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I am now in my second year as an SRCD fellow in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services (HHS). The past year has brought many new opportunities and interesting challenges: I continued to lead an interagency working group on child trauma, working with partners to share information across agencies and identify areas for collaboration; I filled in for our Early Childhood Team Lead during a maternity leave, immersing myself in child care policy and coordinating regular meetings with the Office of Child Care; and I contributed to my office by joining our dissemination team, working to develop new strategies to make our work accessible and relevant. However, one of the most fulfilling aspects of my fellowship, and the project I am most proud of, has been developing and managing a new research contract.

Around this time last year I was given the opportunity to write a statement of work for a new project. Drawing from my experience working with federal partners from other agencies, I knew I wanted to focus the project on advancing the conversation around trauma-informed care. Trauma-informed care is becoming increasingly prevalent and was highlighted in recent legislation, including the opioid bill (SUPPORT for Patients and Communities Act) and the Family First Prevention Services Act. However, while there is plenty of anecdotal data suggesting that trauma-informed approaches help service providers deliver effective care for children and families, the state of the evidence behind such approaches is still in its infancy. Additionally, many communities are implementing exciting new trauma-informed initiatives, but these efforts often occur in silos, which can prevent stakeholders from learning from and building off of each other’s work. The project I developed, Trauma-Informed Approaches: Connecting Research, Policy, and Practice to Build Resilience in Children and Families, seeks to advance our understanding of community level trauma-informed approaches and to share examples of promising models.

Writing a statement of work for a new contract that would go out to bidders was an entirely new experience for me and I learned a lot about the federal procurement process along the way. I took a contracting officer’s representative course to learn about managing federal contracts and received significant mentorship from my ASPE colleagues, some of whom are former SRCD fellows themselves. We reviewed proposals from bidders and eventually awarded the contract to James Bell Associates. I’ve enjoyed the process of managing the contract and working with our contractor to shape the project into something that will be a meaningful addition to the field.
One really exciting aspect of this project has been the amount of interest from other offices and agencies. In addition to sharing with colleagues across the federal government, I had the opportunity to brief the Surgeon General, Dr. Jerome Adams, on the project. Dr. Adams has significant interest in trauma and adverse childhood experiences and he agreed to speak at our kick-off meeting, which was well attended by federal staff in many different agencies within and outside of HHS. His comments underscored the pervasive effects of trauma across the lifespan and the critical nature of this work. His enthusiasm also confirmed my belief that interest in understanding and addressing trauma is only going to grow as we seek new policy solutions for serving children and families in need. I’m very grateful I had the opportunity to develop this project and to work on something that I find so policy relevant and personally meaningful.