

MARC CROSS-SITE EVALUATION

Interim Report



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Executive Summary

The Mobilizing Action for Resilient Communities (MARC) is a multisite community initiative funded by the Robert Wood Johnson Foundation (RWJF) and the California Endowment that uses an ACEs framework to foster trauma-informed and resilient communities and overall well-being. ACEs stands for Adverse Childhood Effects, early traumatic events in a child's life that have been demonstrated through rigorous scientific research to have lifelong effects on health and behavior.

MARC brings together 14 existing networks across the country that were already using ACEs as a foundation to create change in their communities. The 14 sites are supported by two organizations, The Health Federation of Philadelphia and an online informational and social networking platform, the ACEsConnection Network. MARC aims to foster change in those communities as well as stimulate broader regional and national change by strengthening the individual collaborations and facilitating learning across them.

All networks have a backbone organization and range in size from 25 to more than 80 members. They all have multisectoral membership, with health care/medical and mental health/behavioral health sectors being the most common. Even when mental health/behavioral health agencies were not the most commonly represented in a site, members from these two organizations still tended to be at the hub of the connections among members.

During our first year “evaluability assessment” visits, we found that although the networks already existed, receipt of the MARC investment provided an opportunity for many to re-establish themselves with receipt of MARC. Resources were generally sufficient but with the new MARC funds some communities were reconstituting and refining their membership and leadership structures. Most had goals that were clear, but they were not always known or shared by the network members. A number of new sets of activities were being developed and in many sites, there was a need to re-align the desired outcomes with the types of activities they were proposing.

As of the fall 2016, the networks ranged in their level of development, from those in an early development stage to those redeveloping part of their structure to those that are well-established. All sites have a great deal of connections among members, from exchanging information to higher levels of collaboration. At the highest level of collaboration, however, most sites have considerable room for growth.

MARC communities are intended to increase awareness, improve trauma-informed policies and practices in organization and communities, and work on policy, as well as increase the capacity of their network and community through leveraging funding and improving data collection. At the national level, the goals are to help foster a national ACEs movement through increased use of collective impact strategies and improved trauma-informed policies that presumably have emerged from the MARC communities.

In the first year of operation, the MARC networks have:

- focused on **redeveloping or strengthening their networks**, by making key changes to their governance and membership structures, and engaging new sectors and members of the community in the network and its activities;
- engaged in a range of activities to **build awareness** of ACEs of service professionals, educators, and the broader community. Activities have included presentations, workshops, summits and conferences, Paper Tigers screenings, ad campaigns, storytelling efforts, and a range of other activities;
- worked with organizations in a number of sectors to **facilitate their adoption of trauma-informed practices and policies**. Sites generally selected organizations that showed readiness for change or are provided ACEs, trauma, and/or resilience awareness activities prior to receiving training geared

toward adopting trauma-informed policies and procedures. Schools, medical systems, and juvenile justice and child welfare systems are the most common areas of intervention. Some activities target individual professionals, such as teacher and pediatricians, whereas others are focused on changing entire organizations, such as creating trauma-informed schools; and

- educated policy makers and worked to **influence changes in policy** that incorporate ACEs, trauma, and resilience. A few sites are engaged in high or moderate levels of policy activity, and those not currently engaged or engaged in low levels are exploring options and opportunities for increasing their efforts. Strategies include presentations at meeting and conferences that policy makers attend, training individuals to be policy entrepreneurs and serve as educators with policy makers, working to influence and engage policymakers in working towards a specific policy; joining with other policy collaboratives or groups working towards policy changes, and developing policy briefs and recommendations that incorporate ACEs, trauma, and resilience, often used in tandem with meetings.

Sites have also engaged in data collection efforts and seeking funding to continue to build their capacity, but both areas of activity are in the early stages for most sites.

All networks are supported by HFP and are taking advantage of connections through HFP as well as those they have made on their own to communicate with one another and share lessons learned, strategies, and resources. Webinars and meetings also are well received as opportunities to learn from each other. HFP also is working to elevate what is being learned in these communities to broader audiences through linking them to outside contacts as well as participating in conferences, serving as a resource, and fostering media coverage.

ACEs Connection is used by eight of the sites as an online platform to coordinate their networks by posting information pertaining to their group activities and local events as well as general information on ACEs and resilience. Few MARC sites use the platform to communicate more broadly about the activities they are conducting or the changes that are occurring in their communities

Recommendations for Further Support of the MARC Communities

Much of the work of MARC communities appears to be operating as planned. There are a few areas in which additional support might be helpful. These include:

- helping sites identify more funding opportunities to strengthen capacity and foster sustainability;
- providing support and assistance on how to maintain momentum in sites, especially with respect to keeping members and work groups involved in the work, as well as on how to handle the opposite dilemma when there is increased engagement and the movement can be snowballing;
- providing expertise in how to effectively influence policy;
- maximizing ACEsConnection for communicating about the communities to broader audiences; and
- identifying key areas of change that may be most beneficial for focus activity and focused evaluation.

Next Steps in the Evaluation

As we focus on outcomes for the second stage of the evaluation, we will conduct a second survey of network members and Social Network Analysis to assess how the networks have changed in membership, sector involvement, and in the connections and collaborations among the members.

We also will examine the outcomes of key activities or cluster of activities, using methods that allow us to both work forward from what the network (or the national activities of the initiative) is doing and understanding what has occurred and the outcomes that are intended, and also tracking backwards from observed outcomes to see if the network or the overall initiative has made some contribution to the outcome.

1. Introduction and Background

This evaluation report, prepared by Westat, provides the first year assessment of the Robert Wood Johnson Foundation (RWJF) Mobilizing Action for Resilient Communities (MARC) initiative. We begin the report with an overview of the MARC initiative, followed by description of the role of evaluation in the initiative, and relevant background on community collaboratives and networks that have informed our inquiry.

What is MARC?

The Mobilizing Action for Resilient Communities (MARC) is a multisite community initiative funded by the Robert Wood Johnson Foundation (RWJF) and the California Endowment that uses an ACEs framework to build a movement for a just, healthy, and resilient world. ACEs stands for Adverse Childhood Effects, early traumatic events in a child's life that have been proven through rigorous scientific research to have lifelong effects on health and behavior, originally identified through a joint study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente between 1995-1997 (Felitti, Anda, Nordenberg, Williamson, Spitz, et al., 1998). MARC brings together 14 existing coalitions and networks across the country that were already using ACEs as a foundation to create change in their communities (see Figure 1-1).

Figure 1-1 MARC Initiative



The 14 sites are supported primarily by The Health Federation of Philadelphia (HFP). HFP is a nonprofit organization in Philadelphia whose mission is to improve access to, and the quality of, health and human services for underserved and vulnerable populations, is the coordinating organization for MARC. In that role, HFP coordinates all MARC activities, including developing and issuing the call for proposals, selecting, and funding the sites and supporting them throughout the process. HFP continues to support site efforts by fostering peer learning and collaboration, offering technical assistance and fostering connections between sites, and monitoring sites' progress. It is also engaged in a variety of efforts to connect the MARC communities to other networks and to communicate more broadly the stories and lessons that are being learned in the MARC initiative to foster movement- and field-building.

The MARC sites are also receiving some support through a social networking platform, the ACEsConnection Network. The ACEsConnection Network, which comprises ACEs Too High (<https://acestoohigh.com/>) and ACEsConnection (www.acesconnection.com/), was founded in January 2012 as an online source of information on ACEs. ACEs Too High is a news and analysis site for the general public that reports on research about adverse childhood experiences, including developments in epidemiology, neurobiology, and the biomedical and epigenetic consequences of toxic stress. ACEsConnection is a social networking website for people who are implementing, considering implementing, or needing information on effective practices and policies utilizing the science of ACEs, trauma, and resilience. MARC sites are encouraged to use ACEsConnection to coordinate their network efforts. As of February 2016, 8 sites are using the platform at some level, as discussed in the next section.

Goal of MARC

MARC is intended to help the communities expand their networks, clarify their action plans, share their stories, and discover solutions to gaps in practice and policy. By strengthening the individual collaborations and facilitating learning across them, MARC aims to foster change in those communities as well as stimulate broader regional and national change. Specific community-level change desired includes:

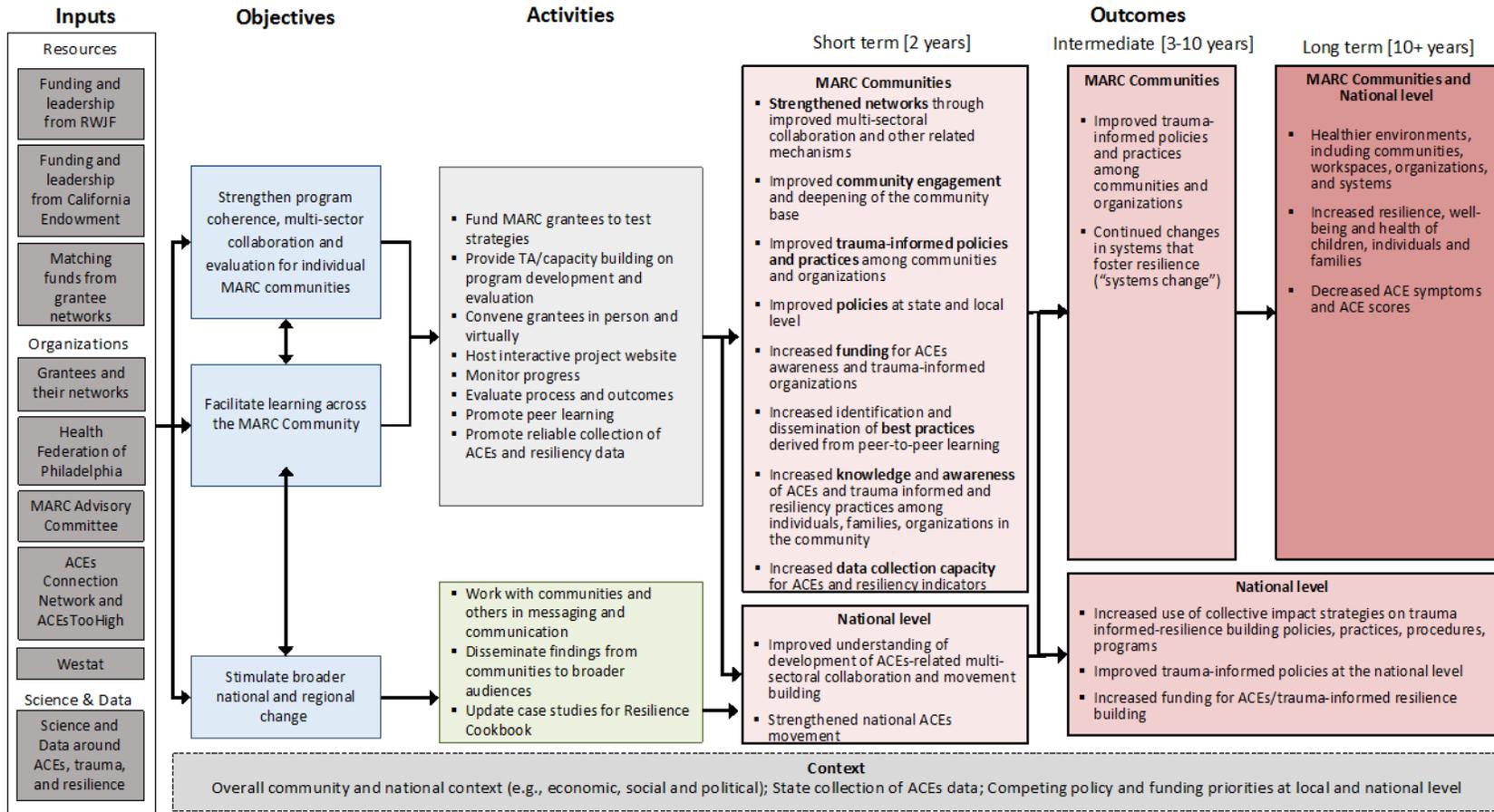
- improved community engagement;
- improved trauma-informed policies and practices within organizations as well as the broader community;
- progress towards policy change at the state and local level;
- increased funding for ACEs related activities;
- increased identification and dissemination of best practices;
- increased knowledge of ACEs/trauma-informed and resiliency practices;
- increased capacity for data collection of ACEs and resiliency indicators.

At the national level, the goals are to help foster a national ACEs movement through increased use of collective impact strategies and improved trauma-informed policies that presumably have emerged from the MARC communities.

Figure 1-2 outlines the MARC logic model, developed in collaboration with HFP at the outset of the initiative. As part of the review of this report, it is expected that the model will be revised as needed to reflect lessons learned to date and any new emphases.

Figure 1-2 MARC Logic Model

Initiative Goal: To support communities using an ACEs framework to build the movement for a just, healthy and resilient world.



Community Coalitions, Movements, and ACEs

Our evaluation approach, described below, is informed by the literature on community coalitions, collaborations, and networks. Although some authors make distinctions between coalitions and networks, others use them more or less interchangeably. Coalitions are defined as a set of relationships among a group of member organizations and individuals that commit to a collective goal and shared decision-making (Easterling, 2012; Raynor, 2011). Networks, as defined by Grantmakers for Effective Organizations (2011), also involve relationships among people and organizations, typically to provide for information exchange and to link organizations together for their own benefit as well as the greater good. Coalitions tend to have an agreed upon purpose and work toward desired outcomes whereas networks may not have clear outcomes but more of a general understanding of the focus of the work.

All these collaborations can vary in size, the extent to which they have a formal structure, and a range of other structural features. They emerge for complex problems and issues, such as trauma and ACEs, as they can take on larger work that is beyond a single organization and provide for a wider scope of influence (Easterling, 2012). Coalitions are particularly challenged by several factors that can thwart successful collaboration, including the voluntary nature of the membership, the often episodic nature of meetings, and the fact that only one person from each organization typically participates (Easterling, 2012). Lack of staff also can be a considerable challenge for coalitions, typically indicating the need for capacity building support.

Much of the literature on coalitions and networks focuses on understanding and assessing their key elements. There is variability across the coalition literature on what are considered key elements, whether or not they should be prescribed, and how they are grouped. However, there are a few elements that are highlighted. These elements include: the nature of the membership, including how membership is determined, the sectors represented, the geography represented, and membership size; how the coalition or network is structured and the nature of the connections; the resources that support the group; the network's shared purpose or vision; the nature of the leadership or governance; and the nature of the activities that engaged in and the results that emerge. Proponents of Collective Impact (Kania & Kramer, 2011) are among the most prescriptive in articulating these elements, identifying five key conditions that promote coalition success: having a common agenda that has a shared vision and joint approach to solving a problem; shared measurement; mutually reinforcing activities; continuous communication; and the support of a backbone organization. Taylor and colleagues (2015) suggest a simple three layered lens for combining many of these elements and examining them in an evaluation: 1) network connectivity (membership, structure and nature of relationships); 2) network health (the resources, infrastructure, internal systems); and 3) network results (the interim outcomes and goal/impact). Much of this report is focused on understanding and describing the first two of these elements, network connectivity and network health, and describing progress on the third (network results).

The networking and coalition literature also describes stages of coalition development and different levels of collaboration that helped to guide our assessment of the MARC networks. Florin and colleagues (1993), for example, outlined seven stages of coalition development, including mobilization, establishing an organizational structure, building capacity, planning, implementation, refinement, and institutionalization. Other authors outline stages based on levels of collaboration, characterized by the level of integration and formalization (e.g., Todeva & Knoke, 2005). Gajda (2004), for example, proposes a five-stage model that moves from networking to cooperating, partnership, merging, and unifying. The stages are differentiated by the group's purpose, their activities, leadership and decision-making, and type and frequency of communication (Frey, Lohmeier, Lee & Tollefson, 2006). The MARC sites, as described in this report, are all existing networks yet vary in the stages of their development and collaboration.

One of the perspectives we have taken in this evaluation is examining whether the MARC initiative overall or in certain sites constitute a "movement." Movements have transformational goals that require many of the elements outlined for coalitions and networks, but also a structure that is "large scale, multiracial, multidimensional, multisector, and multi-issue" (Pastor & Ortiz, 2009, p. 13). The women's movement, for

example, aims to continue to grow and expand, encompass all races and ethnicities and all sectors, and address a number of issues that affect the welfare of women, such as a fair and equitable wage, reproductive rights, sexual harassment, and others. One distinction that is highlighted between coalitions and movements is that a movement does not change if the issue changes, but instead, incorporates that issue. A related distinction is that a movement is focused on scaling up and coalescing other coalitions and networks that have a common call to action. MARC, however, may not be aimed at being a movement but joining other groups in a collective call to action.

Coalitions focused on addressing ACEs and promoting community resilience offer a strategy for building partnerships and networks that can bring a call to action among government, nonprofit, and other organizations. Despite the challenges that coalitions can face in establishing successful collaboration noted above, coalitions also offer the promise of changing systems, policies, and communities through their relationships and coordinated activities. They can take on the “larger” work in a community that is beyond the scope of any one organization (Masters & Osborn, 2010) and can potentially have broader impact. The key is moving beyond networks that focus on information exchange, shared learning, and mutual support to ones that have an impact on larger issues. This evaluation will examine the individual MARC networks to understand where they are on the trajectory of change as well examine their efforts and those of the initiative as a whole within a broader framework of the extent to which they are working with others in fostering movements that support children.

Scope and Role of Evaluation

Westat is conducting a cross-site evaluation of the MARC initiative, guided by the overarching logic model and the literature on coalitions and networks. We are mindful that a few sites do not fit the coalition or network model, but rather follow more of a community-organizing approach. As we continue our evaluation, especially as we delve more into each site in the next wave of site visits, we will expand our framework of understanding in examining these efforts.

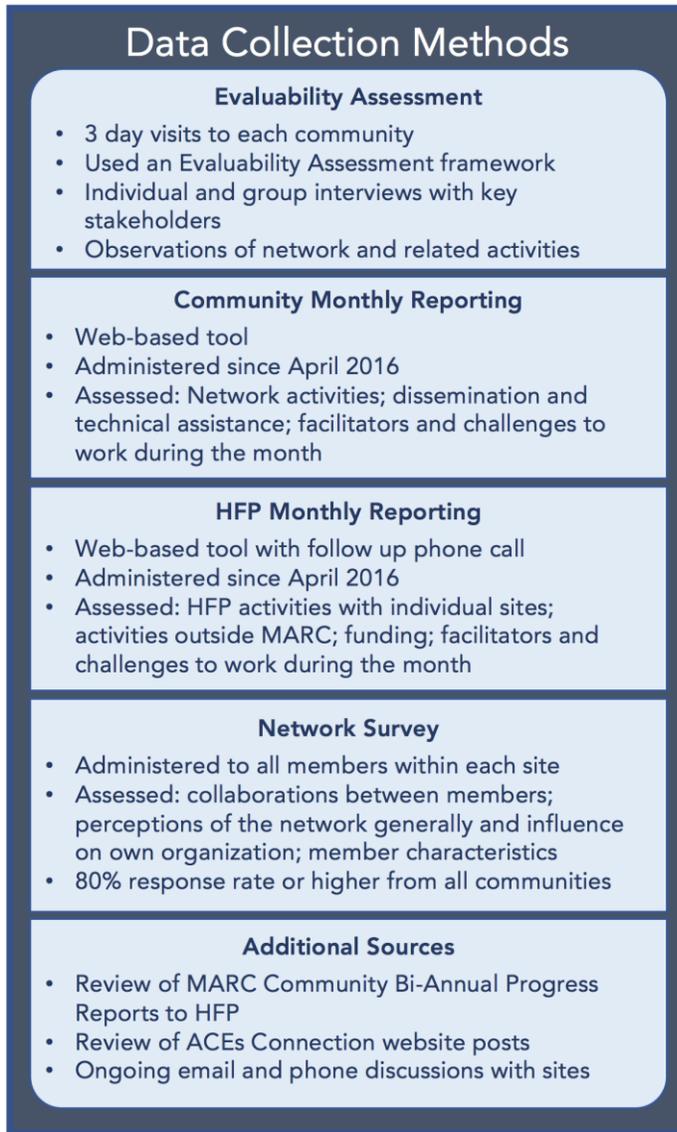
Figure 1-3 displays the overall research questions that our work is addressing. As an initial report, this report focuses largely on describing the initial status of the sites and the early changes that have occurred in the first year of funding. Our second and final report will focus more on the extent to which MARC communities are contributing to local and a national movement around ACEs, continuing changes that are taking place as well as the mechanisms that are helping them achieve these changes.

Figure 1-3 MARC Evaluation Questions

1. What approaches are MARC communities using to promote resilience and address early adversity, violence, and trauma? What are the characteristics of the networks involved in this work? What factors support and foster success in promoting resilience and addressing ACEs, and what factors challenge or block success?
2. What changes are occurring in the networks over time, and what factors facilitate network growth and success?
3. To what extent are networks engaging more individuals and organizations in the work? What strategies are more or less successful in deepening the community base? What factors facilitate or hinder efforts to enhance community engagement?
4. To what extent are the networks leading to the following changes in their communities: improved trauma-informed policies and practices at the organizational and system level; increased funding for ACEs and trauma related work; increased identification and dissemination of best practices; increased knowledge of ACEs, trauma informed and resiliency practices; and increased data collection capacity for ACEs and resiliency indicators?

Figure 1-4 MARC Evaluation Data Collection Methods

Figure 1-4 outlines the key methods that have been used in this stage of the evaluation. Our approach in this first year and a half has been to work closely with each community to conduct an evaluability assessment of its network. These assessments helped the evaluation team learn about each community’s design and plans, as well as provide feedback on areas that could strengthen each community’s plausibility of achieving desired outcomes. We also assisted the local evaluation efforts in each site, specifically providing guidance on outcome identification and measurement.



In addition to the evaluability assessments, we have worked with sites to fine-tune a monthly data collection tool for them to report on activities and outcomes that are being achieved as well designing and implementing a survey of network members to facilitate conducting network analyses that produce graphical as well as quantitative metrics on the structure and level of collaboration within each network.

We have also worked closely with HFP, understanding and documenting its role in supporting sites, fostering cross-community learning, and engaging in national dialogues.

In Section 9, we outline our proposed approach for continuing the evaluation, especially our approach to identifying and measuring the outcomes of the networks and the initiative as a whole. Copies of data collection tools appear in Appendices A-D.

Structure of the Report

Following this initial background section, Section 2 describes the structure and different components of the MARC initiative. Sections 3 through 7 describe the progress of the initiative in the main outcome areas, including strengthening the network and engaging the community (Section 3); improving knowledge and awareness of ACEs, trauma-informed practices, and resiliency (Section 4); improving trauma-informed practices and policies in

organizations and systems (Section 5); improving broader policy (Section 6); and improving funding for ACEs and strengthening the data collection capacity (Section 7). Section 8 summarizes the activities undertaken by HFP intended to spark a national movement, and Section 9 summarizes the key findings, highlights their implications, and offers recommendations for next steps.

2. Overview of the MARC Initiative

In this section, we describe in more detail the development and structure of the MARC initiative, including a more in-depth overview of the specific sites funded and the findings from the evaluability assessments. We also describe the role that HFP and ACEsConnection have in the initiative and the activities that had been conducted to date.

Overview of the MARC Communities

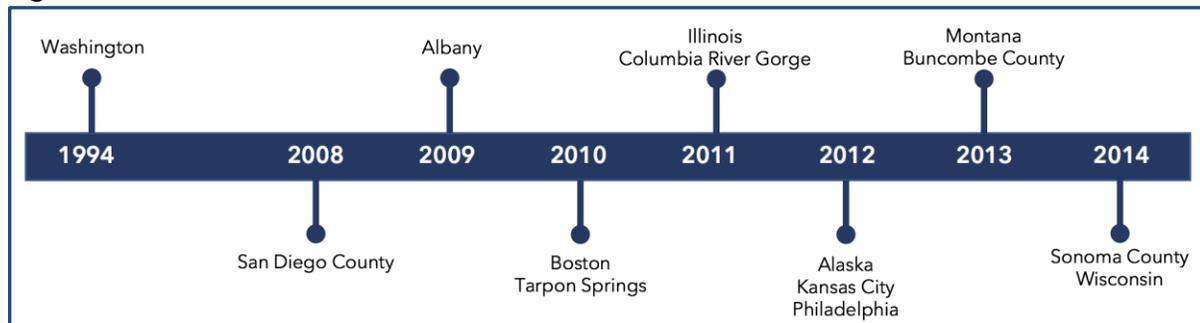
Throughout this report, we generally refer to the MARC communities by their geographic location rather than their network name, however, in some instances the network name is used instead. Figure 2-1 displays the full list of MARC communities and their network names.

Figure 2-1 MARC Communities and Network Names¹

Community	Network Name
Alaska	Alaska Resilience Initiative
Albany	HEARTs (Healthy Environments And Relationships That Support)
Boston	Vital Village
Buncombe County	ACEs Collaborative
Columbia River Gorge	Creating Sanctuary
Illinois	Illinois ACEs Response Collaborative
Kansas City	Resilient KC
Montana	Elevate Montana
Philadelphia	PATF (Philadelphia ACEs Task Force)
San Diego County	SD-TIGT (San Diego Trauma Informed Guide Team)
Sonoma County	Sonoma County ACEs Connection
Tarpon Springs	Peace4Tarpon
Wisconsin	WCIC (Wisconsin Collective Impact Coalition)
Washington	Whatcom Family & Community Network/Walla Walla Community Network

Network Initiation: As noted, 14 existing networks were selected for MARC. The sites range in ‘age’, with about half the sites started over five years ago, with one network (Washington) initiated more than a decade ago. Figure 2-2 shows the approximate date each initiative began. We note that in some cases, such as Wisconsin, work was underway in the state prior to this date, but the network was only established in 2014.

Figure 2-2 Timeline of MARC Network Initiation



¹Some network names have recently changed or are changing, and will be noted in the final report.

The sites emerged for different reasons. Almost half the networks emerged from a group of organizations (or individuals representing organizations) coming together around a shared interest in using ACEs as a mechanism or facilitator in their own work. Three networks were launched out of existing initiatives and partnerships, three were sparked by the vision of a single individual, and one grew out of a statewide trauma summit.

Examples of Network Beginnings

Shared Interests

In Alaska, four major funding organizations had attended a conference and decided they wanted to invest and do something collectively to address the many challenges related to child well-being facing Alaskans.

Spawned by an Initiative

In Buncombe County, a county coalition of health care service providers and parents focused on children with special health care needs were introduced to ACEs by a member and formed a subcommittee on that subsequently grew to be a network.

Vision of an Individual

Peace4Tarpon was the brainchild of then vice-mayor Robin Saenger. After learning about the concept of being trauma-informed, she set out to incorporate those principles in every aspect of life in Tarpon Springs in an effort to decrease violence.

State-Wide Trauma Summit

In Wisconsin in 2007, the state held a trauma summit after a strong history of related state-led activities. This summit led to hiring a trauma-informed care consultant, development of a trauma-informed care advisory committee, and then ultimately in 2013, establishment of the Wisconsin Collective Impact Coalition.

Geographic Scope: As Figure 2-3 displays, MARC networks cover different geographic scopes, including cities (e.g., Boston), counties (e.g., San Diego), and multiple cities or larger regions (e.g., Albany). Two sites, Alaska and Washington, are explicitly statewide. The work of the Illinois network is also technically statewide, although the focus is more on Chicago area, and members are similarly based in Chicago. Montana does not have a formal statewide network; it supports activities in separate cities and towns across Montana.

Network geographic scope is not necessarily indicative of the size of the region covered. For example, some of the MARC networks that focus primarily on cities and counties, such as Philadelphia, Kansas City, and San Diego, include populations in the millions. Montana and Alaska, although state-level initiatives, cover areas with considerably smaller populations, with less than 1 million in both of these states.

In addition, network size is not directly linked to geographic area or population size: Tarpon Springs, with a population of just 23,000 people and a city-level focus, has one of the largest networks with respect to members at 73 members. San Diego County, an area of approximately 3.2 million people, has one of the smallest MARC networks, at least at the outset, with 29 members. Also, as noted in subsequent sections, these three factors—geographic scope, population size and network size—are not consistently related to the functioning and nature of activities offered by the networks.

Figure 2-3 General MARC Network Characteristics

Site	Geographic Area Covered by Network	Date Network Established	Approximate Network Size	Pre-MARC Structure ²	Significant changes planned through MARC	Backbone Organization	Backbone sector	Backbone in place before MARC	Funding through MARC
Alaska	State	2012	Large (52)	Limited	Yes	Alaska Children's Trust (ACT)	Public Health	New	\$299,354
Albany	Multi-city	2009	Small (25)	Established	No	University at Albany Foundation	Higher education	Previous	\$299,582
Boston	City	2010	Medium (43)	Established	No	Boston Medical Center	Health Care/ Medical	Previous	\$297,452
Buncombe County	County	2013	Medium (47)	Established	Yes	Buncombe County Health and Human Services	Public Health	Previous	\$300,000
Columbia River Gorge	Multi-city	2011	Small (25)	Limited	Yes	Columbia Gorge Health Council (CGHC)	Health Care/ Medical	New	\$299,332
Illinois	City/State	2011	Medium (42)	Established	Yes	United Way of Metropolitan Chicago	Philanthropy	Previous	\$299,631
Kansas City	Multi-city	2012	Medium (40)	Established	Yes	Chamber of Commerce of Greater Kansas City Foundation	Community Development/ Civic engagement	New	\$294,655
Montana	Multiple cities	2013	Large/Other (53)	None	Yes	ChildWise Institute	Child protection/ Child welfare	No network	\$298,904
Philadelphia	City	2012	Large (67)	Established	No	Scattergood Foundation	Mental Health/ Behavioral Health	Previous	\$140,000
San Diego	County	2008	Small (29)	Established	Yes	Harmonium, Inc.	Youth Services	New	\$200,000 ³
Sonoma	County	2014	Medium (34)	Limited	Yes	County of Sonoma Department of Health Services, MCAH	Public Health	Previous	\$100,000 ³
Tarpon Springs	City	2010	Large (73)	Established	Yes	Local Community Housing Corporation ⁴	Housing and Homelessness	New	\$294,193
Washington	Multi-city/ State	1994	Large/Other (81)	None	No	Whatcom Family & Community Network	Community Development/ Civic engagement	No network	\$294,183
Wisconsin	Multi-city/ State	2014	Medium (44)	Established	No	Wisconsin Office of Children's Mental Health	Mental Health/ Behavioral Health	Previous	\$149,544

² A network structure designated as limited (as compared to established) is one that technically exists but has not fully developed the parameters of leadership, membership, communication, and goals.

³ Funding from California Endowment

⁴ Serving as fiscal agent **only**

Network Structure: At the beginning of the MARC grant in October 2015, most networks had a basic structure in place, including a designated lead organization, management structure, and workgroups.⁵ Most networks also already held meetings, though the consistency and format of these varied even within a site over time. Aspects related to membership, such as how a member is defined and roles and responsibilities of different members, less consistently articulated by the networks at the start of the MARC initiative. For example, membership in half of the sites has historically been defined based on attendance at meetings and belonging to a mailing list. New members in these sites have become members by word of mouth. In contrast, membership has been better defined in three other sites with a known set of organizations that are included in the network and was largely (at least initially) by invitation. Finally, the statewide network in Alaska was just beginning when they received the MARC award and thus did not have any set strategies for membership, though their two local partner sites were very well developed, much like the case in Washington. In all sites, per the conditions of the MARC initial call for proposals, the networks are multisectoral. More detail on the memberships and structure of the networks is provided in Section 3. Figure 2-3 provides basic information about the networks.

Backbone Organization: MARC communities were not required to take a formal collective impact approach, but were asked to identify the equivalent of a “backbone support organization” for their networks. Within MARC, backbone organizations vary across a variety of dimensions, including whether they are nonprofit, governmental, or another type; the sector they represent, and the role they played prior to MARC funding. Most are technically 501c3 organizations, even some that do not appear to be based on their titles (e.g., Wisconsin Office of Child Mental Health; the Columbia Gorge Health Council, the Greater Kansas City Chamber of Commerce). Two backbones are county agencies (Buncombe County Health and Human Services and Sonoma County Department of Health Services). The HEART’s backbone is an academic institution (University of Albany), and the Vital Village backbone technically is a hospital (Boston Medical College).⁶ The backbone organizations also range with regard to the sector they represent, the most common including public health, mental health/behavioral health, community development/civic engagement, and health care/medical. The remaining backbone organizations reflected the child protection/child welfare area, higher education, philanthropy, and youth services.⁷ Finally, the backbones vary across the MARC networks as to whether or not they served a leadership role within the network prior to MARC funding. Half of the backbone organizations took on this role when MARC was initiated.

Learning About the Networks through the Evaluability Assessments

The evaluability assessments (EA), conducted with sites between January and May 2016, were designed to assess the design and logic of each network, its early implementation, and the individual evaluation efforts. The purpose of the EA was to provide each with assistance in increasing its evaluability (i.e., the plausibility of achieving its outcomes and the ability to evaluate them) and assistance on the evaluation. The data collected through the visit also served as a baseline for the cross-site evaluation.

Site Evaluability: Each EA assessed the underlying logic of the network, including its goals and objectives, the resources that it has, its membership and overall structure, and the nature of its activities. We also examined the outcomes it was targeting with respect to measurability, specificity, and achievability, especially

⁵ The work in Montana and Washington at the start of MARC did not involve a structured network. Elevate Montana was described by the MARC coordinator as the name of a movement, or community. There is no membership, no meetings, no committees or subcommittees and no other formal structure; developing a statewide network was also not the intention of Elevate Montana under MARC. In Washington, the individuals involved in ACEs work under MARC are not part of a single, statewide network, but rather two local networks. As in Montana, there is no membership, meetings, committees or other formal structure across the state.

⁶ A core team of four staff manages the Vital Village Network administratively with assistance from VISTA volunteers. The role of the backbone organization, Boston Medical Center, is more as a fiscal agent.

⁷ One backbone organization was within the housing and homelessness sector, but this organization served as the fiscal agent for the purpose of the RWJF grant only.

in light of the resources provided. The linkages between the network activities and the outcomes also were examined.

Figure 2-4 provides a cross-site synopsis of the findings from the EAs as a whole. In general, although the networks were existing networks, many were using MARC funding as an opportunity to re-establish themselves. Some were reconstituting and refining their membership and leadership structures; others were developing new sets of activities. In many sites, there was a need to re-align the desired outcomes with the types of activities they were proposing.

Figure 2-4 Summary of MARC Sites Across Areas of Evaluability

Community	Network Name
Goals and Objectives	Generally clear but not often known and shared across members
Network Resources - Funding	Generally sufficient; some reorganization of work as a result of MARC funding
Network Membership and Structure	Less definition and structure than expected based on proposals
Network Activities	Still under development, in flux. Slow start for most.
Outcomes of the collaborative	A need to better define short-term outcomes
Linkages between Elements of the Model and Outcomes	Gaps between activities and outcomes (activities with no outcomes, outcomes with no activities)

The sites had a range of stated outcomes in the proposal and also during this early stage of the MARC initiative. The outcomes tended to group in several ways, including:

- increasing access to trauma-informed and other relevant services and reducing disparities in service access;
- having the overall community or specific neighborhoods become trauma-informed and/or resilient;
- reducing the frequency and severity of ACE score, as well as reducing the rates and frequency of maltreatment, trauma, retraumatization, and stress; and
- preventing ACEs as well as improving child and family well-being, individual resiliency, and protective factors.

Other outcomes noted by one or more networks included:

- strengthening networks;
- increasing awareness and knowledge of ACEs and related principles;
- improving trauma-informed policies and practices; and
- increasing funding for trauma-informed services.

These are also outcomes that are noted for MARC as a whole and are the focus of sections 3 through 7. The information we have learned both through the EAs and other data about the operation and structure of the networks, their activities, and early changes is presented in these subsequent chapters.

In addition, some sites had much more specific outcomes (e.g., Philadelphia aspired to be the “go to” bipartisan resource for policymakers when developing policies around ACEs, trauma and children’s health and wellness; Sonoma County ACEs Connection aimed to serve as an advisory body for agencies seeking guidance on best-practices around culturally appropriate ACEs screening, trauma informed practice, and resiliency).

Site Evaluations: The EAs also provided an opportunity to learn about each site’s specific evaluation. Most evaluations were in the early stages of development. Sites varied with respect to whether they had engaged an external evaluator and the extent to which the external evaluator was already familiar with the work of the network. In some sites (e.g., Boston, Albany), the evaluation activities under MARC were building on existing research and evaluation activities already underway, whereas in others, the work was just at a nascent stage.

Our role during and following the visits was to help the sites define the short-term outcomes and explore measures that were appropriate and relevant to their needs. For each site, this involved reviewing the logic model and often prompting the sites to think about how different outcomes might be defined, e.g., what does it mean to be a “trauma-informed city” and how that would be measured, or among which populations the network wishes to raise awareness. An important part of this discussion was to help communities examine whether their activities were aligned with their outcomes and to help generate meaningful indicators of progress for those outcomes.

Context: One of the additional areas of inquiry that our visits provided was to identify contextual factors important to consider in assessing how the networks evolve and their ability to effect change. Figure 2-5 highlights three categories of factors that emerged from looking across the 14 sites, including factors related to the geography; state politics, healthcare and education; and economic conditions.

The geography, especially the urban-rural quality of an area, has an impact on the networks through multiple mechanisms. The nature of the trauma itself can vary; in the urban MARC sites (Chicago, Boston, Kansas City, Philadelphia and San Diego), trauma related to gun violence and gangs was noted, whereas suicide (including by guns) was mentioned in Montana and Alaska. Montana and Buncombe County both emphasized a challenge in communicating about trauma to a population that culturally believed in the ethos of “pull yourself up by the bootstraps,” and conveying information about ACEs in a way that resonates with people who are not as comfortable with mental health language and systems is one of the key challenges in communication and awareness. Across the sites with large rural populations, the lack of services in many areas and great distance someone might need to travel to receive even basic primary health care was identified as a clear contextual factor that shaped the work of the network. A sparsely populated area can impact even efforts to build capacity: In Montana, for example, there are no available adults to serve as substitute teachers, and therefore little option for in-service training of teachers in trauma-informed practices during the school year.

With an area as multifaceted as ACEs, the political landscape also factors in, especially with respect to the nature of the work and the funding that might be available. States that are less healthy fiscally (such as Illinois and Alaska) might present more of a challenge in getting additional resources to implement activities; states that did not accept Medicaid expansion (e.g., Florida, Missouri, North Carolina, and Wisconsin) noted the additional fiscal constraints this often created in the amount of service options available to lower income individuals. MARC sites are located in areas that cross the political spectrum at both the state and local level. States such as Massachusetts and Washington, which have a lot of state-level government support for progressive social issues, may have greater scope for affecting political change than those (such as in North Carolina) where some state politics are considered regressive toward social issues; passing the “bathroom bill”, for example, was highlighted as an example of climate that is not aligned with core values of trauma informed care.

Finally, the overall economic conditions can have an effect on the problem as well as the solutions. High poverty rates can intensify the problems and also make it difficult to focus just on ACEs. Economically depressed areas may have few resources for the network, and those that are rapidly developing, such as expanding tourist areas, may be creating additional stress by displacing already marginalized populations. A number of sites (e.g., Albany, Boston, Sonoma County, Buncombe County, Kansas City and Tarpon Springs) talked about the challenge of operating within cities with extreme economic variation. In some communities,

especially those perceived as wealthy and tourist destinations, there are additional challenges to finding support for reducing and preventing ACEs.

Figure 2-5 Key Factors Influencing MARC Network Functioning

Geography (Urban vs. rural or geographically dispersed)
<ul style="list-style-type: none"> ▪ Urban areas often have other competing initiatives vs only game in town ▪ Nature of trauma differs by rural/urban, e.g., gun violence vs. suicide ▪ Services located in the core; absence of services and professionals in outer areas ▪ Familiarity and comfort with systems, lack of stigma related to mental health vs. “pull yourself up by your bootstraps”
State politics, healthcare and education
<ul style="list-style-type: none"> ▪ Conservative vs. progressive ▪ Fiscal health vs. fiscal crisis in the state ▪ Medicaid expansion ▪ Degree to which education policies are centralized or not
Local economic conditions
<ul style="list-style-type: none"> ▪ High poverty can be “oppressive” and basic needs dwarf all other issues ▪ Rapid development can lead to displacement of vulnerable communities ▪ Tourist economies can lead to economic instability ▪ Large socioeconomic disparities within communities ▪ Economically depressed regions

Health Federation of Philadelphia

As noted in the previous section, HFP is facilitating the MARC community efforts, mobilizing support and building collective capacity of the groups to create positive social change. In addition to providing technical assistance, HFP is supporting MARC communities by convening webinars on topics pertaining to the activities and goals of MARC networks, facilitating break-out sessions between groups of MARC communities with specific challenges and interests, hosting the MARC interactive website, implementing other activities to foster interactive peer learning, and assisting monitoring, evaluation, and data collection. Messaging and communication activities are conducted primarily through in-person phone calls and email. In this section, we highlight three key areas of support provided by HFP – hosting webinars, providing technical assistance, and facilitating connections.

Hosting Webinars: HFP has hosted a virtual learning collaborative meeting every month since December 2015. The topics have ranged from evaluation to utilizing social networking websites and community coalition building to furthering the work of MARC grantees (see Appendix E). The sites have found the webinars to be useful; using a scale of 1-3, the webinars were rated by the sites, on average, as a 2.5 based on the bi-annual reporting. For example, one site noted that webinars on ACEsConnection was very helpful for setting up a “resilience trainer” ACEsConnection group as well as the group for trauma-informed schools in their area. The webinar on community organizing for policy change was particularly helpful for directing network thinking around policy goals. In general, most sites have reported that hearing from their peers about what worked and what did not help guide their workplans and it was helpful and supportive to hear that other groups had faced the same challenges and questions that they were facing.

Providing Technical Assistance: HFP provided a range of technical assistance to the community groups between April and September 2016; the most common types appear in Figure 2-7. Some examples of tangible assistance provided by HFP include creating video excerpts; coordinating presentation preparation for ACEs summits; and providing assistance in writing a letter to the editor related to ACEs. TA has also taken place through more informal suggestions, such as discussing the pros and cons of including youth in storytelling and helping develop materials for social or traditional media and dissemination. TA related to media

involvement has been frequent, such as helping sites prepare materials for posting on the Internet and other dissemination avenues, and providing connections to journalists and information on media. One mechanism by which this has happened is through the ‘Shared Learnings’ series, which provides exemplars from across the communities on a given topic. There have been twelve such shared learnings to date, and topics have included using film to mobilize action, engaging artists, storytelling, and using metaphors among many others.

Figure 2-7 Common Types of TA Provided by HFP to MARC Community Groups

MARC Grant and Structure	Community Engagement	Media Involvement
<ul style="list-style-type: none"> • Assistance on MARC goals (network strengthening, moving to action, peer learning) • Help with issues pertaining to funding, MARC logo • Help with website development • Clarifying the structure of backbone organization 	<ul style="list-style-type: none"> • Discussing strategies for outreach, multi-sector engagement • Suggesting connections to people in the community • Providing resources for movie screenings 	<ul style="list-style-type: none"> • Connections to journalists • Information on media sources, • Help with developing materials for social or traditional media, • Dissemination via social media

Facilitating Connections: Over the past year, HFP has facilitated connections between many of the MARC communities. In Section 8, we discuss connections that MARC sites report took place with one another, many of which were initiated with assistance from HFP and as a result of involvement in MARC. HFP also has connected MARC community groups to several of the MARC advisory members. The connections have been in response to their specific requests, such as connecting Illinois to Melissa Merrick regarding ACE module for state Behavioral Risk Factor Surveillance System (BRFSS) and to Angelo Giardino to advise them about Medicaid reimbursement policies in relation to ACEs and trauma work, as well as for general information such as connecting Tarpon Springs to Laura Porter regarding developmental trajectory of networks.

ACEsConnection

The ACEsConnection website offers a daily digest and a weekly roundup sent out by email to members. Blog posts are the essence of the site, which are written about events, news stories, research or any other topic that is ACEs related. The majority of posts are linked to outside sources including articles, stories, legislation or policy activity posted on other places. One of the key functions of ACEsConnection is to connect members through comments to those blog posts. The ACEsConnection website also has a master calendar that offers webinars, conferences, meetings, screenings and other events to all members. Other collections on the website available to members are ACEs Science 101, Roadmap to Resilience toolkit and general resources. The site hosts groups that are organized by community as well as those organized by a topic area.

Based on our MARC evaluability assessment in 2016, most of the members from all of the MARC networks were familiar with both the websites, ACEs Too High, and ACEsConnection. Most network members were using these websites to get information about the latest research, news stories, and local, regional, and national activities pertaining to ACEs. Some respondents reported not using the website but primarily relying on the daily digest and weekly roundup emails to find out information. At that time, only a handful of the MARC sites were actively using the ACEsConnection website for network-related activity.

Currently, eight MARC sites have their own groups on ACEsConnection: Alaska, Albany, Buncombe, Montana, Philadelphia, San Diego, Sonoma and Washington. The membership of these groups varies in size from less than 50 (Washington) to over 200 (Philadelphia). These groups post information pertaining to their

group activities and local events as well as general information on ACEs and resilience. The groups vary in their level of online interaction between members. Based on a quick analysis of online content, Sonoma and San Diego seem to have the most active of the ACEsConnection groups, averaging 14 and 11 blog posts per month respectively. Philadelphia, Alaska and Washington have a moderate level of activity (5-6 posts per month), and Buncombe, Albany and Montana showed low activity (2 or less per month). In some instance, the lower level activity may be occurring because they have alternate and often pre-existing platforms. For example, many of the sites have very active Facebook pages and also keep their own websites up to date.

3. Strengthening Networks and Engaging the Community

As noted in Section 1, a central objective of the MARC initiative is to strengthen program coherence and multi-sector collaboration for individual MARC communities. Increasing community engagement is closely tied to network strengthening, as a goal of so many of the networks is to expand their membership beyond professional organizations. In this section, we discuss collaboration and community engagement within the MARC networks, with a particular focus on cross-sector relationships. MARC communities have a wide variety of activities designed to strengthen their networks and increase community engagement; we highlight some of the most common of these, followed by a brief discussion of some of the early changes that are taking place among the MARC communities in these areas.

Strengthening Networks

Initial Size and Network Composition

As noted in Figure 2-2, all networks have a backbone organization and range in size, from 25 to more than 80 members. They all have multisectoral membership, with health care/medical and mental health/behavioral health sectors being the most common.

Sector representation within the networks can be characterized in several ways. First, the **number of sectors** involved in the networks, based on respondents selected to participate in the Network Survey, is generally high across all the networks. The smallest sites (Sonoma, Albany, San Diego) have fewer sectors, but the difference across all sites is not large, ranging from approximately 11 to more than 16 sectors.

The networks vary in the degree to which they are **dominated by a single sector** or have greater distribution across members. For example, in San Diego, 41 percent of the members identified as being from the mental health/behavioral health sector, and in Philadelphia, 31 percent of members are from the health care/medical sectors. In both of these sites, the combination of just two sectors accounts for approximately half of the members. On the other end of the spectrum, some communities are not dominated by any one sector. In Albany, Boston, Columbia River Gorge, Illinois, Montana, Washington and Tarpon Springs, representatives from no single sector comprise more than 20 percent of the membership.⁸

Overall, as noted, there are two sectors that are **most common** across all the sites: health care/medical, and mental health/behavioral health. In addition to these two areas, every community has representatives from the areas of public health and child protection/child welfare. Figure 3-1 displays each community with the distribution of sectors within the network.

⁸ In Tarpon Springs, there is a “sector” called Community Partners; as in Wisconsin, these are individual members who may be parents or simply community members, and themselves reflect a variety of backgrounds and sectors.

Figure 3-1 Percent of Organizations and Individuals Within Each Sector

Site	Number of members	Number of sectors	Mental Health/ Behavioral Health	Health Care/Medical	Public Health	Child Protection / Child Welfare	Education - K-12	Community Development / Civic engagement	Criminal Justice/ Law Enforcement	Youth Services	Early Childhood Education & Care	Disabilities	Domestic Violence/Sexual Assault	Policy Advocacy	Philanthropy	Faith-Based	Higher Education	Substance Abuse/Addiction	Housing and Homelessness	Military / Armed Services	Community, Parent or Youth Partner	Other
Alaska	52	14	21%	6%	6%	8%	4%	2%	2%	2%	8%	2%	13%	4%	4%							19%
Albany	25	11	8%	12%	8%	20%		4%		12%		4%						4%	20%	4%		4%
Boston	43	12	9%	9%	12%	9%	12%	12%		5%	19%	5%	2%	5%		2%						
Buncombe County	47	15	6%	21%	9%	11%	6%	4%	9%	2%	11%	2%	6%	2%		4%	4%					6%
Columbia River Gorge	25	13	8%	16%	8%	4%	8%	4%	20%	7%	8%		8%	4%		4%						
Illinois	42	13	2%	17%	17%	7%	7%	7%	5%	2%				12%	10%		10%		2%			2%
Kansas City	40	14	30%	18%	5%	3%		10%	5%			5%	8%	3%	3%		5%	3%		3%		3%
Montana	53	12	14%	8%	9%	15%	11%		8%	4%	6%	2%		4%	8%			13%				
Philadelphia	67	16	18%	31%	10%	2%	8%		2%	5%	2%	2%	2%	3%	6%	2%	3%		2%			6%
San Diego County	29	11	41%	3%	7%	7%	7%	7%	3%	10%			3%						7%	3%		
Sonoma County	34	11	12%	18%	12%	9%	6%	6%	6%		3%		3%					6%				21%
Tarpon Springs	73	16	14%	4%	1%	4%	7%	1%	4%	3%	3%	1%			2%	8%	6%		3%		29%	11%
Washington	81	15	4%	4%	19%	5%	9%	16%	6%	3%	13%	1%	2%	2%	7%			4%				3%
Wisconsin	44	14	25%	9%	7%	9%	2%	2%	2%	5%	2%	5%			2%		2%				18%	9%

Notes:
Green shading reflects the highest two values. Percentages may total more than 100% due to rounding.

Collaboration within MARC Networks. The organizations and individuals within MARC networks are intended to work together to address ACEs and increase resilience within each of their communities. Cross-sector collaboration is a hallmark of bridging across different mindsets, areas, and organizations to build a common base. In the MARC sites, cross-sector collaboration is high, with more than three-quarters of all relationships (at any level) occurring between different sectors (see Figure 3-2).

The extent of cross-sector collaboration is not correlated with any of the factors we measured about the networks (i.e., size, the number of sectors represented, and which sector is dominant) and is likely explained more by factors we did not measure and are less tangible, such as the level of leadership, the culture of the community, and other factors that are embodied in the individuals that participate. Figure 3-2 highlights the lack of relationship between network size and level of cross-sector collaboration (e.g., the two largest sites are at opposite ends of the chart and the three smallest are spread across the chart).

We developed different “maps” of the networks in the sites, showing different levels of collaboration (see Appendix F). Figure 3-3 displays a map of collaboration between all organizations within each site, by sector. In each map, each sector is represented by a circle, consisting of all participants within that sector. Larger circles therefore represent sectors with more network members. The maps are grouped according to the type of sector that is largest, highlighted by a red circle.

The line thickness between sectors represents the average level of collaboration among the pairs of organizations represented by the pairs of sectors. A thicker line means that there are more connections between organizations in these two sectors. A sector with lines going in a circle to itself means that there are connections among organizations of the same sector.

Figure 3-2. Percent of Collaborations (at any level) That Are Cross-Sector

Site (size)	Percent
Tarpon Springs (L)	94.4
Columbia River Gorge (S)	93.2
Sonoma (S)	92.3
Washington (L)	90.7
Alaska (L)	89.8
Montana (L)	89.6
Albany (S)	89.4
Buncombe County (M)	88.7
Illinois (M)	88.5
Wisconsin (M)	86.8
Kansas City (M)	86.0
Boston (M)	84.7
Philadelphia (L)	80.5
San Diego (S)	76.9

Size of network is indicated by L=large; M=medium; S=small

Using Social Network Analysis (SNA), we analyzed the extent to which organizations and individuals are collaborating, between and among sectors as well as within sectors. Collaboration was based on the extent that each organization/agency currently interacts around the topic of ACEs and resilience with each other respondent.

Respondents were instructed:

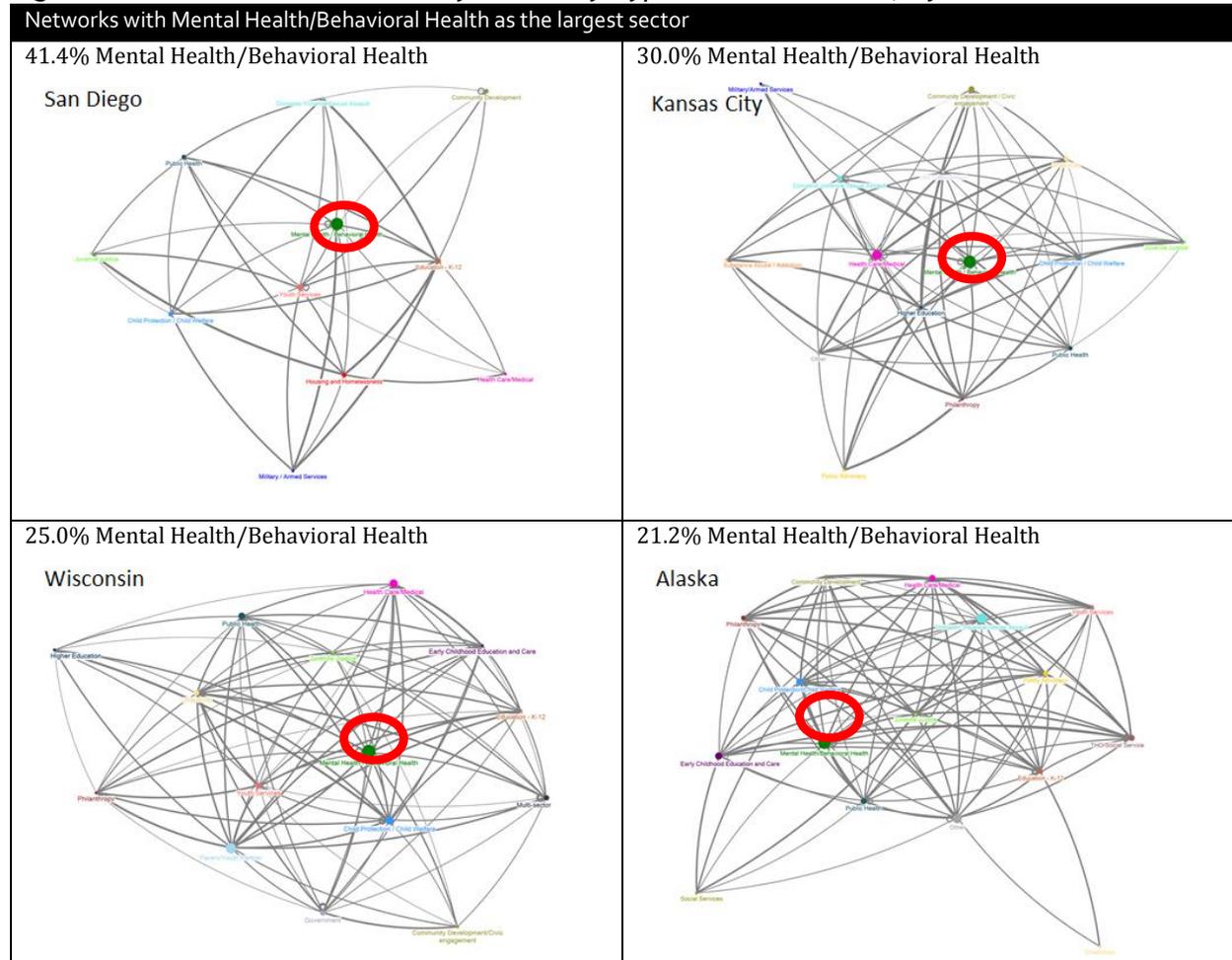
"By collaborate we mean that you provided a program or service or engaged in an activity that required joint planning, shared decision making, or pooling of monetary or staff resources" and used a 5 point scale to respond

- 1: No interaction or collaboration
- 2: Share information only
- 3: Collaborate a little bit
- 4: Collaborate some
- 5: Collaborate a lot

Each respondent indicated the primary sector in which they operate.

As the first set with mental health/behavioral health as the most common sector displays, San Diego, Kansas City, and Wisconsin have organizations within this sector in the center of their network (i.e., have connections with a greater number of other sectors) In Alaska, the organizations in this sector have a large number of connections, indicated by the thicker line, with the sectors of child protection/child welfare and public health in particular, but is not as central as other sectors. In the subsequent maps, organizations in the mental health/behavioral health sector (dark green dots) remain at the center of the network even when it is not the largest sector, such as in Philadelphia, Tarpon Springs, Boston, Sonoma and Albany. This suggests that the influence of organizations in this area may be significant for network connectedness regardless of their number.

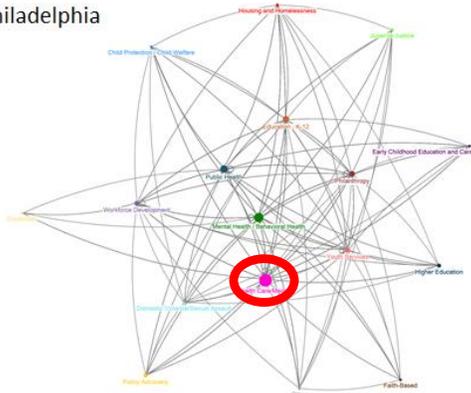
Figure 3-3 Social Network Analysis for Any Type of Collaboration, By Sector



Networks with Health Care/Medical as the largest sector

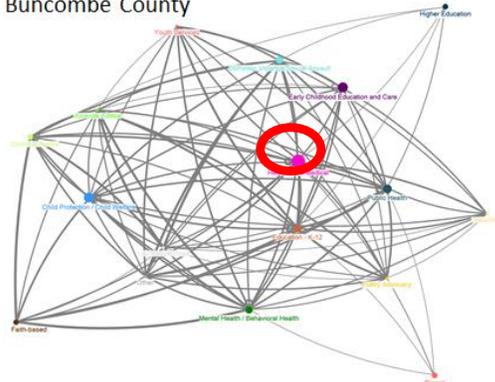
31.3% Health Care/Medical

Philadelphia



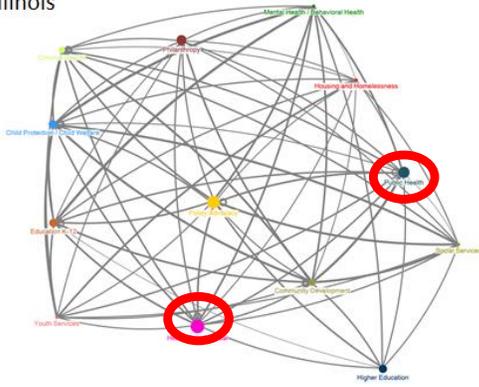
21.3% Health Care/Medical

Buncombe County



16.7% Health Care/Medical/16.7% Public Health

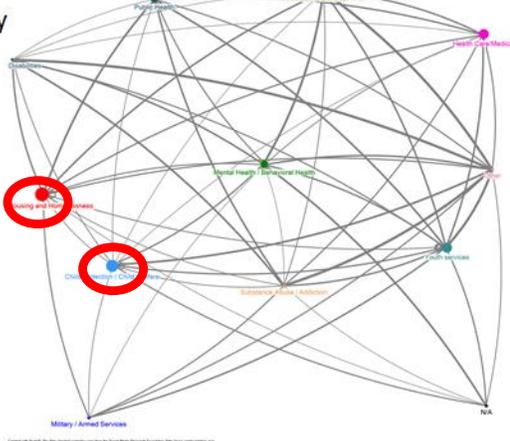
Illinois



Networks with Child Protection/Child Welfare as the largest sector

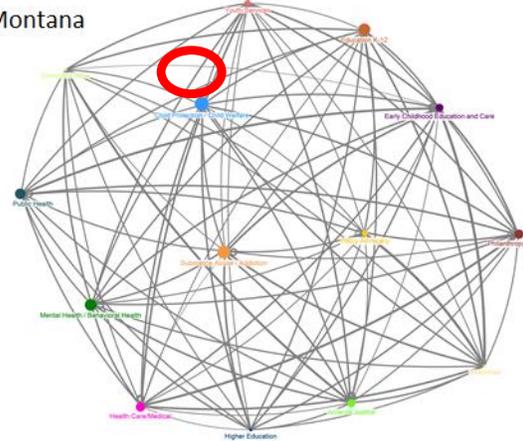
20% Child Protection/Child Welfare & Housing/Homelessness

Albany



15.1% Child Protection/Child Welfare

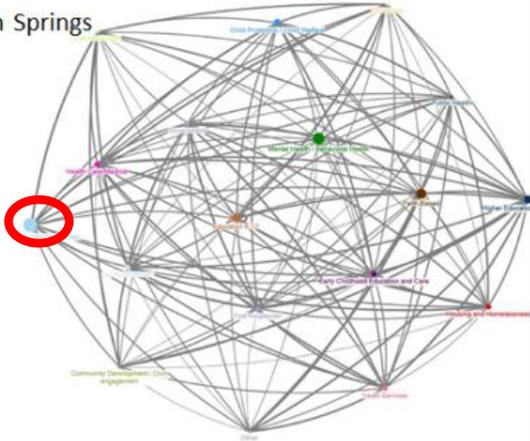
Montana



All other networks

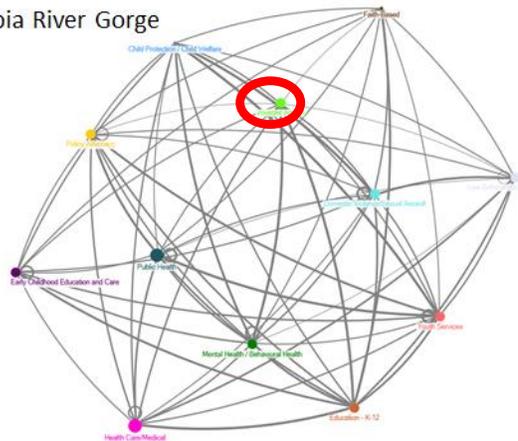
28.8% Community Partner

Tarpon Springs



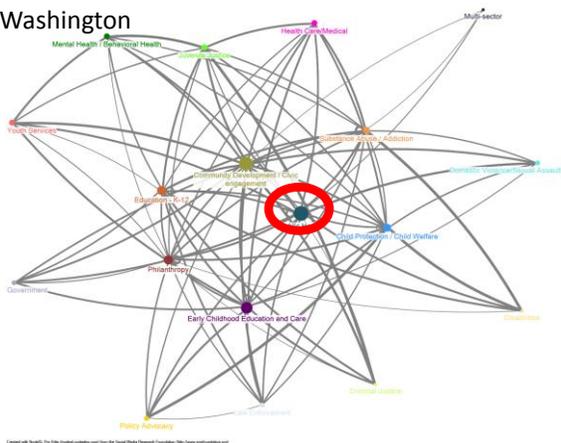
20.0% Criminal Justice/Law Enforcement

Columbia River Gorge



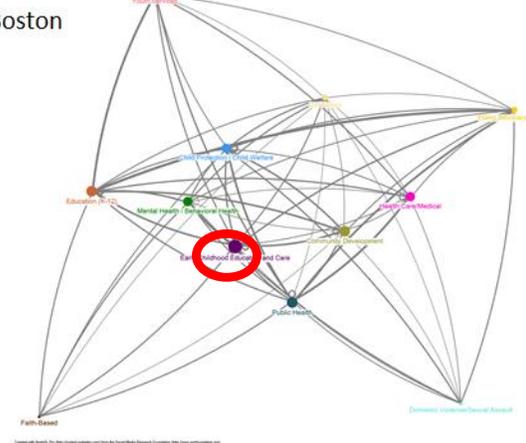
19.1% Public Health

Washington



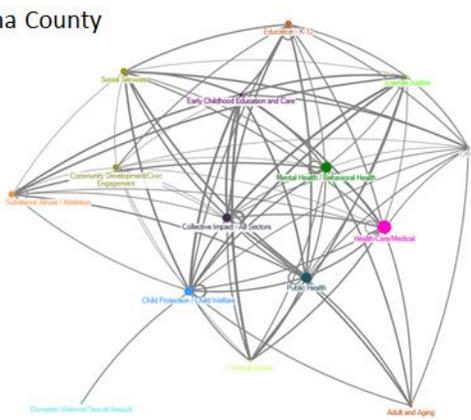
18.6% Early Childhood Education and Care

Boston



20.6% Other

Sonoma County



We also used Social Network Analysis to compute several relevant metrics to further characterize the networks and network collaboration. Displayed in Figure 3-5, the metrics are grouped by network size, as they are strongly influenced by the number of members. Network density and centrality tell us something about the connectivity among members overall and by individual members.

As Figure 3-4 shows, in all but three sites, over half of the possible connections are involved in some level of information exchange or collaboration. Smaller sites tend to have higher levels of density, as expected, but even one of the larger networks, Alaska, has a density value over 50%. Smaller sites, however, tend to have lower centrality (fewer connections), ranging from approximately 14 to 16, as they are limited by the size of their networks. Members in medium to larger networks have approximately 19 to 30 connections.

Network density is the portion of connections in the network relative to the total number possible.

Centrality is the average number of connections a member has.

When we examine only the highest level of collaboration (collaborate a lot), network density and centrality naturally drop, and some of the sites shift in their standing. San Diego, for example, has the highest density metric across all 14 MARC sites at the level of collaborates “a lot.” One interpretation of this is that San Diego has a relatively larger number of organizations working closely together than many of the other sites. As observed by HFP, San Diego is particularly strong in the area of direct human services organizations supporting one another to implement trauma informed practices into their service delivery models.

Members in the Wisconsin network have among the deepest collaborations, measured by a high centrality rating for a reporting that they collaborate “a lot.” Wisconsin more explicitly follows the principles of Collective Impact than the other 13 MARC communities, and it may be that the structure of these is resulting in a “tighter” network overall. In addition, the backbone organization in Wisconsin is there with the explicit agenda to improve collaboration and coordination. Buncombe County is another site with high centrality for collaborates “a lot”, which is consistent with our reports from our site visit that ACE Collaborative members are “unusually” cooperative with one another.

Alaska also stands out as having high density and centrality, in part due to being a large network. However, this finding is surprising given that Alaska is a nascent statewide network with members located many hundreds of miles from one another, whereas the other large networks are city-level networks.

Across the sites, we expect to see increased density and centrality over time, as they continue to strengthen their networks. As we continue to follow the development of these networks over time, we will be able to better understand how factors internal to the networks as well as contextual factors both facilitate and inhibit aspects of collaboration—and movement building—within and across the MARC networks. Moreover, we will be able to understand if those networks that are denser and have greater connections per person also are able to achieve more outcomes.

Figure 3-4 Social Network Analysis Metrics

	All levels of Collaboration		Collaborate “a lot”	
	Density	Centrality	Density	Centrality
Small networks (number of members)				
Albany (25)	0.667	16.00	0.162	2.588
Columbia River Gorge (25)	0.678	15.58	0.169	2.706
San Diego (29)	0.521	13.56	0.190	3.222
Medium networks (number of members)				
Sonoma (34)	0.610	20.12	0.160	4.000
Kansas City (40)	0.525	19.95	0.147	4.267
Illinois (42)	0.543	20.62	0.150	4.788
Boston (43)	0.464	19.58	0.123	4.286
Wisconsin (44)	0.706	28.95	0.182	6.737
Buncombe County (47)	0.597	28.87	0.162	6.300
Large Networks (number of members)				
Alaska (52)	0.589	30.04	0.130	6.245
Philadelphia (67)	0.382	24.43	0.074	3.116
Tarpon Springs (73)	0.468	25.75	0.098	4.227
Montana (53) ⁹	0.417	21.70	0.074	3.348
Washington (81)	0.226	20.13	0.082	6.234

KEY:

	Density		Centrality	
	All levels	Collaborate a lot	All levels	Collaborate a lot
High	Above .6	Above .17	Above 25	Above 5
Medium	.5-.6	.15-.17	20-25	4-5
Low	Under .5	Under .15	Under 20	Below 4

Activities to Strengthen Networks. Since becoming involved in MARC, sites have implemented a variety of practices to **create more structure** in their networks, in part to tackle challenges coalitions often face in getting work accomplished (i.e., unclear membership; irregular meetings; lack of staff/capacity to manage and shepherd work). As one example, at the start of MARC, the San Diego Trauma Informed Guide Team identified itself as a “grassroots” coalition and had a relatively limited management structure, with the co-chairs doing most of the organization. Attendance at meetings was inconsistent. Under MARC, the SD-TIGT has included a backbone organization and hired a project manager, created a Guiding Principles document through a consensus building process, and then created the structure and process for the SD-TIGT to embark on the development of their strategic plan.

Some examples of activities to increase structure at other sites include the following:

- Hiring full or part-time staff to manage network operations;
- Changing the leadership and membership structure of the network;
- Increasing the frequency or regularity of meetings;

⁹ Because Montana and Washington do not have comparable networks, as previously described, we present their data in this table but do not include it in our discussion.

- Increasing the use of electronic communication and web-based platforms, including; ACEsConnection, Google groups, weekly text messages, and other digital;
- Conducting site visits or outreach to other networks and initiatives to learn from their practices.

An explicit purpose of the MARC initiative is to strengthen existing multi-sector networks through a range of mechanisms (highlighted in the side bar box below) that engage sectors as well as deepen the community base of these networks. All MARC communities include activities to strengthen their networks.

Engaging New Sectors: Among the specific activities MARC sites use to recruit members from new sectors include:

- Visiting organizations in person, including businesses, jails, etc.;
- Conducting capacity assessments and gaps analyses to identify potential partner organizations;
- Publicizing events in newspapers to gain wider reach among new sectors.

Sites have identified a range of new sectors they would like to include, with three sectors most commonly mentioned: the business sector (8 sites), faith-based organizations (6 sites), and law enforcement and criminal justice (6 sites).

MARC communities cite business as a key sector for several reasons. Being outside the area of social services and service delivery, they bring a different lens to the discussion of trauma, one that is more “mainstream” and does not carry the stigma that is often associated with mental health services. Moreover, Americans often spend more time at their workplace than they do in their homes; several MARC communities have noted that toxic stress while on the job adds an additional strain to employees’ physical, social, emotional and mental well-being. If businesses can incorporate more trauma informed practices, they have the power to impact people who might not otherwise receive help, or even be aware of the stress they are under. Businesses also have resources that public sectors may not.

In many respects, the reason MARC communities have targeted faith-based communities is very similar. Churches, temples and synagogues are locations where large numbers of people are regularly gathered, and they are structured to receive information and guidance from a figurehead. Several MARC communities identified the challenge of reaching people who have a “pull-yourself-up-by-the-bootstraps’ mentality, and who do not identify with the language of trauma, believing that one should just “get over” child abuse and negative experiences in childhood. Information on ACEs and resilience that comes from a pastor or other church leader may be more readily accepted by those who would otherwise not learn about or identify with ACEs. One network member interviewed noted that faith-based communities can be mobilized to help further spread awareness of ACEs throughout the community, since members of any given congregation may themselves both physically live in diverse areas as well as interact with a range of people through their jobs and other networks.

MARC community interest in engaging with the law/enforcement criminal justice system is more related to training frontline responders to have an increased sensitivity and understanding of trauma and how to interact with both victims and perpetrators. Kansas City and Tarpon Springs have both done work to address and prevent vicarious trauma in their own staff, as well.

Dimensions of Network Strengthening

- Engage new sectors into the network that are not already represented
- Increase the size of the network
- Engage new members into the network from sectors that are already represented
- Increase collaboration between particular sectors in the network
- Increase collaboration among all members in the network
- Deepen the community base

Network opportunities and challenges. Remarks about opportunities noted by MARC sites were generally consistent across members and time. Most noted the community’s willingness to engage, available resources and general interest in ACEs as a benefit. Webinars, trainings and conferences were also brought up often as sources of opportunity. Five sites identified Laura Porter by name as a source of new knowledge, inspiration, and training. The ability to add new members or reach a new group of people was another commonly cited opportunity. Site visits and communicating best practices were some of the most well received actions by sites

MARC sites also identified a number of barriers associated with their work. The two most common challenges noted by the sites were related to infrastructure and project management. Finding enough time to get everything done was in particular was a challenge for most sites, and the reasons cited included multiple time commitments, turnover, vacation, hiring, staff capacity and scheduling challenges

Communication was a major barrier mentioned by several responses. External communication between community members and site administrators as well as internal messaging within the network was noted. Communication platforms were also a challenge, with email being the most prominent. Many sites expressed frustration at not receiving prompt responses to email from network members, which hindered their ability to move forward with projects. Common language was identified as an issue for Buncombe and Montana, while lack of material in Spanish was a problem for Illinois.

[We are] using interns, work-study or part-time, temporary staff from local colleges to assist with our own capacity to get the work done.

We could use more staff time to keep up with the momentum of this project! We do not currently have the budget to increase this.

Nearly every site mentioned capacity problems. Capacity to complete daily tasks, while also attempting to grow the network membership was a large challenge. Capacity of staff to meet demand for training of community members was common. Themes in network were most often about competing goal or priorities, lack of motivation in workgroups and lack of definition of partner roles. Funding problems were noted by half of the sites.

Because of these challenges, some communities did not achieve the internal coherence and communication within the network to the extent they expected at the time, as a result of which they had to push back some of the planned activities by several months. For example, Illinois delayed their planned community cafes to year two, because “it became clear that we needed to strengthen the structure of the Collaborative itself and hone in on our goals and plans before we moved into the community.”

MARC communities specifically identified challenges associated with strengthening their networks, as well. Several sites noted that working across nonprofit-government and private sectors, each brought varying ability and desire to fully engage in the networks goals, thus sites had to manage their expectations of the groups’ output. Several sites identified the growing pains associated with network restructuring, and while challenging in the interim, communities generally reported being positive about the ultimate outcomes.

We have so many requests coming in to educate more than just our MARC communities. It is difficult to provide all the trainings that are requested.

Using ACEsConnection. A few of the MARC sites used ACEsConnection as an internal network communication tool s. Both Sonoma County and San Diego posted strategic planning documents and monthly meeting minutes, committee sign ups, meeting minutes and agendas as well as links to local training events pertaining to ACEs and child trauma and resilience. Both those sites also use it to reflect on past meetings. Most sites that use ACEsConnection, however, used the platform to share information that could connect members together.

Early Changes. After one year, the major area of change related to strengthening networks for MARC sites relates to improving the structure of the networks, increasing collaboration, and engaging new sectors and the community in the work. One or more structural changes have occurred in nearly all sites. These have included forming subcommittees or work groups, enhancing the management of the network, and more clearly defining membership. In San Diego, for example, the committees and structures put in place were described as “necessary to move the SD-TIGT forward” in spite of their history as a grassroots organization. Similarly, Tarpon Springs continues to identify as a grassroots volunteer organization, but still noted that the expansion of their Action Teams/subcommittees and enhanced structure to existing teams has allowed them to be more effective in creating products to share within their network and community. Figure 3-5 highlights many of these structural changes.

Figure 3-5 Key Structural Changes to MARC Networks

Site	Key Structural Changes
Alaska	<ul style="list-style-type: none"> ▪ Executive Committee of funders no longer exists ▪ Hired coordinator ▪ Formed a new steering committee ▪ Forming workgroups
Albany	<ul style="list-style-type: none"> ▪ Network founder relocated, resulting in new leadership but otherwise no significant structural changes.
Boston	<ul style="list-style-type: none"> ▪ Hired “Community Champions” ▪ Expanded of Vital Village Network CORE team to include a Data Outcomes Coordinator
Buncombe County	<ul style="list-style-type: none"> ▪ Changed network governance structure to accommodate community participation
Columbia River Gorge	<ul style="list-style-type: none"> ▪ Hired coordinator ▪ Introduced structural changes to the network; now includes the medical community and more of the judicial system
Illinois	<ul style="list-style-type: none"> ▪ Hired network manager ▪ Finalized network steering committee governance and structure and formalized subcommittees
Kansas City	<ul style="list-style-type: none"> ▪ Hired coordinator ▪ Additional subcommittees formed
Montana	<ul style="list-style-type: none"> ▪ Hired coordinator ▪ Established mechanism for cities to become Elevate Montana “affiliates”
Philadelphia	<ul style="list-style-type: none"> ▪ Solidified working groups ▪ Improved amount of communication of working group activity to the rest of the members
San Diego County	<ul style="list-style-type: none"> ▪ Hired coordinator ▪ Increased more defined ways to participate in the network ▪ Established four subcommittees with a specific focus ▪ Altered meeting structure
Sonoma County	<ul style="list-style-type: none"> ▪ Have become a coalition, including developing more explicit management ▪ Changing entire structure through a comprehensive strategic planning process
Tarpon Springs	<ul style="list-style-type: none"> ▪ Hired coordinator ▪ Expanded Action Teams/subcommittees ▪ Enhanced existing teams with the opportunity to do more and produce products to share
Washington	<ul style="list-style-type: none"> ▪ No significant structural changes
Wisconsin	<ul style="list-style-type: none"> ▪ No significant structural changes

Increased collaboration: One of the most important ways in which a network may become stronger is through increased collaboration. Our data from the follow up of the network survey in the coming year will provide a way to quantify changes in the level and nature of collaborative relationships within each network. In the absence of concrete data, we have reports through our site visits and conversations with many of the MARC communities that their networks have already begun to work more “cohesively” and cooperatively

this year. In Illinois, for example, the capacity assessment that the group undertook was credited with helping to promote collaboration and learning because it has facilitated links between organizations and thought-leaders across different sectors. In Alaska, one of the partners described their increased collaboration as follows:

Participating in MARC has dramatically increased the level of collaboration in our community towards a shared goal. The Trauma-Informed Care Learning Community, for example, has brought together diverse groups, from our hospital, primary care clinic, community behavioral health center, and infant learning program to the school district and a local tribal organization. This opportunity to learn and work together, gaining shared language and working toward a shared goal in a structured way is incredibly powerful.

Engaging new sectors and partners: Communities also have made some inroads in engaging the sectors they wish to engaged. In Montana, for example, Elevate Montana is working with a local McDonald’s in Helena about TIPs for their employees. In Kansas City, perhaps aided by the role of the Kansas City Chamber of Commerce, there is an active Business workgroup that is focused on educating and creating an awareness of trauma and its effects within the business community, identifying best practices for creating trauma-informed businesses. This workgroup now has seven members who are all drawn from the business sector or have close ties with the business community and has been able to engage with additional businesses. Alaska, which identified the faith community as a sector to target, recently held a forum co-sponsored by the Alaska Governor’s Office that brought together leaders and members of all faith communities in Anchorage to discuss the role of these organizations in providing a trauma-informed environment. Likewise, in Buncombe County, individual members of the ACEs Collaborative with ties to churches have been successful in engaging their own congregations through their individual efforts. For example, one core member of the ACEs Collaborative gave a three session discussion series to his own congregation and found it to be an extremely effective way to engage individuals within that community.

Engaging the community: Engaging the community takes time. Two communities with steps in that direction are Buncombe County in which it changed its governance structure to facilitate more community participation and Wisconsin where parent leadership roles have increased in the network.

A Continuum of Network Development. Drawing upon the work of Taylor and colleagues (2015), we have classified the networks based on their status during the early period of the MARC initiative along two dimensions: *Network connectivity* and *network health* (see sidebar). Data on early network status were obtained primarily through the evaluability assessment and monthly information received from HFP and the communities themselves. At the start of MARC, networks were either in development, redeveloping, or established

<p>Network Connectivity Degree to which members are engaged and connected to one another; cohesiveness; network density</p> <p>Network Health Whether a structure existed prior to MARC; whether the backbone organization reflects a change in leadership; whether transformations are underway in the network; staff and financial resources available to support the network</p>

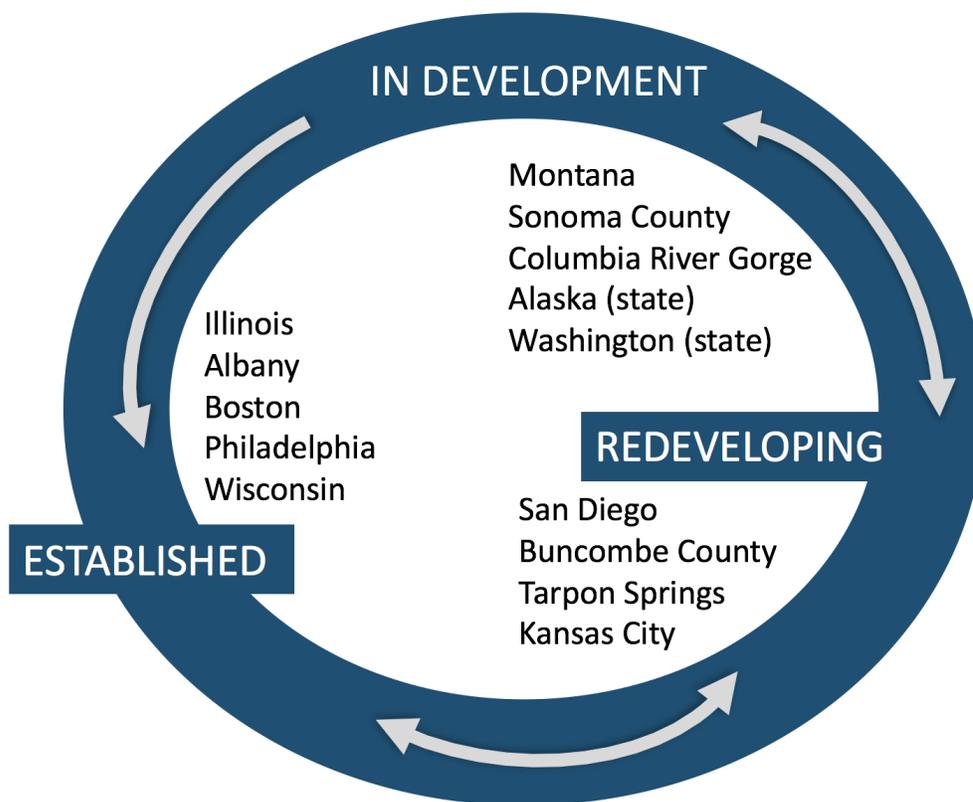
Figure 3-6 illustrates the various stages the networks were in at MARC’s initiation. It is drawn as a circle to highlight that network development is an iterative and dynamic process that can be affected by new funding, context changes, and other developments.

As illustrated in Figure 3-6, both Sonoma County and Columbia River Gorge were in development because their work at the time MARC started was at a relatively early stage of establishment. Alaska and Washington both had well-developed and well-established local networks (in Homer and Mat-Su in Alaska, and in Walla Walla in Whatcom) but the development of a statewide network was new under MARC. Montana is a slightly different situation since development of a network is not a primary focus under MARC.

Four networks were in a middle stage of development: they had all begun steps to unite their members, and most had adequate resources to support their networks. At the start of MARC, the networks in San Diego, Kansas City, Buncombe County and Tarpon Springs were all poised to make significant changes in leadership or management and have since undergone restructuring efforts. In San Diego, for example, in addition to hiring a new coordinator, the network has since identified more defined ways to participate in the network, has established four subcommittees each with a specific focus, and has altered their meeting structure.

Five sites were well-established at the start of MARC. Three of them -- Albany, Boston and Wisconsin -- continue to undergo minimal change at the current time and are relatively well resourced. Illinois was established and has since finalized its network steering committee governance.

Figure 3-6 Stages of Network Development at the Early Period of MARC



Community Engagement

Greater community engagement was identified as an outcome of the MARC initiative from the outset. Community engagement is considered a key area of movements – bringing in and mobilizing those directly affected by the movement. Increased community engagement and involvement is an area that three sites (Boston, Buncombe County and Tarpon Springs) explicitly identified in their goals under MARC. An additional six sites identified consumers as a group they would like to engage more when asked in November 2016. To varying degrees, and through different mechanisms over the past year, *all* MARC sites have been working with and through the community in some respect.

“Community engagement” does not necessarily mean the same thing across MARC sites, however. Some focus on parents, such as holding Parent coffee chats; others focus on neighborhoods and citizens, holding community cafés, neighborhood events, and “listening” sessions with community organizations. Still others focus on working through community champions and other members as ambassadors to engage the broader community.

Below, we highlight some specific site examples of community engagement:

- In Alaska, efforts related to the community refers to engagement specifically with Alaskan Native organizations across the state, and is a major focus of the Alaska Resilience Initiative.
- In Boston, much of the initiative is focused on individuals located in various neighborhoods within the city. For example, the site has implemented the national Baby Café model to create welcoming spaces for pregnant and lactating mothers to meet. At the same time, Boston held a two-day digital storytelling workshop with men to write, revise and record their stories related to fatherhood.
- In Wisconsin, the network Executive Committee includes parent and youth partners and each of their workgroups is co-chaired by two members of the Executive Committee, one of who is a parent partner. The Parent and Youth Partners are individuals who have had experience navigating the service system and can contribute their perspectives in the discussions and decision-making. This group engages in two additional monthly meetings and provides the WCIC with insights and guidance, having had lived experience within the public human service systems.
- In Tarpon Springs, over a quarter of participants in Peace4Tarpon are community members who are not necessarily affiliated with a specific organization but rather, are individuals who are invested in the concept of Peace4Tarpon and participate in that capacity. Tarpon Springs is a retirement community, and some of these community members are drawn from that population.
- Buncombe County is one of the MARC sites most actively focused on increased community engagement, and in this site, the community generally refers to African American and Spanish-speaking individuals living in Asheville who are not affiliated with hospitals and other service organizations. One member described the Buncombe County effort as identifying “sprouts” throughout the community, and giving attention and resources to these individuals will allow greater ownership within the community. Given this goal, a primary approach to interface with these community members is by inviting individuals to apply for small grants used to facilitate existing work or develop local projects that focus on increasing resiliency within the community. This mechanism has also been used by Tarpon Springs.
- For Montana, the terms community and community engagement are used to describe actual distinct towns and designated areas, such as the Fort Peck reservation. Montana’s work under MARC is largely focused on engaging with separate communities across the state to support network building in each and to help connect these communities to one another under the auspice of “Elevate Montana.”

4. Improving Knowledge and Awareness of ACEs, Trauma-Informed Practices, and Resiliency

A major focus of change for MARC networks is increasing knowledge and awareness of ACEs, trauma-informed practices, and resiliency for the broader public as well as specific subgroups and populations. In this section, we briefly review the level and types of activities conducted by sites before becoming part of MARC and then review the types of knowledge and awareness-raising activities they have been conducting after receiving MARC. We end with a summary of the data on the outcomes measured in this area to date.

Initial Status

At the start of MARC, all the communities had already been engaged in some type of awareness-raising activity. Most networks' efforts at the time that MARC began largely focused on presentations and trainings for schools and other organizations working directly with children and families, especially mental health and child protection agencies.

A few sites did offer some community level activities, however. Of note, several MARC communities had begun using screenings of *Paper Tigers*—a film that features implementation of trauma informed practices in a Washington high school—as a catalyst for discussion and awareness. Screenings often were open to the public and shown in either high schools, community centers, or even actual theaters. A few communities also had broader awareness campaigns, such as in Tarpon Springs. Early work in Tarpon Springs may have been facilitated by it being a small city with a network with roots in city government, as well as having organizations across many sectors. Montana's ChildWise also targeted the general public. As a state of many small towns and where people spend a considerable amount of time in cars, ChildWise placed 11 billboards in different cities with a statement to pique curiosity: *“ACEs could affect the rest of my life. My score is 5, what's yours?”* Lastly, Alaska completed a survey of nearly 1100 individuals from across the state to assess their level of knowledge and awareness of ACEs and resilience. With the exception of this survey, however, prior to MARC there was not a high level of documentation of either the implementation of the activity or potential changes in awareness.

MARC Community Activities to Increase Awareness and Knowledge

During the process of developing logic models with the MARC communities, twelve out of the fourteen sites specifically identified increased awareness and knowledge as one of the desired outcomes under MARC and all MARC communities have at least one or two mechanisms by which they are promoting increased awareness of ACEs, regardless of whether they have identified it as a desired outcome.

Presentations and Workshops: Across all communities, the most common awareness activities conducted by the networks are presentations and workshops—events that engage groups of people and cover anything from the basics (e.g., “ACEs 101”) to those that are customized for a particular audience. Sites appear to provide basic ACEs lectures to a range of stakeholder and professional groups; there is no particular pattern to the presentations other than we are aware from discussions with the sites that an introductory workshop sometimes leads to increased interest in more specialized trainings.

Figure 4-1 provides examples of presentations that go beyond introductory ACEs and resilience material in some way, and the target audience. Nearly all the sites are focused on increasing awareness and knowledge among the general public/community level, in addition to specified populations (e.g., as organizations, schools, other workplaces, service providers and professionals in key sectors, and resilience initiative leadership networks).

Figure 4-1 Example Topics of “Beyond the Basics” Presentations by MARC Communities

Site	Topic	Details	Audience
Alaska	Alaska-grown approaches to abuse prevention	Adolescent healthy relationships tools and the Alaska Resilience Initiative.	Maternal Child Health and Immunization Conference
Albany	The Economics of ACE Response and Human Capital Development	Presentation featuring an economist.	Full-day event of ACE and resilience related talks by HEARTS members and others. Open to all.
Buncombe County	Resiliency for first responders	Suicide rates in first responders and seeking an action plan to combat current stresses in community.	EMT, Law Enforcement, Mental Health, professional bodies
Columbia River Gorge	The Sanctuary Model	Seen as first step of adoption of the model for that agency.	Entire staff of the Mid-Columbia Children’s Council (approximately 145 individuals)
Illinois	Social determinants of health and ACEs	Focused on improved ways to integrate social determinants of health into ACEs awareness.	Maternal health and public health audience, also including social service providers.
Kansas City	How Greensburg became resilient after the tornado that destroyed the town	Hosted two speakers to discuss how to regroup and emphasize “green” tactics after disaster strikes.	Open to the public; considered a community event.
Philadelphia	The Need for Trauma-Informed Curricula at Institutions of Higher Learning: A Call to Action	Needed changes to incorporate ACEs into training programs for health and human services providers, highlighted practical strategies and tools.	Open to all.
Sonoma	Understanding & Preventing Vicarious Trauma	Sonoma County jail staff was one of the locations for this presentation.	30 Law Enforcement, Human Services, Social Workers
Tarpon Springs	S.A.F.E. (Sexual Awareness Family Education) Workshop	Co-hosted with The Shepherd’s Center of Tarpon Springs.	Parents and caregivers of the Tarpon Springs and Pinellas County Community
Washington	The Collaborative Learning for Educational Achievement and Resilience Model	CLEAR is a systems-change process for to support integration of TI practices into the school environment.	Classroom teachers and school system staff

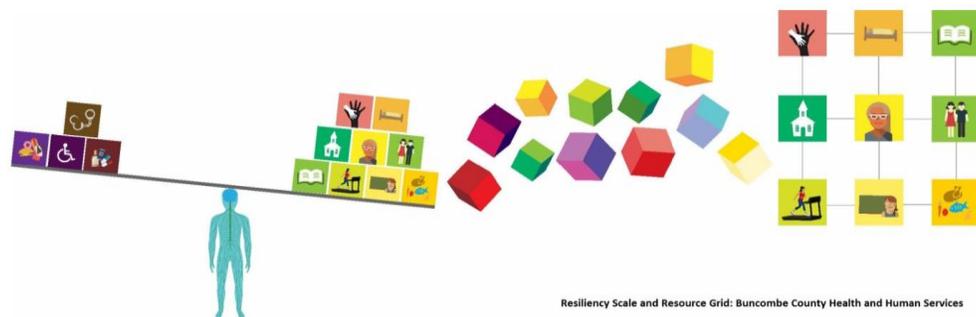
Summits or conferences: Several communities have held summits or conferences, that tend to be either full day or multi-day events and that typically are focused on a less homogenous population than the presentations. Based on the data we have available, at least six communities held summits, and for a range of populations. For example, the summit held in Ketchikan, Alaska drew individuals from multiple sectors, with a special focus on businesses because of the presence of a particular shipyard that has initiated various trauma informed practices for its employees. In Kansas City, the Trauma Sensitive Schools Summit included a range of staff drawn from 20 different area schools. The 4th Annual Elevate Montana statewide Summit attracted people both from across Montana as well as from neighboring Washington, Idaho and California. In Boston, the Vital Village Network Leadership Summit included presentations on restorative justice and fostering hope in communities, and drew individuals affiliated with organizations from across Boston neighborhoods. Columbia River Forge held a free event in October 2016, with sessions on topics such as positive youth justice, trauma informed care in primary care settings, and burnout, vicarious trauma and self care, among others. In Washington, a Youth Summit held in May included 30 youth from prevention clubs, and a ‘Beyond Paper Tigers’ conference in June drew 250 participants from 9 different states.

Panel and individual presentations: Many MARC communities have increasingly begun presenting at conferences organized by others, providing an opportunity to increase broader awareness of both ACEs and network activities. Alaska, for example, presented at the Bureau of Indian Affairs (BIA) conference, which

included over 200 tribal judges and administrators, community health aides, Indian Child Welfare Act workers, and others from throughout Alaska. Alaska also presented at the Alaska Child Maltreatment Conference, consisting of forensic nurses, advocates, and others involved specifically in maltreatment. Tarpon Springs shared Peace4Tarpon's work and influence to create community health and resilience in the face of climate change at the International Conference on Building Personal & Psychosocial Resilience for Climate Change. At New York City's Thrive conference, focused on mental health, the Tarpon Springs City Commissioner presented on Peace4Tarpon's work alongside mayors from four other cities. As another example, Illinois presented a paper titled, *'Evoking Hope and Facilitating Healing for our Families: Motivation Interviewing Conversations around Child Adversity and Resilience'* at the March of Dimes Babies are Worth the Wait conference, as well as on the science of ACEs and resilience at a conference of faith leaders (both clergy and lay) specifically designed to learn about ACEs and to lay the groundwork for work to be carried out across religious traditions in the Chicago area.

Shared materials: One of the developments that several sites have begun to work on is developing shared awareness materials on ACEs and resilience that can be used by the network and network members. For example, Buncombe County contracted with the Frameworks Institute and received guidance on the use of a “sticky metaphor” to help the community both understand the concepts of ACEs and resilience and to have a shared language. Buncombe County borrowed the image of a seesaw, with positive and negative factors on either side (see Figure 4-2), and developed graphics to share and disseminate. Through the use of this metaphor, each individual (or agency) asked how they can stack more “positive” factors and offload “negative” factors so that they can tip the community toward resiliency. Sonoma County has shared similar materials that were developed by the Alberta Family Wellness Initiative through the Palix Foundation. Both communities have shared PowerPoint slide decks, videos, and other materials among themselves to make it as easy as possible to spread awareness using ready-made presentations.

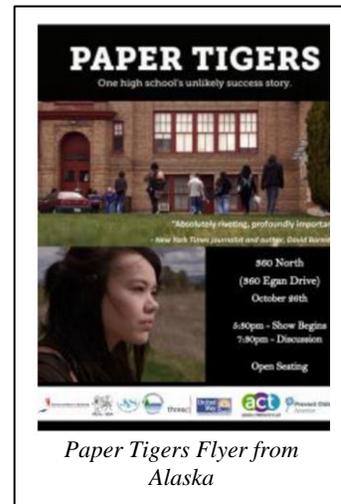
Figure 4-2 “Sticky Metaphors” Used in Awareness Materials in Buncombe County



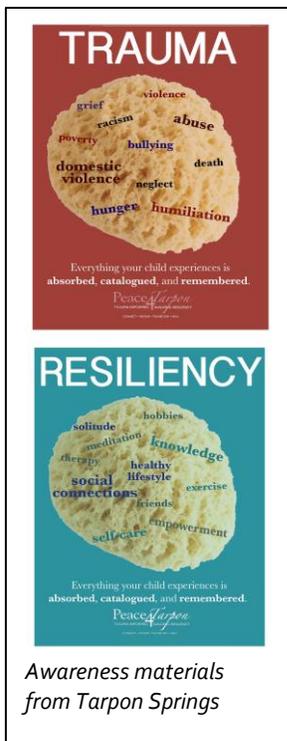
Paper Tigers screenings: As noted above, even prior to MARC, communities had begun to use screenings of Paper Tigers as an awareness tool and during the first year of MARC, at least 8 of the communities used the movie in multiple ways. In some cases, the screenings were paired with a panel presentation or discussion. Some examples to illustrate:

- In Columbia River Gorge, a number of local organizations partnered to hold two screenings of the film in May, followed by a facilitated discussion with approximately 75 people in attendance. The site reported that the film sparked a relationship between the Director and a Family Nurse Practitioner at the local Federally Qualified Health Center.
- The Illinois ACE Collaborative hosted six screenings of Paper Tigers, with a total attendance of over 500 people. In Illinois, the screenings were used as a catalyst for conversation with community members, providers, academics, and funders. Building on the community conversations sparked by the screenings in the fall, the Collaborative hosted Laura Porter for a series of community engagement and educational events for policy makers, funders, and the community at large.

- Peace4Tarpon facilitated two showings of Paper Tigers. As part of the publicity for this event, the Peace4Tarpon leadership team was interviewed by the local paper, which therefore magnified the impact of the screening by reaching even more people in the community.
- Not surprisingly, Paper Tigers has also been widely used in Washington, where the film was set (in Walla Walla). It was shown multiple times to over 400 people in the Bellingham/Whatcom community and the Bellingham and Ferndale School districts, with follow-up discussions led by the Whatcom Family and Community Network (WFCN) and coalition partners. The Washington group reported that these screenings sparked new interest in local sectors that have now invited new conversations and partnerships with WFCN.
- Sonoma County has used Paper Tigers as their primary communication and engagement tool. During 2015-2016, the film has been shown to more than 1,000 people through five events, including at a local movie theater. Sonoma County reported that screenings of Paper Tigers (and the companion film, Resilience) has sparked interest in formalizing connections between partners after individuals who have not previously participated in Sonoma County ACEs Connection activities got involved through the screening.



Paper Tigers Flyer from Alaska



Awareness materials from Tarpon Springs

- In Albany, two screenings led to a collaboration between the network (HEARTS) and the Center for School Improvement at the University at Albany's School of Education in having a full-day in-depth workshop engaging educators and providing continuing education for educators, built around Paper Tigers. Several of the HEARTS member agencies with schools served as panelists.

Innovative Strategies: In addition to these mechanisms of awareness-raising that were fairly common across the sites, several MARC communities also undertook a number of innovative strategies. Several sites incorporated **arts-based** awareness activities

- In Alaska, the backbone organization provided financial backing for two plays focusing on child sexual abuse, paired with “talkback” sessions
- In Washington, the network engaged with a local non-profit dance company in support of a production focused on trauma and resilience in the lives of middle and high school children.
- Kansas City also used art as a mechanism to raise awareness; students at an alternative art school were hired to paint “What makes me resilient” chalkboards to go in different locations throughout the community.
- Tarpon Springs worked with Masters’ level students to develop marketing materials for Peace4Tarpon through a public health lens, including posters, info-graphics, and public service announcements. Peace4Tarpon also created window clings to place in local businesses around town.

Boston and Kansas City both used **storytelling methods** to increase awareness. The *Stories Matter* Campaign in Kansas City is designed to allow people to share their stories of adversity and overcoming adversities through a video format. In Boston, Vital Village hosted a 2-day digital storytelling workshop in which fathers worked to write, revise, and record their stories related to the meaning of fatherhood.

Using a different electronic medium, the HEART's Initiative in Albany partnered with Prevent Child Abuse New York to offer a series of five **webinars** on ACEs and ACEs Response. The webinars were offered both for NYS Parenting Education Partnership, an audience of parent support providers, as well as HEARTS members and other interested professionals and lay persons. As a follow-up, the University of Albany offered continuing education for social workers for this webinar series.

Use of ACEsConnection

All the sites that hosted online groups used the ACEsConnection website to foster awareness and knowledge, both among the general public as well as professionals. Most of this awareness raising was through presentations that were available for viewing and downloading. These presentations were not necessarily made by the MARC networks but were more generic “ACEs 101” type of presentations. Videos were also a common link posted to the MARC site blogs. Alaska posted a video about first responders victims of violence created by Justice For Native Children, and Philadelphia posted several videos including a community summit, toxic stress toxic streets, and an ACEs primer. San Diego included a more clinical based video, including one titled “Childhood Trauma: America’s Hidden Health Crisis”, while Sonoma included videos that told the stories of those people who had experienced ACEs first hand. Washington has posted some videos on the lighter side with a section on inspirational and fun videos.

Some sites also use their ACEsConnection group to house handouts and resources. For example, Alaska shared the series of briefs the network had developed about ACEs in Alaska, the cost of ACEs, and preventing child abuse¹⁰. Philadelphia has handouts that can be downloaded, including some directed to parents, a PowerPoint for ACEs, and the report on the *Findings from the Philadelphia Urban Aces Survey*. San Diego and Sonoma have extensive resources available on ACEsConnection sites. Both created categories for their resources including research, videos, handouts, presentations, evidence/data, policy, toolkits and additional resource pertaining to their individual sites. Washington has posed resource lists for getting started, self-care, primary care, schools & school aged children, trauma informed pathways, hope happiness and wellbeing.

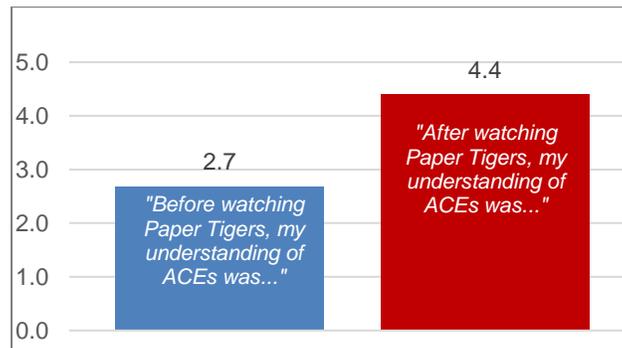
Early Changes

For many of the awareness activities described above, particularly those focused at the general community, there are not always easy ways to assess change. It is particularly difficult to assess changes in awareness that may result from ad campaigns, such as the ones in Tarpon Springs, Kansas City and Montana, without spending a great deal on community surveys. Even then, it is difficult to have a sensitive indication of the extent to which they have participated in the activity or saw a billboard as well as the effects that those materials and activities had on their behavior.

It is somewhat easier to assess changes in attendees’ awareness of ACEs and related topics immediately after a specific presentation or other awareness activity, although it is not clear if the increases in knowledge will last or affect behavior. A few MARC communities have begun to incorporate measures of awareness tied to trainings. For example, Sonoma collected data from a total of 115 participants across two screenings of Paper Tigers held at high schools in January of 2016. After viewing the film, participants (who were primarily teachers) rated their understanding of ACEs before and after watching the movie, using a scale from 1 (“poor”) to 5 (“excellent”). Participants rated themselves between a 2 and 3 for their understanding prior to the film, and between a 4 and 5 after viewing. More than 85% of audience members asked for more education around ACEs. Figure 4-3 presents these data on participant self-ratings of ACEs understanding.

¹⁰ E.g., http://www.acesconnection.com/g/alaska-aces-action/fileSendAction/fcType/5/fcOid/462505740938997629/fodoid/462505740938997628/ACT_ACEs_brief.pdf

Figure 4-3 Participant self-ratings of ACEs understanding in Sonoma County



We have not yet received the detail about data being collected by other sites. There are inherent challenges in collecting data tied to trainings and workshops. For sites with many different network members out in the community, there is not necessarily a straightforward way to track all the presentations that take place, let alone work with the presenter to administer, collect, and tally the information—this is the model in both Buncombe County (with the Community Resilience Model trainings) and Montana, and those involved in trainings at both sites acknowledged the challenge they have had in efforts to collect data. While not a measure of change in awareness, some MARC communities that screened Paper Tigers have focused instead on providing reports on the number of people who came, such as over 400 in Washington, 300 in Kalispell, Montana and over 500 in Illinois. (Unfortunately, we do not have data on all screenings). And while changes from these screenings have not yet been thoroughly examined, as noted above, a number of the MARC communities credited Paper Tigers with changes in their networks in some capacity. For example, Illinois reported that the visibility from their Paper Tigers screenings gave them opportunities to build useful partnerships and relationships with stakeholders throughout the city. One of these relationships resulted in the linkage with the largest Accountable Care Organization in the state, one serving 100,000 women and children.

Over time, change in awareness among specific groups (e.g., policymakers, funders, doctors, educators) may be best demonstrated through implementation of trauma informed policies and practices rather than through assessments of knowledge.

5. Improving Trauma-Informed Practices in Organizations and Systems

In this section, we first describe trauma-informed practices in general, and then describe the activities conducted by the MARC networks – activities and strategies that are common across the sites as well as those that are unique, the types of organization and systems targeted for integrating trauma-informed policies, and specific trauma-informed programs implemented. We also identify early changes occurring in the MARC communities, and organizations that are implementing policies and practices to becoming trauma-informed.

Initial Status

In many of the MARC sites, activities to promote trauma-informed practices within organizations were already well underway. At the start of MARC, networks had begun identifying trauma-informed programs and strategies to foster organizational change as well as discussions with leadership from organizations interested in implementing them. A few networks, such as Illinois and Columbia River Gorge, were beginning to assess the extent to which organizations were trauma-informed and the commonality across the organization in how these changes were brought about. Columbia River Gorge was in the process of adapting measures to assess the extent of trauma-informed practices in organizations. Illinois performed 20 qualitative interviews of programs on various levels of the continuum of becoming trauma-informed. This qualitative review identified learning opportunities and ways to support capacity of organizations that desire to become trauma-informed.

Types of Activities Used to Promote Trauma-Informed Policies and Procedures

One of the goals of the MARC initiative is to improve trauma-informed practices among organizations in the communities. These activities aim to help organizations become more trauma-informed by promoting changes in governance and leadership, physical environment, engagement and interaction between staff members, training and workforce development, and client screening, assessment and treatment, if it is a service delivery agency (see Figure 5-1) (SAMHSA, 2014).

Figure 5-1 Examples of Organizational Practices of Becoming Trauma-Informed

Implementation Domains	Examples
Governance and Leadership	<ul style="list-style-type: none"> The agency’s mission statement and/or written policies and procedures include a commitment to providing trauma-informed services and supports.
Physical environment	<ul style="list-style-type: none"> The physical environment promotes a sense of safety, calming, and de-escalation for clients and staff.
Engagement and Involvement	<ul style="list-style-type: none"> Transparency and trust among staff and clients is promoted.
Screening, Assessment, Treatment Services	<ul style="list-style-type: none"> There is timely trauma-informed screening and assessment available and accessible to individuals receiving services.
Training and Workforce Development	<ul style="list-style-type: none"> Organizations ensure that all staff (direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impact, and strategies for TI approaches.
Financing	<ul style="list-style-type: none"> The agency’s budget includes funding support for ongoing training on TI approaches for leadership and staff development.

ACEs and resilience trainings and presentations are the most common mechanisms used by MARC networks to facilitate organizations’ adoption of trauma-informed practices. As described in the later sections, these

presentations and trainings are geared towards promoting and facilitating the organizational change process believed to be needed to become trauma-informed. Some sites, such as Kansas City and Columbia River Gorge, are going beyond presentations and forming learning collaboratives to spread the knowledge on ACEs and trauma theory and supporting community organizations to come together to integrate trauma informed practices into their work.

In addition, consistent with the literature (Kramer, Sigel, Conners-Burrow, Savary, & Tempel, 2013), sites were generally selecting organizations that show readiness for change or are provided ACEs, trauma, and/or resilience awareness activities prior to receiving training geared toward adopting trauma-informed policies and procedures. In Wisconsin, Waupaca County was selected for training because it had received considerable exposure to trauma and resilience education through the presentations conducted by the Waupaca County Health and Human Services (DHHS) Director. Within the county, Wisconsin then selected a specific manufacturing firm to pilot their organizational change approach. This firm was chosen because it was looking for ways to improve employee performance as well as having challenges with employee recruitment and retention.

Sectors Selected for Trauma Informed Practice and Policy Activities

Eleven networks explicitly identified changing organizational practices and policies as key goals. Almost all MARC networks are conducting activities that are geared towards improving trauma-informed policies and procedures, however, even if it is not an explicit goal. School systems (K-12, higher education, Head Start centers, and alternative schools) are the major focus for these activities. Other key sectors being addressed include the medical system (hospitals, health care organizations, and primary care clinics), juvenile justice system (family courts, child welfare) and other (businesses, state health departments).

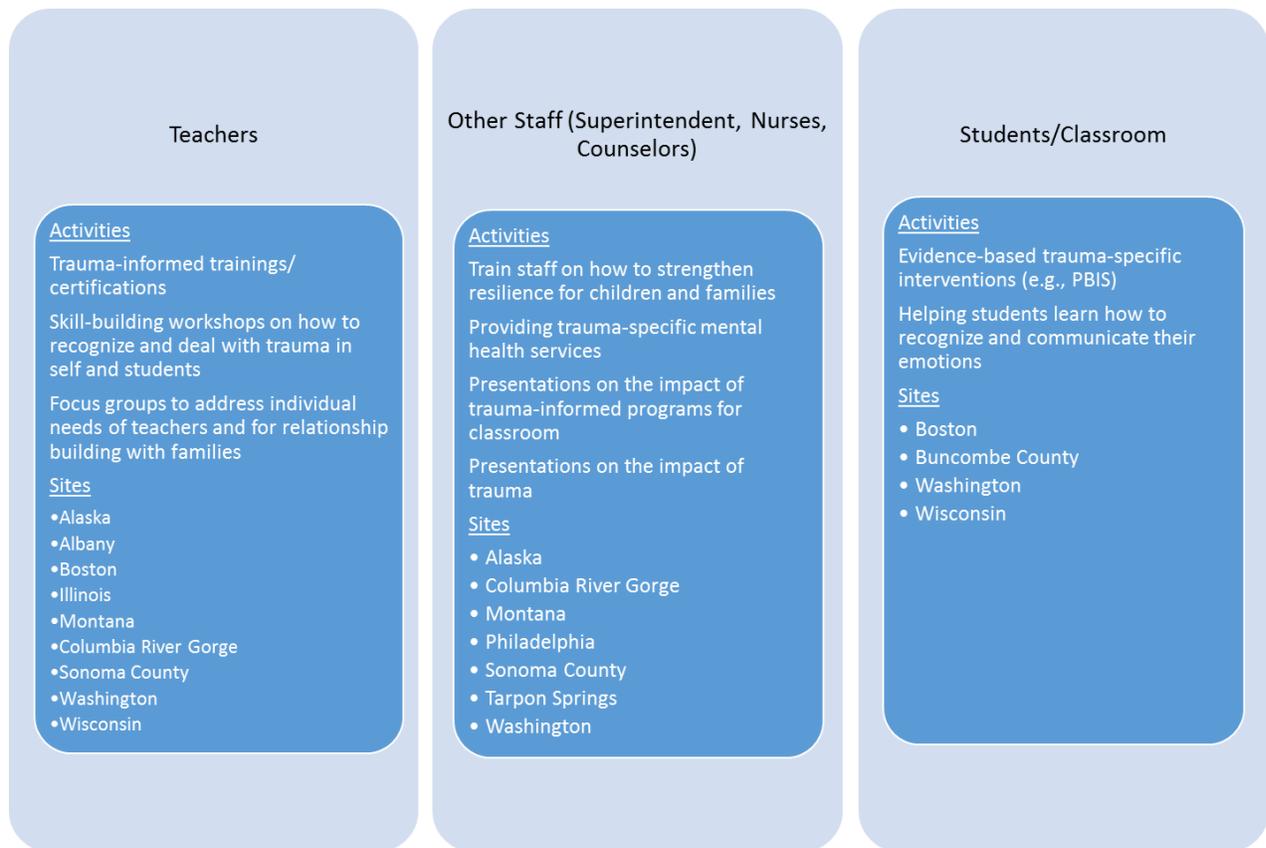
Figure 5-2 Sectors Targeted for Trauma-Informed Practices by MARC Networks

	Education	Medical	Child Welfare	Other
Alaska	●		●	●
Albany	●	●		●
Boston	●	●		●
Buncombe County	●	●		●
Columbia River Gorge	●	●		●
Illinois	●	●	●	●
Kansas City	●	●	●	●
Montana	●	●		●
Philadelphia	●	●		●
San Diego				●
Sonoma County	●	●		
Tarpon Springs	●			
Washington	●	●		●
Wisconsin	●	●	●	●

School Systems: The goal of the trauma-informed activities with school systems activities is to transform the school culture, build a supporting infrastructure, and alter the curriculum content and interventions to make sure schools can provide a safe, stable, and understanding environment for students and staff. A particular goal for the trauma-informed approach is to prevent re-injury or re-traumatization by acknowledging trauma and its triggers, avoiding stigmatizing, and punishing students (McInerney & McKlindon, 2014).

MARC networks have undertaken a variety of approaches to make schools more trauma-informed. As seen in Figure 5-3, most sites are focusing on activities targeted at teachers, while a few sites are targeting the school superintendents, other school staff, as well as the students and classroom.

Figure 5-3 Activities Supporting Trauma Informed Practices Within Schools



Over half of the MARC networks are educating school staff through trainings, skill-building workshops, and focus groups. The focus of these trainings is on how trauma and vicarious trauma impact children and learning; how to recognize and manage trauma; how to use less punitive ways of interacting with children; and the types of self-care activities the teachers can participate in personally and professionally. For most sites, these activities occur monthly and rotate among the different schools in the community. However, in Washington, Walla Walla and Whatcom Family Network are conducting school trainings that are widespread across multiple schools and school districts in the region (e.g., Bellingham, Shuksan, Nooksack, Ferndale), and involve multiple modules that range from 1 to 12 hours of training per module per school district.

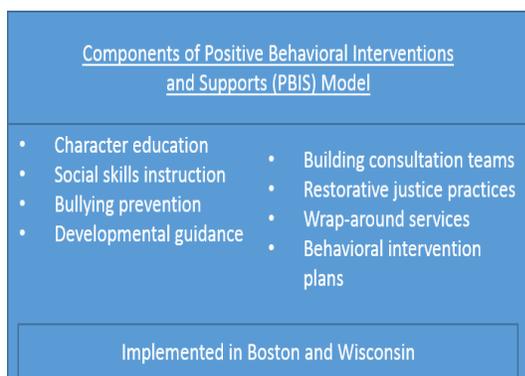
In addition to trainings and presentations, a few sites offer skill-building workshops and certification courses in trauma-informed approaches to teachers. Boston has a comprehensive approach through providing professional development trainings, small group coaching and consultation, and focus group sessions tailored

to the individual needs of teachers. It also addresses teachers' relationships with families and how teachers can be more trauma-informed in their interactions.

A few networks are training other staff that provide additional services associated with the school system, such as support staff, nurses, school counselors, and school superintendents. Washington, for example, has partnered with the local health department to train behavioral health practitioners and nurses within the school system to develop a framework and action plan. The goal of these plans is to strengthen the context of resilience for children and their families. Philadelphia is using an innovative practice of sensitizing social workers. One of the network members, a youth development organization, is having teams of youth with the requisite knowledge and expertise train the local school social workers on why traumatized people act out and how to manage negative emotions and stress in healthy ways.

School-wide approaches: Three sites are using evidence-based practices in schools with students. Both Boston and Wisconsin are facilitating the adoption of Positive Behavioral Intervention (PBIS), a systemic

Figure 5-4. Components of Positive Behavioral Intervention (PBIS)



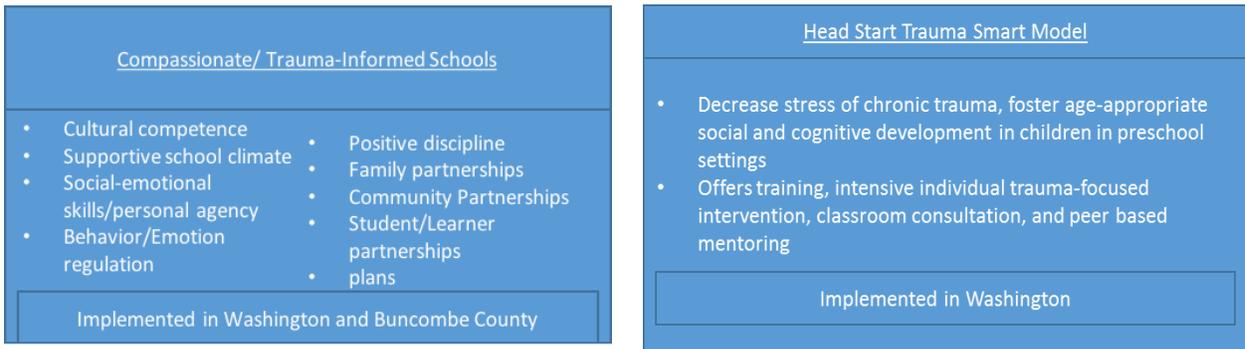
approach of proactive, school-wide discipline for all students to increase academic performance, improve safety, decrease problem behavior, and establish a positive school culture. In addition, the program provides additional opportunities to students who have experienced trauma to build their sense of personal agency, social skills, academic skills, and executive functions (e.g., setting goals, anticipating consequences). In Wisconsin, two organizations that are members of the network, the Department of Public Instruction and SaintA, an institute for training, are creating a professional development initiative to help schools incorporate trauma-sensitive practices in collaboration. Content is delivered primarily through on-line learning modules, readings, and implementation tools¹¹.

Washington and Buncombe County are using the Compassionate Schools Model as a school wide approach for schools to be trauma-informed. Compassionate Schools take a trauma-informed approach to learning and facilitating parent and community involvement in mitigating adverse outcomes for children exposed to trauma. Compassionate Schools benefit all students who attend but focus on students chronically exposed to stress and trauma in their lives. In Washington, Walla Walla and Whatcom Family and Community Networks (WFCN) are taking a deep-dive in several school districts, conducting efforts with the school board, staff at the district level, as well as teachers and students to implement the initiative. In Buncombe County, the Director of Student Services for Buncombe County Schools, who is a key member of the ACE Learning Collaborative, has implemented Compassionate Schools in 13 schools in the state of North Carolina.

In addition to PBIS, Walla Walla and WFCN are implementing a school wide approach in a preschool setting, using the Head Start Trauma Smart evidence based model. Head Start Trauma Smart is an integrated, trauma-informed culture for young children, parents, and staff. Whatcom provides training, guidance, referral, and technical assistance for both schools and preschools wishing to adopt the programs. The network has also conducted a series of trauma-informed presentations to teachers, ACEs/Resilience-related professional development for school personnel, and lobbied to revise teacher education curriculum to include ACEs/resilience as part of the initiative.

¹¹ As of July 1, 2016, 1,174 schools in 265 districts in Wisconsin have attended PBIS training: <http://www.wisconsinpbisnetwork.org/pbis-in-action.html?alpha=All&order=desc&by=district#results>

Figure 5-5 Evidence-Supported Trauma-Informed School Interventions Implemented in Washington



Medical Systems: Most MARC networks are working with local ACO/medical systems and health care providers to incorporate ACEs principles in their practices. Albany, for example, is partnering with a local university to deliver ACEs presentation to pediatricians. The trainings, which are conducted monthly, are all geared towards making medical care more trauma-informed by recognizing pre-existing trauma, addressing acute traumatic stress reactions associated with the traumatic event, minimizing potentially traumatic aspects of treatment, and identifying children and adults who need additional monitoring or referrals for more help.

The Vital Village Network in Boston is building trauma-informed opportunities to enhance social support, economic security, and community resources and support the development of family strengths and protective factors during the prenatal period. These projects include enhancements of the Centering Pregnancy, a group-based prenatal care program to enhance prenatal parenting preparation, resilience and skills promoting the wellbeing of parenting families. The network also supports work with young adult men prior to parenthood, using trauma-informed models to support social networks, connections and resources to promote positive development and role transitions.



In an effort to create an entire trauma-informed medical system, state-based networks such as Illinois and Kansas City are linking up with large ACOs and have been asked to consult on how to build a trauma-informed hospital system across the state. Illinois has been asked to train staff from Aetna, the managed health care company, on trauma and ACEs and conduct ACEs 101 sessions with their leadership team. Similarly, Kansas City is working with Blue Cross Blue Shield, the health insurance organization, to explore several trauma-informed approaches. As an innovative strategy, Illinois is also gaining inroads to the Grand Rounds, a regular learning exercise where doctors convene to discuss cases and best practices, provided an avenue for infusing trauma-informed practices into the medical discourse, thereby reaching the young medical professionals.

Child Welfare: A few sites are facilitating trauma-informed approaches in the child welfare system. Illinois is providing Restorative Justice Hub training, a community-led approach to address youth crime and conflict, and providing tools for judges to utilize ACEs research in their courts. Wisconsin delivers presentations to local and state team members from Juvenile Justices Policy Academy to incorporate ACEs/effects of trauma/trauma-informed care into the training and policy development. These activities are somewhat sporadic and have occurred only once or twice.

Two of the MARC sites, Illinois and Alaska, are conducting evidence-supported programs in the child welfare settings. Illinois has used Medical-Legal Partnership training for continued in-depth training for lawyers to practice “trauma-informed lawyering” (Beeson, McAllister, & Regenstein, 2013). Alaska is facilitating trainings for Safe Babies Court Team™ (SBCT), an evidence based program that has been shown to promote greater collaboration between the courts, child welfare, and the community to meet the needs of very young children in foster care¹². The SBCT is a community engagement and systems change initiative focused on improving how the courts, child welfare agencies, and related child-serving organizations work together to improve and expedite services for young foster children (see Figure 5-6).

Figure 5-6 Evidence-Supported Trauma-Informed Initiatives Supported by MARC Sites in the Juvenile Justice sector

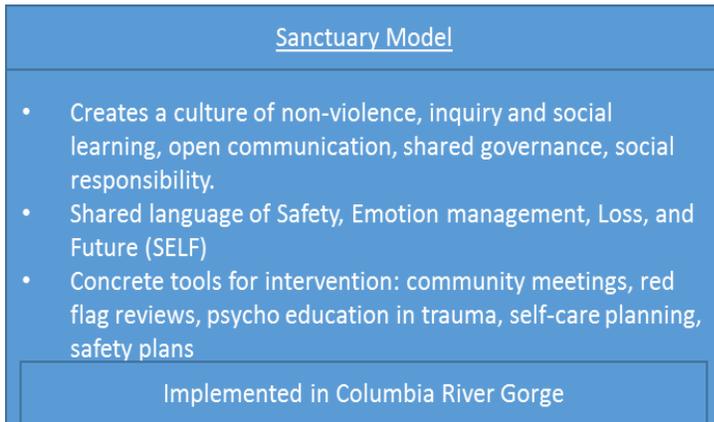
Medical Legal Partnership	Safe Babies Court
<p>Focusing on core partnerships between health care and legal teams in order to address patient’s social and legal needs in a clinical setting that is familiar and accessible to them</p>	<ul style="list-style-type: none"> • Families are embraced by a team and given targeted and timely services (for children 0-3 years old). • Focus is on strengths and challenges of each family • Each family has a team convened by a judge • Works with the family for exiting the child welfare system
<p>Implemented in Illinois</p>	<p>Implemented in Alaska</p>

Other Systems and Organizations: State health departments have been the target of several networks.

- Wisconsin has teamed up with another local initiative, Fostering Futures, to integrate trauma-informed policies and procedures into the state departments.
- Illinois has worked with the Chicago Department of Public Health to launch Healthy Chicago 2.0 Plan, new four-year plan to improve health and wellbeing throughout Chicago communities. As part of this plan, Illinois network members provided technical assistance to the State Public Health Department and participated in statewide efforts to improve how child sexual abuse and sexual assault issues are addressed.
- Although in the early stage, Sonoma County is collaborating with the Petaluma County Department of Health (DOH) to discuss how to best move the DOH toward becoming a Trauma Informed agency.

¹² Zero To Three publication (2012)

Figure 5-7. Components of The Sanctuary Model



Only one of the sites has engaged in activities to incorporate trauma-informed approaches into funding. Philadelphia created a funders guide for trauma-informed practices with the United Way of Greater Philadelphia and other funders. The goal of the guide is to foster a) understanding of the science behind trauma, adverse childhood experiences, and resilience; b) application of trauma-informed principles and practice to their grant making; and c) learning about existing local efforts to implement trauma-informed practice.

A few sites are using or fostering the use of the Sanctuary Model (Bloom, 1997) in organizations across multiple sectors. Sanctuary is a trauma-based therapeutic approach that provides a template for changing organizations, in general, and social service delivery systems, in particular, so that they are better equipped to respond to the complex needs of trauma survivors (Bloom, Bennington-Davis, Farragher, McCorkle, Nice-Martini, & Wellbank, 2003). As outlined in Figure 5-7, this model engages organizational leaders and staff to develop an organizational culture where staff model and clients build skills in key areas such as safety, emotional management, self-control, and conflict resolution. Columbia River Gorge is using this model as a common tool in their community transformation effort and conducting numerous trainings for interested organizations. Two other sites, Sonoma County and Wisconsin, have various organizations within their network that are implementing the model, though the network is not engaged in its implementation. A residential treatment facility in Sonoma County and a hospital system in Wisconsin are both implementing the model.

Other evidence-based programs being implemented include:

- Mental Health First Aid, a training program that teaches individuals how to help a person who is developing a mental health problem or substance abuse problem or in a mental health crisis (Figure 5-8).
- Restorative Integral Support (RIS) (Figure 5-9) was designed to support agencies and helping professionals working with any high ACE score population.
- The Community Resilience Model (CRM), as described in Figure 5-10, trains community members on the wellness skills and holds Train the Trainer workshops in order to build capacity in local communities.

Figure 5-8. Components of Mental Health First Aid Program

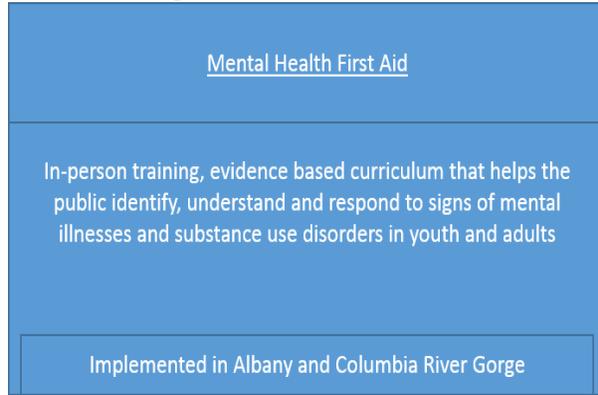


Figure 5-9. Components of Restorative Integral Support (RIS)

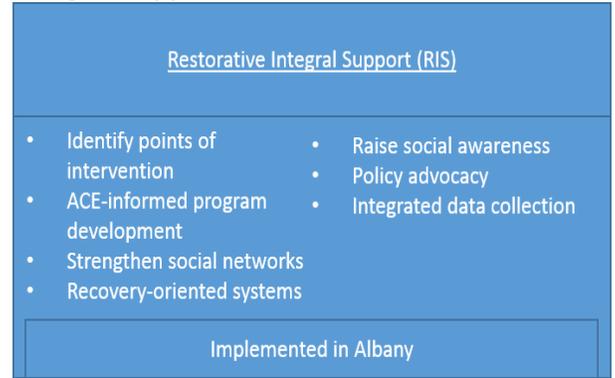
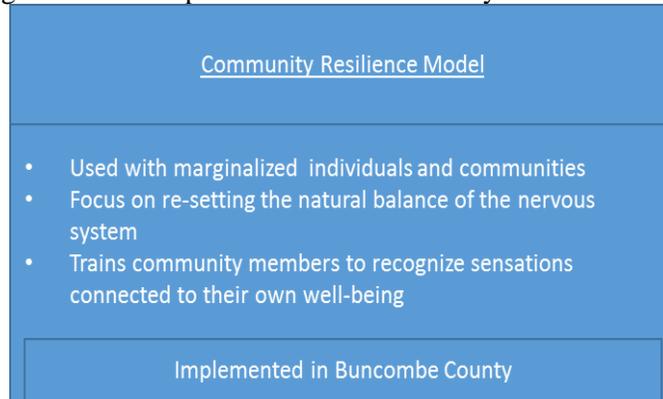


Figure 5-10. Components of the Community Resilience Model



Use of ACEsConnection

Although there is considerable discussion on what it means to be trauma-informed and what changes are needed to make organizations more trauma informed, very few MARC sites posted information relating to the activities they are conducting or the changes that are occurring in their communities. There are a few resources on the ACEsConnection website that are specific to trauma-informed policies and practices, such as presentations that are tailored to promoting changes in school systems, list of measures to assess changes in organizational practices, which have been used by MARC sites. However, except for a few isolated examples, the MARC sites themselves are not using the ACEsConnection website to highlight specific activities or changes. For example, when Sonoma County’s group homes made changes to be more trauma informed (see Section 5 on trauma informed policies and procedures) and was covered by their local paper, the Press Democrat, the MARC community group manager for Sonoma County ACEs Connection shared the article with reflections on how it connects to their ACEs work. In addition, some of the MARC sites, such as Illinois and Wisconsin, post information about their activities on their own websites but not on the

ACEsConnection website. For example, the Illinois ACEs Response Collaborative posted information on their website about an Environmental Scan Report wherein the network researched over 300 programs and highlighted essential characteristics, promising practices, and obstacles for meaningful systems change towards trauma-informed care.

Early Changes

Data self-reported in the monthly reports suggest that some early changes may occur as a result of the training and the organizational change efforts.

- In Columbia River Gorge, two organizations have become trauma-informed by moving from Pillar 1 of the Sanctuary model (basic awareness and having Sanctuary core teams) to Pillar 2 (adopting the seven Sanctuary commitments). These are the Mid-Columbia Children's Council, the Head-Start providers, and the Haven against Domestic Violence, a social services organization.
- Although still in preparation, Illinois launched a partnership with Advocate Health Systems, which sought the Collaborative's help in becoming a trauma-informed health system--Advocate's Pediatric Population Health program serves 100,000 women and children in Illinois. Over the next year, Illinois' technical assistance and expertise will help them begin the process to become among the first ACE-informed ACOs in the nation.
- In Montana, the Helena affiliate of Elevate Montana is beginning to incorporate trauma-informed principles into their organizational goals and missions. Elevate Montana is paving the way for Fort Peck Tribal Action to adopt ACEs framework incorporating ACEs, trauma-informed approaches, resilience-building strategies through meetings, trainings, and screening paper tigers. A huge "win" for them was being invited to train on ACEs in Fort Peck (Wolf Point MARC Tribal Community), and then to be invited to be part of their Tribal Sanction Planning Team meeting.
- In Philadelphia, the Philly School Reform Commission (SRC) banned most suspensions for kindergartners and ending suspensions for students who violate the dress code¹³.
- In Sonoma County, the director of a residential care treatment facility that is part of the Sonoma County MARC network won a contract in 2016 to implement a Trauma-Informed 10 Day Transitional Foster Care program. The director is a very active member of the network and has been instrumental in delivering ACEs trainings and presentations in the County. In collaboration with the International Trauma Center, he is in the process of incorporating trauma-informed approaches into the Transitional Foster Care program bolster supportive services for youths placed with relatives and foster families.

Most networks have not yet conducted any formal assessment of whether there are more trauma-informed organizations in the community, so data are not yet available on the success of these approaches. In addition, the tools to measure changes in organizations are limited. While there are tools to assess the change in organizational trauma-informed policies and procedures over time within the same organization, currently there are no validated instruments to compare organizations on the extent to which they are trauma-informed. Westat has identified several measures that could be adapted to the organizational context and administered as self-reports and shared it with the MARC sites. With Westat's help, Columbia River Gorge is in the process of adapting one of them to be implemented as an online survey with its network members.

During our next round of site visit data collection, we will be able to talk with individuals in the organizations that have been targeted for these efforts to identify whether and what concrete changes toward becoming more trauma-informed have taken place, and to probe on the factors that have both facilitated and inhibited change. Our next site visit will focus on organizations and areas of the community that have implemented or

¹³http://www.philly.com/philly/education/20160819_School_Reform_Commission_curtails_suspensions_for_kindergartners_and_dress_code_violators.html

participated in these efforts and aim at understanding if change has occurred, how it has happened, and what has facilitated/inhibited the change.

In summary, becoming a trauma-informed organization requires changing multiple components of the organization and a commitment to changing the practices, policies, and culture. This type of change requires that staff at all levels and in all roles modify what they do based on an understanding of the impact of trauma and how to address it. This process takes time. In addition, creating a trauma-informed organization is a fluid, ongoing process. Some of the MARC networks, such as Wisconsin, started out with particular organizations (e.g., businesses) and realized that it was premature to integrate a wellness curriculum into the daily operations because they were not yet convinced about the short- and long-term consequences of trauma and the benefits of becoming trauma-informed, especially in comparison to the resources needed for the entire staff to get trained. It is now in the process of reconfiguring its approach to making businesses trauma-informed.

6. Improving Public Policy

In this section, we review the types of activities conducted by the MARC networks that are geared towards effecting changes in public policies. We include a wide range of activities, such as improving awareness about specific policies, attending legislative hearings, educating policy makers about ACEs and child trauma, advocating for policy changes, and disseminating information about specific bills. We highlight the variation in the levels and types of policy activities as well as the commonalities.

Initial Status

Although policy was not a major part of their proposed strategic goals or vision, many of the MARC networks have begun engaging in activities targeting public policy related to ACEs, trauma, or resilience prior to MARC. Based on their proposals, six of the 14 networks had a history of working on policy changes when they MARC began (Alaska, Albany, Illinois, Tarpon Springs, Washington, and Wisconsin). These networks were conducting activities ranging from educating policy makers about ACEs and child trauma, advocating for policy changes, developing policy briefs, and disseminating information about specific bills.

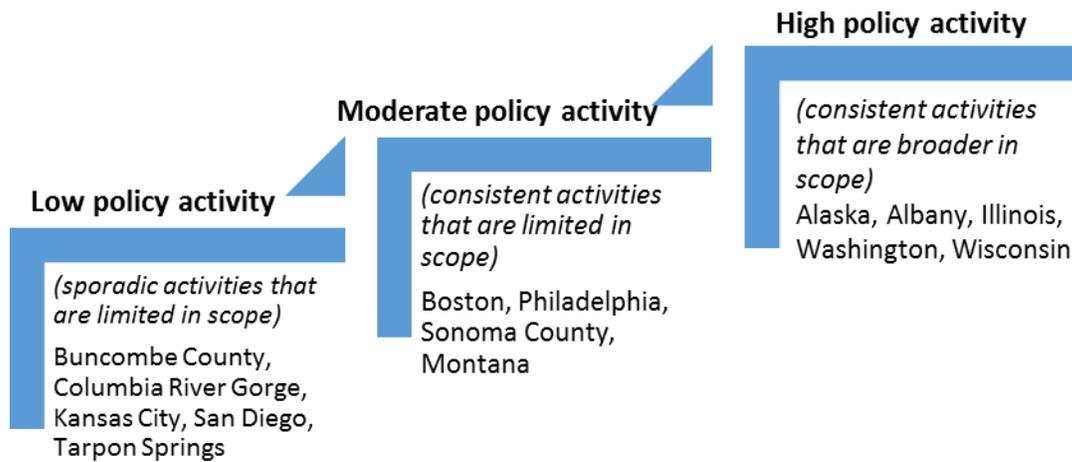
With the launch of MARC initiative, there was somewhat more of an intentional focus by the MARC networks on developing a policy agenda and moving it forward. Many of the networks are currently in the process of **increasing the capacity and readiness** of their networks to engage in activities that will eventually effect policy changes. These activities include identifying leaders and workgroups to develop policy agendas and identifying priorities for policy changes based on internal conversations with network partners and individuals. A few sites are beginning to **pursue strategic collaborations** that will give them opportunities to effect policy changes. For example, Tarpon Springs is discussing how to foster its relationship with the Director and Chief Advocate of the Office of Adoption and Child Protection to be able to raise awareness regarding ACEs and child trauma issues and influence policy change in the State of Florida.

For networks that had prior policy experience, such as Alaska and Washington, the MARC initiative is allowing them to explore new partnerships, such as reaching out to policymakers in new government agencies, and to engage in these activities more consistently. The sections below describe the current activities of the MARC sites and some common and unique approaches to effecting public policy pursued by MARC sites, as well as the changes they are advocating.

Policy Activities of MARC Networks

Sites vary considerably in whether they are engaged in any policy activity and then in the types of activities that they conduct. Figure 6-1 displays the sites by their level of policy activity during the past year as a MARC site. We have categorized the sites into low, moderate, and high based on how frequently and consistently they reported engaging in these activities, and the possible scope of influence of the activities (see Figure 6-1). Five sites have been classified as “low policy activity” sites because they are conducting policy activities that are either one-time activity or that have limited scope in terms of influencing policy changes, such as meetings with policymakers that have not led to sustained collaboration. For example, Resilient KC steering committee presented in front of the KC Chamber member Missouri Legislative hearing in October 2016. Sites that are conducting policy activities that are more consistent but limited in scope in terms of the potential scope of influence. For example, Boston is engaged in conducting analysis for policy briefs, providing testimonials for city council, and collecting data to inform public policies. Lastly, sites categorized as “high policy activity” sites are sites that are conducting policy activities that are regular and consistent, and have a greater potential to result in policy changes that have a broad scope, such as such as developing policy briefs that recommend changes in insurance reimbursement policies.

Figure 6-1 Categorization Based on Level of Policy Activities Across MARC Networks



Much of the policy activity of the MARC sites is in the nascent stage and focuses on forging partnerships with policymakers and exploring how existing policies can be shaped to incorporate ACEs, trauma, and resilience rather than having a targeted approach for engendering specific policy changes in specific sectors and settings. In addition, sites have been uneven in their reporting and may not be fully providing details on all activities. Hence, it is difficult to discern the specifics of what exactly the policy activities are trying to accomplish, and what the mechanisms are that will result in policy changes. Nevertheless, we have identified four key themes/strategies/approaches across the sites, as described below.

Activities geared towards raising awareness of policymakers: A common strategy is to increase awareness and educate policymakers about the science and the impact of ACEs and child trauma. All nine sites that were engaged in policy activity were trying to target policymakers (see Figure 6-2). While we do not have sufficient level of detail in the monthly data to know how many or what type of policy makers the sites were trying to involve, we do know that this type of activity is common across sites. Similar to the activities related to raising awareness, typical policy activities include general presentations at conferences and summits where policymakers are invited and are part of the audience at the conference and breakout sessions. The policymakers include state legislators, city council members, staff of non-governmental policy organizations, among others. For example, the Alaska Resilience Initiative invited legislators, commissioner's office, governor's office, and State department heads to first statewide meeting of the Alaska Resilience Initiative. While the goal of the summit itself was to increase awareness of ACEs and foster partnerships, the objective of inviting the policymakers enabled them to advocate for policy changes that are more trauma-informed by increasing their knowledge and awareness of ACEs and child trauma issues.

Similarly, in an effort to educate policymakers in Chicago, Illinois coordinated a VIP breakfast presentation with a well-known speaker from the state of Washington, Laura Porter, and representatives from the Illinois Academy of Family Physicians, the Governor's Office, the Illinois House of Representatives, and the Illinois Education Association among others. This event drew in a large audience, (200+) and attendees learnt how to use the science and theory of ACEs to change policy and influence practice. Finally, in addition to raising general awareness, some sites are educating legislators about the importance of funding for early childhood programs, and cost savings of preventing ACEs and their long-term effects (Alaska and Albany). Albany, in particular, is working with an economist to identify important concepts that would be critical in communicating with policymakers about cost saving opportunities.

Figure 6-2 Activities Geared Towards Raising Awareness of Policymakers

Activity	MARC site
Presentations at conferences and summits	Alaska, Albany, Illinois
Presentations at large group meetings (100+)	Illinois
Presentations at small group meetings	Albany, Boston, Columbia River Gorge, Illinois, Montana, Philadelphia, Washington
Involving policymakers in MARC network meetings	Alaska and Wisconsin

In addition to these more common mechanisms of awareness-raising, a few of the MARC communities have undertaken other types of activities. Alaska and Wisconsin have reached out to key influencers in the policy area they were targeting and invited them to participate in their network activities. Alaska, for example, met with Representative Geran Tarr regarding the inclusion of a majority member of the Alaska State Legislature in the MARC network Steering Committee, in order to support the state to use trauma-informed practices/lens when making policy. Wisconsin engaged a key member of the Policy Advisory Council of the Wisconsin Economic

Development Corporation (WEDC), a statewide representing business organizations, in its monthly meetings.

Given the lack of time and personnel within the network that have the requisite knowledge of public policies for monthly presentations and wider geographic areas, two sites (Albany and Wisconsin) are recruiting and training policy entrepreneurs. As community role models, policy entrepreneurs are trained in ACEs and resilience to increase community engagement and serve as educators with policy makers around ACEs and the advancement of ACE resilience strategies. Policy entrepreneurs are individuals from outside the formal positions of government, who introduce, translate, and help implement new ideas into public practice. Both sites conducted regular trainings of policy entrepreneurs between May and August. Albany has created an independent work-study position so a doctoral student could help interview and train new policy entrepreneurs. In Wisconsin parents and youth are also being trained as policy entrepreneurs, so they can go back to their communities and network with and host peer based informational sessions on ACEs with community and agency groups.

Activities engaging policymakers: A few sites are going beyond activities that inform policy makers about ACEs to activities that are directed at getting policy leaders of key state, county, and city agencies to commit to ACE resilience initiatives and to action (see Figure 6-3). These direct interactions with policy makers are typically in the form of one-on-one or small group meetings. For example, Sonoma County conducted presentations to the Board of Supervisors Maternal, Child, and Adolescent Health Advisory Board to include ACEs in their legislative platform. Philadelphia engaged Deputy Managing Director and Commissioner of Philadelphia’s Department of Behavioral Health and Intellectual Disability Service, in discussions about the MARC network and its vision for a trauma-informed city, and to develop trauma-informed public assistance programs in neighborhoods with high ACEs scores.

A few sites are conducting more advocacy type activities, where they are disseminating information and attempting to influence and engage policymakers in working towards a specific legislature. Alaska is working on testifying and sending out information about the HCR21, the ACEs bill, via email, urging Governor Bill Walker to join with the Alaska State Legislature to respond to the public and behavioral health epidemic of adverse childhood experiences by establishing a statewide policy and providing programs to address this epidemic. Illinois is working with a State Representative to advocate for holding subject matter hearings on ACEs and trauma in the Illinois legislature.

Figure 6-3 Activities Geared Towards Engaging Policymakers

MARC Site	Policymakers	Purpose
Alaska	Governor, Senator	To join with the Alaska State Legislature to respond to sign the HCR21 bill and establish Native Children's Task Force
Albany	State legislators, Mayors, and County Executives	To host ACEs meetings and inform them about economic impact of ACEs and the cost savings of preventing ACEs and their long-term effects
Boston	President of City Council	To support early education and care, and universal pre-K
Columbia River Gorge	State House Committee	To increase awareness about trauma and the work conducted by CRG
Illinois	State Representative	To advocate for holding subject matter hearings on ACEs and trauma in the Illinois legislature
Philadelphia	Deputy Managing Director and Commissioner of Philadelphia's Department of Behavioral Health and Intellectual Disability Service	To discuss a vision for a trauma-informed city
Sonoma	Board of Supervisors Maternal, Child, and Adolescent Health Advisory Board	To include ACEs in their legislative platform
Tarpon Springs	Mayor, City Commissioner	To create more connection between city government and Peace4Tarpon and the community
Wisconsin	Assembly Committee on Mental Health Reform	To develop legislation regarding Trauma-Informed Care

Participating in Policy Collaboratives and legislative hearings: A few MARC networks are participating in existing policy collaboratives or groups that are specifically working towards policy changes. These groups are generally comprised of individuals and organizations that are not part of the existing MARC network, but have the capacity and partnerships to influence policy changes. For some sites, these policy collaboratives are supported by individuals and organizations outside of their MARC network (see Figure 6-4).

Figure 6-4 Participation of MARC Sites in Policy Collaborative

MARC Site	Policy Collaborative	
Illinois	Children's Mental Health Partnership Advocacy Committee	The meetings and discussions held by MARC sites with these policy groups range from a one-time occurrence (e.g., Washington's meeting with National Association of Social Workers) to continued collaborations (e.g., Wisconsin's partnership with Fostering Futures, a small committee formed by the First Lady of Wisconsin working on trauma-informed care for children and families at the state-level).
Philadelphia	Campaign for Trauma-Informed Policy and Practice	
Washington	Policy advocacy group within the National Association of Social Workers	
Wisconsin	Wisconsin Legislative Children's Caucus and Fostering Futures	

As mentioned earlier, collaborations with these external organizations seem to be exploratory in nature, where the sites are still trying to scope out the activities and the desired policy changes. A few sites are taking a more direct approach to making current and new policies that are more trauma-informed. Two sites (Illinois and Wisconsin) have sponsored workshops that focus on policies. For example, over 40 people attended the Wisconsin sponsored TIC Policy Workshop, wherein state agency representatives and other stakeholders used several tools to examine policies using a trauma-informed approach. Philadelphia and Illinois are participating in legislative hearings that seem to have greater potential to result in policy changes in the short-term. Philadelphia’s collaboration with the Campaign for Trauma-Informed Policy and Practice (CTIPP), a new organization created to promote policies and programs that are informed by the science of ACEs and trauma, resulted in Philadelphia ACEs Task Force members participating in a congressional briefing on Trauma Informed Care and the importance of support from policymakers in May 2016. Similarly, Illinois’ members have participated in two public hearings to support the integration of behavioral health into primary health.

Developing policy briefs and recommendations: Another mechanism of influencing policy is through the development of policy briefs and recommendations that incorporate ACEs, trauma, and resilience. These policy briefs and recommendations serve as substantive resources for policymakers and child trauma professionals as a way of taking information and suggesting concrete action relating to funding priorities, Medicaid waivers, school policies, etc. Three of the MARC sites have developed trauma-informed policy briefs and recommendations – Illinois, Wisconsin, and Washington (see Figure 6-5). These recommendations focus on different sectors (medical, juvenile justice, education) and vary in the specificity of the proposed changes.

Figure 6-5 Sites That Have Policy Recommendations or Briefs

MARC Site	Examples of Policy Recommendations
Illinois	Build incentives into healthcare quality measures and reimbursement systems
Washington	Create statewide policy to guide schools’ work addressing the impacts of ACEs on learning.
Wisconsin	Continue to collect Wisconsin-specific data on the relationship between ACEs and health outcomes

For Washington and Wisconsin, the policy recommendations were a part of document communicated to stakeholders and policymakers. For example, Washington generated state policy recommendations to create statewide policy for schools as part of its ACEs Public-Private Initiative (APPI) Evaluation Briefing Work. Wisconsin’s policy recommendation was part of a yearly report to the State Legislature. It is not clear what the sites are doing to follow-up the policy recommendations

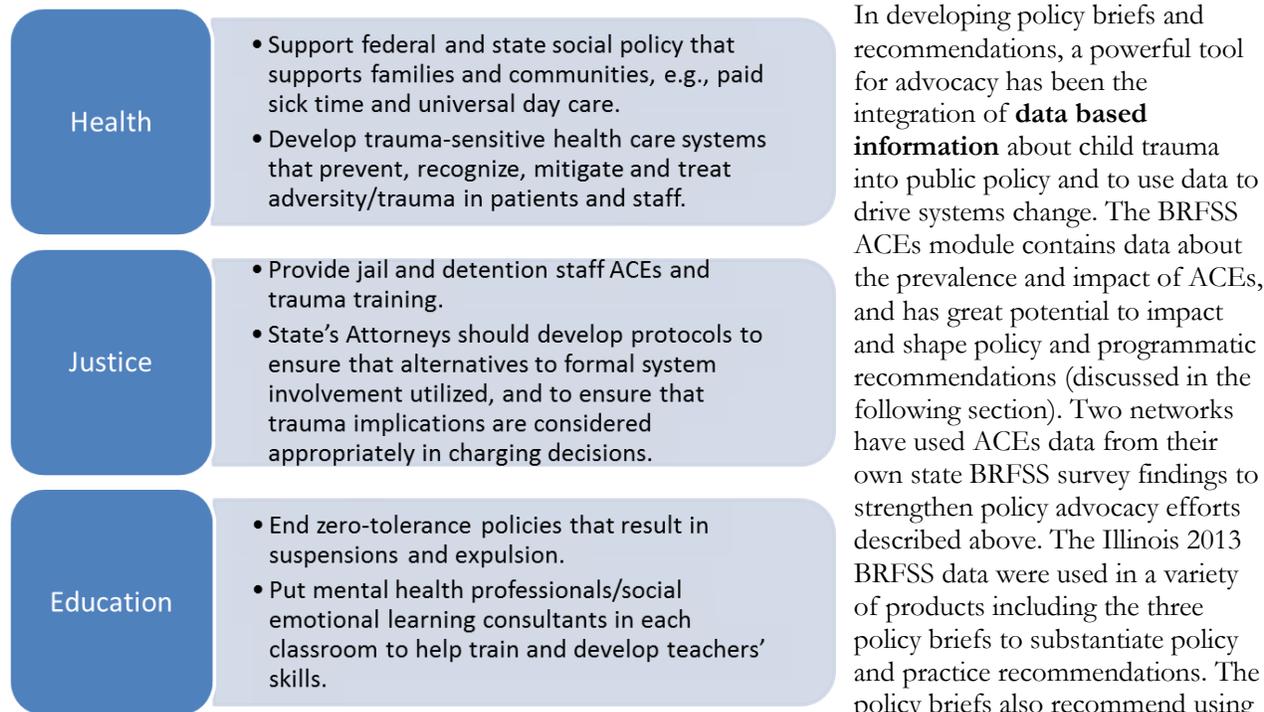
and whether they have disseminated these recommendations more broadly.

The policy brief developed by Illinois is the result of the activities of the MARC network workgroups. The briefs were developed in a period of 5 months and are specifically targeted to the health, justice, and the education sectors (See Figure 6-6). The briefs include the impact of ACEs within the particular sector (health, for example), highlight findings from state-level BRFSS data, include notable programs and promising practices, and end with sector-specific policy recommendations that target multiple components of that system¹⁴. For example, the education policy brief includes recommendations for teacher education, school-wide disciplinary policies, early intervention, etc. The health policy brief recommends building incentives into healthcare reimbursement systems including Medicare and Medicaid in an effort to develop trauma-sensitive healthcare systems, universal screening and implementation of comprehensive treatment plans.

¹⁴ <http://www.hmprg.org/Programs/ACEsPolicyBriefs>

One of the networks, Albany, has undertaken media outreach to advance and reinforce policy work and is actively updating policy recommendations from around the country and promoting them on its website – <http://www.aceresponse.org/>. The website provides tools and resources for policy advocacy and serves to “link policymakers, program directors, practitioners, and researchers involved in the implementation and evaluation of ACE response strategies.”

Figure 6-6 Examples of Policy Recommendations from Illinois



BRFSS data and proxies for high ACEs scores to focus services and programs designed to prevent and mitigate the results of high ACE scores (such as parenting programs, education and training, home visiting and substance use programs). Wisconsin Children’s Trust Fund, one of the network partners, is advocating for how Wisconsin-specific data from 2013 can help inform their efforts to prevent child abuse and neglect and other adverse childhood experiences in high-need geographic areas.

Use of ACEsConnection

There is very little information exchange on what the MARC sites are doing to effect changes in public policies. General information about policy events around the country are featured mostly on the ACEs Too High website. For example, the 2016 congressional briefings that focused on public policies to improve coordination, prevention and response to childhood trauma was featured on ACEs Too High. However, HFP and the ACEsConnection staff writers post some of the policy activities conducted by MARC sites. For example, information about the policy briefs put forth by Illinois ACEs Response Collaborative was written-up by HFP staff and posted on ACEsConnection.

HFP Targeted Support

HFP has recognized and responded to the need to build capacity in the networks to focus more on public policy and has worked to foster a renewed focus on policy work within the MARC sites. In addition to facilitating connections between sites that were working on similar policy initiatives (see Section 8), HFP organized a MARC webinar in September 2016, led by Jonathan Purtle, a mental health policy and services researcher at Drexel University’s Dornsife School of Public Health. He provided information on the different

types of policy changes that the MARC community networks can aim for, and the ways in which they can translate evidence into policy briefs that can be used by policy makers.

HFP has also connected MARC sites with policy focused initiatives and campaigns and provided technical assistance in formulating network goals around changing policies. For example, HFP connected Albany with CTIPP regarding state policy work; connected Illinois to one of the MARC advisors for policy issues in school system. As a method to better inform the technical assistance provided by HFP to the communities in regards to these activities, HFP worked with a policy intern from Drexel University, who conducted an environmental scan to understand each community's progress in conducting state and/or local level policy related activities.

Early Changes

Policy change process is a long-term process and data are not yet available to assess the outcomes of the approaches and activities undertaken by MARC. In terms of concrete policy changes, it is unlikely that we will see the proposal and passage of legislation of public policies within the duration of the MARC initiative. Our next site visit will focus on assessing some of the changes that precede policy changes, such as the dissemination of policy recommendations, and the uptake and awareness about these policy briefs and recommendations by other MARC networks. In addition, with the MARC funding, some sites such as Alaska and Albany have proposed to track and measure the impact on changing practice and policy at the statewide and local levels. Our cross-site evaluation will incorporate these local evaluations to assess the extent of the relative contribution of these policy activities on the early changes at the community, state, and national level.

7. Improving Capacity: Data Collection and Funding

In this section, we describe two final areas of outcome that focus on building capacity: data collection and becoming more data driven and by leveraging funding for more staff and activities.

Initial Status

At the time that the MARC initiative began, communities varied with respect to their data collection capacity and the extent to which communities collected ACEs, resiliency, and related indicators of child well-being. Ten of the MARC states had incorporated the ACE Module into the Behavioral Risk Factor Surveillance System (BRFSS) in one or more prior years. Of MARC states, only Missouri, New York, and Massachusetts had not, and New York has included ACE questions in their NYS Omnibus Survey that includes a representative sample of New Yorkers.

Prior state activity with the BRFSS can act as a precedent for future use, given that many states that have incorporated the BRFSS have done so in multiple years. Thus, while repeated incorporation of the ACEs module progress could be considered an accomplishment in any state, securing a commitment towards state-level data collection in one or more of the states *not* already using the ACEs module would be particularly noteworthy.

ACE data collection at local levels had also been completed or was underway in many MARC sites. Philadelphia conducted an urban ACE study in the city in 2012, the methodology of which has been replicated elsewhere, as described below. In other sites, ACE questions were being included by many organizations, such as half a dozen organizations associated with the HEARTS initiative in Albany; at least two clinics in Sonoma; an Ex-Offender Re-Entry Coalition in Tarpon Springs; high schools in Walla Walla and Whatcom County in Washington; various projects in Boston as well as the Boston Medical Center Pediatrics and Obstetrics department, among others.

At the initiation of MARC, sites had clear differences in their existing funding for their networks and for ACE related activity more generally. All the MARC communities largely had generated funding for their network activities prior to MARC, but the amount and sustainability of this funding clearly varied. At one end, in Alaska, four foundations began the initiative itself, and these historically supported ACE-related activities. One of the partner networks in the Alaska project, ROCK Mat-Su, is entirely funded by a foundation, which includes support of a full-time coordinator, Collective Impact facilitator, evaluation team, as well as support for all the ROCK Mat-Su members to travel together once each year to learn about Collective Impact initiatives occurring elsewhere. At perhaps the other extreme of the funding spectrum, the Peace4Tarpon initiative did not have any significant financial support prior to MARC, and operated exclusively through volunteers for more than five years. At the start of MARC, most other networks had received some level of funding, often through foundations but also through mechanisms that provided some amount of coverage for a network coordinator through existing funds.

MARC Community Activities to Improve Data Collection and Funding

The areas of improved data collection and increased funding are not a primary or major focus for any MARC sites, but a handful of communities identified goals related to these areas and are engaged in activities working toward them in some capacity. A common data collection activity across sites is supporting collection of ACEs and resiliency data at the individual organization level, such as advising and encouraging agencies to incorporate screening tools and providing examples of wording of the questions. A more limited number of MARC sites have engaged in activities related to increasing funding. Those sites that have funding-related activities primarily involve looking for grant support for specific projects, and for those networks affiliated with local and county agencies, appealing to these agencies for more funding to support ACEs work. We anticipate that activity related to increasing funding may increase during Year 2, as communities look for

opportunities to sustain and expand the work they have begun under MARC. Site activities in this area appear in Exhibit 7-1.

Figure 7-1 Activities Related to Data Collection and Funding Among MARC Communities

Site	Activity
Boston	<ul style="list-style-type: none"> ▪ Working on creating indicators of child well-being ▪ Have outlined the web-based platform for this dashboard and are working with community members to assess usability and acceptability factors. ▪ Hired a Data Outcomes Coordinator, whose job extends into multiple aspects of data collection and analysis of indicators related to child and community well-being
Columbia River Gorge	<ul style="list-style-type: none"> ▪ Discussions with a local hospital on how to develop reimbursement methods for ACEs/Resiliency Screenings
Kansas City	<ul style="list-style-type: none"> ▪ Developed an ACEs questionnaire, which is an expanded version of the Philadelphia ACEs and Shelby County, TN ACEs surveys. ▪ Initiated online data collection of ACEs data
Montana	<ul style="list-style-type: none"> ▪ Worked with a pediatric group to incorporate screenings for parents in Montana ▪ Working on creating indicators of child well-being ▪ Continuing existing online collection of ACEs data
Sonoma County	<ul style="list-style-type: none"> ▪ Helping high school counselors identify ACEs language for screening students
Tarpon Springs	<ul style="list-style-type: none"> ▪ Initiated online data collection of ACEs data
Washington	<ul style="list-style-type: none"> ▪ Developed a community survey tool in collaboration with two researchers based at Washington universities. ▪ Implemented the Shuksan Risk and Resilience Survey among middle school students.
Wisconsin	<ul style="list-style-type: none"> ▪ Working on creating indicators of child well-being

Early Changes

Consistent with the somewhat modest level of activity in these two areas, the early changes in building data capacity and increasing funding for ACEs and resiliency-related activities is limited at the current time. One area of success for some communities involves partner and member organizations and agencies adding the ACEs template to medical records forms and intake processes, and implementing special screenings for different populations. Other early successes are as follows:

- Boston’s work in recreating the Child Opportunity Index (COI) has progressed; they have collected and mapped additional social stress data on community violence, defined as address-level police-reported violent crime from the Boston Police Department, and school climate data. The significance of this progress is that this work maps the COI at a finer scale than previously done and may be able to illustrate mechanisms through which neighborhood safety and opportunity structures influence disparities in child health.
- Illinois reported that, as a result of their advocacy, the ACEs module will be included into the 2017 BRFSS. Although the BRFSS had also included the ACE module in 2013, this was viewed as a victory for the group because of Illinois’ ongoing budget crisis that has led to an austerity culture in the state.
- In Kansas City, having a large number of organizations and individuals involved in the work of Resilient KC—more than 100 in the broader initiative—is perceived by the backbone to have raised awareness and encouraged community members to take the ACEs survey, one of the main objectives outlined in the original Action Plan. To date, 1,340 surveys have been completed.
- Wisconsin created a set of child well-being indicators using the model shared by Buncombe County, from the FrameWorks Institute. Though this project was not part of the MARC action plan, it was directly influenced by their participation in the MARC community of practice.

Early changes related to increased funding include the following:

- The work that Resilient KC has been able to do, attributed to MARC, has leveraged additional funds from local foundations and organizations. The Black Community Fund, in particular, has provided additional funding as well as the REACH Healthcare Foundation to continue and build upon their overall work scope.
- The Sonoma County Public Health Department has dedicated further resources to the MARC project through the assistance of the County's Innovations Team Program Manager. The Manager helped to guide SCAC's Strategic Planning Process and to facilitate its retreat.
- Albany has received a pledge of support for three years from the United Way to continue to support their general activities.

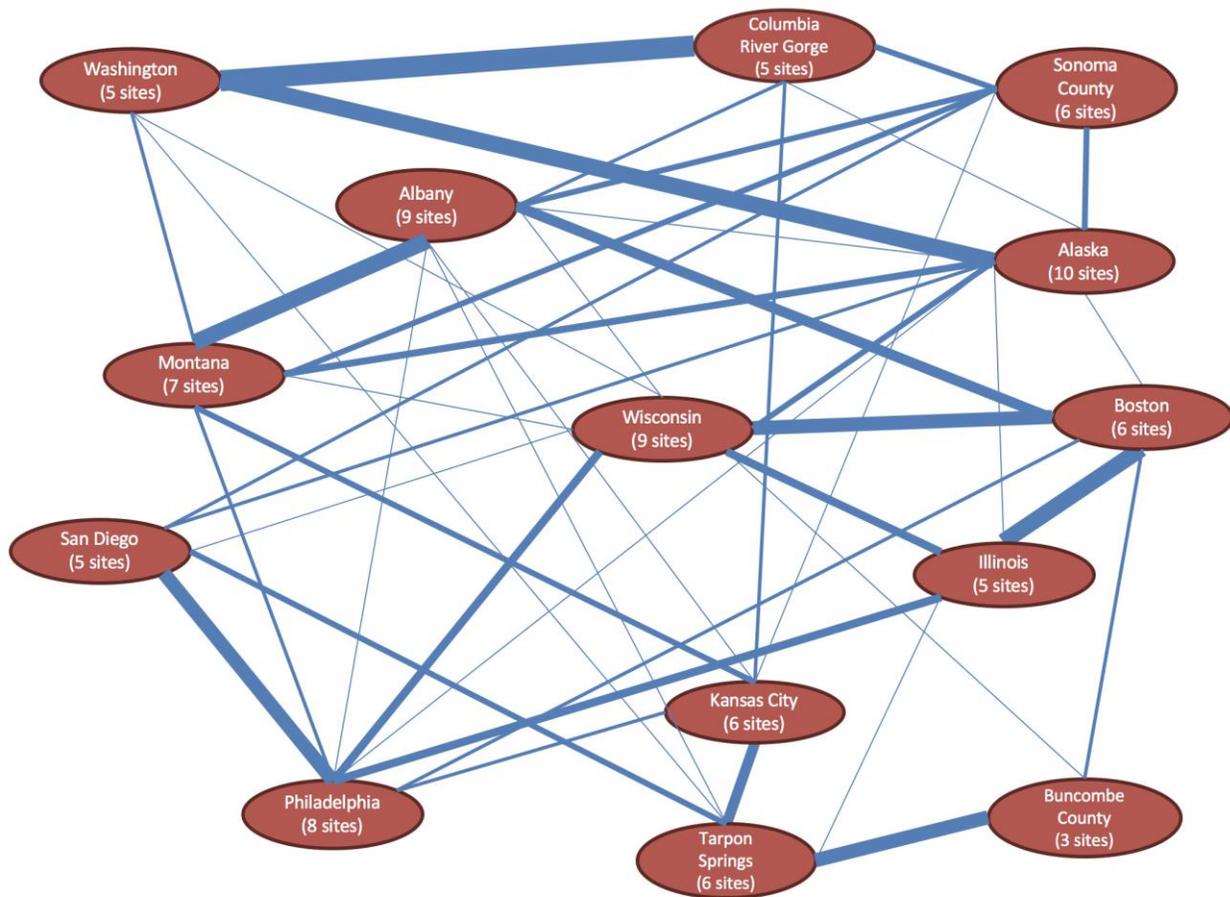
8. Activities Intended to Spark Broader Change

In this section, we describe the activities of HFP to strengthen the collaborations between MARC sites and facilitate learning across them as well as to stimulate broader regional and national change.

MARC Community Connections and Collaboration

As noted earlier, one of the goals of MARC is to create a sense of community and collaboration not only within each community, but also across the fourteen MARC sites as a whole. HFP plays a large role in facilitating relationships between sites and to foster shared learning. As the year has progressed, MARC communities have become increasingly familiar with one another through the monthly webinars and other avenues, and connections have been made between many of the communities. In figure 8-1, we highlight actual connections that MARC communities report have taken place. Thicker lines indicate multiple or continued contact across months. In many cases, a connection may be limited to an exchange of information by email, however, some sites have had fairly substantive contact with one another, such as site visits from the Tarpon Springs team to Buncombe, from the Kansas City team to Tarpon Springs, and from the Montana evaluator and team member to Albany. Based on the sites' own reports, five sites—Alaska, Albany, Philadelphia, Wisconsin, and Montana—have connected with more than half of the other 13 communities.

Figure 8-1 Connections across the MARC Communities



Some of the connections were made because the MARC site was in the process of trying to involve particular sectors or groups of individuals in the network (e.g., outreach to businesses), and in this case, HFP connected the site to another site that was doing similar outreach (e.g., Wisconsin). In a few cases, it was for joint presentations at conferences (e.g., Albany and Boston), or sharing resources, such as the Funder's guide developed by the Philadelphia ACEs Task Force.

To date, a few changes have emerged from these exchanges. For example, Wisconsin created a set of child well-being indicators using the model shared by Buncombe County, from the FrameWorks Institute. Though this project was not part of the MARC action plan, it was directly influenced by Wisconsin's participation in the community of practice. Another example is that in August, two members of Peace4Tarpon traveled to the Buncombe County, North Carolina for a site visit to learn about the network's vision, mission, practices, strategies, and marketing items. Tarpon Springs subsequently initiated a mini-grant program that has a similar structure to the one used in Buncombe County, with \$1000 grants provided to individuals or organizations that support people, improve the physical environment of the community, or foster strategies to improve equitable opportunities (e.g., through education, employment or living wages).

Site Visits: Another activity undertaken by HFP with the ultimate goal of fostering broader change is a series of site visits to each of the MARC communities, starting in October 2016 and scheduled to continue through May 2017. In nearly all communities, the visit has coincided with a monthly meeting or other gathering, or special event. For example, in Boston, the HFP visit was scheduled at the same time as the Vital Village Network Leadership Summit. Additionally, the backbone organization scheduled meetings and discussions with different groups and key organizations, such as an informal conversation with the Resiliency Workgroup members in Wisconsin. Visits also often included tours of specific key organizations with the goal of seeing concrete examples of how the community networks have influenced organization and system change. HFP has regular calls with each community, but the site visits allow HFP to see the work of the network and backbone organization on the ground, as well as to see and speak with individuals involved in innovative activities related to addressing ACEs and promoting resilience. Each visit allows HFP to take stock of the individual growth in the community as well as consider activities in the context of MARC and other national efforts more broadly. The visits also allow HFP to identify commonalities between the sites, additional ways that the community may be connected to other communities and resources, and aspects of the community that could serve as a resource to others.

Facilitating Conference Presentations: HFP has been invited to present at and facilitate the participation of MARC sites in several regional and national conferences and summits. For some, conferences they encouraged attendance directly, while for others, they shared resources and presentations. Most were national conferences focused on trauma and resilience. For example, HFP was invited to present at the City of Richmond 2016 ACEs and Community Resilience Summit and recommended that leaders from the Albany, Boston, and Buncombe County networks also attend and present. Another was an international conference on Building Human Resilience for Climate Change, where the MARC directors from Columbia River Gorge and Tarpon Springs presented. By bringing the work of the MARC communities into regional, national and even international conferences, HFP simultaneously is building capacity of the individual sites, fostering potential relationships, and contributing to broader understanding of ACEs and resilience.

Building connections outside of MARC

As noted earlier, one of the goals of MARC was to coalesce the efforts of the 14 communities as a whole, strengthening the potential for national change. Toward this end, HFP has been connecting with other child trauma/ACEs and resilience initiatives outside of the MARC network to increase the visibility of the 14 MARC communities and foster cross-community learning in several ways.

Facilitating Connections between MARC sites and National Organizations and Initiatives: HFP has sought out organizations that have a similar focus as some of the MARC sites to assist them in several

components of their work, such as outreach to new sectors and groups, promoting online sharing, strategies for influencing policy changes (see Figure 8-2). HFP has linked MARC sites to other leading experts and organizations nationally, promoting opportunities for discussion on strategies for outreach to specific populations (such as the Campaign for Trauma Informed Policies and Practices, CTIPP, on suggested policy & practice activities for the emerging organizations, and strategies for engaging American Indian populations) as well as to promote online sharing (such as Youth Today). In some instance, HFP has met with the select organizations to learn from the leaders, and then disseminate the learning to MARC sites, either during webinars, site visits, or one-on-one calls. For example, HPF staff has met with leaders from Community Science, a research and development organization that strengthens the science and practice of community change, to discuss models of community engagement and leadership development and apply it to MARC. Staff have met with directors of national associations (e.g., American Public Health Association and National Association of Social Workers) during conferences or meetings solicited by HFP, to connect MARC to a larger learning community. In a few instances, the connection has been because the organizations needed information or resources, such as Zero to Three requesting a presentation from a MARC site at their annual conference and HFP connecting them to Wisconsin.

Figure 8-2 Connections facilitated by HFP between sites and non-MARC groups

Connection	Topic
CTIPP → Albany	Work in Alaska on child trauma
Albany → CTIPP	State policy work, engagement of American Indian populations
CTIPP → Alaska	In preparation for a meeting with Alaska Senator
Illinois → Chicago Trauma Collective	Community violence
Illinois → CTIPP	ACE research
Illinois → Prevent Child Abuse	Movie screening opportunities
Illinois → United Way	ACE research
Montana → Child Evaluation Center	Possibility of collaboration
Montana → Ready Nation	Possibility of collaboration
Philadelphia → PA Moms rising	Online shared learning
Philadelphia → Trauma Informed Community Network	Workforce development
Philadelphia → Youth today	Online shared learning
San Diego → Allies in Caring	Introduction of ACEs/trauma/resilience to Latino populations
Sonoma → NACCHO	Local health districts working on ACEs/resilience
Tarpon Springs → filmmaker	Self-care for first responders
Tarpon Springs → National League of Cities	Webinar opportunity
Washington → ACEs Intervention Learning Collaborative	Working with schools/Compassionate Schools Curriculum
Zero to Three → Wisconsin	To have MARC present at their Annual Conference

Connections between HFP and national organizations and initiatives: HFP has also helped in supporting the ACEs movement directly through its connections with organizations around the country (see Appendix G). The organizations and networks range from non-profit research and evaluation to advocacy organizations. Most of the meetings are to discuss the possibilities of collaboration and future work. For example, HFP has been meeting with Child and Adolescent Measurement Initiative at Johns Hopkins to discuss overall work and possibility of a 20-year retrospective of ACEs work. It has been in discussions with the Center for the Study of Social Policy regarding initiatives and the potential for collaboration and co-learning. A few of these connections have resulted in presentations at the MARC monthly webinars (e.g.,

Jonathan Purtle presenting about policy in the September 2016 monthly webinar). A few others have resulted in promoting the work of MARC. For example, HFP met with the Strategic Engagement and Evaluation Manager from the Raising of America documentary, which featured the MARC webinar with the advisory members in the August newsletter.

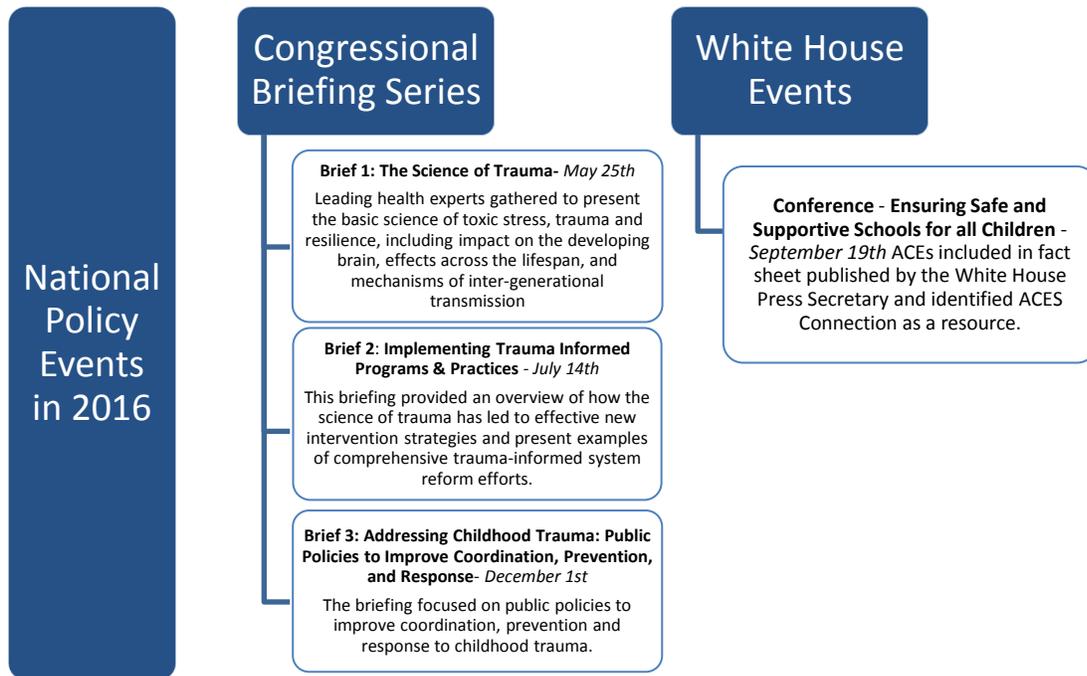
HFP has benefited from learning about innovative ways that other non-MARC communities are using the framework of ACEs to address violence and trauma, and strengthen children and families. It has been able to share these learnings with the MARC communities through MARC webinars, on the MARC website, and through ACEsConnection. For example, HFP met with the ACEs Intervention Learning Collaborative, which comprises seven school districts across Oregon, to discuss the structure and objectives of learning collaboratives as well as working with school districts. It then shared this learning with three MARC sites, Illinois, Philadelphia, and Washington, and outlined a few strategies of how to work with school principals. A few of the organizations HFP is connecting with are advocacy organizations. For example, it is exploring options for collaborations with Equal Justice USA's Trauma Advocacy Initiative that advocates for better access to trauma care for people harmed by crime and violence. A meeting with Maternal and Child Health Measurement Research Network (MCH-MRN) resulted in a document that had information on the online portal searchable compendium of MCH-MRN measures, which was shared with the MARC communities. These activities have not only helped elevate the work of MARC by making the initiative known to other prominent organizations and initiatives in the field of child trauma, and positioning HFP to play a more central role, but also increasing the awareness and focus on ACEs, trauma, and resilience in the national arena.

Increased participation in conferences. HFP is receiving more invitations and solicitations to represent MARC as a national collaborative. MARC is being sought as a resource not only for information on what the MARC communities are doing but also on ACEs and child trauma in general. For example, they have been requested to speak at a conference hosted by Zero to Three, a non-profit organization focusing on child development, for a plenary session on collective impact approaches to reducing ACEs.

HFP was contacted for suggestions for a speaker on specific challenges of addressing trauma in rural areas to testify at a Congressional hearing in 2016. The three-part series of Congressional hearings, sponsored by CTIPP, focused on the basic science of ACEs, the trauma-informed system reform efforts, and public policies to coordinate efforts, and prevent and respond to childhood trauma (see Figure 8-3). HFP suggested an attorney from Crawford County (PA) Human Services and leader in Peace4Crawford, a trauma-informed community initiative modeled after Peace4Tarpon. The White House then released a fact sheet titled “Ensuring Safe and Supportive Schools for All Students” that featured ACEsConnection, and invited attendees “to join the newly restructured ACEs in Education online community group to share resources on schools that want to become trauma informed”¹⁵.

¹⁵ <https://www.whitehouse.gov/the-press-office/2016/09/19/fact-sheet-ensuring-safe-and-supportive-schools-all-students>

Figure 8-3 Recent Examples of ACEs Being Addressed in the National Arena



Media coverage about ACEs: There has been media coverage reported by the MARC sites and HFP that has brought greater attention to ACEs and trauma, and to the MARC initiative. Some of the instances of media coverage have been localized to the MARC sites. The Kansas City Chamber of Commerce covered the launch of Resilient KC, and the Press Democrat has highlighted the activities of Sonoma County.¹⁶ An article written for the online magazine Flatland explored Kansas City’s work teaching police officers and first responder about trauma, and talked specifically about Resilient KC¹⁷ and also covered some ACE-related health issues. Also in Wisconsin, the Department of Health Services publishes a weekly bulletin about trauma informed care new and notes that includes references to the MARC initiative.¹⁸ The press release about MARC funding made its way to Governor of Florida’s office, which then resulted in the project director of Tarpon Springs going to Tallahassee to pursue collaboration.

The most prominent media coverage was in August 2016, when Davis Bornstein published a series of three articles about neighborhoods and trauma in the *New York Times*. The first, titled “Tapping a Troubled Neighborhood’s Inner Strength” described the work of the Family Policy Council, an initiative established in Washington State in the 1990s to stem a rise in youth violence.¹⁹ The second, “How Community Networks Stem Childhood Traumas” referenced Walla Walla and Whatcom and the Children’s Resilience Initiative.²⁰ The third article was about organizations with trauma-informed practices and referred to MARC and ACEsConnection and was titled, “Putting the power of self-knowledge to work.”²¹ Additional examples of media coverage include The Bismark Tribune, which carried a front page story about U.S. Senator Heidi

¹⁶ <https://www.kcchamber.com/News-Room/Blog/April-2016/Resilient-KC-Thriving-Through-Adversity.aspx>, and <http://www.pressdemocrat.com/news/local/6666560-181/sonoma-countys-group-homes-for?artslide=2>

¹⁷ <http://www.flatlandkc.org/news-issues/health/partnership-evaluate-effect-trauma-kansas-city-community/>

¹⁸ <https://content.govdelivery.com/accounts/WIDHS/bulletins/14733b2>

¹⁹ <https://www.nytimes.com/2016/08/10/opinion/tapping-a-troubled-neighborhoods-inner-strength.html>

²⁰ <https://www.nytimes.com/2016/08/17/opinion/how-community-networks-stem-childhood-traumas.html>

²¹ <https://www.nytimes.com/2016/08/23/opinion/putting-the-power-of-self-knowledge-to-work.html>

Heitkamp conducting a field hearing of the U.S. Senate Committee on Indian Affairs, and the Council on Native American Trauma-Informed Initiatives holding a roundtable on trauma in Indian country.²² In addition, the letter written by HFP staff to the Philadelphia Enquirer in August, praising School Reform Commission on banning school suspension was posted on ACEsConnection and discussed by the members.²³ In September, *Everything Long Beach*, a local online resource, wrote an article about the trauma-informed movement in education through a school-based program.²⁴ Another program conducted by The Hopeworks program in Camden, NJ, a member of the Philadelphia ACEs Task Force, was published by a mainstream media connection, Youth Today. The program uses a trauma-informed approach to teach web design and other skills to help youth ages 14 to 23 return to school or find meaningful work.²⁵

As these descriptions highlight, HFP has been engaged in work to foster a national movement of ACEs and resiliency both directly by engaging with the MARC communities, connecting the communities to one another and to other resources, and by themselves engaging with other groups and the media around these topics.

²² http://bismarcktribune.com/news/state-and-regional/panel-speaks-about-traumas-in-native-american-communities/article_9b290c6b-2fcb-53a5-8a5c-cd53f985b608.html

²³ http://www.philly.com/philly/opinion/20160826_Letters__Curtailing_kindergarten_suspensions_is_a_good_first_step.html

²⁴ <http://www.everythinglongbeach.com/documentary-offers-insight-lbusds-trauma-informed-movement-education/>

²⁵ <http://youthtoday.org/2016/09/teens-lead-way-in-teaching-camden-nj-about-aces-and-resilience/>

9. Putting it All Together: Summary Analysis, Recommendations, and Next Steps

Summary Analysis

The cross-site evaluation in this past year has documented the baseline status and changes over the past year and a half of the MARC sites and the two organizations that support them, HFP and ACEsConnection. Our work has found that all networks, even those that are in earlier stages of network development, are active and working on a number of issues and activities. MARC communities are focused on increasing awareness, improving trauma-informed policies and practices in organizations and communities, and working on advancing public policy, as well as increasing the capacity of their community through leveraging funding and improving data collection.

Network Strengthening: Efforts to redevelop or further strengthen networks was a key focus of most of the sites. As noted in Section 1, coalitions can often struggle to be effective if they do not have staff to help build their capacity, and if certain structural elements are not in place (e.g., regular meetings, more defined membership, shared vision, communication; Easterling, 2012). With the support of MARC, all sites that needed to were able to hire staff; all had a backbone organization; and the majority of sites strengthened one or more structural elements of their network, with changes related to the governance and working group/subcommittees being the most common.

As of Fall 2016, the networks ranged in their level of development, from those in an early development stage, to those redeveloping part of their structure, to those that are well-established. To some degree, however, coalition and network building is often an iterative, evolving process where new collaborations are made, new structures for work are established, and different efforts in capacity building are made. We expect that sites may move back and forth to different stages over the course of years.

Social Network Analysis (SNA) showed that all sites have a great deal of connections among members, from exchanging information to higher levels of collaboration. At the highest level of collaboration, however, most sites have considerable room for growth.

In addition, mental health/behavioral health and health sectors were most commonly represented by members in the majority of sites. Even when mental health/behavioral health agencies were not the most commonly represented in a site, our analyses showed that they still tended to be at the hub of the connections among members. As part of their network strengthening, most sites engaged new sectors, including the business, faith, and law enforcement/criminal justice sectors. Several made inroads in engaging and involving key segments of the community in the network.

Increasing Awareness: All sites are involved in some level of awareness building activities. Activities have included presentations and workshops with smaller groups of individuals as well as large summits and conferences involving professional audiences. The Paper Tigers movie has been a vehicle that most sites have used to engage a range of audiences in the topic, holding screenings for selected audiences such as educators as well as the general public. Other activities have included ad campaigns, storytelling efforts, and a range of other activities to increase awareness of ACEs among the general public and selected audiences.

Outcome data from these activities are not consistently available. Sites do not have a systematic way of tracking the outcomes of the presentations, and most do not measure the attendance. Even the number of presentations is difficult to track for networks that are large and have many members conducting these activities. A couple of sites have made considerable efforts to administer, collect, and tally the information—and have experienced challenges in doing so. We address this concern in the evaluation next steps section to follow.

Improvements in Organizational and Systems Practices: In many of the MARC sites, activities to promote trauma-informed policies and procedures within organizations were already well underway and continued or expanded with MARC.

ACEs and resilience trainings and presentations are the most common strategies used by MARC networks to facilitate organizations' adoption of trauma-informed practices and policies. Sites generally selected organizations that showed readiness for change or were provided ACEs, trauma, and/or resilience awareness activities prior to receiving training geared toward adopting trauma-informed policies and procedures. Schools, medical systems, and juvenile justice and child welfare systems are the most common areas of intervention.

School systems (K-12, Head Start centers, and alternative schools) are a major focus of sites' efforts to promote trauma-informed policies and practices. Activities are aimed at transforming the school culture, building a supporting infrastructure, and changing the curriculum to be more trauma-informed. Most activities target teachers, while a few target the school superintendents, other school staff, as well as the students and classroom. At least four networks have supported schools to implement trauma-informed practices with students. With network support, schools in two MARC communities are using an evidence-based school-wide approaches to create trauma-informed schools.

Medical systems are also a common focus, with networks working with local ACO/medical systems and health care providers to incorporate ACEs principles in their practices by providing trauma-informed medical care and behavioral health services.

Child welfare and/or juvenile justice systems are the focus of five sites in which they are facilitating trauma-informed approaches through training state and local team members, providing tools for judges to use ACEs research in their work, and implementing evidence-supported programs in the juvenile justice and child welfare settings to train lawyers, and others involved in the courts.

The majority of networks are also working with a range of other organizations, including state departments of public health and community level organizations.

Becoming a trauma-informed organization requires changing multiple components of the organization and a commitment to changing the practices, policies, and culture. Data self-reported in the monthly reports suggest that some early changes may be occurring in a few of the organizations as a result of the training and the organizational change efforts, i.e., organizations moving along a pathway of becoming more trauma-informed by adopting principles and commitments.

Most networks, however, have not yet conducted any formal assessment of whether there are more trauma-informed organizations in the community. Several, however, are in the process of reviewing and/or adopting tools to measure these changes.

Changing Public Policy:

The MARC sites range in their level of policy activity, with six sites that having relatively high levels of activity (consistent and with broad potential scope of influence), four having moderate levels of activity (consistent but with limited scopes) and five having no or low levels of activity. , engaged in activities that are either one-time events or that have limited scope in terms of influencing policy changes, such as meetings with policymakers that have not led to sustained collaboration or in the process of identifying what their priorities are under MARC, and are exploring options and opportunities for effecting policy changes.

Policy activities involve forging partnerships with policymakers and exploring how existing policies can be shaped to incorporate ACEs, trauma, and resilience. Strategies include:

- educating policymakers about the science and the impact of ACEs and child trauma either through presentations at conferences and summits where policymakers are part of the audience at the conference and breakout sessions or in smaller group sessions where they are present or involving them in MARC network meetings;
- training individuals to be policy entrepreneurs and serve as educators with policy makers;
- holding one-on-one meetings or small group meetings to push for a commitment to the issue;
- conducting advocacy activities, where network members are disseminating information and attempting to influence and engage policymakers in working towards a specific policy;
- joining with other policy collaboratives or groups working towards policy changes;
- developing policy briefs and recommendations that incorporate ACEs, trauma, and resilience, often used in tandem with meetings noted above

Policy change process is a long-term process and data are not yet available to assess the outcomes of the approaches and activities undertaken by MARC.

Figure 9-1 provides a cross-site snapshot of the geography, size, and stage of development of the networks and the activities in which they are engaged. As of the fall 2016, the networks ranged in their level of development, from those in an early development stage to those redeveloping part of their structure to those that are well-established. Regardless of the network geographic area, size or stage of network development, all sites are involved in network strengthening activities and working on changing policies and practices in organizations, most commonly in schools. Eight sites are involved in multiple sector areas. Policy activities are less common, but growing in the networks; it is important to note that those with higher levels of policy activities tend to be sites that are more established in their development.

Figure 9-1 Summary of Network Activity and Outcome

Site	Geographic Area Covered by Network	Approximate Network Size	Stage of Development	Awareness	Sectors of Organizational Practice Activity				Policy Activity
					Schools	Medical	JJ/Child	Other	
Alaska	State	Large	○	●	●		●	●	●
Albany	Multi-city	Small	●	●	●	●		●	●
Boston	City	Medium	●	●	●	●		●	⊙
Buncombe County	County	Medium	⊙	●	●	●		●	○
Columbia River Gorge	Multi-city	Small	○	●	●	●	●	●	○
Illinois	City/State	Medium	●	●	●	●	●	●	●
Kansas City	Multi-city	Medium	⊙	●	●	●		●	○
Montana	Multiple cities	Large/ Other	○	●	●	●		●	⊙
Philadelphia	City	Large	●	●	●	●		●	⊙
San Diego	County	Small	⊙	●				●	○
Sonoma	County	Medium	○	●	●	●			⊙
Tarpon Springs	City	Large	⊙	●	●				○
Washington	Multi-city / State	Large/ Other	○/●	●	●	●		●	●
Wisconsin	Multi-city/ State	Medium	●	●	●	●	●	●	●

○ for stage of development: a network that is in development. / For policy: nor or low level of policy activity
 ⊙ for stage of development: a network that is redeveloping itself. / For policy: medium level of policy activity
 ● for stage of development: a network that is established with no major changes underway. / For policy: high level policy activity.

Sites have also engaged in data collection efforts and seeking funding to continue to build their capacity, but both areas of activity are in the early stages for most sites.

To support the MARC communities in their local work, HFP has increasingly engaged in activities that offer technical assistance and foster cross-site exchange of information and expertise, including webinars, visiting the communities to learn more about their work and identify how they can serve as a resource to others, and facilitating conferences. Notably, HFP has devoted substantial resources to building the networks’ capacities to influence policy change. This has included several webinars on policy, using the Spitfire communications training and consultation to build capacity, engaging two policy interns to work on special projects in this area and posting blogs and shared learnings on policy on ACEs Connection and the MARC website.

HFP also is working to elevate what is being learned in these communities to broader audiences through linking them to outside contacts as well as participating in conferences, serving as a resource, and fostering media coverage.

ACEs Connection is used by eight of the sites as an online platform to coordinate their networks, and across all sites many members note that they use the site to obtain information on ACEs and resilience. The groups that do use the site post information pertaining to their group activities and local events as well as general information on ACEs and resilience. Few MARC sites use the platform to communicate more broadly about the activities they are conducting or the changes that are occurring in their communities

Recommendations for Further Support of the Networks

Much of the work of MARC communities appears to be operating as planned. There are a few areas in which additional support might be helpful. These include:

Helping Identify Funding Opportunities: Having sufficient funding and capacity is an ongoing challenge for sites. HFP has provided technical assistance to communities on funding, but additional efforts might be useful, such as helping sites fundraise or finding opportunities for additional funding.

Keeping Momentum and Balance: Network struggles, especially those related to getting partners involved and dealing with motivational issues with work groups and others might benefit from targeted TA on network development and operation. Similarly, networks can be challenged with the opposite dilemma of being overloaded with activities and enthusiasm and could benefit with targeted assistance on how to balance the level of activity with the staff resources available.

Increasing Policy Involvement: Networks that are at the early stages of policy activity or have not yet started engaging with policy makers might benefit from expert assistance on working with policy makers and advocacy training. This might be provided through webinars with experts in this area, one-to-one assistance by HFP, or sending individual experts to selected sites.

Maximizing ACEsConnection: While most MARC communities that are not using ACEsConnection have alternate platforms for internal communication, such as Facebook and internally developed sites, it is possible that increased use of ACEsConnection may offer additional opportunities for networking outside the network. When a community uses ACEsConnection, they are automatically exposed to the broader ACEs and resiliency activity nationwide. Additional resources that go beyond increasing awareness, such as practice-based tools and measures, incorporation of ACEs related data in their dashboard, and other resources might be useful to MARC communities.

Strengthening Outcome Focus and Evaluation: Network site evaluations have progressed slowly in many sites. As the site moves into the final stage of the Initiative, it may be beneficial to assist sites in revising their logic models and focus on those key areas of change for both focused activity as well as focused evaluation. This effort may be most beneficial as an activity at the in person meeting of the site leads, followed up by efforts from Westat and HFP.

Next Steps in the Evaluation

As we focus on outcomes for the second stage of the evaluation, we will continue some activities from the first stage as well as introduce others. To examine changes in the networks, we will conduct a second survey of network members in each site, together with each of the network backbone organizations. The survey findings, analyzed with Social Network Analysis, will allow us to assess how the networks have changed in membership, sector involvement, and in the connections and collaborations among the members.

We will also continue to work with sites to track their activities as well as key changes in the networks, organizations with which they work, and policy. However, several challenges confronted in the first stage

suggest we need to bolster our efforts to understand the outcomes of the Initiative. These challenges including obtaining complete data on network activities and outcomes due to the many activities that are in place, the lack of resources at the cross-site or individual site level to track all the activities and outcomes, and logistical challenges due to the activities occurring with many organizations and members in ways that are not always coordinated. In addition, measurement of knowledge and awareness, or changes in policies differs across sites, and likely even across different activities within sites. Thus, collecting data from the sites for the cross-site evaluation is proving difficult to achieve in any systematic and complete way.

As we look to address these challenges in assessing outcomes in the upcoming year of this evaluation, we are also aware that the MARC networks were intended to evolve over time and be opportunistic, responding to changes in the broader context that may take them in directions that were not specified in their logic models or strategic plans. In addition, changes may occur in the broader environment that were not anticipated, but that may have benefitted in part from the work of the network.

To address this more organic process as well as focus on key planned outcomes, we propose using a combination of contribution analysis (Mayne 2011) and process tracing as methods for understanding the relevant outcomes that have occurred at community, state, and national levels and the contribution that the networks alone and together may have had.

Contribution analysis offers an approach to assessing the contribution of a network to particular outcomes, guided by a theory of change or a logic model. When the theory is well articulated for specific outcomes, it provides evidence and a line of reasoning to determining the plausibility that the network contributed to results that occur (Mayne, 2008). The method involves examining the network logic/results chain to identify how the network activities are supposed to affect outcomes and the contextual factors that also could account for the outcomes.

Through our data collection, especially examining data from the sites, other existing data, and a site visit during the second year of MARC, we will gather evidence to examine this results change and assess the strength of the evidence. Gathering data can be an iterative process to continue to flesh out the story and increases the credibility of the evidence. During our next round of site visit data collection, in particular, we will talk with individuals in the organizations that have been targeted for these efforts to identify whether and what concrete changes toward becoming more trauma-informed have taken place, and to probe on the factors that have both facilitated and inhibited change. We will also track the major policy activities that sites have implemented and assess the uptake and awareness about these policy briefs and recommendations by key parties.

Process tracing, coming out of the field of political science (e.g., George & Bennett, 2005; Brady & Collier, 2010; Collier, 2011) offers a qualitative analysis tool for drawing causal inferences from “diagnostic” evidence on the network’s role in effecting an outcome or the role of alternative hypotheses. The method is similar to a modus operandi approach to evaluation (Scriven, 1974), much like a detective uses to put together a convincing explanation to solve a crime. It involves both working forward from what the network (or the national activities of the initiative) is doing and understanding what has occurred and the outcomes that are intended, and also tracking backwards from observed outcomes to see if the network or the overall initiative has made some contribution to the outcome. We will work to identify key outcomes that have taken place in each site, but especially nationally, that HFP and others believe has been influenced by their efforts and then use process tracing to assess MARC’s role in the outcome.

Our proposed methodology will be discussed with the MARC networks this spring and will be a major focus of the last year of the evaluation. Depending on the resources required to do the effort, we will likely select key outcomes to analyze and trace in each network and more broadly. These outcomes will be selected in concert with the sites.

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Appendix A: Community Monthly Data Collection

Welcome to the MARC Community monthly update. Going forward, you will receive a new link at the beginning of each month, and will complete the information about the month that has just ended. For this first update, the questions cover the month of **April 2016 (April 1st - 30th)**.

This monthly update includes questions about activities undertaken during the month by or on behalf of your network, the successes and challenges experienced, changes in the network and the broader community, as well as any stories you may want to share.

Instructions:

- Please respond to the questions to the best of your knowledge. We understand that you may not be aware of all of the activities undertaken by those in your network, and the expectation is to highlight those that are most significant.
- In each question, we have added a place for you to include comments. These comment boxes are completely optional, and are just to allow clarification or additional information you feel would be helpful.
- If you want to complete the form in stages, you can use the 'Save and Continue' link at the top of the page. Your responses will be saved and you will receive a link that will allow you to continue to enter information at a later time.
- There might be certain activities that can be included in more than one question. Please try to list them in the place that you think fits best.
- *For this month only*, if there were significant events or activities conducted by your network from the beginning of MARC through March 2016, please feel free to include them in the comments.

Thank you!

A. NETWORK ACTIVITIES

1. Meetings of your network (Including entire network meetings, subcommittee, and workgroup meetings).		
Brief description	Attendees <i>(if possible, specify number and sector, and whether they are new members,)</i>	Please note any next-steps that are anticipated or hoped for

2. Trainings and Presentations by your organization and network members on behalf of the network (at conferences, to workforce groups, organizations, etc.). Please select the ones that you think are significant*		
Topic	Audience or event	Please note any next steps that are anticipated or hoped for

*By “significant”, we mean activities that you think will result in expected changes, perceived by you or the community to be important, had a large audience, or received a lot of publicity. We understand that there may be many trainings conducted by members in your network for which you may not have information.

3. Policy-related activity by your organization and network members on behalf of the network (meeting with policy makers, op-eds, advocacy, etc.)	
Brief description	Please note any next steps that are anticipated or hoped for

4. Products developed by your organization and network members on behalf of the network (E.g., brochures, policy briefs, blog posts, etc.)		
Type of product	Brief description	Shared with/disseminated to

5. **Other activities** conducted by your organization and network members on behalf of the network (hosted summits, participated in community events, evaluation related activities etc.)

Topic	Audience or event	Please note any next steps that are anticipated or hoped for

6. **Media coverage** Please note whether the coverage focused on the network or on an *individual/organization* of the network, and whether it mentions *MARC* or the *name of your network*.

Type of media	Brief description (include website links, if any)	Focus on the network or an individual/member of the network	Mention of MARC or your network name?

B. DISSEMINATION AND TECHNICAL ASSISTANCE

7. **Information, tools, practices, or strategies** shared with other MARC communities

Description of what was shared	Name of MARC community

C. ACTIVITIES OUTSIDE THE NETWORK

Please tell us about the significant* activities you engaged in, outside the network. Examples could include:

- Outreach, connection, or involvement with other organizations or networks/initiatives that are not a part of your network that are conducting ACEs/trauma related activities
- Participation or facilitation of key ACEs/trauma, resilience events that have taken place in the community outside of your network? (Examples: trainings, presentations, meetings, summits, media, policy events related to ACEs/trauma/resiliency, etc.)

8.

Name of the network/organization	Event/Topic	Please note any next steps that are anticipated

*By “significant”, we mean activities that you think will result in expected changes, perceived by you or the community to be important, had a large audience, or received a lot of publicity.

D. FACILITATORS AND CHALLENGES

- What challenges and barriers did you face in carrying out your work and activities in the past month?

- What were some of the opportunities you had in the last month that helped you in carrying out the activities?

E. CONTEXTUAL FACTORS

- Were there any aspects of the local political climate or local politics that impacted your activities this month?
- Were there any other changes that occurred (e.g., in the healthcare system, social service sector) that impacted your activities this month?

F. A STORY FOR THE MONTH²⁶

Is there any story about a particular success or "win" within your network, your activities, or your community that you would like to share with us?

²⁶ The questions are different every month

Appendix B: HFP Monthly Data Collection

Thank you for taking the time to fill out the monthly tool. The questions refer to activities conducted by the Health Federation of Philadelphia (HFP) staff that pertain to the MARC initiative. The purpose of the tool is:

- To document ongoing activities undertaken by HFP and its role within the MARC initiative.
- To track changes to assess the broader impact of MARC and its role in national ACES movement building.

Instructions

- Please fill them out to the best of your knowledge.
- Please provide a response for each item. If no activity has taken place for that domain, please enter “None”.
- You may start and stop the tool at any time, and your responses will be saved.
- All questions refer to your activities in the **past month (e.g., April 1st through 30th)**

ACTIVITIES WITHIN MARC

1. Please list all meetings, summits, webinars, or workgroups you have convened between MARC communities		
Brief description and when held	MARC Attendees	Please note any next-steps that are anticipated

2. What activities have you undertaken with each of the MARC communities?			
Name of the MARC community ²⁷	What was the focus of the connection you facilitated?	With whom?	Next steps

ACTIVITIES OUTSIDE OF MARC

3. Did you interact with other child trauma/ACES or resilience initiatives or networks outside of MARC? If so, what issues or topics have you connected about?		
Name and brief description of the initiative	What issues or topics were discussed	Please note any next-steps that are anticipated

²⁷ This question is repeated for each of the site in the online tool

4. Did you respond to requests for ACEs and resilience-related information from organizations or networks apart from the MARC communities (e.g., proposals, programs, framework)?

Name of organization/network	Type of request, dates (if possible)	Please note any next-steps that are anticipated

POLICY AND ADVOCACY (Please note all activities in the table below)

- Any policy related activities that you have pursued with the MARC grantees (e.g., encouraged them to include policy on their agenda, enhance their capacity to pursue policy work, work with them in developing policy recommendations)
- Any communication with or directed to policymakers (such as briefs, etc.)
- Any workgroups on policy that you joined or created
- Any other policy related activities

5. Please note all policy and advocacy related activities in response to the above bullets

Type of activity	Attendees/Audience	Please note any next-steps that are anticipated

OTHER

6. Please note any other activities that you have not mentioned earlier

Type of activity/product developed	Audience	Please note any next-steps that are anticipated

FUNDING

- Were there any activities related to funding in the last month for HFP or MARC communities? Example, identify strategies for funding options for trauma/resiliency work, leverage people and resources for funding.

FACILITATORS AND CHALLENGES

- What challenges and barriers did you face in carrying out your work and activities in the past month?
- What were some of the opportunities you had that helped you in carrying out the activities in the past month?

STORY²⁸

- Is there any story about your activities or MARC network or community you would like to share with us?
- Tell us what you have learned from MARC communities about effective strategies for community engagement
- [Every 6 months] Tell us what you have learned from MARC communities about multi-sector collaboration

Follow Up Questions for monthly updates (completed by phone)

Changes in the last month:

1. Have you seen any organizations adopting trauma/ACEs and resiliency framework (e.g., new trauma-informed policies and practices, new ACEs screening, use of resilience building tools in organizational practice)? Have you had contacts with these organizations?
MARC, Non-MARC
2. Has there been media coverage about ACEs and resiliency or child trauma issues – positive or negative? Has it come from any of your direct efforts, or work of other communities in MARC?
3. Have there been any changes in the funding for this work at federal, state, or local level?
4. Have you seen any policy makers use MARC's messages? In what ways?
5. Are there any changes in how MARC, HFP, or ACEsConnection is viewed by others in the field? Any changes in how they are involved in the community (e.g., more invitations to share their expertise, to conduct training etc.)

Any other changes that you would like to mention?

²⁸ These questions are different every month

Appendix C: Network Survey (Organizational version)

Who is completing this survey?

We will use this information to contact you if there is a need for follow-up for any reason. Most of your responses to this survey will be viewed by [NETWORK NAME], but you will see notes where individual responses will not be provided and for those questions, Westat will compile information across respondents. *

First name: _____

Last name: _____

Email: _____

What is the name of your organization or agency?

Please respond about the organization noted in the email you received from [NETWORK NAME]. If you lead a specific initiative or area, please review the whole list below and select the name of your specific initiative/area if it appears on the list. Please keep this initiative in mind when you answer questions about collaboration.

[Choose from drop down menu]

Logic: Show/hide trigger exists.

1) How familiar is your organization with the [NETWORK NAME]?

I have not previously heard of [NETWORK NAME]

I have heard of [NETWORK NAME] but my organization/agency has not had any involvement

My organization has been involved with [NETWORK NAME]

Logic: Hidden unless: Question "How familiar is your organization with the [NETWORK NAME]?" #1 is one of the following answers ("My organization has been involved with [NETWORK NAME]")

2) What type of involvement has your organization/agency had with [NETWORK NAME]? *Check all that apply.*

My organization/agency has attended meetings, trainings, or other events sponsored by [NETWORK NAME]

My organization/agency is part of [NETWORK NAME] or a member of [NETWORK NAME]

My organization/agency has collaborated with [NETWORK NAME]

Logic: Hidden unless: Question "How familiar is your organization with the [NETWORK NAME]?" #1 is one of the following answers ("My organization has been involved with [NETWORK NAME]")

3) How long has your organization/agency been involved with [NETWORK NAME]?

Years: _____

Months: _____

Logic: Hidden unless: Question "How familiar is your organization with the [NETWORK NAME]? " #1 is one of the following answers ("My organization has been involved with [NETWORK NAME]")

4) We understand that work of [NETWORK NAME] is an ongoing process. At the current time, to what extent has [NETWORK NAME] reached its goal, as indicated below?

NOTE: Your individual response to this item will not be reported to [NETWORK NAME].

	Not at all	A little bit	Somewhat	A lot	Very much	Don't know
a. Develop policies, practices, and research that mitigate conditions arising from toxic stressors and ACEs	()	()	()	()	()	()
b. Improve the health and well-being of children and their families	()	()	()	()	()	()

Logic: Hidden unless: Question "How familiar is your organization with the [NETWORK NAME]? " #1 is one of the following answers ("My organization has been involved with [NETWORK NAME]")

5) To what extent has involvement with [NETWORK NAME] impacted the work of your organization/agency?

NOTE: Your individual response to this item will not be reported to [NETWORK NAME].

	Not at all	A little bit	Somewhat	Quite a bit	Very much	Not applicable
a. Your organization's approach to implementing services	()	()	()	()	()	()

b. How your organization communicates with families and children	()	()	()	()	()	()
c. How staff understand their own ACE backgrounds	()	()	()	()	()	()
d. How your organization plans treatment or interventions	()	()	()	()	()	()
e. How your organization trains staff	()	()	()	()	()	()
f. The type of messaging your organization uses to promote early intervention efforts	()	()	()	()	()	()
g. How your organization fundamentally thinks about work	()	()	()	()	()	()

Logic: Hidden unless: Question "How familiar is your organization with the Philadelphia ACE Task Force ([NETWORK NAME])? " #1 is one of the following answers ("My organization has been involved with [NETWORK NAME]")

Is there any other way in which involvement with [NETWORK NAME] has had an influence on the work of your organization/agency?

6) To what extent does your organization/agency currently interact or collaborate with each of the organizations below around the topic of ACEs and resilience? Choose the best answer for each organization/agency listed below. Each of the organizations below will also receive this survey and respond to this question. *If you do not know or are unfamiliar with an organization, select 'no interaction or collaboration.'*

By collaborate we mean that you provided a program or service or engaged in an activity that required joint planning, shared decision making, or pooling of monetary or staff resources.

If your own organization/agency appears below, please leave it blank, but please provide a response for all other rows.

	No interaction or collaboration	We share information only	We collaborate a little bit	We collaborate some	We collaborate a lot
[Each organization individually listed]	()	()	()	()	()

Please list any others with whom your organization currently collaborates around the topic of ACEs and resilience.

	We share information only	We collaborate a little bit	We collaborate some	We collaborate a lot
[Opportunity to list additional organizations and rate]				

7) In the past year, about how many staff members from your organization/agency participated in a training...

	None	A few	Some	Most	All	Don't know	Does not apply
...on ACEs or trauma-informed policies and practices?	()	()	()	()	()	()	()

...on strengths, protective factors, or resilience?	<input type="checkbox"/>						
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

8) For each of the following questions, indicate the most accurate response for your organization/agency.

	Not yet started	Just begun	Partially implemented	Fully implemented	<i>Don't know</i>	<i>Does not apply</i>
We are currently implementing ACEs, ACE/trauma-informed, or resiliency policies and practices with clients, patients, students, or participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are currently implementing ACEs, ACE/trauma-informed, or resiliency policies and practices with staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We currently incorporate an understanding of ACEs or trauma into day-to-day decision-making practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9) Does your organization/agency currently conduct an ACEs history or screening?

Yes

No

Not applicable

10) Does your organization/agency currently assess strengths, protective factors, or resilience?

Yes

No

Not applicable

11) In the past six months, has your organization/agency provided any *other* organizations with training in ACEs/trauma-informed, or resiliency policies and practices?

Yes

No

Not applicable

Logic: Show/hidden trigger exists.

12) Which one of the following best describes your type of your organization/agency? Select one.

Business

Community Based Organization

Educational Institution (K-12)

University

Federal Agency

State Agency

Regional Agency

County Agency

City Agency

Tribal Organization

Hospital/Medical Facility

Service Club (e.g., Rotary, Kiwanis, Lions)

Neighborhood Organization

Philanthropic

Faith-based

Other: _____

Logic: Hidden unless: Question "Which one of the following best describes your type of your organization/agency? Select one." #12 is not one of the following answers ("Educational Institution (K-12)", "University", "Faith-based")

13) Which one of the following best represents the sector of your organization/agency? Select one.

- Child Protection / Child Welfare
- Community Development
- Criminal Justice
- Disabilities
- Domestic Violence/Sexual Assault
- Early Childhood Education and Care
- Education - K-12
- Faith-Based
- First Responder
- Health Care/Medical
- Housing and Homelessness
- Juvenile Justice
- Law Enforcement
- Mental Health / Behavioral Health
- Military / Armed Services
- Philanthropy
- Policy Advocacy
- Public Health
- Substance Abuse / Addiction
- Youth Services
- Other: _____

14) Approximately how many full-time employees work in your organization/agency?

- Less than 10
- 10-25
- 26-50
- 51-100
- 101-200
- 201-400
- More than 400

[Site-specific questions added here]

Please feel free to add any comments or additional information.

Thank You!

Appendix D: Network Strengthening Questions Posed to MARC Sites, November 2016

Now that the network survey is complete and you have had time to look it over, we would like to hear about changes you would like to see in your network over the upcoming year. Of course, communities may have different ways in which they would like their network to grow stronger and we have identified a few ways below. What are the goals for the [Network name]? *Note that not all MARC communities may want to grow in all these ways, and that is completely OK. Please think about what best reflects the goals for your network.*

Please let us know if you will not be able to respond within two weeks (11/21). Feel free to add any comments or elaborate on your responses below.

Thanks so much!

1. Rate each item using a scale from 1-5 (1=not at all a goal to 5=Very much a goal) for how much you would like to see your network change in this way.

- a) Increase the **size** of your network:
- b) Engage or involve **new members** into your network from sectors that are already represented:
- c) Engage or involve **new sectors** into your network that are *not* already represented:
If you gave a rating of 3 or more: which sectors?
- d) Increase **collaboration between particular sectors** in your network:
- e) Increase **collaboration among all members** in your network:
- f) Change the network in **some other way**:
If you gave a rating of 2 or more: In what way?

2. Of the areas above (a-f), which of these is most important to you, and why? In what way will it strengthen your network, or what will it "buy" you?

Appendix E: HFP Monthly Webinar Topics

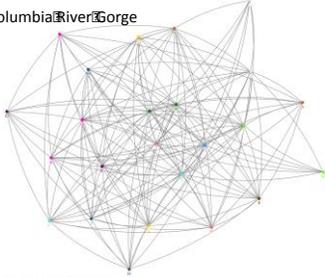
Month	Topic	Presenters	Discussion and follow-up
December	ACEsConnection Network	Jane Stevens and Jennifer Hoessler	MARC communities learned about using ACEsConnection
January	CAHMI	Christina Bethell, PhD, MBA, MPH Johns Hopkins Bloomberg School of Public Health	Leveraging existing data to drive effective partnerships and evolve the story of adversity and well-being in the communities
February	Community Forum	Discussion between MARC communities	Select resources posted on ACEsConnection site (e.g., Kansas City's Missouri Model resources and Buncombe County's metaphor resources)
March	Coalition Building	Larry Cohen, MSW, & Myesha Williams, MSW, of Prevention Institute	Understanding the Steps of Coalition building and identifying strategies to modify and/or strengthen coalitions to achieve broad impact
April	Evaluation	Westat Evaluation Team	Detailed plan for Westat's evaluation; received feedback from sites
May	New & unconventional partnerships	Community Forum - No presenter but hosted by HFP	HFP made a few follow-up connections via email and offered to assist with breakout sessions.
June	Using Film to Mobilize Action	Rachel Poulain from California Newsreel and Kathryn Evans Madden, MARC Advisor	A Shared Learnings piece posted on the MARC website based on the webinar discussion.
July	Trauma-informed strategies for community engagement	Laura Porter- MARC Advisor and Co-Founder of ACE Interface, LLC	HFP created a summary document and provided an edited YouTube link for sharing beyond the ACEsConnection group
August	Cross-site evaluation and data collection tools	Westat Evaluation Team	Data collection tools: Network Survey, Monthly Data collection
September	Policy	Jonathan Purtle, Assistant Professor at Drexel University Dornsife School of Public Health	Use of Purtle's "trauma-specific, trauma-informed, trauma-preventive" categories

Appendix F. SNA Maps

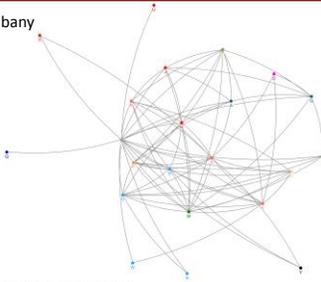
Any level of interaction between members

Small

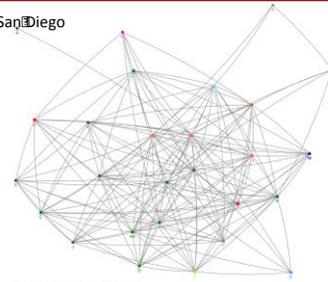
Columbia River Gorge



Albany

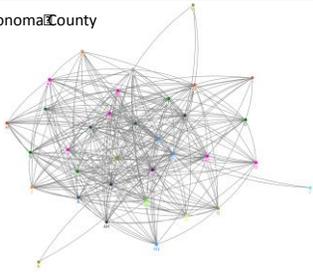


San Diego

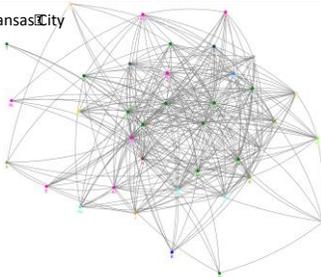


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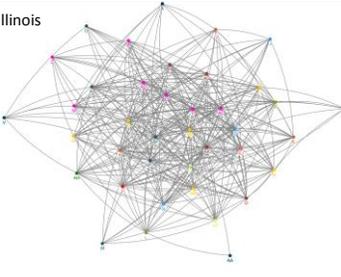
Sonoma County



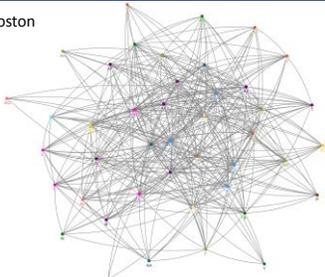
Kansas City



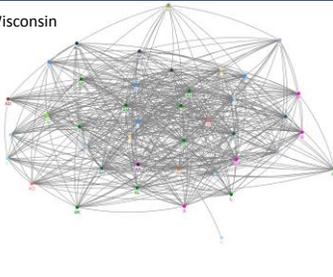
Illinois



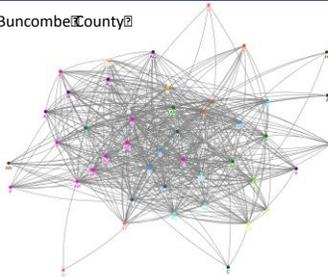
Boston



Wisconsin

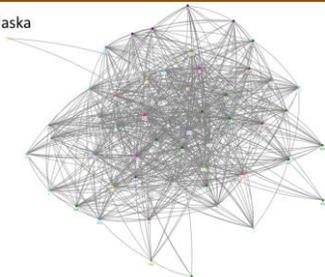


Buncombe County

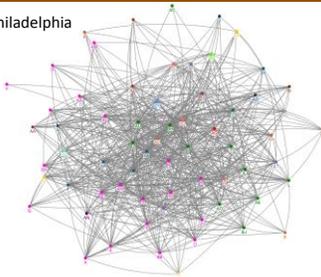


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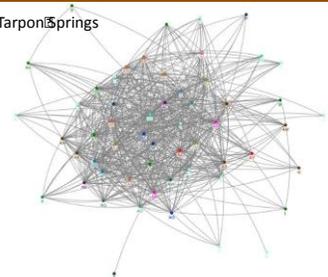
Alaska



Philadelphia

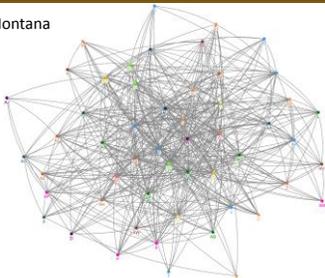


Tarpon Springs

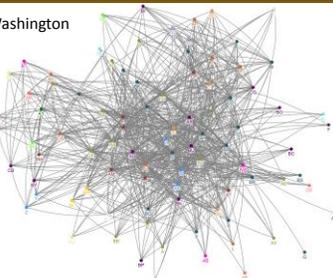


Other

Montana



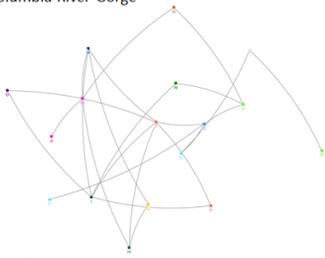
Washington



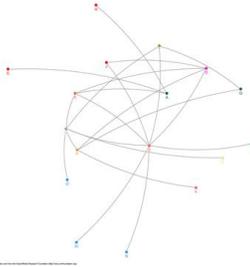
Social Network Analysis for Collaborate “a lot”

Small

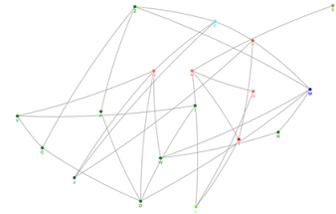
Columbia River Gorge



Albany



San Diego

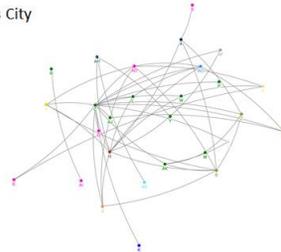


Medium

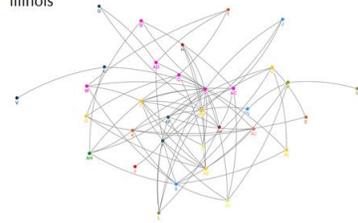
Sonoma County



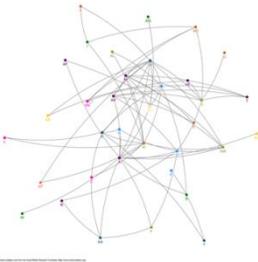
Kansas City



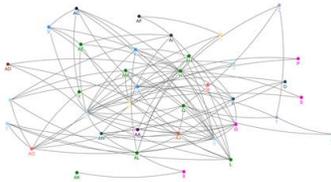
Illinois



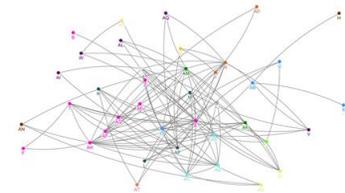
Boston



Wisconsin

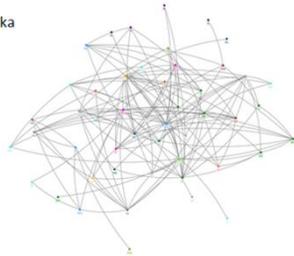


Buncombe County

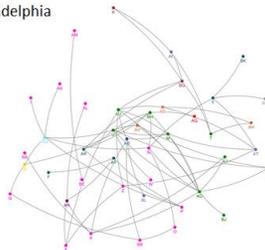


Large

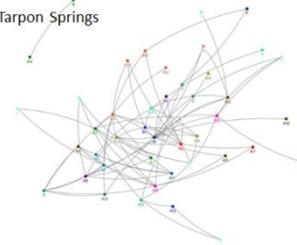
Alaska



Philadelphia

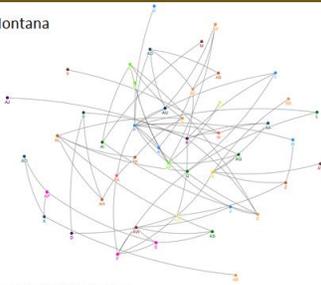


Tarpon Springs

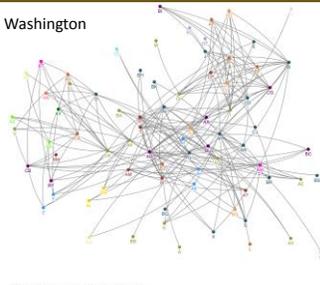


Other

Montana



Washington



Appendix G. HFP Engagement with Non-MARC Organizations and Networks

Name of organization	Type of organization	Location	Activity
ACEs Intervention Learning Collaborative	Learning Collaborative of seven school districts across Oregon	Western and Northern Oregon	To develop a broader understanding of how schools and communities experience and address issues related to childhood trauma
Building Community Resilience (GWU/Nemours)	Multi-site pilot project part of Moving Healthcare Upstream	Washington DC	Attended and presented at launch meeting. HFP developed a quarterly meeting of this project and 3 others to exchange learnings, best practices etc...
Campaign for Trauma Informed Policy and Practice (CTIPP)	Non-profit national advocacy group		Leslie is a founding Board member and active participant in CTIPP. Clare has provided consultation on Health Impact Assessments to CTIPP
Change in Mind (Alliance for Strong Families and Communities)	Nonprofit- Research and Evaluation	15 Sites in US and Canada	Attended launch meeting. HFP developed a quarterly meeting of this project and 3 others to exchange learnings, best practices etc...Co-presented at National Academy of Science conference
Advancing Trauma-Informed Care (Center for Health Care Strategies)	Health Care advocacy	Hamilton, New Jersey	HFP developed a quarterly meeting of this project and 3 others to exchange learnings, best practices etc...
Center for Non-violence and Social Justice at Drexel	University - To promote health, nonviolence and social justice through trauma-informed practice, research, professional development, and advocacy for policy change.	Philadelphia	Participate in advisory board and provided consultation on new youth violence prevention grant
Prevention Institute	Nonprofit- Addressing complex health and wellbeing issues	Oakland, CA	Attended UNITY City Network and CSSP's Early Childhood Learning and Innovation Network for Communities (EC LINC), invited them to participate in quarterly meetings with Change in Mind project etc...
Trauma Informed Community Network in Richmond VA	Prevention and treatment of child abuse and neglect	Richmond VA	In preparation for HFP presentation at their Summit and shared work they are doing on workforce development with the Philadelphia ACE Task Force Workforce Development group
Newark NJ Boys and Girls Club	Youth and education	Newark, NJ	Provided consultation on ACE screening and developing a trauma organization followed up with materials on doing a TIC organizational assessment
Council for Strong America	Nonprofit unites five organizations comprised of law enforcement leaders, retired admirals and generals, business executives, pastors, and prominent coaches	Washington Dc	Awaiting connection to discuss potential overlap with MARC sites

Name of organization	Type of organization	Location	Activity
	and athletes in leadership development		
Alive and Well STL	A community-wide effort focused on reducing the impact of toxic stress and trauma on our health and wellbeing.	St. Louis, MO	Regarding their work with the media and community organizations
Equal Justice USA's Trauma Advocacy Initiative	Works in select cities to advocate for better access to trauma care for people harmed by crime and violence.	Brooklyn, NY	Two phone calls to exchange information about our respective projects
RWJF/Propensity/Brand Communication	Writer, Charting Nursing's Future, a publication of the Robert Wood Johnson Foundation	Denver, CO	Provided information from MARC communities to help better understand the role of nurses in the ACEs/trauma-informed/resilience movement for their 2016 Charting Nurse's Future report
Allies in Caring	Dedicated to leadership, advocacy, and excellence in promoting culturally responsive, mental health services for diverse populations.	Hammonton, NJ	How to become a MARC-like community
Child and Adolescent Measurement Initiative at Johns Hopkins (CAHMI)	Child health research and communication	Baltimore, MD	To discuss overall work and possibility of a 20-year retrospective of ACEs work since study was published in 1998
Maternal and Child Health Measurement Research Network (MCH-MRN)	Part of CAHMI above	Baltimore, MD	Participation in technical working groups to revise MCH Measurement Portal, which provides access to summaries of the measure sets used by national MCH programs and initiatives
Solutions Journalism Network	Support and connect journalists interested in doing solutions journalism, rigorous reporting about how people are responding to problems.	New York, NY	Potential content for solutions-based articles
Poetry for Personal Power	Youth poetry events and mental health projects	Kansas City	Provided input on survey about experience participating in coalitions and distributed to MARC communities