action.

Community Understanding
Appetite for understanding how community actions are affecting social problems – community sees progress and is cautiously confident that "we are on the right track."

Role of Community Network – Create opportunity to learn and improve strategy and practice – generate shared identity and efficacy.

Transition
Local authority and solidarity surface

FPC support
Statewide trainings – Collective impact and information on ACE research

Qualitative evaluation of neighborhood initiative (consultation with Sasha Silveanu and Dario Longhi)

Evaluation of success in reducing school dropout rates (Clegg and Associates, 2008)

Scaffolding Phase 4: 2009-present
Walla Walla Case Study

Thriving Stage
Family Policy Council model

Local Development Context

Tipping point – organizations empowered to move on their own, developed trauma-sensitive practices:

- Common language around ACEs and Resilience developing
- ACE trainings developed and presented broadly
- Children's Resilience Initiative founded, with support from Sherwood Trust and Gates Foundation
- Theory to practice begins to develop locally, sharing practices and strategies in response to CRI and expert trainings (Anda, Felitti, Porter, Medina, Ginsburg)
- Lincoln High adopted trauma-sensitive practices; The Health Center opens its door; pilot study begins
- Agencies and entities begin to adopt trauma-sensitive practices – veterans, children's, parents, service providers. Broad application
- Reinforce resilience in the community – social support, safe places, skill building. Community focus in addition to individual & family

Network Board Initiatives

- Bring trauma-informed practices to every partner. Use teaching tools as strategies to engage.
- Lincoln High/The Health Center pilot findings hopefully fuel the expansion to broader educational focus. Success stories from agencies and partners fuels new energy and excitement.
- Community education on resilience framework. Resilience Rocks! Community events and features.
- "Connecting groups together to fund common themes" (common goals, common language). Share resources.
- Community neighborhood movement – neighborhoods engage.
- Bring in key speakers to keep awareness a priority.
- INVESTORS group reconvened by Network (from mid-90's experiment), with Collective Impact at policy and management levels intended.
- Continued focus on how to tell the community story, how to learn from the national movement and from the state and local work. Integrating all elements together whenever possible.

Community Dynamics

Persistent learning system bridges to new groups. New leaders and innovations – community holds a culture of protection – welcoming, mutual help, and respect persist through unexpected change or crisis

Community Understanding

Continuously learning and improving community's own system

Role of Community Network

Open leadership opportunities focused on continuous improvement.

FPC support

Statewide trainings –
ACE 'Train the Trainer' and information on Resilience

Quantitative evaluation of community capacity and resilience in moderating the effects of ACEs (Longhi, Technical Appendix, 2012)

The Network director's story

For Theresa, the science behind the ACE Study and the emerging brain development findings, and the public health framework approach, made sense to her, gave her focus, a road map. The call to action for a community response was clear, as was the sense of urgency to bring this information forward. The Network Board supported the focus on ACEs and Resilience. The impact of ACEs on children's health and education was featured in the first Community Council report, adding recognition to the work underway in creating a community conversant in ACEs and Resilience. Dr. Anda's visit, then Dr. Felitti's, inspired the community response framed in Resilience. Dr. Medina's keynote address at the 2011 Children's Forum captured community attention. Dario asked: "How was support from the FPC helpful?"
Theresa: "It was helpful, and it became invaluable with the ACE work."

Scaffolding Phase 5: Present-Future
Walla Walla Case Study

Local Development Context*: *Future – next steps

- Adopt trauma-sensitive practices earlier (e.g., in Head Start/ pre-schools with kids and parents), and expand in new charter school, middle schools and high schools in local and rural school districts; in more organizations, and in more sectors (Business, faith-based, higher education, Work Force, Department of Corrections, medical, others) with sustainable Train the Trainer model. Address adult responsibility in practices.
- Address earlier opportunities for school to work initiatives and support systems for youth exiting the school system. Enhance connections to vocational and higher education routes.
- Focus on pride and leadership in neighborhoods, continued emphasis on building human capital/ economic development equation. Address identity, equity, restorative justice.
- Address collective impact at the strategic planning level.

Network Board Initiatives

- Sustainability for Resilience framework.
- "Advances"
  - Prevention from multiple partners
  - Commitment from legislative allies – backbone organization
  - Commitment from local community.
- Involvement with all schools (from pre-schools to community college and employers).
- Sustainability for the future work of CRI, Network.

The Network director's story

1. New Modules – addressing adult regulation to then address kids.
   a. Train the trainer, deepening the understanding
   b. Skills people need to have to work with trauma, self-care.
2. CRI – Expand trauma-sensitive practices – in focus groups, people talked about what they could do together, seeing C.I. power.
   - Deeper and broader, sustainable practices
   - Embedding information everywhere, in every system
3. Research – how individuals, organizations changed – how it is happening, how it can improve. Strategy paper.

Future next steps

- Charter school – middle school in low-income community (Blue Ridge) with trauma-sensitive practices
- Expanding trauma-sensitive practices to the Head Start/ pre-school level (Trauma Smart year-long trainings)
- Expanding The Health Center services to more elementary/ middle schools; new building to serve at-risk youth, especially teen parents; emergency shelter; mental health.

Present and Future
Without Family Policy Council

Characteristics of Network

- Transformation from a government-based structure to a more sustainable public-private partnership
- Better local support to empower more communities to "thriving stage"
- Faster and better disseminated practice to research
- System-wide changes take 20-30 years (for example, it took CPS six years to engage in ACE trauma sensitive training, 2009 to 2015)

Research Support

Local Health Department's survey of knowledge of ACEs and resilience in Walla Walla

Mixed Methods Evaluation of Lincoln High – Resilience moderating impact of ACEs on school performance (Longhi, Barila, Motulsky, Feb 2015)

Strategy paper on trauma sensitive school practices (Longhi & Barila, March 2015)

Evaluation of Trauma Sensitive Practices by CRI members (ongoing, Steele & Kuban, 2012)

Quantitative statewide analysis of contextual community resilience on school performance, physical and mental health of youth (Longhi & Brown, Aug 2015)

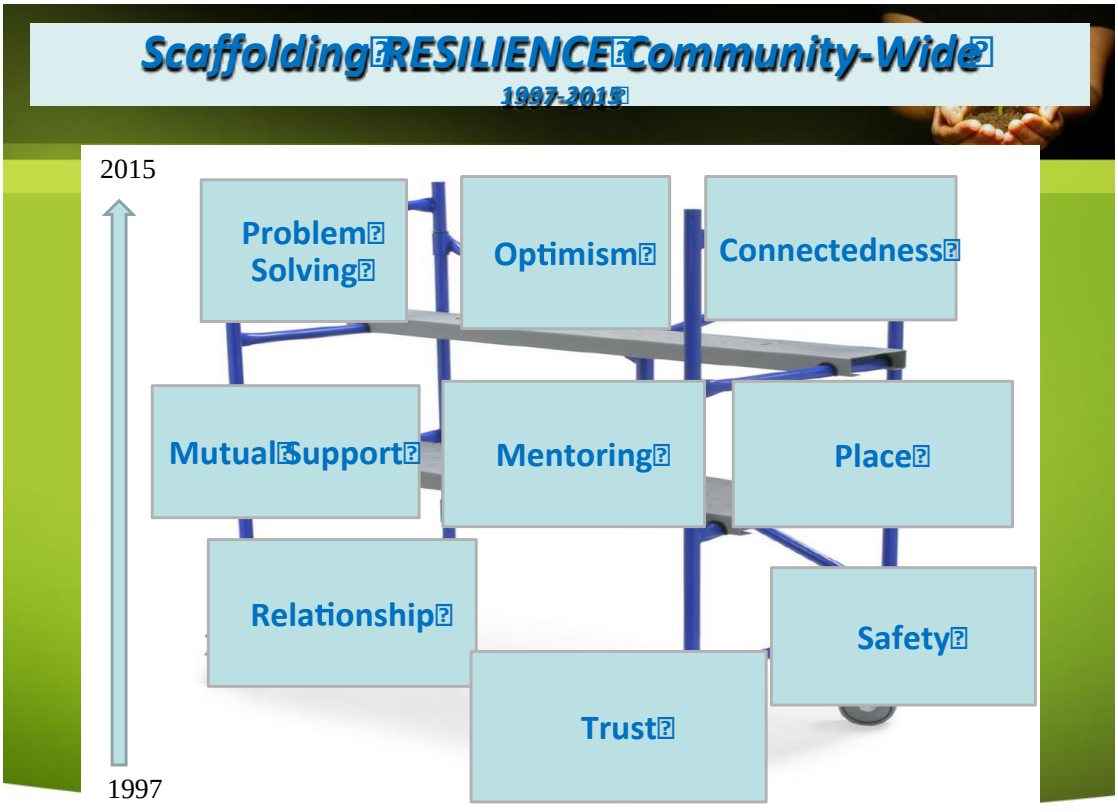
Summary findings

How Walla Walla developed community capacity and built resilience over the last 18 years largely conforms to the general pattern found among the 42 FPC Community Networks.

- *The scaffolding principles* - The things they did depended on the specific problems (in their community), what they learned (the outcomes of their solutions) and where the passion was.
- *The scaffolded prevention initiatives* - Community capacity was built in phases, based on the evolving strengths of the community, expanding the number of organizations that built various forms of resilience in different sectors of the community (e.g. , Shonkoff and Ungar). The strategies were to:
  1. Bring people together – build trust and relationships among professionals and community leaders; build safety for organizations to work together, to take risks, to talk with each other about problems and common solutions, instead of competing with each other for scarce resources.
  2. Experience working together on a problem – learning that by working together, they could achieve more than they could by working separately – building mutual support.
  3. Expand to more leaders, sectors – building a common prevention framework, language, culture
  4. Reach a 'tipping point' where leadership is shared – where each organization experiments, innovates and shares lessons learned, building caretaker/adult awareness, optimism, problem-solving skills, while implementing trauma-sensitive practices across sectors, different populations.

The following figure displays the dimension of resilience that were built at different scaffolded stages. The early ones at the bottom, created by the first prevention initiatives, continued being present and reinforced at subsequent, upper stages.

- Building trust, together with safety and relationships, were the foundation for implementing subsequent initiatives that built mutual supports, mentoring relationships and sense of place.
- This foundation and the success of subsequent combined efforts then supported initiatives that built skills in problem solving, generating optimism, connectedness – hope for the future.



Cautions

A few *points of caution* are needed for new communities that may want to duplicate such strategies:

- The first caution is that successful 'scaffolding,' one that can be built and maintained, needs to be locally developed, based on unique local conditions. This requires decentralization of decision making by backbone organizations, which are often accustomed to centralized control.

- The second caution involves the length of time necessary for communities to develop capacity through the various phases. It may be true that communities may be able to move much faster through the various phases, faster than the pioneer Washington State communities. In so doing, it may be tempting to skip phases, particularly with the advantage of the growing knowledge of ACEs, trauma sensitive practices, the components of resilience and the role of a backbone agency. The caution is that maintaining systemic change in diverse local communities requires developing trust, collaborative leadership, empowerment - all of which take time and sequence of phases to learn, diffuse and implement.

- The third caution is that even though a large proportion of Community Networks, twelve of the forty two communities (about 30 percent) involving 41 percent of the population in Washington State, reached a 'thriving' stage of community capacity over a 15 year period, the termination of the central backbone support agency (as the FPC was defunded) created great challenges. More than half of the network boards ceased operations as secure yearly funding, exchange of learning and data support, plus training and consulting support came to an end.

Source Documents

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