

BOUNCE

Building Resilient Children and Families

Infusing trauma awareness, knowledge, and skills into the cultures, practices, and policies of Jefferson County Public Schools and out-of-school-time provider agencies to foster the resiliency of vulnerable children and families.

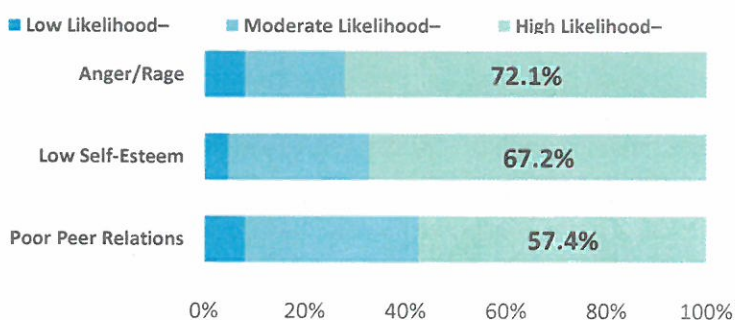
children and families.

Children today face toxic stressors that can have a life-long impact on their ability to thrive—physically, emotionally, and socially. While it's impossible to protect them from all of life's ups and downs, there are tools to help youth respond effectively to adversity by building resiliency and grit. Bounce is a bold endeavor designed to do just that. Through the collaboration of diverse community partners, the Bounce Coalition is moving “upstream” to address the root causes of poor health in our most vulnerable children by implementing a trauma resiliency model for Jefferson County Public Schools (JCPS) within a Whole School, Whole Community, Whole Child Coordinated School Health Model, a CDC best practice. In addition, Bounce aims for broad impact by improving the knowledge and skills of out-of-school-time (OST) providers to support children and families through adverse childhood experiences or ACEs.

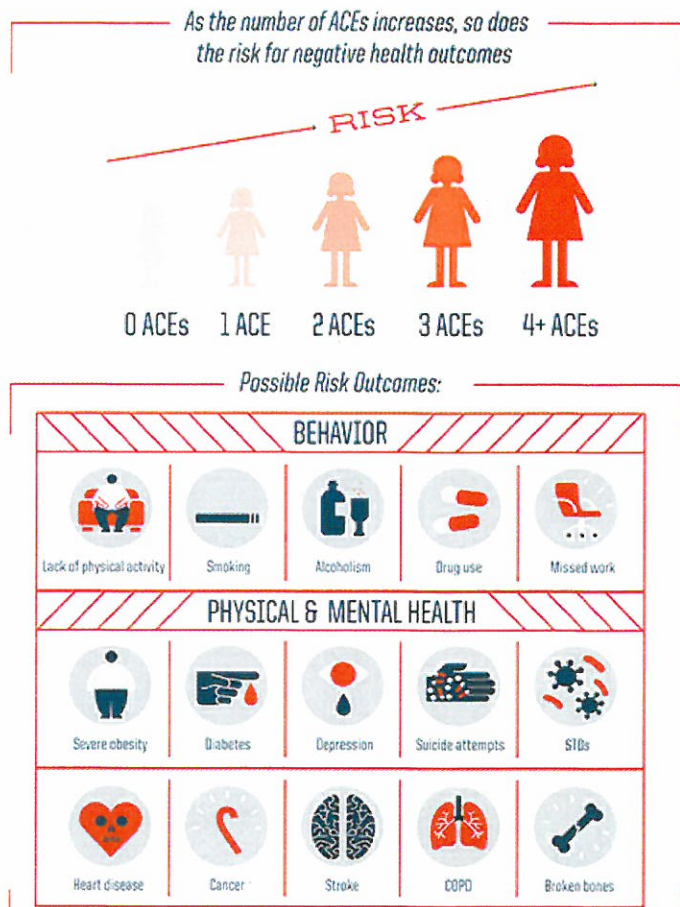
The Need

Bounce draws on strong evidence that ACEs are linked to long-term behavioral, mental, and health risks. Nearly 20 years of research demonstrates that abuse, neglect, and household dysfunction that happen to children under age 18 directly correlate to poor health outcomes in adulthood. The more ACEs, the greater the chance of lasting poor health outcomes.

Bounce springs from an extensive assessment conducted by the coalition in 2013-14. It included analysis of Jefferson County in the areas of safety, substance abuse, physical health and nutrition, and mental health, employing a “heat map” to compare neighborhoods and identify areas of greatest need. This was overlaid with JCPS data on the prevalence of ACEs indicators in elementary schools in the communities of greatest concern. Using this information and an assessment of school readiness to adopt a trauma resiliency model, an elementary school in south Louisville (zip code 40215) was selected as the first Bounce site. It has approximately 533 students from kindergarten through fifth grade, nearly all (91.2%) qualifying for free/reduced lunch. It is racially diverse: 43.7% white, 41.8% black, 6.7% Hispanic, and 7.8% other. More than 12% of students are homeless. A pre-intervention survey of school staff identified the strong likelihood that many students exhibit these ACE indicators:



ACEs are Adverse Childhood Experiences



Centers for Disease Control and Prevention and Kaiser Permanente <http://acestudy.org>

Bounce Activities

- Train all staff in pilot schools and OST providers to recognize and respond to symptoms of trauma.
- Provide programs that educate parents about ACEs and techniques to build resilience in their families.
- Using evidence-based curriculum, conduct small group, in-classroom sessions that increase support for students, reduce risk-taking behaviors, and decrease incidence of new trauma or re-traumatization.

Outcomes

JCPS Management, Planning & Program Evaluation

Under the leadership of experts from JCPS's Department of Management, Planning & Evaluation, a rigorous evaluation is underway to determine the effectiveness of Bounce with these markers of success: →

Early Results

Bounce began in the fall of 2014. Early indicators of success include:

- The number of staff (teachers, administrators and support staff like bus drivers and cafeteria workers) who describe their ability to effectively support students experiencing traumatic events substantially improved by February 2015. Those describing their skill level as “none” or “limited” decreased from 70.5% to 44.8%.
- The number of students with high-intensity behavior referrals (i.e. for physical violence) declined in comparison to the previous year. Furthermore, the percent of students with 10 or more referrals declined from 30% to 24%. The program appears to effectively identify those in need of special attention: 100% of students with 10 or more referrals were identified for therapeutic treatment.
- The school staff training has been adapted for OST providers and delivered to over 500 YMCA providers this spring.

Research Question	Outcomes
To what extent did resiliency and protective factors in staff and students increase?	Increased school performance and increased positive behaviors
Was there an increase in school staff knowledge and skill in dealing with trauma?	Increase in teacher attendance and retention; increase in skills
Did family involvement increase?	Improved conference attendance; increase in PTA/PTO enrollment; increase in parent survey responses and parental response to report card distribution and return
To what extent did OST providers' knowledge and skills in dealing with trauma increase?	Increased OST staff knowledge; changes to policy to promote resiliency

Sustainability

The vision for JCPS is that “all students graduate prepared to reach their full potential and contribute to our society throughout life.” The district has made significant investments in staffing, resources, and training to reduce suspensions and increase school-based mental health services. Bounce backs these goals by training staff to identify and support children who have experienced trauma. Tightly aligning with JCPS in the design, implementation, and evaluation of Bounce creates the foundation for replication and institutionalization inside the school system. Through Louisville's OST Coordinating Council, there is growing capacity to support youth through quality standards, improved measurement, and data sharing. Bounce measures the impact of OST providers' capacity to incorporate trauma-informed practices into their organizations. If effective, organizational policy changes will incorporate ACEs in on-going personnel training and securing certification for those who complete it. Finally, Bounce includes a “train-the-trainer” component to ensure on-going OST training.

Resources

Bounce is funded by a four-year grant from the Foundation for a Healthy Kentucky and supported with required matching funds from major donors and in-kind contributions. The Community Foundation of Louisville lends cornerstone support and

	Year 1	Year 2	Year 3	Total Cost
Expenses	\$316,100.00	\$248,410.00	\$268,977.00	\$833,487.00
Revenue	\$323,100.00	\$243,910.00	\$144,240.00	\$711,250.00
Ability to Meet the Need	\$7,000.00	-\$4,500.00	-\$124,737.00	-\$122,237.00

serves as fiscal sponsor for philanthropic investors. The cost to implement Bounce is \$833,487.00; we have a total of \$711,250.00 committed and need to secure \$122,237.00 to expand and provide the necessary training,

materials, a mental health therapist, project management, and evaluation. With your help, we can bring the evidenced-based Bounce program to scale—helping more children succeed in school and practice healthy behaviors for a lifetime!

A Collective Impact Partnership

The Bounce Coalition is comprised of a broad base of influential community leaders committed to addressing the root causes of chronic disease in children (see list below). The coalition is one of just seven in the state selected by the Foundation for a Healthy Kentucky to participate in its *Investing in Kentucky's Future* initiative.



Center for Women & Families, Community Foundation of Louisville, Family & Children's Place, Jefferson County Public Schools, KentuckyOne Health, Kentucky Youth Advocates, Louisville Metro Department of Community Services, Louisville Metro Department of Public Health & Wellness, Metro United Way, Norton Healthcare, Mayor's Office, Louisville Metro Council, Seven