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MOBILIZING ACTION FOR RESILIENT COMMUNITIES (MARC): CROSS-SITE EVALUATION

Final Outcome Report

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Executive Summary

The Mobilizing Action for Resilient Communities Initiative (MARC) is a multisite community initiative funded by the Robert Wood Johnson Foundation (RWJF) and the California Endowment from October 2015 through December 2017 that uses an ACEs framework to foster trauma-informed and resilient communities and overall well-being. ACEs stands for Adverse Childhood Experiences, 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 brought together 14 existing networks across the country that were already using ACEs as a foundation to create change in their communities. MARC aimed to foster further change in those communities as well as stimulate broader regional and national change by strengthening individual collaborations and facilitating learning across them. The Health Federation of Philadelphia supported and facilitated the MARC community efforts, mobilizing support and building collective capacity of the groups to create positive social change. The sites also coordinated with an online informational and social networking platform, the ACEsConnection Network.

Over the two years of the demonstration, the MARC networks:

- Grew, bringing in more members and sectors
- Engaged in a variety of activities, from strengthening their own networks, fostering other networks, building awareness, training and technical assistance, advocating for and informing policy, building evidence, among others
- Contributed either directly or indirectly to over 100 outcomes, most often involving changes in organizations and systems
- Used a variety of processes of change, such as working through their network members, engaging in direct outreach and training efforts, providing expertise and serving as a trusted source;
- Provided lessons for others interest in implementing networks and/or addressing ACEs and fostering resilience.

Evaluation Questions

Four main questions guided the evaluation; questions 2 and 4 drive most of the final report (1 and 3 were the focus of the interim report):

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?**

Findings

Sites continued to be involved in a range of activities, with some differences in emphasis across sites. Sites continued to do most of the same categories of activities as described in the interim evaluation, though a few sites shifted their emphasis. For example, in the first year, most sites (12 of 14) engaged in efforts to *strengthen their networks,* only five in the second year reported some activity in this area, with two sites – Alaska and San Diego – having it as a significant activity. Similarly, fewer sites in Year 2 focused on communicating about their efforts.

Key activities for most sites (10+) included awareness building, training, and improving trauma-informed practices. Key activities for subsets of sites (numbering five each) included network expansion and support, policy activities, community engagement, and evidence and data. Smaller numbers of sites were involved in evaluation activities (n=6) and other activities, such as seeking funding. Some differences among sites in activities relate to differences in outcomes and strategies for achieving them.

The Health Federation of Philadelphia (HFP) played a role in introducing sites to key programs and initiatives to enhance their work, fostering individual connections and bringing in resources to facilitate access to and adoption of new practices. In addition, HFP placed an emphasis on public policy involvement to guide sites to include those activities and areas of change more in their network work.

Sites grew larger and became more multi-sectoral.
Although increasing the overall size of the network was not an explicit goal for all MARC sites, all but one network increased the number of members in their networks during the MARC period. In addition, most networks increased the number of sectors engaged in their work. MARC communities increased the number of members representing Education K-12 more than any other sector.

Results of Social Network Analysis indicate that the growth in networks increased the number of connections among network members in MARC communities between 19% and 152%. In addition, the number of network members who "collaborate a lot" increased from baseline through the MARC period. In general, network density (overall connectivity) decreased over time while the average number of connections among members in each network increased. (As networks grow, there are more possibilities for connections so the proportion of all possible connections can decrease but individual members can have more).

Based on self-reports of the network's influence on their own work, members of MARC networks noted that the networks had most influence on how they or their staff understand their own ACEs backgrounds and how organizations train their staff. Network members in Kansas City and Wisconsin reported an increase in the networks' influence on their work in the greatest number of ways.

Over 100 outcomes were documented across the sites, most commonly involving changes in practice. Across all 14 MARC sites, 116 outcomes were identified using an Outcome Harvesting Approach designed to identify and verify changes that occur, at least in part, due to the efforts of the sites. The number of outcomes per site ranged from three (for San Diego) to twenty (for Illinois), with an average eight outcomes per site.[1]

[1] It is important to note that the number of outcomes is an estimate. Although we strove for a consistent process across the sites, it is possible that in some sites considered parts of a process as separate outcomes whereas others combined these as one. Moreover, some

The majority of outcomes (63) involved trauma-informed practices and encompassed a range of changes to foster trauma-informed and/or trauma-sensitive environments. These included adoption of practices within organizations (e.g., expansion of a Trauma-Informed Classroom in twenty schools in Boston); adoption of training and training curricula that fostered trauma-informed practices (e.g., mandatory ACEs training for all nurses in prominent local hospital in Montana); changes to the physical environment (e.g., redesign of an ER room at an Illinois hospital for DV victims); and self-care practices (e.g., a Wellness specialist at Garmin introduced specific resilience practices into the company and its policies). Other types of outcomes included establishing relationships (n=15), instituting policy changes in organizations (n=11), public policy outcomes (n=11), funding changes (n=5), data changes (n=4), and expansion of the network model to other communities (n=7).

More than two-thirds of the outcomes were targeted at the organizational level, and approximately a fifth each were targeted at the city/county and systems level. Approximately 10% each were at the community and state level, and very few at the regional and national level.

Most of the changes occurred in the Education, Community Development/Civic Engagement, and the Healthcare/Medical sectors, sectors that also showed increased representation over time.

The MARC Networks contributed to change in their communities in a variety of ways, both direct and indirect.

Networks had clear and direct contributions to 69 of the 116 outcomes. Common strategies included serving as catalysts for change by conducting outreach to develop new affiliates or foster new networks; conducting personal outreach to organizations to convince them to adopt trauma-informed practices; advocating, promoting, and championing change, such as pushing for public policy change; and offering presentations and forums, often accompanied by follow-up efforts, to spark change in organizations.

For the remaining 47 outcomes, networks had less direct or limited contribution, working with a number of actors to bring about the change. Sometimes the network provided a tipping point, especially through offering its input as a trusted source or providing expertise. Working through members led to both direct and indirect contributions to change, and maximized the ripple effect networks can have. Lending expertise, either proactively or in response to requests, was also a common way for networks to either spark or contribute to change. Other common cross-site strategies associated with change were training, holding presentations and forums, and partnering with organizations.

Outcomes varied in their size, who they affected, and the environments they impacted. The outcomes that appeared to have the greatest likelihood of fostering and sustaining significant change were those that:

- affected organizations in sectors typically reticent to address the issue;
- reflected deepening of practices and more systemic change;
- had the potential of reaching and preventing trauma for large numbers of individual or those most vulnerable to trauma;
- provided funding or other resources to grow and sustain the work;

changes are large, and others are smaller and incremental. Therefore, we do not focus on the exact number per site, but offer it as providing some indication of the outcome activity across the sites.

- influenced and trained “gatekeepers”, those in prevention positions, and those experiencing secondary trauma.

Outcomes that were less significant for the networks were those in preliminary or developmental/pilot stages, those that were minor changes or affected small numbers, incremental changes, outcomes well underway prior to MARC, and changes that are one time occurrences for an organization.

Sites distinguish themselves in the way they approach change.
The strongest and clearest patterns across sites in the outcomes produced relate to the role that the networks have in their communities in bringing about these outcomes. When we examine the nature of the outcomes, their type and reach, we find few differences across the sites. Where the sites distinguish themselves is ***how*** they approach change. Although many of the sites engage in similar activities such as awareness building and training, they cluster into groups based on how they put these activities together and the process they use for enacting change. We find the sites fall into five different dominant role categories:

- Trusted source and collaborator at multiple levels
- Community change partners
- High profile network working through members
- Change through active outreach, awareness building, member initiatives and training
- Change focused on rebuilding

Lessons Relevant to Networks and Addressing ACEs and Fostering Resilience

The evaluation is focused on a learning agenda. The 14 networks provide a laboratory for understanding the role networks can have in creating more trauma-informed policy and practice and fostering resilience through a variety of mechanisms. Lessons have emerged that are relevant for networks overall, and for networks and organizations addressing ACEs and fostering resilience. Some of the lessons for networks reveal challenges that networks experienced and how they can be tackled (such as balancing professional vs. grassroots membership; developing a network configured differently than planned); others reflect the reality of how networks contribute to outcomes (including both direct and indirect contributions, along with a variety of players; the role of backbone organizations and leadership); and others reflect how networks change themselves (often evolving through stages, developing more explicit governance structures). Lessons related to addressing ACEs and fostering resilience highlight the importance of context in shaping networks and their approaches; the difficulty in engaging some reticent sectors like businesses; challenges posed by stigma and resource concerns; and the value in embracing multiple perspectives on the topic.

Implications for New Networks

The evaluation findings and lessons offer a few key implications for networks embarking on addressing this topic, including attending to the culture and context of the community along with the capacity and resources in developing and implementing the network; approaching change in a multi-step manner that is informed and embraces multiple perspectives; developing an explicit leadership and working structure, especially as membership grows; and building in data and measurement that can track and communicate progress to the membership as well as outside sources, such as funders.

1. Introduction and Background

This evaluation report, prepared by Westat, provides an outcome 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 from October 2015 – December 2017 that used an ACEs framework to build a movement for a just, healthy, and resilient world. ACEs stands for Adverse Childhood Experiences, early traumatic events in a child's life that have lifelong effects on health and behavior, as demonstrated through rigorous scientific research and originally identified through a joint study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente (Felitti, Anda, Nordenberg, Williamson, Spitz, et al., 1998). MARC brought 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

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. Table 1-1 displays the full list of MARC communities and their network names.

Table 1-1 MARC Communities and Network Names

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	Resilience Network of the Gorge
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	CMHCI (Children's Mental Health Collective Impact)
Washington	Whatcom Family & Community Network/Walla Walla Community Network

The 14 sites were 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, and was the coordinating organization for MARC. In this role, HFP coordinated all MARC activities, including developing and issuing the call for proposals, selecting, and funding the sites and supporting them throughout the process. HFP continued to support site efforts by fostering peer learning and collaboration, offering technical assistance and fostering connections between sites, and monitoring sites' progress. It 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.

Goal of MARC

MARC was 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 aimed 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 organizational 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; and
- increased capacity for data collection of ACEs and resiliency indicators.

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

Figure 1-2 outlines the MARC logic model, developed in collaboration with HFP at the outset of the initiative.

Scope and Role of Evaluation

Westat conducted 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 model, but rather follow more of a community-organizing approach. These distinctions are made throughout the report where relevant.

Figure 1-3 displays the research questions that guided our work, with bold items reflecting the current report. Our Interim Report in April 2017 focused largely on describing the initial status of the sites and the early changes that had occurred in the first year of funding. This final report focuses more on the changes in the networks over time and the extent to which they are contributing to changes in their communities and the mechanisms and processes that are helping them achieve these changes. It is difficult without a comparison to understand if the networks are more or less effective than other forms of interventions in creating changes that address ACEs and foster resilience. Moreover, it was not possible within the period of the evaluation to understand how those changes created more sustainable effects. In the spirit of learning through evaluation, we describe and analyze the outcomes and changes we can identify, how they match to the goals set out in the logic model, and trace the role of the networks in creating them. We cannot measure the impact of the outcomes, but can highlight those outcomes that based on criteria have the greatest possibility of creating impact.

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 1-2 MARC Logic Model

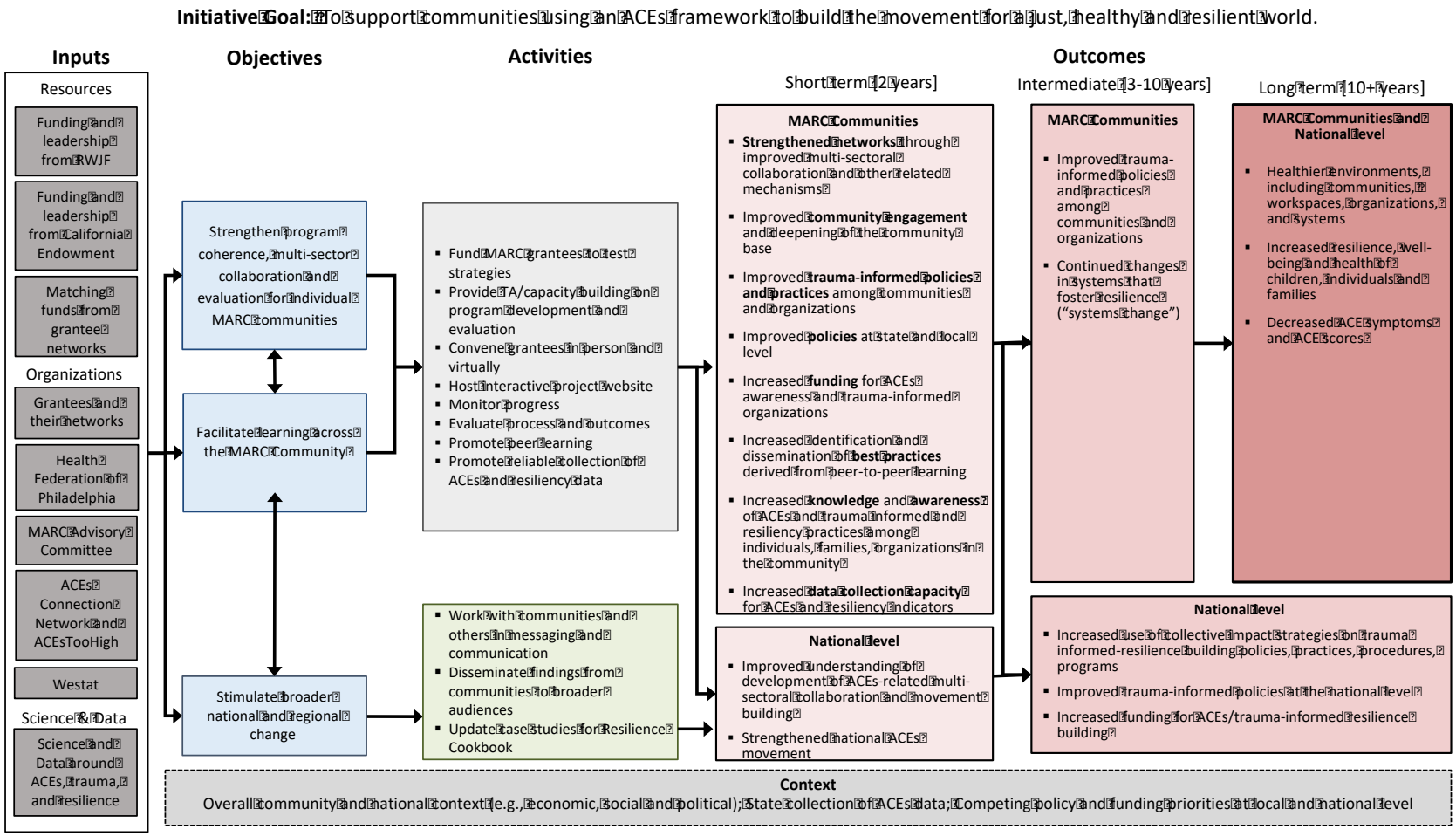
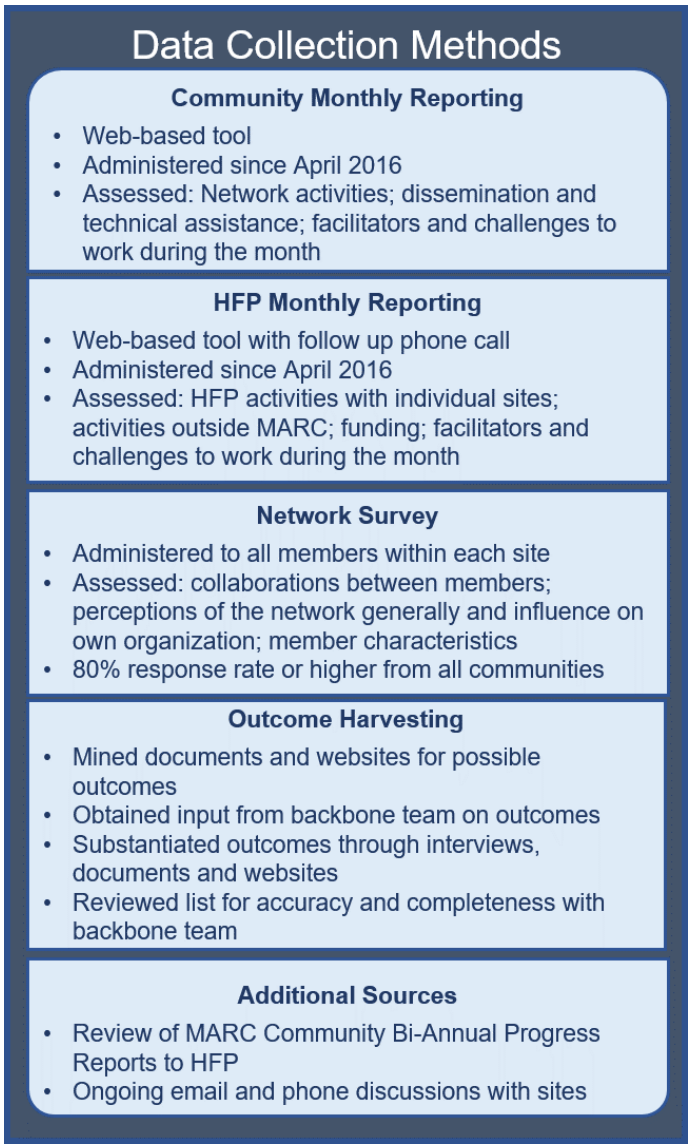


Figure 1-4 outlines the key methods that were used in this phase of the evaluation. In this phase, we focused on understanding how the networks have changed, the activities they continue to engage in, and the outcomes that have occurred, at least in part due to their efforts.

Figure 1-4 MARC Evaluation Data Collection Methods



We continued to collect data through monthly reports through October 2017 to understand the work of the networks as well as the any accomplishments they made during the month. The two main data collection processes, however, included a network survey and Outcome Harvesting. The Network Survey, launched between July-October 2017, was the second of two administered to network sites, following up to the initial survey launched between March-May 2016. The data from the two surveys allows us examine through Social Network Analysis (Wasserman & Faust, 1994) the structure of the networks to at both time points and the changes that have occurred through the MARC period.

Outcome Harvesting (Wilson-Grau, 2019) is an evaluation process that enables evaluators, together with those involved in the demonstration, to identify, formulate, verify, and make sense of outcomes. As the name implies, the focus is on outcomes – what has been achieved, not progress toward them. We define an outcome as a change in behavior, relationships, and actions. Changes in attitudes, knowledge, or awareness are not included in this process as they are not behavioral changes that can affect others, though we recognize that these changes are important to the networks often as first steps to creating behavior change in individuals, organizations, systems, and the community.

The methodology of Outcome Harvesting involves gleaning outcomes from multiple sources (documents, interviews, data), and working backwards to examine the network's influence on each outcome. The method is particularly suited to the work of networks as it allows us to examine both planned and unplanned outcomes, as well as those that are created through ripple effects and through more opportunistic ways. We worked closely with each MARC site lead to develop an initial listing of outcomes specific to their site and how best to harvest them, as well as identifying additional outcomes through documents and monthly reports. Once we had a refined list of outcomes and sources that could

verify the outcomes, describe how the outcomes were accomplished, and the network contribution, we conducted site visits to each site to meet with individuals who could provide this information. We conducted telephone interviews when needed to follow-up with additional individuals identified as key sources during our site visit. Section 4 provides more detail on the process and our analysis of the data.

Structure of the Report

Following this initial background section, Section 2 describes the activities of the networks and the role of HFP in supporting them. Section 3 analyzes the status of the networks at the end of the MARC demonstration and how the networks changed over time in size, growth, composition, and level of collaboration. Also included in this section is an analysis of network members' perceptions of each network's influence on different aspects of their work. Section 4 describes the outcomes that were achieved across the sites, examining the number and types of outcomes achieved, the reach of each outcome and the sector(s) affected, the process of change, and the significance of the outcomes. Section 5 presents the results of a cross-site analysis examining patterns of similarity and difference across the sites in how the results are achieved. The final section summarizes the key lessons learned and offers implications for networks embarking in this area.

2. Summary of Activities of the MARC Sites

In our interim evaluation report, we devoted much of the attention to the nature of activities underway across the networks in pursuit of creating changes in attitudes and awareness, practice, and policies for a range of audiences and organizations. In their first year of MARC, the networks:

- 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 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 provided ACEs, trauma, and/or resilience awareness activities prior to receiving training geared toward adopting trauma-informed policies and procedures. The most common areas of intervention were schools, medical systems, and juvenile justice and child welfare systems. Some activities targeted individual professionals, such as teacher and pediatricians, whereas others 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 were engaged in high or moderate levels of policy activity, and those not currently engaged or engaged in low levels were exploring options and opportunities for increasing their efforts. Strategies included presentations at meetings and conferences that might be attended by policy makers; trainings for individuals to be policy entrepreneurs and serve as educators with policy makers; efforts to influence and engage policymakers in working towards a specific policy; partnering with other policy collaboratives or groups working towards policy changes; and development of policy briefs and recommendations that incorporate ACEs, trauma, and resilience, often used in tandem with meetings.

Sites also were engaged in data collection efforts and seeking funding to continue to build their capacity, but both areas of activity were in the early stages for most. In this section, we describe the activities that the networks continued to implement throughout the remainder of the MARC period and follow this with a description of HFP's role in supporting them.

Networks Continue to Be Involved in a Range of Activities

As Table 2-1 illustrates, sites continued in most of those same categories of activities they began in the first year, though some shifted in emphasis from strengthening the networks, for example, to involvement in policy, community engagement, evaluation, and data and evidence. There continued to be emphasis on building awareness and fostering adoption of practices through training and a range of other activities. More detail on the key areas of activity is provided below. Other areas of focused activity including working to engage the business sector in Wisconsin, a variety of activities to foster the growth of communities of practice in Washington, and working to secure sustainable funding in Albany.

Network structure and staffing, though a focus for 12 of the 14 sites in the first year through hiring managers and coordinators, solidifying working groups and subcommittees, and finalizing other processes, was less central to the majority of the sites in the second year. Five sites reported some work in this area, including restructuring the governance structure (Philadelphia) or launching a new Trauma Informed Hospital Collaborative as part of its overall collaborative (Illinois). Alaska and San Diego reported the most focus in this area. Alaska, for example, spent considerable effort in developing and strengthening the Alaska Resilience Initiative (ARI) as a network by developing a steering committee that then created a shared agenda at the statewide level, operational guidelines, group agreements, and active workgroups. San Diego's major activity during the MARC funding period involved restructuring and building a network infrastructure (including a committee structure) through its strategic plan, including formalizing roles and responsibilities of the leadership team, committees, and their leads.

Relatedly, three sites mentioned attention to efforts to ***communicate about their site's efforts***, such as in digital newsletters, articles in the media, and through ACEs Connection.

Network expansion and support was an activity for five of the sites. Some sites providing support to other ACEs related networks (such as ARI with other networks in the state). Others were working to help establish and foster the development and growth of other networks and communities of practices. Peace4Tarpon in Tarpon Springs, for example, working in collaboration with St. Petersburg College, held a conference in January of 2018 to connect interested community with each other and provide a forum for adopters of the Peace4Tarpon model to describe and train on the model.

Awareness-building activities continued to be central for the majority of sites. Sites engaged in a range of activities in both years of the MARC initiative, including hosting screenings of Paper Tigers, holding summits and major community events, holding and participating in presentations and workshops, and holding public awareness campaigns. The activities generally were targeted to multiple audiences, including policy-makers, funders, and the community at large. Montana's ChildWise, continued to focus on raising awareness through ACEs presentations, Paper Tigers screenings, and screenings of Resilience (a follow up film to Paper Tigers) for communities and targeted audiences. They paired presentations with trainings and network expansion. Specifically, they provided ACEs training for new Master ACEs Presenters within the ACE Interface model, requiring those community members who were trained to subsequently conduct a series of ACEs presentations in their communities as a condition of becoming an Elevate Montana affiliate. A wide range of audiences participated in the Montana activities, including education-related audiences, those focused on tribal needs, and those in the government, business, and health care sectors.

Training and efforts to improve trauma-informed practices continued to be important for most sites in Year 2, working to effect change in a variety of sectors including education, health/medical, government agencies, a range of nonprofit organizations, and others. Similar to the Montana training effort, Sonoma County developed an ACEs & Resiliency Fellowship program designed to build the trauma-informed capacities of local practitioners through the training of two cohorts of community professionals, while also raising community awareness around toxic stress, trauma, childhood adversity, and resiliency by requiring Master Trainers to deliver four presentations within two months of completing their program and at least one other speaking engagement within 18 months of program completion. As another example, both the WFCN and CRI in Washington held numerous trainings, train-the-trainer events, and conferences on trauma and resilience in their communities and across the state, some involving more than 250 participants. As a final example, as part of the Wisconsin MARC project, the Office of Children's

Mental Health's Family Relations Coordinator hosted and facilitated trainings and skill-building sessions for parents and youth who are part of the Collective Impact Parent and Youth partners who bring years of lived experience to the Children's Mental Health Collective Impact (CMHCI) meetings and workgroups.

Policy activities were a focus of five of the sites, largely those sites that were involved in policy activities in the first year of the Initiative. Efforts included: Alaska making policy recommendations and testimony to state legislators and other key state officials, providing data to Senate offices to inform legislation; the Albany network presenting to and discussing issues with the Mayor and other key city officials as well as senior state agency staff; the Illinois network developing policy briefs and an environmental scan of effective and needed programs and policies as well as holding meetings with state representatives on ACEs and resilience and serving as a resource and subject area expert for Illinois legislators; Sonoma County participating in a number of efforts aimed at promoting ACEs policies at both the county and state levels; and Wisconsin participating in a number of activities to support policy, including supporting parent and youth partners to inform policy development and implementation, and activities to increase lawmakers and policy personnel awareness of trauma-informed care through presentations and targeted workshops as well as making connections with individuals and organizations.

Community engagement activities are a focus in about half the sites, similar to the focus described in our Interim Evaluation Report. The mini grant mechanism for community members, pioneered as Tipping Grants Point Grants in Buncombe County, was used by Tarpon Springs as Resilient Community Mini Grants. Other sites continued to work to engage the community in activities, such as helping to design the data dashboards created by Vital Village in Boston, and integrating the voice of parents and youth in system-wide quality improvement efforts in Wisconsin, as previously noted. San Diego, although focusing much of its effort on rebuilding its network, engaged in a variety of interrelated activities on increasing community outreach and engagement, such as participating in the San Diego State University (SDSU) Trauma Resource Fair to reach out to college graduate and undergraduate students who were learning about trauma-informed practices, fostering presentations by Youth Voice at SDSU Child and Family Development Courses, and supporting parent leaders' meetings with others in the school system, among other activities.

Evidence and data were a focus of five sites, including adding the ACEs module to the state Behavioral Risk Factor Surveillance System (BRFSS) (Illinois), conducting surveys on the prevalence of ACEs (Kansas City), measuring resilience and well-being with a range of indicators (Washington), and using dashboards for community members and others on child-well-being metrics (Boston and Wisconsin). In addition, the New York State Department of Health added the ACE questions to the BRFSS in 2016, which was a long-term goal of HEARTS Albany.

Evaluation activities were conducted in six sites. Columbia River Gorge contracted to have a qualitative evaluation completed to understand the effects of participation on three organizations participating in MARC activities. Illinois hired a consultant to conduct a developmental evaluation of the network and also was involved in activities to evaluate the impact of its training efforts. Sonoma County conducted several evaluation activities, including a pre-post assessment of the fellowship training on participants' knowledge of ACEs concepts and key community factors, an evaluation of the presentations delivered by those who were trained, and surveys of awareness among attendees after Paper Tigers screenings. Albany (HEARTS) used an evaluator who was also a faculty member with the university that served as the backbone organization. Activities included development of a logic model as well as technical

assistance and guidance throughout the network development. In Washington, a number of evaluation activities were supported to learn more about how trauma-informed practices were adopted and implemented, including a quantitative examination of the relationship between community capacity and resilience across communities in the state. Lastly, Buncombe County used Results Based Accountability (RBA) to better understand selected aspects of recipients of their minigrants.

Activities Relationship to Outcomes

MARC sites are similar in their emphasis on awareness building and improving TI practices through training and a range of other efforts, but vary much more in their focus on other types of activities. These differences, as shown in Section 6, relate to differences in the outcomes that are accomplished and, to some degree, in the process of change that resulted in the outcome. These patterns can be helpful in understanding the various roles networks can play and what can be achieved through these different roles. Moreover, understanding these activities within the context of the size and composition of the network and the overall context can be instructive to other networks and efforts aimed at fostering trauma-informed practices and policies and promoting resilience in communities.

Table 2-1 Major Focus Areas of Activities

Activity	Alaska	Albany	Boston	Buncombe	CRG	Illinois	Kansas City	Montana	Philadelphia	San Diego	Sonoma County	Tarpon Springs	Washington	Wisconsin
Network Strengthening	■	■				■			■	■				
Communication (on network)						■				■	■	■		
Network support/expansion	■				■		■	■			■	■	■	
Awareness Building	■	■			■	■	■	■	■	■	■	■	■	
Training/Improving TI practices	■	■	■		■	■			■	■	■	■	■	■
Policy Activities	■	■				■					■			■
Community Engagement		■	■	■	■		■			■		■		■
Evidence and Data		■	■			■	■						■	■
Evaluation		■			■	■					■		■	
Other		■												■

Role of Health Federation of Philadelphia

The primary focus of the evaluation, as guided by the four evaluation questions, is on the implementation and outcomes of the MARC sites. Our focus on the Health Federation of Philadelphia is limited, as resources did not allow for a sensitive tracking and analysis of HFP activities and the resultant outcomes. Instead, we highlight key activities and outcomes below that provide examples of the types of support HFP provided to the MARC sites and ways in which it fostered relationships with initiatives outside of MARC that focused on trauma and resilience.

HFP was instrumental in 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 facilitated connections between many of the MARC communities to foster shared learning and resources. It 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. HFP also worked 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.

Hosting Webinars: HFP has hosted a virtual learning collaborative meeting every month from December 2015 until October 2017. The topics have ranged from evaluation to utilizing social networking websites and community coalition building to furthering the work of MARC grantees. 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 a webinar on ACEsConnection was very helpful for setting up a "resilience trainer" ACEsConnection group as well as a group for trauma-informed schools in their area. In general, most sites have reported that hearing from their peers about what worked and what did not helped guide their work plans 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: We tracked the range of technical assistance HFP provided to the community groups between April 2015 and December 2017; the most common types appear in Figure 2-2. Some examples of tangible assistance provided by HFP include creating video excerpts; coordinating presentation preparation for ACE 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.

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

MARC Grant and Structure	Community Engagement	Media Involvement	Policy support
▪ 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 role of backbone organization	▪ Discussing strategies for outreach, multi-sector engagement ▪ Suggesting connections to people in the community ▪ Providing resources for movie screenings	▪ Connections to journalists ▪ Information on media sources ▪ Help with developing materials for social or traditional media ▪ Dissemination via social media ▪ Panel preparation for conferences and summits	▪ Encouraged sites to develop policy agenda ▪ Linked sites to other leading experts and organizations nationally such as the CTIPP ▪ Conducted webinars and breakout sessions with a focus on policy

Facilitating Connections: Over the past year, HFP has facilitated connections between the MARC communities. 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.

Contribution of HFP to Outcomes

To examine the role of HFP in fostering outcomes, we followed a similar process with HFP as with the sites, by using the Outcome Harvesting approach. We began by identifying changes that have taken place over a given time period and related to a specified area, and then worked backward to identify the role of HFP has played in achieving these changes. Key outcomes were identified through the Outcome Harvesting process including both those for which HFP did and also did not play a clear role. Because our resources were limited and the tracing of all the possible ways in which HFP could have influenced change (small and large), as well as where their efforts did not result in change can be time and resource intensive, we focused on changes related to the activities and outcomes of the sites that were more identifiable to understand the way in which HFP's efforts contributed to these changes.

Sesame Street in Communities

In Kansas City, HFP introduced the Senior Vice President for U.S. Social Impact and the project director at Sesame Workshop, the nonprofit organization behind Sesame Street, to the program manager of the MARC initiative in Kansas City in December 2016. Although Sesame Workshop had already identified Kansas City as a potential partner for its Sesame Street in Communities Initiative and knew of the existing network of partnerships in of KC Chamber of Commerce and others prior to the introduction, the visibility of the MARC initiative and HFP's formal introduction accelerated the partnership.

Sesame Workshop invited Kansas City to participate in the Sesame Street in Communities initiative after learning about the city's efforts to become a trauma-informed community through one of its funders, the Robert Wood Johnson Foundation, as well as from HFP prior to the introduction. The partnership was formalized in January 2017 and involved collaboration with several Kansas City organizations and institutions including the Greater Kansas City Chamber of Commerce, Resilient KC, Crittenden, Children's Place, and the Mayor of Kansas City, MO. The collaboration has continued even after the MARC funding. Sesame Streets in Communities prepared a promotional video for Resilient KC's Resiliency Rally; Sesame Workshop is working with these organizations to determine what resources it can provide to support the community's work around early learning, health, and resiliency building.

The development of this partnership means that organizations and individuals engaged in trauma and resiliency-related work in Kansas City have access to new resources, including a new trauma-informed curriculum and training in trauma-informed practices developed for Sesame Street in Communities. The Sesame Workshop also participated in Kansas City resiliency events, including bringing the characters of Sesame Street to an October 2017 event sponsored by Resilient KC. It was noted that having the Sesame Street brand represented in such efforts was important of its familiarity and trustworthiness across a wide range of community groups. Sesame Workshop envisions their work in Kansas City to be a long-term effort involving partnerships with a variety of educational, health, and civic organizations.

HFP hosted a virtual walk-through of Sesame Street In Communities for MARC communities in April 2017 as a breakout session. In addition, HFP invited the Senior Vice President to be a speaker at the MARC national summit in December 2017. HFP followed-up by introducing Sesame Street In Communities via email to the participants of the breakout session (including the project director from San Diego) and those who had wanted to join but were unable to (including the lead from Community Resilience Initiative in Walla Walla, Washington). These activities increased the visibility of not only the Sesame Street resources but also the partnership between KC and Sesame Street In Communities. Subsequently, Community Resilience Initiative in Walla Walla and San Diego Trauma Informed Guide Team are both using/promoting Sesame Street In Communities' resources at community events.

Building Community Resilience initiative

Another outcome was the participation the network in the Building Community Resilience (BCR) initiative spearheaded by George Washington University. BCR is a national collaborative and network that seeks to improve the health of children, families and communities by fostering engagement between grassroots community services and public and private systems to develop a protective buffer against ACEs occurring in adverse community environments (ACEs) – the 'Pair of ACEs'. Its goal is to build networks that seed and support resilience to protect against the stressors that too often become toxic to a child's development and long-term health.

BCR had been considering approaching Resilient KC as one of its five future test sites. Although the director of BCR and program manager of Resilient KC "were on each other's radar" HFP facilitated their meeting by suggesting them as speakers for Children's Crisis Treatment Center's (CCTC) June 2017 advocacy event in Philadelphia. HFP made the necessary introductions for CCTC to invite both of them. Knowing that HFP had worked with KC convinced BCR that Resilient KC "would be a group that would be fairly solid." Resilient KC's lead then participated in BCR's November 2017 convening, which accelerated the process of partnership.

Emphasis on Policy Activities

HFP emphasized a focus on policy within the MARC initiative. In the initial phase, for many of the MARC sites, such as Columbia River Gorge, Sonoma, San Diego and Philadelphia, policy was not a major part of their proposed strategic goals or vision, and the sites were not actively engaged in working towards changing policy. With the launch of MARC initiative, HFP ensured that there was more of an intentional focus by the MARC networks on developing a policy agenda and moving it forward. HFP 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. HFP linked MARC sites to other leading experts and organizations nationally such as the Campaign for Trauma Informed Policies and Practices, CTIPP. HFP offered learning collaborative webinars and breakout sessions with a focus on policy, e.g., with Jonathan Purtle, a policy dissemination and implementation researcher at Drexel, Doran Schrantz a community organizer and Co-Director of a faith-based community organization in Minnesota. They provided information on the different types of policy changes that the MARC community networks can aim for, and ways in which the sites can translate evidence into policy briefs that can be used by policy makers. HFP requested top three policy priorities from each communities in September 2016 to prepare for Purtle's webinar. Both exercises encouraged them to think about their own policy agendas. As a result of this push, there was an increase in the number of networks participating consistently in policy-related activities or that have established policy workgroups/committees/subcommittees from 2015-2017.

HFP played an instrumental role in Columbia River Gorge to support the activities of the project director. Eventually, this contributed to the House Concurrent Resolution 33 on TI care which was approved by the Oregon House Committee on Rules and Senate in May 2017, and signed into law June 2017**.** The legislation encourages state officers, agencies, and employees to become trauma informed, with a focus on becoming aware not just of the impacts of trauma but also the evidence-based and evidence-informed practices and interventions for trauma-informed care, and the tools and interventions that promote healing and resiliency in children, adults and communities.

Handle with Care

HFP amplified and accelerated the usage of the Handle with Care model among MARC and non-MARC communities, and created a community of practice of those who wanted to use it. The Handle with Care program, which originated in West Virginia, promotes coordination between law enforcement and school-level personnel to better support students affected by trauma-related events. If a student has witnessed or had a traumatic experience the night before, such as domestic violence situations, drug raids, and overdoses, law enforcement will simply email or call the school and, without providing details, alert them that their student has experienced something that may have an effect on his or her mood and behavior and that the student should be handled with understanding and care.

HFP first connected with the Trauma-informed Schools Coordinator at Metro Nashville Public Schools, in August 2017, and discussed the efforts of MARC sites in promoting trauma-informed care. Subsequently HFP introduced the Coordinator to the MARC network in Montana and Albany in October 2017. HFP also invited both the Coordinator and Albany network to present at the National Summit in December 2017.

Handle with Care Act legislation was introduced in West Virginia in April 2018. U.S. Senators Tim Kaine (D-VA), Joe Manchin (D-WV), and Shelley Moore Capito (R-WV) introduced the *Handle with Care Act* to connect children who experience traumatic events with trauma-informed care. If passed, the Act would boost coordination between law enforcement and school-level personnel to better support students affected by traumatic events. Although we could not determine a connection between HFP's efforts and introduction of the legislation, it is possible that the dissemination and sharing of information between HFP and other communities may have contributed to increased visibility and demand for the program.

Summary

Sites continued to do most of the same categories of activities as described in the interim evaluation, though a few sites have shifted their emphasis. Key activities for most sites included awareness building, training, and improving trauma-informed practices. Key activities for subsets of sites include network expansion and support, rebuilding their infrastructure, policy activities, community engagement, and evidence and data. Smaller numbers of sites were involved in evaluation activities (and other activities, such as seeking sustainable funding. Some of the differences among sites in activities relate to differences in outcomes and strategies for achieving them.

The Health Federation of Philadelphia (HFP) played a role in introducing sites to key programs and initiatives to enhance their work, fostering individual connections and bringing in resources to facilitate access to and adoption of new practices. In addition, HFP placed an emphasis on public policy involvement to guide sites to include those activities and areas of change more in their network work.

3. Network Changes Over the Course of MARC

A central objective of the MARC initiative was to help communities strengthen their existing ACEs and resilience-focused networks. At the start of MARC, networks were in different states of development and maturation. When MARC began, the networks differed from one another on the basis of many factors besides age, such as availability of funding, stability of leadership, and state and local politics, among others. For example, prior to MARC, Peace4Tarpon had always operated through volunteers, whereas HEARTs and PATF both had strong institutional support from established institutions, and already had begun formalizing membership and other processes.

Network change can take place across a range of dimensions. Increasing the size of the networks, bringing in new sectors to the groups' work, and increasing collaboration among members are three primary areas that MARC sites identified as goals; others emerged through the MARC period (see box at right). Our approach to understanding network change draws primarily from the **MARC Network Survey**. The Network Survey is a web-based tool that was co-created with the 14 MARC sites, each of whom reviewed and provided input on questions and potential response options. The survey included both standard questions as well as items customized to the individual site, and was administered at two time points over the MARC period. Survey respondents were identified by the backbone organization, and in cases where more than one person from an organization participated in the network, the backbone selected the individual who they felt was best positioned to answer questions about network activities. Given the ebb and flow of individuals and organizations involved with each network, respondents to the two surveys are not completely the same. In networks where there was more dramatic growth (see below), there are almost two distinct sets of respondents at the two time points, which is important to note when interpreting changes over time.

Dimensions of Network Strengthening

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

As a central component of the survey, respondents were provided a list of all organizations in the network and were asked to rate the degree to which their agency currently interacts or collaborates with each other organization around the topic of ACEs and resilience.[2] Response options included, "No interaction or collaboration," "Share information only," "Collaborate a little bit," "Collaborate some," and "Collaborate a lot." Respondents could also list and rate additional organizations and individuals.

As part of each sites' network survey, respondents indicated the sector that most closely aligned with their work, recognizing that some agencies themselves work across areas. The network backbone organization was asked to identify the sector for any member who either did not respond or left that item blank. Respondents were also able to select "other" as their sector, and where the backbone confirmed that this was the most appropriate choice, these additions were included in our subsequent analyses. Throughout this section, references to network size are based on the survey respondent lists, and data related to sector are based on the self-identification of sector within the survey.

[2] Individuals were also included as respondents; they were asked about their collaboration with organizations/agencies but individual names were generally not included on the survey.

Findings

Increasing overall size of the network was <u>not</u> an explicit goal for all MARC sites, yet all but one network increased the number of members.

Figure 3-1. Change in Network Size

	Baseline	Follow up	% change
Albany*	25	61	144%
San Diego County*	29	45	55%
Columbia River Gorge*	25	35	40%
Kansas City*	39	54	38%
Sonoma County	34	44	29%
Buncombe County*	47	60	28%
Boston	43	53	23%
Alaska*	53	64	21%
Philadelphia	67	81	21%
Tarpon Springs	73	81	11%
Illinois	42	45	7%
Wisconsin	43	38	-12%

*Indicates that the backbone organization rated an increase in size as either a "4" or "5" on a scale of 1-5 in response to the question of "How much would you like to see your network change in this way."

When surveyed at the start of the MARC initiative, networks ranged in size from 25 to more than 80 members. Increasing the size of their network was a goal for many but not all sites; of the 14 MARC sites, eight reported that they hoped to expand in the size of their membership while six reported that growth in size was not an explicit focus.[3] Based on the number of individuals identified to participate in their network survey, all the networks increased the size of their membership except for one (see Figure 3-1). It is important to note that the network size reflected in this table is a *minimum* number of organizations and individuals engaged with each network, since networks were asked to list only one representative per organization for the purpose of the survey. Given this, the data on percent change is more meaningful than the absolute size of the networks. As shown in Figure 3-1, the HEARTS Initiative in Albany experienced the largest growth in size, much of which came from the change in structure from being centered on a core set of organizations to incorporating community members and individuals, as well as a broad network of contacts in the policy and academic spheres (being based in a state capital and housed in a university). A similar change in structure also occurred within the San Diego County Trauma-Informed Guide Team, likely contributing to the 55% increase in membership for that network.

MARC networks largely increased the number of sectors engaged in their work.

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. At the start of the MARC period, networks already incorporated members representing between 11 and 20 different sectors. When asked at the beginning of MARC, 12 of the 14 backbone organizations indicated that engaging new sectors was a way in which they hoped their network would change. At the follow up time point, all sites had at least 14 sectors represented and the average number of sectors across the sites increased

[3] During the baseline period of MARC, Montana and Washington both conducted surveys of organizations and individuals across their state. At that time, Montana did not have a formal statewide network, but was considering this a possible goal under MARC. Since their work shifted to developing networks within individual cities and counties, it did not make sense to repeat this survey at follow up, since there were not concrete steps to develop the network further. In Washington, changes within the state also shifted focus away from the statewide focus, and the Washington MARC team determined that repeating the Network survey at the state level would not be useful. In addition, the work in Buncombe County was not undertaken by the local ACEs network, but rather, directed by and through the county Health and Human Services.

from 14 to 17 (see Figure 3-2). Out of the MARC sites with Network Survey data at two time points, there were four sectors that were part of all the networks: Health Care/Medical, Mental Health/Behavior Health, Public Health, and Child Protection/Child Welfare. At the follow up, these four were supplemented by two additional areas across all the sites: Education K-12 and Early Childhood Education and Care. As with increases in size, the networks in Albany and San Diego County networks also experienced the greatest number of new sectors. This is not wholly unexpected, given that smaller networks have the greatest room for growth in both size and incorporation of new networks.

Figure 3-2 Change in number of sectors

	Baseline	Follow up	% change
Albany*	11	20	82%
San Diego County*	11	17	55%
Boston	12	16	33%
Columbia River Gorge*	12	15	25%
Illinois*	12	15	25%
Alaska*	15	18	20%
Kansas City	14	16	14%
Sonoma County*	15	16	7%
Philadelphia*	17	18	6%
Buncombe County*	17	17	0
Tarpon Springs*	20	20	0
Wisconsin*	16	14	-13%

*Indicates that the backbone organization rated an increase in number of sectors as either a "4" or "5" on a scale of 1-5 in response to the question of "How much would you like to see your network change in this way."

MARC communities increased their representation of members from Education K-12 more than any other sector.

One of the core features of the networks supported under MARC is the multi-sector nature of their membership. In Figure 3-3, we display each sector by MARC community to show the extent to which the percent involvement of members representing specific sectors either increased (in green) or decreased (in red). Blank cells reflect no change between time points; either a community may not have this sector represented at all, or the number of members did not change. Sectors are ordered from highest to lowest for which the greatest *number* of MARC communities added members. For example, the first row of the table shows that Alaska increased members from the Education K-12 sector by 2%, Albany increased by 9%, and Boston decreased by 4%. The final column shows that out of the 12 communities, ten increased the percent of organizations or individuals from Education.

Figure 3-3 Changes in Percent of Representatives by Sector and MARC Community

	Alaska	Albany	Boston	Buncombe County	Columbia River Gorge	Illinois	Kansas City	Philadelphia	San Diego County	Sonoma County	Tarpon Springs	Wisconsin	Number of sites with an increase in sector
Education K-12	2	9	-4	5	1	1	6	-2	3	3	2	4	10
Community Dev/Civic Engagement	3	2	7		3	1	-4	5	1	-4	2	-2	8
Higher Education	4	2	2	3		-3	-3	2	2		1	-2	7
Early Childhood Education & Care	-1	6	-7	-4	1	2	2		2	2		1	6
Philanthropy		2		2		-1	3		2		-1	1	5
Mental Health /Behavioral Health	-7	1	-3	3	-2	-1	-1	1	-12	2	-6	-3	4
Domestic Violence / Sexual Assault	-2	4		1	-2			3		-3		3	4
Faith-Based	3			-2	-1	2			4		1		4
Housing & Homelessness	-1	-11	2			-1	2		-5	2	3		4
Public Health	-2	-2	3		-4	1	1	-1	1	-1	-1		4
Health Care / Medical	1	-3	-1	-5	1	-6	-5	-9	1	5		-2	4
Substance Abuse / Addiction	4	-2			6		1			-1		3	4
Law Enforcement		2		-2	6		-1			2			3
Youth Services	4	-6	-1		-2	4		1		-1		-2	3
Policy Advocacy		2	-1	2	-2	-6	-1		6				3
Criminal Justice		2			3			3		-1	-1		3
Disabilities	-2	-2	-1	2		2	-1	-1			-1	3	3
Juvenile Justice	-1	2			-5		-1		-1	-1		1	2
Business			4				6				-2		2
Child Protection / Child Welfare	-2	-9	-1		-1	1	-1		-3		-2	1	2
Community, Parent or Youth Partner											1	4	2
Cultural Arts			2					2					2
Social Services									4	-1	1	-5	2
Government	1									-1		-2	1
THO/Social Services	-4											1	1
Workforce Development		2						-2					1
Adult and Aging										-1			0
Military / Armed Services		-2					-3		-1				0
First Responder													0

Note: Sectors in gray did not appear as an option on the survey.

The number of connections among network members in MARC communities increased between 19% and 152%.

The number of connections is a count of the number of unique network connections among the network of organizations for each site. For each site, the percent change reflects the gross increase or decrease in network connections/network size. Across the sites, ten out of 12 MARC communities increased their total number of connections among members (see Figure 3-4). The percent change tended to be greatest in those sites that also increased the most in size, San Diego, Albany, Kansas City and Columbia River Gorge, all of which experienced more than 100% increase.

Figure 3-4 Number of total overall connections

	Baseline	Follow up	% change
San Diego County	183	462	+152%
Albany	200	488	+144%
Kansas City	358	841	+135%
Columbia River Gorge	187	377	+102%
Sonoma County	342	576	+68%
Alaska	781	1,115	+43%
Tarpon Springs	721	1031	+43%
Boston	421	588	+40%
Philadelphia	794	1099	+38%
Buncombe County	618	734	+19%
Illinois	402	399	-0.7%
Wisconsin	608	461	-24%

In general, network density decreased over time, while the average number of connections among members in each network increased.

Social Network Analysis (SNA) allows us to examine the structure of each network, providing additional information about the extent to which organizations and individuals are collaborating, between and among sectors as well as within sectors and how networks change over time. We used SNA to compute several relevant metrics to further characterize the networks and network collaboration. Network density (the portion of connections in the network relative to the total number possible) and degree centrality (the average number of connections that each member has) tell us something about the connectivity among members overall and by individual members. Displayed in Figure 3-5, these two metrics are arranged by current network size, as they are strongly influenced by the number of members. Across the sites, we anticipated increased density and centrality over time, as they continue to strengthen their networks.

Following the baseline data collection period, we established categories for high, medium and low density and centrality. Using these same classifications for the follow up data, as expected and similar to baseline findings, smaller sites (i.e., Columbia River Gorge, Wisconsin and Sonoma County) have **higher density** than do larger sites. Most sites experienced decreased density as their size grew over time, such as Albany, which increased their size by 144% and had a 43% decrease in density. There were exceptions, however; Sonoma County increased in size and maintained the same density. Philadelphia increased in size and density, although their relative level of density overall was still low. Lastly, Kansas City, which is average for network size overall and increased in size by nearly 40% also increase their density, by 20%. This exception to the rule may reflect Kansas City's strong commitment to be inclusive, even across state lines (which may also be a function of its geographical position where Kansas and Missouri are adjacent and history of cross-border collaboration). In addition, Kansas City had a foundation in the local Chamber of Commerce, which facilitated access to a range of partners as well as allowed for sustaining those relationships over time. The Chamber appears to provide a solid base, not only for recruiting new connections, but also fostering existing relationships. For example, the Chamber is a founding member of Healthy KC, which is a regional health and wellness focused initiative that

certifies businesses for health and wellness programs. As of 2019, Healthy KC has certified over 200 local and regional businesses.

Figure 3-5 Change in Density and Degree Centrality

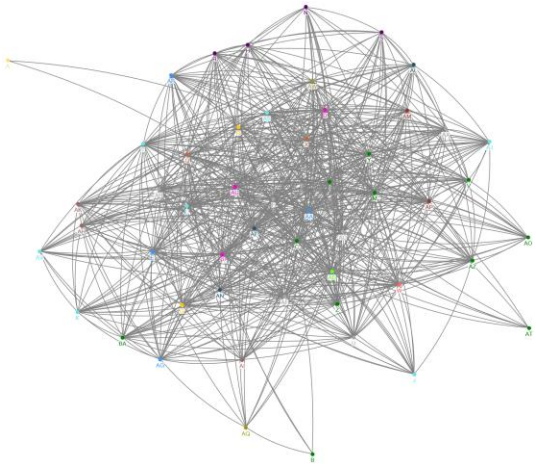
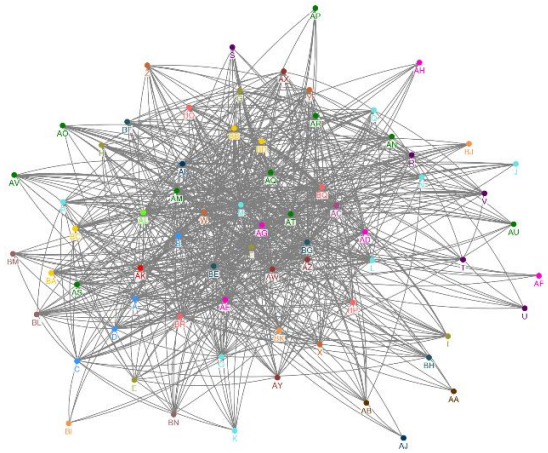
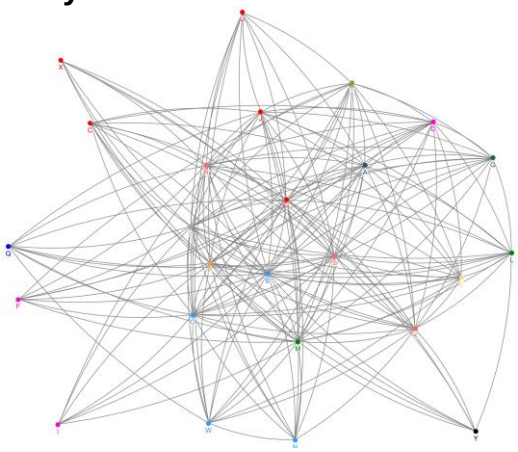
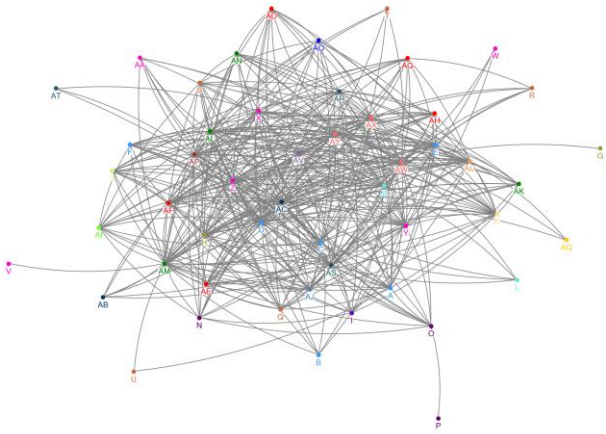
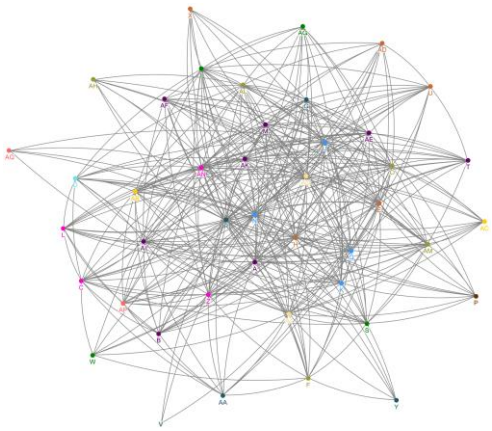
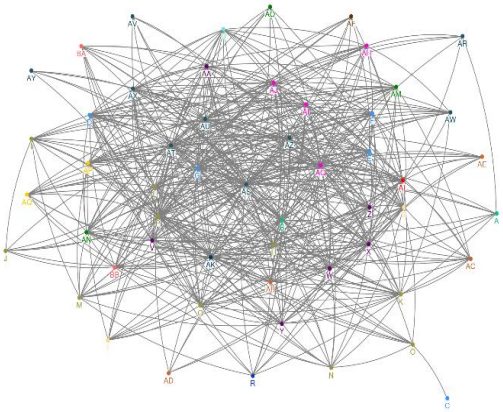
	Density				Degree Centrality		
	Baseline	Follow-up	% change		Baseline	Follow-up	% change
Columbia River Gorge	0.68	0.63	-7.4%		15.6	21.5	37.8%
Wisconsin	0.71	0.73	2.8%		29.0	25.6	-11.7%
Sonoma County	0.61	0.61	0.0		20.1	26.2	30.3%
San Diego County	0.52	0.35	-32.7%		13.6	17.8	30.9%
Illinois	0.54	0.44	-18.5%		20.6	18.6	-9.7%
Boston	0.46	0.41	-10.9%		19.6	21.8	11.2%
Kansas City	0.51	0.61	19.6%		18.8	31.7	68.6%
Buncombe County	0.60	0.53	-11.7%		28.9	27.7	-4.2%
Albany	0.67	0.38	-43.3%		16.0	19.1	19.4%
Alaska	0.59	0.46	-22.0%		30.0	31.9	6.3%
Tarpon Springs	0.47	0.45	-4.3%		25.8	30.3	17.4%
Philadelphia	0.38	0.40	5.3%		24.4	29.3	20.1%

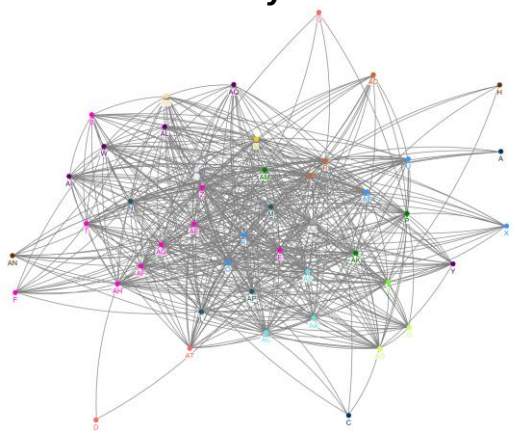
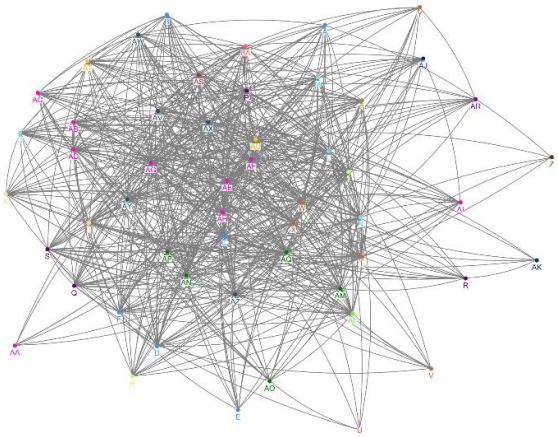
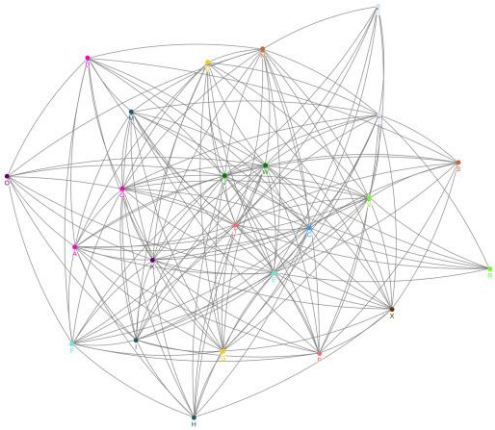
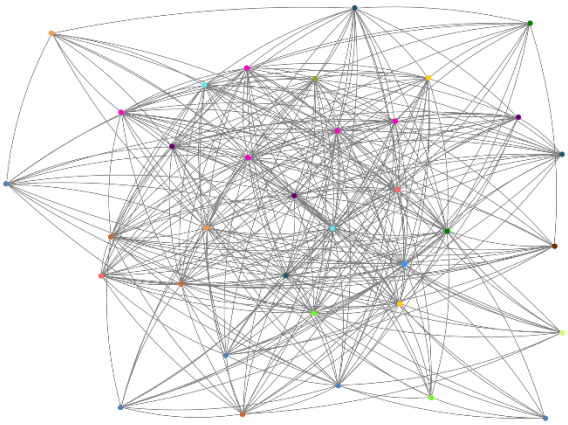
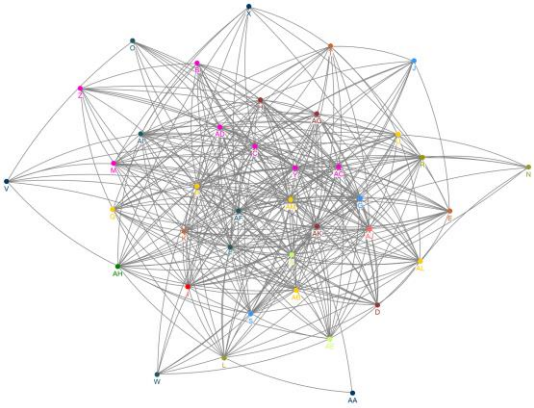
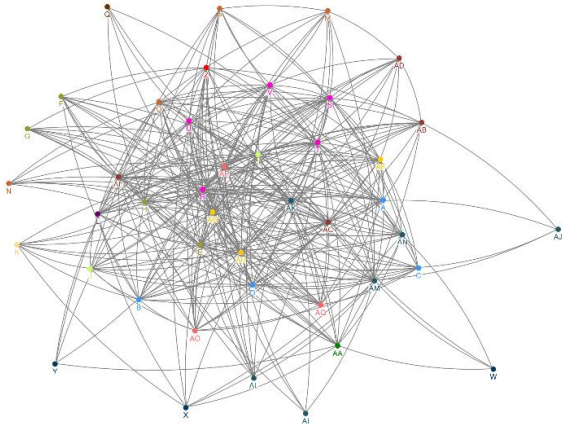
Key:	High	Medium	Low		High	Medium	Low
	Above .6	.5 to .6	Under .5		Above 25	20-25	Under 20

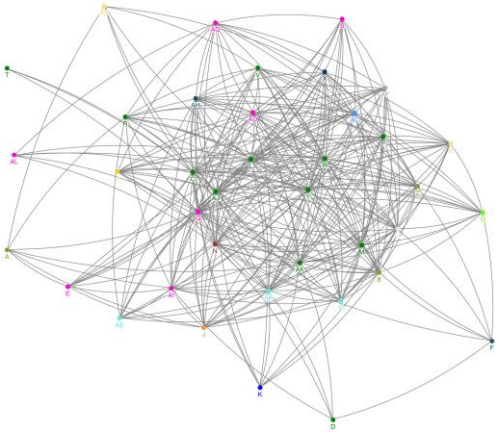
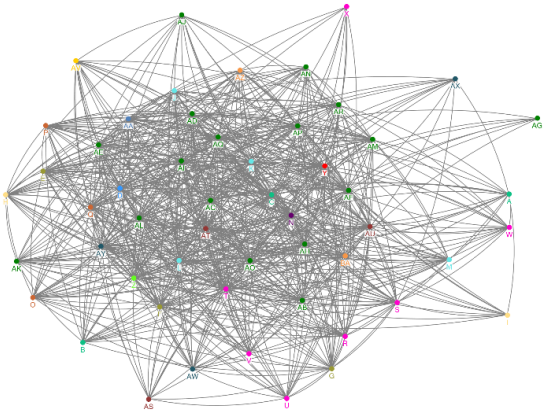
Network degree centrality is also influenced by network size. As expected, degree centrality was generally higher in sites with larger networks. As with density, there are exceptions to this as well. Most notably, the Albany network is large, but many of their members are new and are individuals (rather than individuals representing organizations), two factors that likely decrease the number of connections they have with others in the network. Wisconsin and Sonoma County are both relatively small networks, and yet their members have an average of 25-26 connections each. Wisconsin more explicitly follows the principles of Collective Impact than the other MARC communities, and it may be that the structure results in a "tighter" network overall. In addition, the backbone organization in Wisconsin has an explicit agenda to improve collaboration and coordination among members. In Sonoma County, member leadership characterized the network as "decentralized," with most activities being conducted in parallel by network members. It appears that the members increased their connection to and collaboration with other individuals and organizations within the network over time.

In addition to the metrics, we used SNA to generate maps that represent collaboration within each site. Figure 3-6 displays these maps to show collaboration at any level for each of the 12 sites with two time points of data. In each map, each organization or individual is represented by a dot, and the color indicates the sector of that member. Based on a visual inspection, collaboration generally increased across the 12 sites. Appendix A provides maps for only the highest level of collaboration; from these depictions, it is much clearer to see that the number of network members who collaborate a lot increased from baseline through the MARC period.

Figure 3-6 Network maps representing all levels of collaboration

Baseline	Follow up
Alaska ARI	
	
Albany HEARTS	
	
Boston	
	

Baseline	Follow up
Buncombe County	
	
Columbia River Gorge	
	
Illinois	
	

Baseline	Follow up
Kansas City	
	
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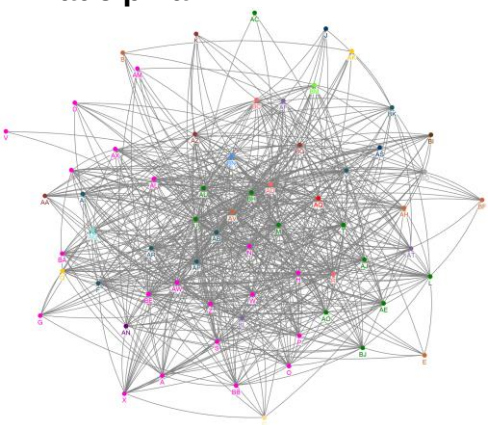	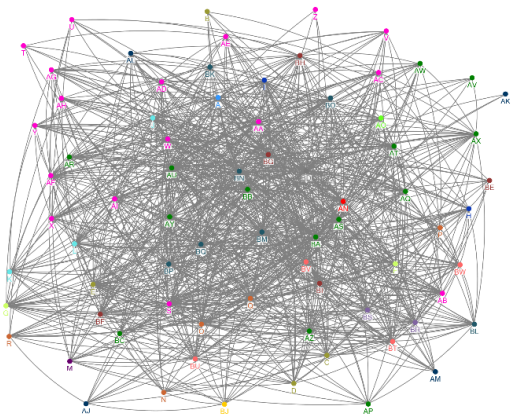
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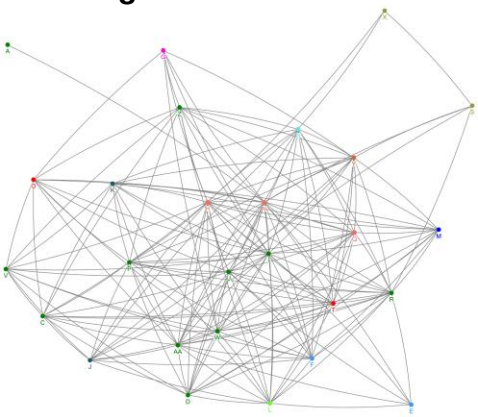
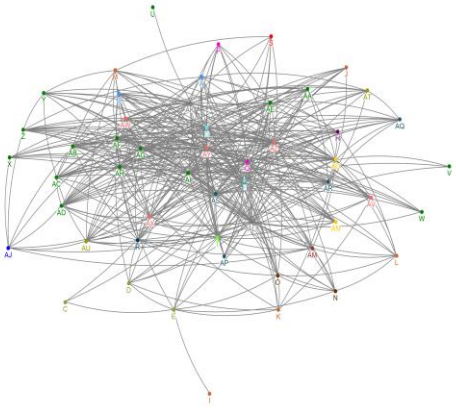
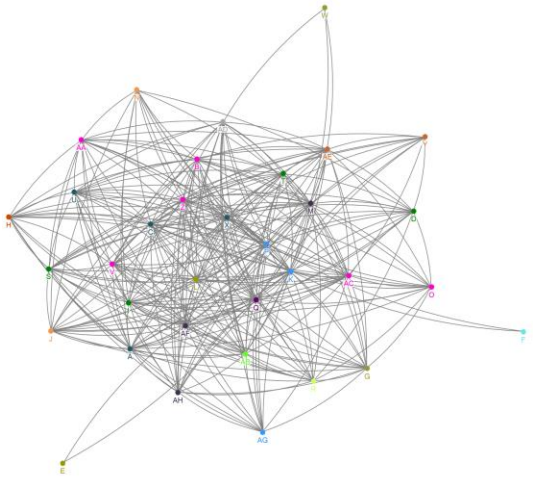
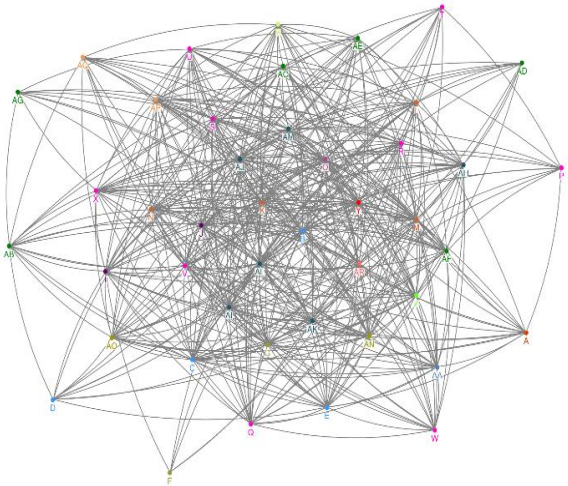
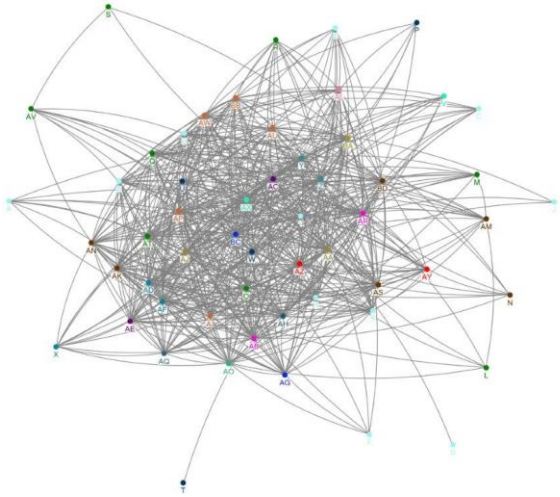
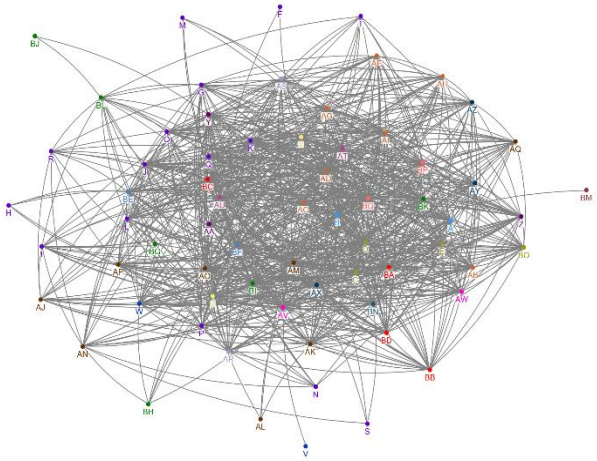
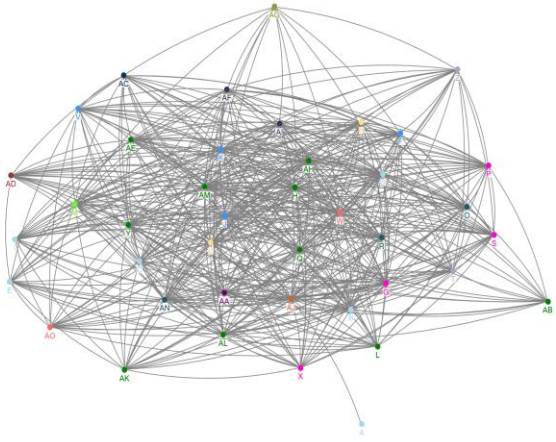
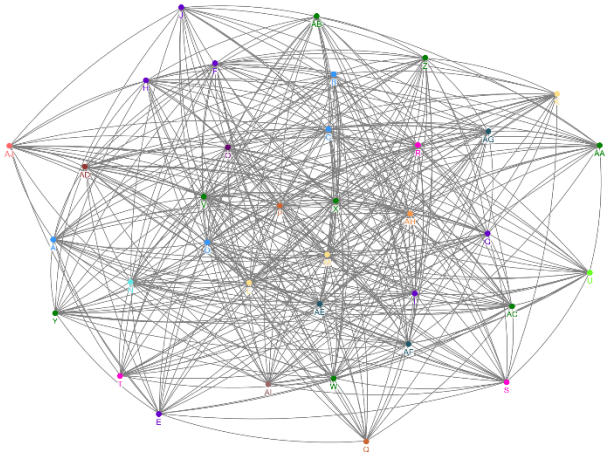
	

Baseline	Follow up
Sonoma	
	
Tarpon Springs	
	
Wisconsin	
	

Based on network member reports, MARC networks increased in their influence on how they or their staff understand their own ACE backgrounds. Network members in Kansas City and Wisconsin reported an increase in the networks' influence on their work in the greatest number of ways.

Active networks focus on achieving collective goals, but networks also have an influence on individual members and their organizations. As part of the Network Survey, respondents were asked to report the extent to which their involvement in their specific MARC community network had impacted their work, selecting from a 5-point scale of "not at all (0)" to "very much (4)." The seven areas of potential influence were selected and revised in consultation with all 14 MARC communities. As with all questions on the survey, the data for these items reflect two largely overlapping but not identical cohorts, since there are members who have left and others who have joined. On average, ratings were 2.0 or higher across all areas at both time points. There was no area that, over time, increased across all the MARC communities, although members in eight of 12 communities reported that their involvement had "increased how staff understand their own ACE backgrounds," an average change of 12.7% (see Figure 3-7).

Figure 3-7 Percent change of the influence of the MARC network on members' own work

	Your organization's approach to implementing services	How your organization communicates with families and children	How staff understand their own ACE backgrounds	How your organization plans treatment or interventions	How your organization trains staff	The type of messaging your organization uses to promote early intervention efforts	How your organization fundamentally thinks about work
Alaska	5.3%	-5.0%	13.5%	1.2%	22.5%	-12.0%	-8.2%
Albany	-7.7%	-7.9%	13.1%	12.3%	4.4%	6.4%	-1.9%
Boston	3.3%	11.5%	30.0%	12.5%	12.5%	8.7%	10.3%
Buncombe County	4.2%	0	-0.7%	14.0%	0.4%	-7.0%	-6.5%
Columbia River Gorge	4.4%	-3.5%	13.6%	-27.6%	-9.6%	-12.0%	-5.3%
Illinois	-0.9%	-1.5%	-4.8%	-16.0%	1.1%	-21.5%	-5.3%
Kansas City	5.8%	22.5%	30.9%	34.1%	42.0%	60.6%	33.5%
Philadelphia	-2.4%	8.9%	12.2%	-0.6%	11.9%	13.9%	22.7%
San Diego County	-6.6%	-7.8%	-6.5%	-8.5%	-9.2%	-12.3%	-11.9%
Sonoma County	-0.4%	0	-0.8%	8.9%	6.0%	-7.5%	4.4%
Tarpon Springs	0	8.7%	4.0%	-4.5%	0	0	4.2%
Wisconsin	11.5%	29.2%	48.1%	48.7%	60.6%	31.2%	25.2%
Average	**1.4%**	**4.6%**	**12.7%**	**6.2%**	**11.9%**	**4.0%**	**5.1%**

Key: Increase of >20% | Increase of >10% | Decrease of >10% | Decrease of >20%

Another area that showed increase across multiple communities is the way that network involvement impacted how the members plan treatments or interventions, although members in two communities (Columbia River Gorge and Illinois) reported a decrease in this over time. There are two MARC communities that stand out with respect to the influence of the network on members' work: Kansas City and Wisconsin, where respondents reported an increase in every area, and most of these were an increase of at least 20% over their baseline score. Both of these sites had relatively lower ratings at baseline, allowing for greater room for growth; still, the magnitude of the increase suggests that these two communities were effective in reaching members in a meaningful way at the follow up that they were not at the baseline.

Summary

In our interim report, we focused on characterizing the MARC networks across a range of dimensions. At that early stage, backbone organizations reported many ways in which they believed their network could be strengthened, a major goal of MARC. Our work with the MARC communities in conjunction with their responses to the MARC Network Survey suggests that the MARC networks clearly changed over the MARC period. Overall, most sites' networks are increasing the number of connections and collaborations, but the inclusion of new organizations in those networks is outpacing that collaboration, which leads to declines in density. Sites with smaller increases in organizations have an easier time collaborating with the majority of the members in the network, so they have smaller declines or increases in density. In addition, "strengthened" networks do not look uniform across the sites. Two such changes stand out in this respect.

First, change in the networks did not necessarily occur in the way that the MARC communities themselves initially predicted. For example, in our interim report, we discussed how many communities identified businesses, the faith community and law enforcement as key sectors they would like to engage. Based on the network survey, only two communities increased the number of representatives from the business community and three increased in the area of law enforcement. In contrast, *ten* communities increased their representation of participants from the area of education (K-12). Similarly, and as described above, "community engagement" became an area of explicit focus for a number of MARC sites. This may have been inspired at least in part by selected MARC communities sharing with others, through webinars and group meetings, why it is so critical to adapt networks to be more inclusive and centered around individuals rather than agencies. In a different dimension of network strengthening, three MARC communities (Montana, Washington and Alaska) proposed to develop and strengthen their statewide networks. Network surveys were administered as a way to capture the changes as the statewide level. Whereas Alaska actively pursued this area, Montana and Washington MARC decided instead to focus their energy on strengthening local networks.

Second, while developments among smaller sized networks result in the most dramatic results, changes in larger networks are also important. HEARTs in Albany, one of the smaller networks at baseline, had a well-established, relatively well-defined structure at baseline, with members who were primarily organizations. In order to become less organization-driven and incorporate more community voice, HEARTs actively engaged individuals and became much more diverse with respect to the number of sectors represented. PATF in Philadelphia moved in a similar direction, but the network was already quite large, so the magnitude of change is not as evident. Kansas City was a moderately sized network already, but stands out because it is unique in the high number of organizations, connections and density.

4. Summary of Outcomes of the MARC Sites

The MARC initiative was designed to use the ACE framework to foster changes in the funded communities that lead to more trauma-informed and resilient practices and policies to improve overall well-being. Although focused on networks that have generally been in operation for some time, as a two-year initiative, the expected outcomes were modest. They were, however, consistent with fostering change through increased awareness of ACEs and instilling more trauma-informed practices and progress toward policies in organizations and communities; and increasing the capacity of the communities for ongoing and sustained change through leveraged funding and improved data collection.

As described in Section 4, we used an Outcome Harvesting Approach (see box at right) to identify, document, and substantiate key outcomes that occurred during the MARC period.

As described, the process included a number of steps to ensure that all key outcomes were identified and that the level of contribution of the network was established. The backbone organization in each site, as well as other network members, played important roles in identifying the pool of outcomes to review and assess. The evaluation team collected data on each outcome through various sources, including document reviews and interviews with those most involved in the process and verified that each outcome occurred, how it occurred, who it impacted, and the role that the network played. Consistent with the Outcome Harvesting methodology, we focused on outcomes that went beyond increasing the awareness of ACEs, trauma, and resilience to include behavioral changes in individuals, organizations, systems, and the community.

Our Approach to Outcome Harvesting

1. Mined available documentation, such as reports prepared for HFP, monthly reporting to Westat, as well as information available online.
2. Examined documents for possible changes in relationships, practices, funding, and policy that have occurred in the community within the time period of the MARC initiative (since November 2015).
3. Conducted phone calls with the backbone team to obtain their input on what changes in these areas that they had observed.
4. Revised this list to include those that appeared to be both important changes and ones that may have involved a some contribution of MARC funding (or the network).
5. Substantiated this set of outcomes through in person interviews, phone interviews, and/or documents.
6. Conducted a follow up phone call with the backbone organization to review outcome, ensure accuracy, and identify those considered most important.
7. Conducted additional calls if needed.

All harvested outcomes were entered into a database, coded for various attributes *(*such as whether the outcome had occurred (vs. planned or discontinued), the primary sector that it influenced; the type of outcome it was (e.g., relationship, funding, etc.); when the change occurred; geographical location where the change took place; the reach and scope of the outcome; its significance; the level of contribution of the network; and whether it was likely that the outcome would have occurred even without the MARC network. Some of the outcomes could fit in multiple category types, but we selected the type that best described the prominent aspect of the change. We examined the processes and sequence of events by which each outcome unfolded over time, traced back the contribution of the network, and analyzed the way in which the network, as well as other factors, played a role in the occurrence of the outcomes.

In the remainder of this section, we describe the outcomes that have occurred in these two years, the populations and sectors they reach, their significance, and the process through which they were achieved. In Section 5, we examine the sites as a whole, understanding the different ways in which sites focused their activities and their strategies for achieving change across outcomes that could improve the capacity of the sites for addressing trauma, fostering resilience, and overall, improving well-being of the individuals in their communities.

Outcomes Accomplished Across the Sites

Through the Outcome Harvesting process, we identified 116 outcomes across the 14 MARC sites (see Table 4-1). The number of outcomes per site ranged from 3 (for San Diego) to 20 (for Illinois). There were on an average 8 outcomes per site. It is important to note that the number of outcomes is an estimate. Although we strove for a consistent process across the sites, it is possible that some sites considered parts of a process as separate outcomes whereas others combined these as one. Moreover, some changes are large, and others are smaller and incremental. Therefore, we do not focus on the exact number per site, but offer it as providing some indication of the outcome activity across the sites.

The more important part of the outcome assessment is to understand the nature of the changes that occurred. The outcomes incorporated a range of changes, categorized in one of seven categories, including changes in: relationships, data, funding, practices, policies (organizational level), public policy, and expansion.

Relationships: Relationship outcomes included those that involved the development of new relationships or strengthening of existing relationships with other organizations and initiatives working towards decreasing ACEs, trauma, and increasing resilience. Partnerships emerged between the networks and their members with community members and organizations, schools, law enforcement agencies, public health agencies, hospitals and medical systems, and many more.

A few examples help to illustrate the type of relationships that were deemed important in addressing trauma and fostering resilience. Some included relationships with powerful organizations that could bring in resources, whereas others involved stronger engagement with the community and beneficiaries of programs to have their voices influence change. In Kansas City, as noted, the Sesame Workshop partnered with Resilient KC for its Sesame Street in Communities initiative to bring new resources focused on early learning, health, and resiliency to the Kansas City community. Some of the changes in relationships pertained to community development or involvement of community groups or organizations into the ACEs related work. In particular, Boston and Buncombe sites noted increased community engagement. For example, in Buncombe County, recipients of the Tipping Point Grant program noted an increase in their sense of empowerment and civic engagement in Asheville. Vital Village in Boston increased access to breastfeeding and prenatal/early childhood supports for community members through the Boston Breast Feeding Coalition and Baby Cafes. Baby Cafés are designated spaces that provide free resources for pregnant and breastfeeding mothers, offer support from lactation consultants and other trained staff, and provide opportunities for women to share experiences.

Data: A few sites documented changes in the collection or availability of data relating to ACEs. These included incorporating indicators of ACEs and Resilience in community surveys (such as by Whatcom Department of Health in WA), using ACEs indicators to provide evidence of the effectiveness of a

program (Centering Pregnancy curriculum in Boston), and expanded use of data in several sites to inform programming. For example, in 2016 and 2017, community members and community service providers in Boston used data from the Vital Village Signs Dashboard to answer new questions about social and economic issues and map information about food access and quality. The City of Philadelphia has begun adjusting the geographical location of where it solicits vendors for behavioral health services to take into account locations (by zip code) where ACEs and other data indicate the highest risk.

Funding: Five sites noted changes in funding. In April 2016, United Way of Greater Philadelphia and Southern New Jersey, a major funder in the region, secured funding and created a five-year regional trauma plan, which includes eight counties in Pennsylvania, New Jersey and Delaware. United Way has been involved in trauma-related work since 2009 and has been part of the Philadelphia ACEs Task Force, the ACEs network in Philadelphia, since its origin. In Albany, Capital District Physician's Health Plan continued increasing support for expanding the ACEs symposium. Buncombe County funded the Isaac Coleman Innovation Grants, a program designed to rebuild neighborhoods, increase economic mobility, and improve educational experiences through economic investment in local communities, as well as a Justice Resource Center/jail diversion program that brings trauma-informed services for non-violent offenders. A number of additional funding changes related to public policy are placed in that category (see below).

Practices: As Table 4-2 displays, the bulk of the changes (63 out of 116) observed in the MARC communities related to changes in trauma-informed practices. More organizations and systems were observed to incorporate and implement a range of trauma-informed practices, which could range from implementing specific components of practices such as enacting a "safety huddle" where directors of medical programs meet every morning for 15 minutes to discuss safety issues and cases pertaining to violence (in Illinois) to a bundled set of practices in classrooms, or screening and referral programs in hospitals, to evidence-based programs such as Healing Trauma Together in Chicago public schools. Of the MARC sites, Columbia River Gorge and Illinois noted the highest number of outcomes relating to trauma-informed practices. Because a broad number of activities fall under this category we present the detailed categorization of trauma-informed practices in Table 2 and describe it more completely below.

Policy: There were 11 outcomes relating to policy changes in organizations and/or systems within communities (but not changes in public laws or regulations). These policy changes include increased alignment between state departments in the form of joint trainings and braided funding (WI), incorporating ACEs in community health improvement plans (MO) and under the priority area of Maternal and Child Health (Sonoma). In addition, Illinois saw member hospitals with several policy changes related to emergency room treatment, and Albany's police department had department wide policy changes related to Handle with Care program.

Public Policy: Despite the two year time frame of the MARC initiative, several networks were able to contribute to outcomes related to public policy, which typically require a longer time window to accomplish. In fact, given the low-likelihood of realizing concrete policy changes that involve the entire process of proposing and passing legislation during the timeframe of the MARC initiative, we employed a broad definition of change that included changes that might precede a policy change. Examples include the introduction of a house resolution bill pertaining to ACEs (Columbia River Gorge), increasing the state budget for mental health services (Wisconsin), and a more symbolic change by The City of Tarpon Springs when they adopted the red mangrove tree as the official tree of the city. Tarpon Springs' Peace4Tarpon supported this activity with a red mangrove coloring contest and award ceremony in city hall with the mayor. Members of the network joined the Chamber of Commerce and made a

presentation about trauma and resiliency at a 'Lunch and Learn' event for local business people. Another example is the policy instituted by the Missouri Department of Mental Health, which mandated and funded a Kansas City police department major to expand a secondary trauma training course that uses a train-the-trainers model and includes an initial three-day session and a follow-up two day session. The trainers are offering sessions to multiple first-responder agencies across Missouri, including fire departments, police departments, emergency medical services, and children's agencies.

Expansion: Four communities saw the expansion of the network model into other communities in the region/state. Network models such as “Peace4” were expanded into other communities in Florida, and new affiliates of Elevate Montana were established in other cities and counties. The ACEs work in Alaska was expanded to other health coalitions. In Kansas City, a new non-profit organization, Alive and Well Communities, was established to sustain the work of Resilient KC and connect resiliency efforts in Kansas City with similar work taking place in St. Louis. These changes go beyond forging new relationships and community development to expanding the network models and foster work on ACEs and resilience in the region.

As the largest category of changes, Practice Changes encompassed a range of outcomes fostering trauma-informed and/or trauma-sensitive environments, including adoption of practices within organizations; adoption of training and training curricula that fostered trauma-informed practices; changes to the physical environment; and self-care practices.

Organizational TI practices: Of the 63 outcomes related to changes in trauma informed practices, almost half (29) were changes in implementation of trauma-informed programs or a set of programmatic components in different types of organizations, such as schools, businesses, hospitals, and departments of health. Of these changes, over half (21) were new programs; the rest (8 were expansions of existing programs into more departments within an organization (e.g. more units/divisions within the Department of Health Services in Columbia River Gorge region are implementing Sanctuary model trainings) or into more organizations, such as the expansion of Trauma Informed Classroom model into ten additional Boston public schools through a train-the-trainer approach. The Boston network, Vital Village, then conducted a pre-post evaluation of the model as implemented in two schools, finding statistically significant changes in emotional support and classroom organization. Some of the changes in practices observed in MARC sites were more concrete, circumscribed, and incremental, such as integrating more mental health counselors on-site and changing out-of-school suspension policies (in Schools in Whatcom and Walla Walla); and the inclusion of a requirement for applicants to specify whether they had any trauma training when applying to a particular grant (in Wisconsin Department of Health Services). Some of the changes were less well-defined, such as trauma-informed practices in schools that allow for time and space for students to self-regulate, changes in organizational hiring practices, and so on. A noteworthy example of organizational change spurred by the Montana network involved a local McDonalds. When introduced to ACEs through a network forum, the management of the McDonalds instituted trauma-informed practices such as training to improve the management team’s relationships and interactions with staff and their interactions with customers.

New curriculum: Seven outcomes related to new curricula, instituted in a range of organizations, including educational organization (K-12, higher education, online), health care and medical organizations, among others. For example, in Montana, nurses introduced and obtained approval to make ACEs training mandatory for all nurses at a prominent local hospital. In addition, nursing leadership made changes to an admission screening form for the hospital to be more trauma sensitive.

Although most curriculum changes were limited to a single organization or a system, one change had national reach. In Montana, a chaplain of Intermountain Children's Home created a curriculum designed to help churches implement a trauma-informed ministry that includes a DVD of Paper Tigers and license to show it up to 250 people, and has distributed to people in 28 states.

Training: the second most common type of changes in TI practices was the introduction or expansion of trauma and resiliency trainings to staff within schools, school districts, hospitals, and other organizations such as domestic violence shelters. The participants in these trainings were mostly staff within the organizations and schools; some trainings were conducted with non-traditional audiences such as training by United Way of Brown County on the science of ACEs and trauma-informed care to Wisconsin businesses. As with the practices, most of the trainings were limited to an organization or a system. However, in Albany, the training program provided by LaSalle has become a key component of the HEARTS Initiative that has reached statewide. It has functioned as an outreach vehicle as well as a change agent for various other organizations from the Lansingburgh School District to the Albany Police Department. The demand for training led to the growth LaSalle has seen as a trainer as well as key role in the network. It has led to the need for additional trainers that then are able to work with more organizations, while also serving as outreach advocates.

Physical environment: Two changes relate to physical environment. An ER room at a hospital in Illinois was redesigned to allow providers to move domestic violence victims to private rooms, allowing for a safe-zone and confidential place for victims to speak with providers and the police. A domestic violence shelter in Illinois that screens male DV offenders changed its office space to make sure it is inviting and modified physical aspects of the ER to make it more trauma informed.

Building a Culture of Self-Care: One specific area of practice change involved providing services and supports for staff in organizations to practice trauma-informed self-care. This involves building skills related to self-regulation, using inner strength, hope and optimism, and practicing kindness. In Kansas City, for example, a Wellness Specialist at Garmin began introducing specific resilience practices into the company and related company policies at the headquarters. These practices were part of a shift by Garmin to recognize mental health as a central part of the traditional health and wellness programs. This included a six-week "adventures in resilience" campaign. For the campaign, the company designed a superhero-themed workbook addressing setting goals related to self-care, using inner strength, hope and optimism, and practicing kindness. Additionally, in part through collaboration with Resilient KC, the company brought in an organization to conduct resiliency training at the Olathe headquarters.

More than two-third of the outcomes were targeted at the organizational level; very few at the regional and national level

Table 4-3 shows the reach of the outcome in terms of the level at which the outcome occurred, starting with organizational level changes all to way to national. Not surprisingly, most of the changes were at the organizational level. For sites such as Columbia River Gorge, most of the changes (9 out of 13) were at the organizational level. The organizations ranged from hospitals, Head Start, law enforcement agencies, departments of health, and domestic violence shelters. Boston had the most number of changes at the community level, focused on pregnant women, mothers, fathers, and other caregivers, representatives from community organizations, participants of well-child groups. The changes pertained to increased community engagement, development of an action plan for the Male Engagement Network and the development of a Community Advocacy and Leadership Certificate Course. There were similar number of outcomes at the city/county level and the system level, with Illinois having the most number of outcomes at the system level (for example, the hospital system in Illinois that includes University of

Illinois Hospital and Health Sciences System, and Swedish Covenant hospital). There were two outcomes at the national level. One pertaining to public policy in Wisconsin with a House Resolution 443 supporting trauma-informed care introduced to Congress on July 13, 2017 (WI). The other was a curriculum developed by a chaplain in Montana designed to help churches become trauma-informed ministry. The six-week curriculum includes a DVD of Paper Tigers and license to show it up to 250 people in each church, of which 100 copies have been distributed to people in 28 states.

Most of the changes occurred in the education, community development/civic engagement, and the healthcare/medical sectors

We coded the primary sector that the outcome occurred in using the sector list shown in Section 3 (Network section). However, we combined several sectors into higher order categories. As seen in Table 4-4, of the 11 sectors, the most number of changes seems to have occurred in the education sector followed by community development/civic engagement, and the healthcare/medical sectors. This pattern of findings seems to parallel the result noted in the network section, which showed that MARC communities increased their representation of members from education K-12 more than any other sector, followed by community development/civic engagement.

Almost all sites showed changes in education, community, health care, behavioral health; very few (less than 5 sites) showed changes in in criminal justice, faith based, philanthropy, business, and child welfare. Interestingly, there were as many outcomes in the public policy area as in behavioral health, which is traditionally thought of as the sector where ACE-related changes occurred. In addition, many of the 'state-level' sites such as Alaska, Illinois, and Montana showed the most multi-sectoral changes, with changes in at least 6 sectors; Columbia River Gorge, a regional site, however, showed changes across 7 sectors. It is important to reiterate that many of the sites focused their efforts on creating awareness across a variety of organizations and constituencies, and likely connected with many more sectors through these activities, as noted in Section 2. These efforts were not included in the outcome section as we limited the changes to behavioral changes that could be measured and verified.

What is possible is to investigate more deeply is the value-add of the networks in the communities studied, the significance of their efforts with respect to driving change and the processes and roles networks have used to bring about these changes. In the spirit of a learning evaluation, the multi-site nature of the demonstration provides a laboratory for understanding the factors that shape a network's role and the strategies that can be used to bring out changes.

The Process of Change: Strategies Used to Create or Contribute to Change

For each of the 116 outcomes identified, we sought to understand how the change occurred, tracing back from the outcome through the processes that appeared to cause the outcome and the role the MARC network played in these processes. We sought to understand the value-add of the network to the change that occurred by understanding their role and the significance or importance of the outcomes to the broader goal of addressing ACEs and fostering resilience.

Networks had clear and direct contributions through a range of strategies to over half of the outcomes.

For 69 of the outcomes we identified, the networks were determined to have a clear, direct contribution to the change that occurred. Figure 4-1 and 4-2 provide illustrations of two sets of contributions of the network towards the outcomes – direct and indirect contribution. The three examples in Figure 4-1

provide a sampling of the types of outcomes that the networks contributed to directly and the strategies that helped foster them. The three examples in Figure 4-2 show the indirect contribution of the network to, wherein the network worked with a number of other actors to bring about the change such as when network provided a tipping point, especially through offering its input as a trusted source or providing expertise. Although a range of strategies, as discussed below, were used to bring about change, several strategies were most often associated with having a catalytic effect on the change. For example, networks served as catalysts for change by conducting outreach to develop or foster new networks (Montana and Tarpon Springs); conducting personal outreach to organizations to convince them to adopt trauma-informed practices (Columbia River Gorge; Albany); advocating, promoting, and championing change, such as pushing for public policy change (Illinois, Tarpon Spring, Sonoma County; Columbia River Gorge); and offering presentations and forums, often accompanied by follow-up efforts, to spark change in organizations, often adoption of trauma informed practices after learning about them and how they could enhance their work (Montana; Columbia River Gorge).

Figure 4-2 Examples of outcomes to illustrate direct contribution of the MARC Networks

Exhibit 1. Expansion of Peace4 Model to Other Communities in Tarpon Springs

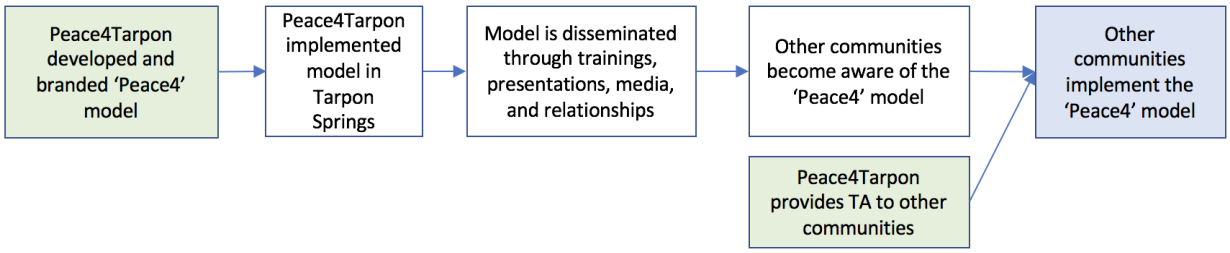


Exhibit 2. Outcomes related to new trauma-informed practices in Lansingburgh, NY School District

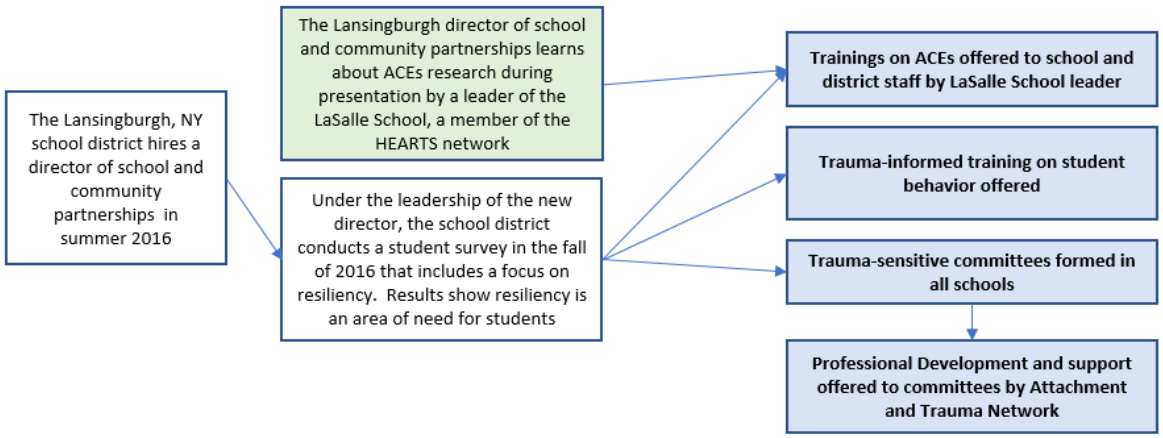


Exhibit 3. Increased Emotional Support and Classroom Organization after Implementation of the Trauma Informed Classroom Model in Boston

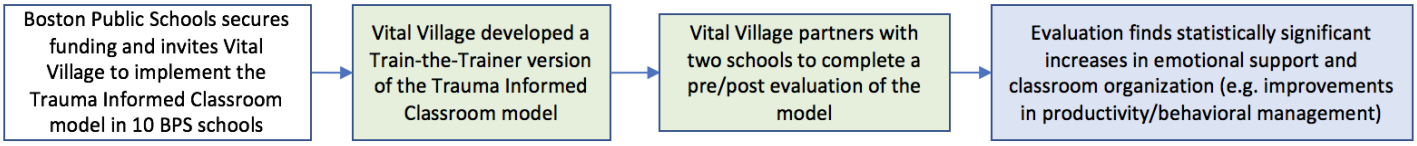


Figure 4-3 Examples of outcomes to illustrate indirect contribution of the MARC Networks

Exhibit 1. United Way Development of a regional trauma plan in Philadelphia

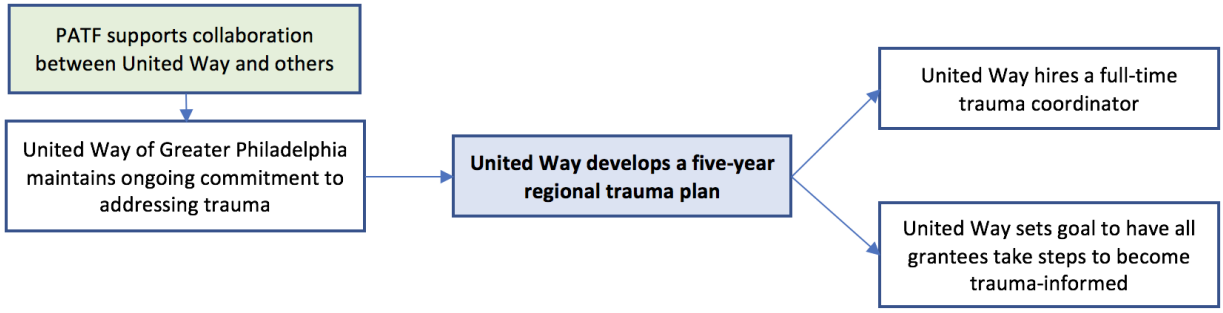


Exhibit 2. Strengthened Networks and Incorporation of ACEs in Health Coalitions in Alaska

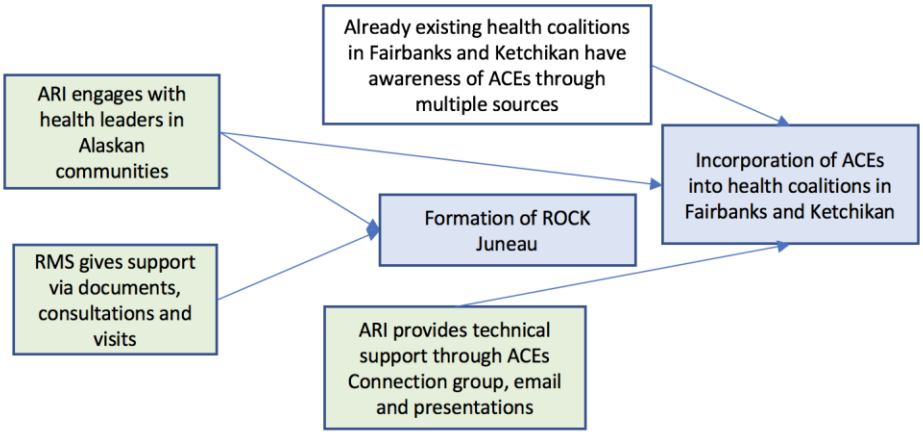
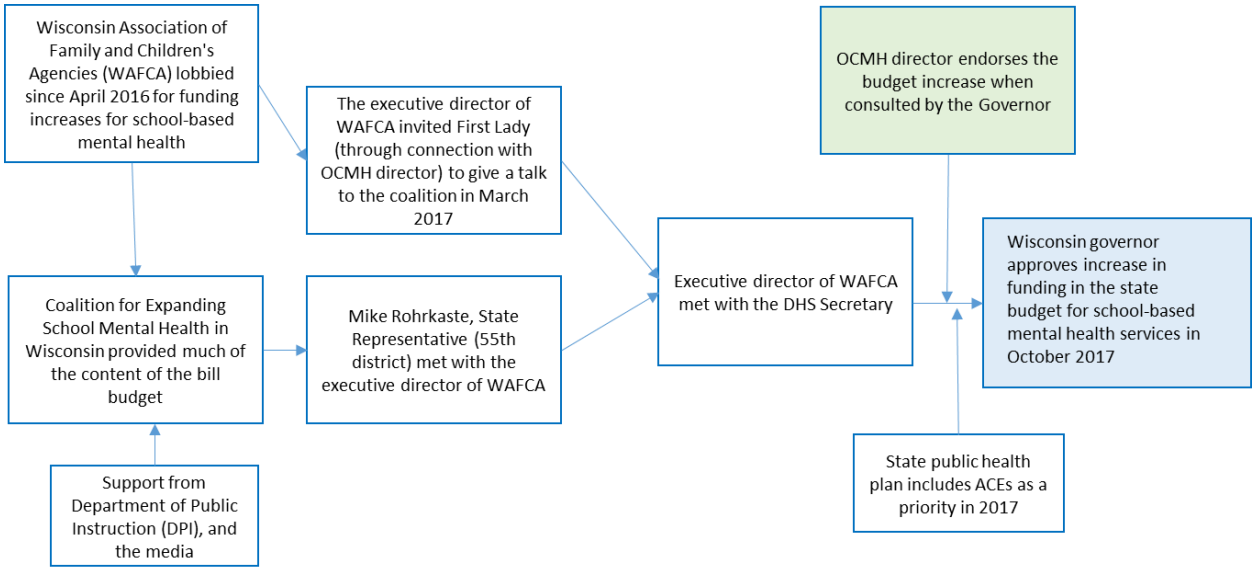


Exhibit 3. Outcomes related to increases in State budget in Wisconsin



Networks also had more limited or indirect contributions in a variety of outcomes.
For the remaining 47 outcomes, networks had less direct or limited contribution, working with a number of actors to bring about the change. Sometimes the network provided a tipping point, especially through offering its input as a trusted source or providing expertise, such as when Sesame Workshop selected to work with Resilient KC for its Sesame Street In Communities initiative, and in January of 2017 formally partnered with Kansas City to bring new resources focused on early learning, health, and resiliency to the community. Other times, network activities such as training were among several activities conducted by a range of actors to bring about change or helped to reinforce change that was already underway, such as the training provided by Sonoma County network to support changes in trauma informed practices in schools in Petaluma. It is important to note that these strategies, such as training, lending expertise, and serving as a trusted source, also led to direct change in some sites, but across sites, were more often associated with more contributing to outcomes. For example, when a network served as a trusted source, it generally was involved in offering the stature to help push a change through or creating relationships that could support the network and support change, such as the role of the network in Wisconsin in supporting the school budget increases proposed by the Governor.

Working through members led to both direct and indirect contributions to change, and maximized the ripple effect networks can have.
One of the strategies identified most commonly with outcomes (35, split almost evenly between direct and indirect contributions of the network), were outcomes that involved the actions of individual members. These included a wide range of outcomes, such as the creation of a five-year funding plan related to trauma by United Way of Greater Philadelphia and Southern New Jersey, introduction of trauma-informed practices into a service-providing organization and allocation of funds toward TI practices by that was initiated by members of the Philadelphia Task Force, continued implementation of the Sanctuary model in local Head Start in Columbia River Gorge by the Mid-Columbia Children's Council in Hood River. As discussed in Section 6, members as a vehicle for change occurred most dominantly in four networks (Albany, Illinois, Philadelphia, and Sonoma County) that had explicit strategies for creating a ripple effect through its members.

Sonoma County, as noted in Section 2 and described more completely in Section 6, conducted a Master Trainer program with 28 participants, many of whom were members of their network, were required to deliver presentations with others. Their participation in the training led to outcomes in their organizations such as Roseland Pediatrics and Elsie Allen Health Center, the Kaiser Permanente, Community Health Initiative of the Petaluma Area, and in the organization of the participants they trained such as the Valley of the Moon, an emergency shelter for foster children and youth.

This process of change through members is likely the process that is most unique to networks (versus single organizations) and provides support for the ripple effect that networks can create in fostering change. It provides support for networks to expand beyond the usual organizations and sectors to those that have had less exposure to the knowledge and strategies for becoming trauma aware and trauma informed.

Lending expertise, either proactively or in response to requests, was also a common way for networks to either spark or contribute to change.
For the MARC initiative, networks were selected that had been in existence and had a track record of work. Although a few of the networks spent some of their efforts in rebuilding themselves, most were able to continue to build on their prior efforts and either reach out to others to lend their expertise to an effort or be called upon by others because of the expertise that the network was recognized as

having. Often, the expertise was one of several ways in which the network worked to bring about the change. One is example is in Illinois where the network served as a subject matter expert and resource for state legislators in the drafting of bills related to trauma-informed practices. Staff from the backbone organizations engaged state legislators to educate them about trauma and advocate for trauma-informed policies and services. Consequently, bills were drafted and introduced by several legislators. While no bills were passed to date, the importance of trauma-informed care was introduced in legislative circles.

Other common cross-site strategies associated with change were training, presentations and forums, personal outreach, advocacy and promotions of the change, and partnering with organizations.
Most of these strategies have already been noted, especially in helping to spark a variety of changes across the sites. In many of the sites, several of these strategies were used together to bring about outcome. Presentations and forums often were the first vehicles in the chain of events that led to change, generally as a first step in making individuals aware of ACEs and the need for trauma informed practices. These were often followed by other actions that helped lead to change, such as trainings and more contacts.

Personal outreach to an organization or individual, often in tandem with other efforts such as presentations or other training, served as a catalyst or a reinforcer of a change, often for an organization to adopt a practice. MARC network leaders were using strategic 1:1 meetings to build relationships with others by identifying shared interest. In several networks, network members, most typically the project director, reached out to other leaders in key organizations in the community to invite them to engage in trauma -informed practices. This outreach often served as a precursor to the individual joining the network, having the individual or its organization participate in training or other efforts, and then eventually adopt one or more practices within their own organization. For example, in Montana, the key activities of the network involved awareness building through presentations and forums, training, and working with affiliates to launch site networks across the state. These activities, combined with personal outreach and personal follow-up, were instrumental in bringing amount practice changes in organization and the spread of the network through affiliates.

Several sites used site specific strategies for helping to bring about change.
Data and evaluation were vehicles the Boston network used that ultimately resulted in changes in the site. As noted, the network often partnered with other organizations and used both data and evaluation to create change. In Buncombe County, the site funded grants to demonstrate changes that in turn led to county funding of the changes. In San Diego, the changes were largely to the structure to the network itself, with most activities intended to build a stronger, more robust network.

Significance of the Outcomes

It is difficult to measure the significance of each outcome in any definitive manner, given the early stage of most outcomes and our lack of information on if and how the change created additional changes or whether the change itself was sustained and had any impact. Therefore, the assessment of the significance of the outcomes is limited at best, and is further challenged by being based primarily on qualitative information, with little additional information on its magnitude or impact. Finally, significance of outcomes is likely to be context dependent; in communities that have been doing work in this area for a while, the changes that are likely to have impact may be different than those where little prior work has occurred.

With these caveats in mind, we still believe it is important to identify the types of outcomes that were likely to carry more significance in fostering change that leads to trauma-informed and resilient practices and policy. Below are criteria for considering a change relatively more significant, with a sampling of outcomes that meet each criterion.

Changes in organizations in sectors that have not been receptive to this issue in the past or are not "natural" players, such as the faith community and businesses.

- Advocate Health Care in Illinois launched a faith-based initiative where faith and lay leaders meet monthly on specific goals such as developing a curriculum to create TI congregations. This could be the first step in creating a trauma-informed congregation.
- Several law enforcement agencies in the Columbia River Gorge region started implementing TI practices and the Sheriff's department in Sherman County provided more mental health assessments for those arrested, more peer support groups, and more TI trainings for the officers. Traditionally, law enforcement can be a difficult sector to involve in trauma-informed work.
- In Montana, McDonald's franchise owner and her daughter (the area manager) introduced ACEs to her management team in two Helena McDonald's locations after listening to a ChildWise/Elevate Montana presentation, and subsequently introduced multiple employee wellness activities. McDonald's is viewed as a significant business that can open the potential for greater community changes, particularly if the manager acts as a spokesperson for change with other businesses and possibly even franchises across the country.

Changes in organizations that reflect a deepening of the practices and movement to more systemic change.

- In October 2015, the St. Anne Institute in Albany began incorporating a variety of trauma-informed practices, organizational adjustments, and policy changes into how the Institute works with its residents (12-21 year-old girls). The new practices include placing rocking chairs in classrooms and other items to allow students to move rather than sitting still at desks; allowing students to leave class to "walk, talk and regulate" when needed; and having comfort rooms. The Institute has offered training and support to staff on issues of secondary trauma and has added "trauma sensitive environments" to its mission statement. Lastly, the Institute is now administering the ACEs questions to its clients. These efforts reached multiple levels of the organization - from classroom staff to custodians to board members. The Institute has also incorporated principles of "trauma-informed environments" into its strategic plan.
- Schools in Whatcom and Walla Walla in Washington implemented trauma-informed practices into their curriculum. Three school districts in Whatcom (Mt. Baker, Nooksack, and Bellingham) have integrated a number of trauma/resilience practices into their schools. This includes integrating more mental health counselors on-site; changing out-of-school suspension policies; training teachers, coaches, bus drivers and other staff on ACEs; changing policies around paying for school supplies and extracurricular activities; added conflict resolution into the schools; added a more trauma-informed approach to daily instruction (laying out schedule for kids); increasing staffing for family resource center. These behavior and policy changes, in line with the objective to deepen trauma informed school practices, will allow students to have greater time in the classroom, should facilitate students' emotional regulation, and has the potential to reduce economic disparities within schools.

Outcomes that have the potential of reaching and preventing trauma for large numbers of individuals or those that may be most vulnerable to trauma.

- Garmin began introducing specific resilience practices into the company and related company policies in Garmin Olathe headquarters. This included a six-week "adventures in resilience" campaign. Additionally, in part through collaboration with Resilient KC, the company also brought in an organization (Turning Point) to conduct resiliency training at the Olathe headquarters. As a very large employer in the Kansas City area, with 400 employees, Garmin reaches a sizeable amount of the community and the Olathe site is the global headquarters for the company. The introduction of resilience practices at Garmin is also being used as an example amongst the business community and thus may have further reach. For example, the company's efforts were profiled by the American Psychiatric Association Foundation's Center for Workplace Mental Health (http://workplacementalhealth.org/Case-Studies/Garmin-International).
- Since 2015, Valley of the Moon, an emergency shelter in Sonoma County for foster children and youth and part of CPS, has instituted several TI programs for staff, youth, and their families. Valley of the Moon is the largest shelter in the area, and they seem to be spearheading and testing out many trauma-informed programs and involving local as well as national leaders.

Funding or other resources that provide for sustainability and/or growth of the work, as well as commitment from key funders

- In October 2017, the Wisconsin governor approved increase in funding in the state budget for school-based mental health services. K-12 schools received a $636 million increase in state aid in this budget. This is the largest increase in a decade. Greater funding to schools to focus on school-based mental health including suicide prevention.
- In February 2017, the Buncombe County Board of Commissioners voted unanimously (7-0) to fund the Isaac Coleman Innovation Grants, a program designed to rebuild neighborhoods, increase economic mobility, and improve educational experiences through economic investment in local communities that was influenced by the MARC supported Tipping Point grants. This is the first time that the County has supported a program that is explicitly intended to fund ideas to increase economic and educational pipelines of opportunities that are generated and driven by the community. Apart from allocation of the money itself, the Isaac Coleman grants program also represents a grantmaking approach that is more sensitive to the community than past County and other funders and sends a strong message to communities that have been historically marginalized, in that the funding demonstrates a willingness of the County to trust the community.

Outcomes that Influence and train gatekeepers, those who are in prevention positions, and those who experience secondary trauma.

- St. Petersburg College is hosting a Trauma Informed Certificate curriculum through the efforts of Peace4Tarpon. The three-hour, self-paced curriculum is available on the college's website online along with quizzes and additional resources for further learning. The curriculum is designed to provide training in trauma and resilience to members of the general public, including teachers, childcare providers, social service providers, and government agencies. This is the first certificate of its kind in the region and for St. Petersburg College and provides an opportunity for people/organizations to achieve the desired outcome of increased trauma and resiliency awareness.
- In late 2016, the Missouri's Department of Mental Health encouraged and funded expansion of a secondary trauma training course for first responders. The expansion is using a train the

trainers model and has an initial 3-day session and a 2 day follow-up session. The initiative led to statewide and national recognition and attracted grant funding for additional trainings.

Outcomes that have relatively less significance are those that are preliminary or still under development, minor changes that affect small numbers, small incremental changes, outcomes that were well underway prior to MARC, and changes that are one time occurrences for an organization.

Summary

Using the Outcome Harvesting methods, we identified, documented, and substantiated key outcomes that occurred during the MARC period in 14 communities. There were 116 outcomes, with an average of 8 outcomes per site. The number of outcomes per site ranged from 3 (for San Diego) to 20 (for Illinois). As the largest category of changes, Practice changes encompassed a range of outcomes fostering trauma-informed and/or trauma-sensitive environments, including adoption of practices within organizations, adoption of training and training curricula that fostered trauma-informed practices; changes to the physical environment; and self-care practices. Most of the changes were at the organizational level, suggesting that organizations were moving along a pathway of becoming more trauma-informed by adopting principles and practices, within two years of MARC initiative. Most of the changes occurred in the Education, Community Development/Civic Engagement, and the Healthcare/Medical sectors. This pattern of findings seems to parallel the result noted in the network section, which showed that MARC communities increased their representation of members from Education K-12 more than any other sector, followed by community development/civic engagement.

The MARC Networks contributed to change in their communities in a variety of ways, both direct and indirect. They used a variety of strategies that resulted in change, such as personal outreach to organizations to encourage them to adopt trauma-informed practices; advocating, promoting, and championing change, such as for public policy change; and offering presentations and forums, often accompanied by follow-up efforts, to spark change in organizations. Sometimes these efforts were most effective in tandem with others. A key strategy, emblematic of networks, that helped bring about change, especially adoption of practices in organizations, was working through network members and benefiting from the ripple effect networks can have. We present an overview in Figure 4-3 of the process of change we observe across the sites.

Figure 4-3 Understanding MARC Network Outcomes

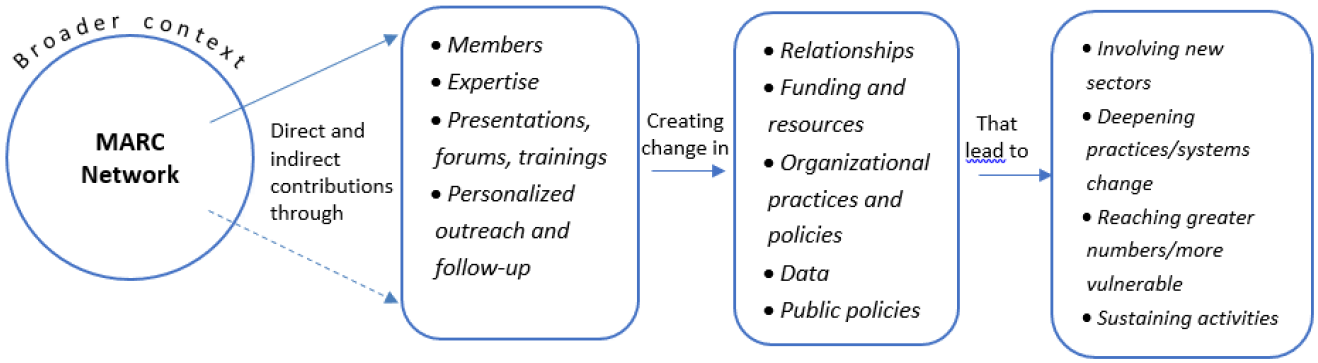


Table 4-1 Type of outcome

Community	Data	Funding	Policy	Practices	Public Policy	Relationships	Expansion	Total
Alaska	0	0	0	2	1	1	1	**5**
Albany	0	1	0	7	1	0	0	**9**
Boston	2	0	0	3	0	2	0	**7**
Buncombe County	0	1	0	3	0	4	0	**8**
Columbia River Gorge	0	0	0	10	2	1	0	**13**
Illinois	0	0	3	13	2	2	0	**20**
Kansas City	0	1	0	2	1	1	1	**6**
Montana	0	1	1	5	0	0	4	**11**
Philadelphia	1	1	0	5	0	2	0	**9**
San Diego	0	0	2	0	0	1	0	**3**
Sonoma County	0	0	2	6	1	0	0	**9**
Tarpon Springs	0	0	0	2	1	0	1	**4**
Washington	1	0	1	2	0	0	0	**4**
Wisconsin	0	0	2	3	2	1	0	**8**
Total	**4**	**5**	**11**	**63**	**11**	**15**	7	**116**

Table 4-2 Type of change (for Practices)

	New Curriculum	Organizational practices/ policies	Physical environment	Screening	Self-care	Training	Total
Alaska	1	0	0	0	0	1	**2**
Albany	0	4	0	0	1	2	**7**
Boston	1	2	0	0	0	0	**3**
Buncombe County	0	2	0	0	0	1	**3**
Columbia River Gorge	0	10	0	0	0	0	**10**
Illinois	1	4	2	2	4	0	**13**
Kansas City	0	0	0	0	1	1	**2**
Montana	2	1	0	0	1	1	**5**
Philadelphia	1	2	0	0	1	1	**5**
San Diego	0	0	0	0	0	0	**0**
Sonoma County	0	1	0	3	0	2	**6**
Tarpon Springs	1	0	0	0	0	1	**3**
Washington	0	2	0	0	0	0	**2**
Wisconsin	0	1	0	0	0	2	**3**
Total	**7**	**29**	**2**	**5**	**8**	**12**	**63**

Table 4-3 Reach of the outcome

	Organization	Community	City/County	Region	System	State	National	Total
Alaska	1	0	0	1	2	1	0	**5**
Albany	3	0	1	2	2	1	0	**9**
Boston	1	4	0	0	2	0	0	**7**
Buncombe County	1	4	2	0	1	0	0	**8**
Columbia River Gorge	9	1	2	0	0	1	0	**13**
Illinois	7	1	2	1	7	2	0	**20**
Kansas City	2	0	3	0	1	0	0	**6**
Montana	3	1	4	1	1	0	1	**11**
Philadelphia	5	1	1	1	1	0	0	**9**
San Diego	1	1	0	0	0	1	0	**3**
Sonoma County	4	0	2	0	2	1	0	**9**
Tarpon Springs	0	0	2	1	1	0	0	**4**
Washington	2	0	1	0	1	0	0	**4**
Wisconsin	1	0	1	0	2	3	1	**8**
Total	**40**	**13**	**21**	**7**	**23**	**10**	**2**	**116**

Table 4-4 Primary Sector of the Outcome

	Education	Community development	Health care /medical	Public policy	Behavioral Health	Social services	Criminal Justice	Faith-based	Philanthropy	Business	Child Welfare	Total
Alaska	2	1	0	1	0	0	0	1	0	0	0	**4**
Albany	3	1	1	0	2	1	1	0	0	0	0	**9**
Boston	3	1	2	0	1	0	0	0	0	0	0	**7**
Buncombe	1	5	0	2	0	0	0	0	0	0	0	**8**
CRG	1	1	1	1	3	4	2	0	0	0	0	**13**
Illinois	4	0	9	3	1	1	2	0	0	0	0	**20**
Kansas City	2	2	1	0	0	0	0	0	0	1	0	**6**
Montana	1	4	1	0	2	0	0	2	0	1	0	**11**
Philadelphia	2	1	0	2	0	1	0	0	3	0	0	**9**
San Diego	0	2	0	1	0	0	0	0	0	0	0	**3**
Sonoma County	3	0	3	1	2	0	0	0	0	0	0	**9**
Tarpon Springs	1	2	0	0	0	1	0	0	0	0	0	**4**
Washington	1	0	1	2	0	0	0	0	0	0	0	**4**
Wisconsin	0	1	0	2	3	1	0	0	0	1	0	**8**
Total	**24**	**21**	**19**	**15**	**14**	**9**	**5**	**3**	**3**	**3**	**0**	**116**

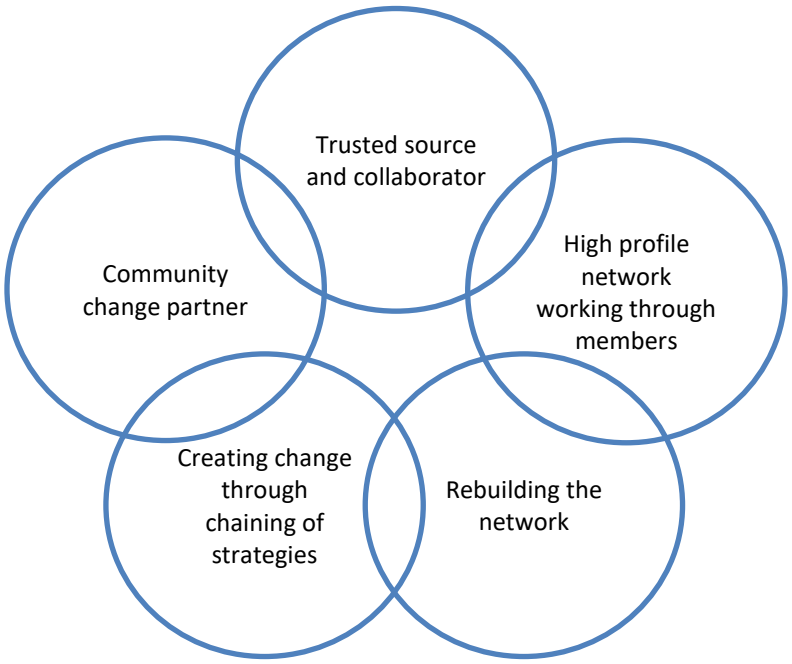
5. Putting it Together: Network Roles in Addressing ACEs and Fostering Resilience

The previous sections describe the activities, network development and change, and outcomes of the MARC Demonstration Program, and highlight that as a whole, over the two years of the demonstration, the networks:

- Grew, bringing in more members and a greater diversity of sectors;
- Engaged in a variety of activities, from strengthening and expanding their own networks to building broad awareness of ACEs and trauma-informed practices to offering training and technical assistance, engaging in policy activities, striving to engage the community, providing evidence and data, and conducting evaluation;
- Contributed to over 100 outcomes that could be verified and documented, largely involved in changes in organizations and systems in the communities and areas in which the network was working; and
- Used a variety of processes to contribute to the change, such as working through their network members, engaging in direct outreach and training efforts, providing expertise and serving as a trusted source

Most of our analysis thus far examines specific outcomes and the processes used to achieve them. In this section, we look within each site and examine how its context, the network background, activities, strategies, and the outcomes achieved help to both characterize and explain the role that each network had.

Figure 5-1 MARC Network Roles



When we examine the nature of the outcomes, their type and reach, we find few differences across the sites. Where the sites distinguish themselves is ***how*** they approach change. Although many of the sites engage in similar activities such as awareness building and training, they cluster into groups based on how they put these activities together and the process they use for enacting change. Therefore, the strongest and clearest patterns across sites in the outcomes produced relate to the processes for change that the networks used to bring about the outcomes in their communities. We find the sites fall into five different dominant role categories, shown in Figure 5-1.

Even with these patterns, however, it is likely that sites may see themselves fitting in other categories or more than one. We likely would not disagree, but hope that our categorization highlights a central role that we see each site playing.

Trusted Source and Collaborator at Multiple Levels

Kansas City, Washington, and Wisconsin group into this category, being sought after by a variety of sources for their expertise, input and collaboration, as well as offering it proactively in certain instances.

Kansas City

The Resilient KC network was formed in 2015 through a partnership of two existing Kansas City initiatives focused on trauma and behavioral health. The first initiative, Trauma Matters KC, was founded as a bi-state (Kansas and Missouri) network to assist organizations integrate trauma informed care practices into their communities. The second initiative, Healthy Kansas City, is a regional health and wellness initiative with a focus on improving health outcomes (including behavioral health). It certifies health and wellness programs from a range of local and regional businesses, with over 200 companies certified as of 2019. The Greater Kansas City Chamber of Commerce was a founding partner in the Healthy Kansas City initiative, and served as the backbone organization for Resilient KC under the MARC grant. Leadership for Resilient KC included representatives of Trauma Matters KC, the Chamber of Commerce, health care organizations (e.g., Truman Medical Centers, Blue Cross and Blue Shield), and foundations (e.g., the Health Care Foundation of Kansas City). The network intentionally drew members from across the region, and structured its steering committee to include co-chairs representing Kansas and Missouri. The network worked to engage a variety of sectors in the region, including armed services, business, education, health, justice (including law enforcement), and community groups (such as faith or community-based organizations). Changes through the network's efforts include development of key partnerships and relationships (such as with Sesame Street In Communities), attraction of new funding (such as through the Black Community Fund), and several major practice changes such as the Garmin company's institution of employment resiliency training. These changes resulted from a confluence of factors, often through the network developing relationships and responding to needs, but also the network being recognized for its expertise and status. Many of changes were not planned, but emerged through the network having a strong presence in the community

Washington

Prior to the MARC grant period, both Whatcom Family & Community Network (WFCN) and Community Resilience Initiative (CRI) were well-established local networks addressing trauma and resilience in their communities. Both networks were first established in 1994 when the Washington State legislature created the Family Policy Council, a state-wide mechanism for communication and collaboration across numerous local networks. An initial goal of the MARC funded initiative in Washington State was to identify successful practices being implemented in Whatcom and Walla Walla that could further inform and support state-level actions and be shared with other networks and organizations throughout the state. However, WFCN and CRI were challenged in accomplishing this goal because there was not a clear mechanism for sharing the work state-wide, especially following the dissolution of APPI in 2017. In its absence, staff from both networks worked throughout the MARC period with their own communities and shared what they were learning with other partners across the state through conferences, panels, and trainings. The WFCN operates as a hub and spoke model, in which WFCN staff attend regular community coalition meetings throughout Whatcom County. WFCN is a resource center for the community, serving as both a thinking partner and an action partner for other organizations and initiatives. The CRI in Walla Walla consists of approximately 50 members, including parents, community members, and representatives from social services, education, public health, juvenile justice, law enforcement, businesses and local foundations. Outcomes were fostered through the local networks' strong relationship with organizations and agencies in other organizations, and included the integration of ACEs and Resilience into PeaceHealth Hospital's trainings and practices, the addition of language

around ACEs into Bellingham's comprehensive plan, the implementation of trauma-informed practices into the curriculum of local schools in both communities, and the expanded use of ACEs and resilience indicators in community surveys. With the addition of the MARC funds, the two networks have been able to capitalize on these previous activities and relationships to advance these changes.

Wisconsin

The MARC work in Wisconsin has been led by the Wisconsin's Office of Children's Mental Health (OCMH), established by the Governor in October 2014. It has since broadened its focus by taking a public health approach to individual, family, and community wellness; the impact of toxic stress; and the importance of developing resilience. OCMH is staffed by a Director, an Associate Director, Research Analyst, and a Family Relations Coordinator. The office of OCMH reports directly to the Governor's office. The OCMH Director is a recognized leader in trauma-informed care, and has been central to Wisconsin's work on ACEs and resilience since 2008. OCMH serves as the backbone of the ACEs and resilience-related statewide Collective Impact Coalition, the Wisconsin Children's Mental Health Collective Impact (CMHCI). The CMHCI uses a collective impact approach to bring together other coalitions, organizations, and individuals to achieve the common goal of promoting optimal health and well-being of children in Wisconsin through the trauma-informed framework. The CMHCI is comprised of leadership from state agencies such as the Department of Health Services and the Department of Public Instruction, as well as higher education professionals, advocates, and parent and youth partners who have experience navigating the social service systems.

Wisconsin not only had a pre-existing network, but also had a history of ACEs and resiliency-related activities for the past decade. Many of the CMHCI network members are also members of other local and state initiatives that address trauma, resilience, and children's mental health and are involved in activities related to ACEs and resilience within their own organizations and initiatives. The political nature of the ACEs work in Wisconsin presents many challenges as well as opportunities, something that needs to be taken into account for any network that prioritizes policy change as one of its primary goals. Through the CMHCI, and especially through the leadership of OCMH, the Wisconsin site helped facilitate changes in policy (such as an RFP incorporating a focus on trauma-informed training and a resolution introduced in Congress regarding trauma-informed care), and the role of family voices (such as the State Department of Children and Family awarding grants that hire parents and as community connectors in high need communities), and funding (such as funding for increased school based mental health care). Because of its stature in the community, the Network (with OCMH leadership) was viewed as a trusted and respected source and leader, consulting for their expertise and already at the table in many instances to provide perspective and input.

Community Change Partners

Boston and Buncombe County fit under this category, as does Illinois through its Chicago and other community efforts. The three sites, however, take slightly different approaches in shaping change in their communities, as described below.

Boston

The Vital Village Network (called the Network) was established in 2010 by a multidisciplinary group of practitioners from Boston Medical Center, the largest safety net hospital in New England. The Network focuses on building partnerships between community residents, service providers, and community-based agencies to identify and address early childhood adversities and promote resiliency. The Network focused on engaging community residents and staff from an array of local organizations in three high-risk neighborhoods in Boston, Dudley (Roxbury/North Dorchester), Codman Square (South Dorchester), and Mattapan, facilitating conversations and collaborations to establish a common vision "to cultivate collective responsibility for all children" among the providers, agencies, and the residents.

These deepened relationships led to expanded implementation of trauma informed models and opportunities to learn how these models impact participants, the expansion of strategies to promote prenatal health through breastfeeding, and an increased number of breastfeeding support groups. The Network's processes for bringing about change was through outreach and partnering with community members and organized, using data and evaluation as well as providing their expertise and training to support and propel these changes. The Network stood out as a "doing" coalition, working side by side the community to work in these efforts.

Buncombe County

Unlike other MARC sites, the existing ACEs related network in Buncombe County was not the conduit for the grant; the bulk of the work conducted through the MARC grant was led by the Buncombe County Department of Health and Human Services (BCHHS). This distinction is important as the type of decisions and changes that can be made and the speed with which they can get done by a single organization (vis-à-vis a network) are different from what a network or large collaborative typically can achieve. On the other hand, the mechanism by which these changes have taken place may not have the advantages of those that are often touted for a network or community collaborative, such as having the potential for greater reach and spread and more enduring shifts.

BCHHS engaged in a variety of interrelated activities all focused on increasing community engagement. The central mechanism for this work was through a set of mini-grants, that were designed to either support work that was already happening, or allow applicants to develop projects that "create pathways to greater resiliency" within the community. Through these grants and through interactions with the grantees, MARC served to develop capacity in the grantees, further relationships between BCHHS and community members, and address inequities in the community. The grants were seen as an infusion of positivity into the community, especially those that have been historically marginalized, resulting in a reported increase in their sense of empowerment and civic engagement. Through the granting process, recipients from African American and Latino communities have been brought together for discussions, creating one of the first times that there is a common space between African American and Latino communities. In addition, through MARC (along with other forces underway), new positions in the county government were approved and structural changes in County government were enacted, and major initiatives such as a set of grants to rebuild neighborhoods, increase economic mobility, and improve educational experiences through economic investment were pushed through, all in a relatively short amount of time.

Illinois

The Illinois (IL) Collaborative was established in 2011 and represents a broad range of organizations and agencies. For the MARC grant, it is co-directed by the United Way of Metropolitan Chicago and the Health and Medicine Policy Research Group (HMPRG), with HMPRG leading Year 1 activities and United

Way leading Year 2 activities. Due to the backbone organizations and surrounding community, there is a large focus on community impact as well as support from hospitals and health agencies. Outcomes have occurred that relate both to its community efforts and through its Hospital Collaborative; therefore, Illinois falls into two categories. For its community efforts, the IL Collaborative worked to foster change through increasing awareness, providing training, developing relationships with key sector leaders, and having members champion change in specific sectors of the community. In Chicago, the IL Collaborative conducted events to establish relationship with top leaders in health care, education, and justice; in Cicero, a community bordering Chicago with extensive gang activity, the Collaborative funded projects to stimulate relationships between the police and community organizations, and through providing training to the Police Department, sparked greater interest in the department for more work as well as requests from another neighboring town. Through the championing efforts of individual IL Collaborative members along with other developments (especially the Mayor's plan for Healthy Chicago 2.0), changes were made in the Chicago Department of Health (creating a tool kit and conducing training on trauma-informed strategies in 9 areas of clinical operations; Chicago Public Schools implementing trauma-sensitive practices through receipt of a grant; screening for ACEs and social needs in four pediatric residency programs; adoption of 3-4 hours of online CME case based training on trauma-informed practices for physicians; the addition of two questions on violence as proxy measures for trauma in the YRBS; increase in restorative justice hubs in the city; and incorporation of trauma informed changes in a domestic violence assistance center and shelter, and a youth outreach program.

High Profile Networks Working Through Members

Albany, Philadelphia, and Illinois are considered high profile networks with a number of community leaders that have a variety of strategies for bringing about change, but stand out as achieving many of their outcomes through the efforts of their members.

Albany

HEARTS, as a ten year old university-led collaboration composed of more than 60 organizations and individuals across the NY Capital Region, worked over the MARC period to expand into new sectors and transformed HEARTS from an agency-based collaborative into a grass-roots social change movement that included community leaders. Many of the outcomes achieved through HEARTS was through the efforts of its members, either in their own organizations or serving as change agents with others. Examples of changes by members in their own organizations include the Lansingburgh, NY school district carrying out new trauma-informed activities designed to better understand the social-emotional needs of students and promote resiliency in the school district; the New York State Department of Health adding the ACEs questions to the BRFSS, and adding complex trauma as an eligibility criteria for receiving services through the Children's Health Home program; the Albany Police Department instituting ACEs informed policies (e.g., Handle with Care) in dealing with the public and internal staff, and requiring all officers and staff to be trained in ACEs; Senior Hope in Albany administering the ACEs survey as part of its intake process and bringing awareness of trauma effects in an older adult population; the St. Anne Institute incorporating a variety of trauma-informed practices into how the Institute works with its residents (12-21 year old girls); the New York State Council on Children and Families developing, in collaboration with other state agencies, a framework to bring trauma-informed principles into state policy; the Schenectady Coalition for a Healthy Community adopting a new community health improvement plan that includes a focus on mental, emotional and behavioral health. In addition, a few organizations became change agents on their own. For example, the LaSalle School developed into a leader in training other agencies in incorporating ACEs awareness and strategies into

their policies while also playing a more central role in the network itself; and an Albany-area psychiatrist who joined Albany Veterans Affairs hospital where they began training psychiatry residents in trauma-informed practices and administered ACEs questions to patients starting outreach to the healthcare sector through presentations

Philadelphia

PATF, established in 2012 with the original mission to integrate ACEs work into primary pediatric care, initially had an invitation-only membership consisting largely of individuals affiliated with hospitals and working in pediatric settings. From 2013, the network was housed within HFP, which subsequently contracted with the Scattergood Foundation to provide high level staffing, strategic planning and oversee management of the network while HFP took on the role of management and facilitation for the MARC project as a whole. Most of the outcomes that occurred during the MARC period were not by the PATF specifically but through one or more of its well-connected and high profile members. Examples of changes created by members include changes in practice, such as the creation of a five year regional trauma plan by the United Way; the development of a Trauma Informed Philanthropy Guide through a partnership of two members, United Way and the Scattergood Foundation; adding questions about trauma and resiliency on Scattergood Foundation's own grant application forms; contracted training by the City of Philadelphia to HFP, a member of the PATF and its workgroup on Workforce Development, to provide training in trauma-informed practices to its Revenue department; and development of a post-baccalaureate certificate program on Trauma-Informed Education Studies and new undergraduate classes on trauma by a professor who is a PATF member. A change through members' efforts with other organizations included a two-day training for school principals conducted by a longtime member of PATF that resulted in a student wellness room.

Illinois[4]

In addition to its community-wide and state efforts, the IL Collaborative has facilitated a Trauma-Informed Hospital Collaborative with a subset of interested hospitals involved in the Healthy Chicago Hospital Collaborative. The Healthy Chicago Hospital Collaborative was developed by the Chicago Department of Health to address traditional health issues as well as systemic factors such as education, housing, transportation and access to care. In 2016, the larger hospital collaborative expressed interest in learning more about trauma, and the Trauma-Informed Hospital Collaborative was formed to help hospitals become trauma-informed systems, providing training and technical assistance on ACEs, trauma, and resilience to offer guidance on becoming trauma-informed anchor institutions for addressing adversity in their communities. A number of the hospitals made changes to become more trauma-informed, some attributed to being part of the collaborative and others attributed to other factors (e.g., Healthy Chicago 2.0, specific impetuses within the organizations). Among the changes that members instituted include practicing self-regulation and trauma-informed skills with clients in Illinois Child and Adolescent Center; a number of changes in Swedish Covenant, including adoption trauma-related screening questions in their intake process, inclusion of a safe room and adoption of a safety huddle; and Sinai Health System offering leadership training to top level staff.

[4] Illinois is placed in two categories since the work that is being done in Chicago as well as statewide is somewhat distinct from the Trauma-Informed Hospital Collaborative it has developed.

Networks Focused on Change through Active Outreach, Awareness Building, Member Initiatives and Training

Although many of the networks engage in one or more of these activities (active outreach, awareness building, working through members, and training), it is the combination of two or more of them in bringing about change that characterizes the sites in this category: Columbia River Gorge, Montana, Sonoma County, and Tarpon Springs.

Columbia River Gorge

The Resilience Network of the Gorge originated towards the end of a previous Substance Abuse and Mental Health Services Administration (SAMHSA) grant that ended in 2013. The Columbia Gorge Health Council (CGHC), the backbone organization for the MARC grant, is a 501c3 that oversees services provided under the Oregon Health Plan (Medicaid) in the region. CGHC sets policies and coordinates initiatives to ensure that appropriate and needed health and human services are provided in the community. Most of the changes pertain to the increased implementation of trauma-informed practices within organizations, both service-delivery agencies (e.g., federally qualified health center, law enforcement, domestic violence and sexual assault) as well as education (e.g., head start) and government institutions (e.g., DHS). For many of these changes, the MARC project director reached out to the organizations to inform them of the trainings and solicit their participation. Following their participation in the training, the MARC project director provided continued support and resources as needed to implement trauma-informed practices.

Sonoma County

Sonoma County's ACEs Connection (SCAC), officially established in 2014, is an informal, grassroots network predominantly affiliated with the health and human services field in the county. The Department of Health Services serves as the fiscal agent and meeting organizer. Members conducted work in parallel and as part of their own organization's work. The flagship mechanism for bringing about change through the network was a Master Trainer program, the ACEs & Resiliency Fellowship program, aimed at building the trauma-informed capacities of local practitioners while raising community awareness around toxic stress, trauma, childhood adversity, and resiliency. The program trained two cohorts of community professionals to deliver the ACEs interface presentation as part of a Speakers' Bureau to at least 1,000 residents across the county. The first cohort of 28 participants became Master Trainers and continued to train the second Presenter cohort of 38 participants. One of the key ripple effects built into the effort was that Master Trainers were required to deliver four ACE Interface presentations within two months of completing the program, as well as at least one other speaking engagement in the 18 months following the program.

This program sparked and contributed to changes in the community that included public policy, funding, additional training, and incorporation of trauma-informed practices in government and community based organizations. Those trained, especially as trainers, became change agents themselves. For example, two master trainers wrote letters to the Sonoma County Board of Supervisors, advocating for greater attention to ACEs, leading to ACEs becoming a legislative priority for the county. Others trained from the Sonoma County Office of Education instituted several trainings in the Office, leading to more trauma-informed practices in a subset of the schools, and ultimately the advocacy of those trained from the SCOE to obtain funding from the First Five Commission (a member of the network along with SCOE) to provide funding for additional trainings. In a number of other organizations, including health centers, youth shelter, and other medical facilities, participating in the training led to those trained instituting trauma-informed practices and policies in their organizations.

Montana

The work undertaken in Montana is through a statewide initiative called Elevate Montana, led by an organization called ChildWise. The ChildWise Institute was established in 2010 by its parent organization, Intermountain, a 100+ year-old child focused behavioral health service agency headquartered in Helena. ChildWise was conceived of as an institute that could operate independently of Intermountain to focus on a broader range of activities. One set of outcomes of Elevate Montana under MARC involved establishing affiliates in individual communities in Montana. This was typically through having awareness activities that community members attended and then their reaching out to ChildWise to become an affiliate. In facilitating practice changes in other organizations, including businesses and faith-based organizations, ChildWise also first created awareness of the need for trauma-informed practices through presentations or screenings of Paper Tigers. Organizations then contacted the network for more information, which ChildWise typically followed with technical assistance and other support.

Tarpon Springs

Peace4Tarpon, founded in 2010 by the then commissioner and vice-mayor of Tarpon Springs, is a grassroots initiative focused on raising awareness about trauma, local resources, and resiliency strategies. The network grew to over 250 members representing a range of sectors and organizations through personal relationships and word of mouth and has continued to develop organically since its initiation. Peace4Tarpon serves as connector or convener within the community, introducing people from different organizations who may inform each other's work. During the period of the MARC grant, Peace4Tarpon contributed to several outcomes that address trauma and resiliency in Tarpon Springs and other communities. These included the development of a trauma informed certificate curriculum, adoption of the red mangrove tree as the official tree of Tarpon Springs, the integration of trauma into domestic violence training throughout the state, and the spread of the "Peace4" model among other communities. Their process for bringing about each outcome varied, but generally involved active outreach and advocacy combined with sharing of expertise and information.

Network Focused on Rebuilding

Although five sites spent some time strengthening and restructuring their governance and working structures, two sites - San Diego and Alaska - had this as its dominant strategy during the MARC period.

San Diego

The San Diego Trauma Informed Guide Team (SD-TIGT), established as a grassroots organization in 2008, spent a large portion of the MARC time period restructuring and building a network infrastructure through the strategic plan. Between 2015-2017, the SD-TIGT leadership team established a strategic plan, a mission statement, and core values, which established structure and provided guidelines for membership, trainings, roles, and responsibilities for SD-TIGT members and leadership. This centralization of information on the ACEsConnection website helped to ensure that materials that were created had the ability to be accessed by members. A logo, created for the SD-TIGT through a student competition, provided a visual representation to help strengthen the team's identity and visibility.

Alaska

The Alaska Resilience Initiative (ARI) was conceived in 2012 as a vehicle for the ACEs and resilience movement in Alaska to grow, with trauma as the common thread linking organizations and individuals across the state. It began initially as a collaboration between Rasmuson Foundation, Alaska Mental Health Trust Authority, the Mat-Su Foundation and Alaska Children's Trust. At the start of MARC, ARI had a steering committee consisting of experts from across fields, with ACT acting as the backbone organization of ARI. There was no formal membership structure for ARI beyond the steering committee. ARI's work under MARC remained focused on the goal of developing a truly statewide ACE-related network and the outcomes it has achieved has largely been through lending its expertise and partnering with others on several issues. Among the changes in which ARI lent its expertise included helping with the content on a series of faith leader forums to learn about ACEs through a partnership with the Governor's office; helping to support and spread ACEs work through the strengthening of the network structure of a couple of health coalitions across the state and facilitate their incorporation of ACEs-related work; reaching out to legislators to urge them to incorporate ACEs into proposed state legislation; and cultivating a relationship with the Dean of the University of Alaska at Anchorage (UAA) College of Health and helping foster his commitment to incorporate trauma in the College curriculum..

SUMMARY

The strongest and clearest patterns across sites in the outcomes produced relate to the role that the networks have in their communities in bringing about these outcomes. When we examine the nature of the outcomes, their type and reach, we find few differences across the sites. Where the sites distinguish themselves is ***how*** they approach change. Although many of the sites engage in similar activities such as awareness building and training, they cluster into groups based on how they put these activities together and the dominant process they use for enacting change. The clusters overlap in that sites engage in many of these processes, but the pattern of their approach to achieving most of their outcomes places them in the category.

Lessons Learned

The 14 MARC networks provide a laboratory for understanding the role of networks in creating more trauma informed policy and practice and fostering resilience through a variety of mechanisms. The previous sections describe the types of outcomes that are possible, the strategies that may be successful in achieving them, and the types of changes that may be most significant for driving change. In this section, we highlight lessons that have emerged that are relevant for networks overall, regardless of the context area they focus on, as well as lessons relevant to addressing ACEs and fostering resilience through networks and other vehicles. Some of these lessons surface challenges one or more networks confronted and how they might be tackled, some surface work that did not go as planned, and others indicate ways in which the networks have navigated their work that might suggest strategies for other communities and networks working in this area and others. We end this section with implications based on this evaluation for networks embarking on working in this area.

Lessons Relevant to Networks

Networks struggle in balancing professional vs. grassroots membership

A real struggle for the MARC networks that has historically been a theme for other coalitions and collaborations is how to strike a balance between having professional and grassroots involvement. Networks increasingly recognized the need for community buy in and the importance of community voice. However, for those networks that had started and found productivity with professional members, the move to a more balanced membership was harder to achieve. Albany was seeking ways to drill down to the community level and the Philadelphia ACEs Task Force sought to balance its professional make up with grassroots members in its restructuring efforts. Tarpon Springs, on the other hand, had begun as a more grassroots organization, struggled to add more professional organizations within it, yet ultimately retained a more grassroots orientation.

Networks vary in their stage of development, and some continued to evolve and shift.

Networks go through stages, much like other interventions. In five of the 14 networks (San Diego, Alaska, Albany, Illinois, Philadelphia), some amount of activity and attention during the MARC period was spent on restructuring or strengthening its structure. Some of this restructuring was reflected in revising the network's mission or development a different set of strategies or action, or in formalizing how the network will manage and carry out the work (e.g., different governance structure, work group). In at least one network, the change was reflected in the network doing less of the work itself and moving to more of a facilitating role, facilitating the work of the members to make changes in their organization or others. For an established network, such as Philadelphia, restructuring can be difficult, but not impossible.

Networks can struggle with finding a balance between process and product.

Much of network activity involves what the name implies: networking. Meetings are held, often at different levels, and considerable time can be spent in deciding *how* the group should operate (such as developing plans, communication tools, etc.). At times, there can be tension between ensuring that all voices are heard with sufficient discussion, and actually doing the work that can produce outcomes. In Alaska, for example, a primary challenge was striking a balance between *process* and *product*. Prior to MARC, there were many strong initiatives related to ACEs and resilience, led by highly experienced and influential individuals both within state offices and other organizations around the state. Many of these individuals were tapped for participation in development of a statewide network; some declined and

others reported that their interest waned over the two years when they felt that there was too much emphasis on developing the network and not enough focus on working towards or achieving any specific goals.

Networks do not always develop as planned.
Networks are organic, political, and time consuming. As described in prior sections, they can also be productive and achieve outcomes, though the timeframe needed for both process and outcome can be longer than some people have the temperament for. As noted above, in some networks, some members may feel the need to meet more, others to meet less and get the work done. At times, the perceived "inefficiencies" of the process can direct a community to either a streamlined network structure or take the work through other channels. At other times, the structure of the network may not fit with existing culture.

In Buncombe County, the work under MARC did not take place through the existing ACEs and resilience network. The application for the MARC project was submitted by an ACEs collaborative that grew out of a project housed in the Buncombe County Health and Human Services (BCHHS) department. BCHHS provided oversight for the collaborative in its first year. With MARC funding, BCHHS leadership developed a leadership structure that created positions more directly within BCHHS. This decision had the advantage of facilitating several system-level changes within the county that may not have otherwise occurred, but had several limitations. Change that takes place through political mechanisms may not engender the same level of inspiration and creativity that can occur from collaborative efforts. In addition, without funding and a mandate to move forward, the network itself was not able to grow and expand in the way that occurred in other MARC communities with preexisting networks, nor did the network influence members' work (as seen through the network survey).

In Montana, the original plan was for statewide expansion of ACE-related networks in Montana with five pre-selected communities, chosen in part to reflect geographic and cultural diversity. Not all of these communities were consulted, however, and only learned of their intended involvement after the MARC award was received. Close to a year was spent trying to engage these communities before ChildWise switched to a different approach, in which they cultivated relationships with communities that were more accessible and also interested in partnering. The new structure is more of a network of networks, with information exchange across the networks as needed and desired.

***Governance structures can vary, but more explicit structures emerge as networks grow*.**
Although the MARC networks ranged in formality, most moved over time toward increased attention to governance and explication of a subcommittee or work group structure. Those that embraced a Steering Committee structure and an articulated substructure, such as Philadelphia, Kansas City, Illinois, and Albany, tended to be those that worked through their members to bring about change and attributed at least some of their productivity to that structure.

Networks can be difficult to evaluate as work appears to be as much opportunistic as goal-directed.
Some change for networks is opportunistic – seizing new opportunities or being called upon by others to provide their expertise. Networks such as the two local networks in Washington that have established reputations and have demonstrated their expertise appear to be called on more to provide that expertise in big and small ways. Their work may have broad goals, but less defined courses of action if they are responding to work and seeing opportunities as they arise as much as or more than they are creating new pathways.

Networks contribute to change in a variety of ways, both direct and indirect, and often with a variety of other players.
Networks typically involve loose connections with a diversity of organizations and individuals, often numbering over 100. When a network works to foster change, it often involves efforts of many of those organizations, at times building on work already underway, other times working in tandem with other organizations and individuals outside the network. In our review of the outcomes achieved, there were few that were attributable to the network alone. Rather, the network can contribute in a variety of ways to the change, either sparking or enhancing awareness of the issue, validating or advocating for a direction already underway that can serve as a tipping point to change, strengthening capacity of individuals and organizations to make change in practice and/or policy, providing evidence to inform the need for a change or to help guide the solution, and engaging community members to lend their perspective and efforts to the change. Finally, for some outcomes, it is not always clear if the change would have happened even if the network had not been involved. In those instances in which stakeholders acknowledge that the change likely would have occurred without the network, it is not clear if the nature of the outcome would have looked difference if it had not had the benefit of the knowledge and resources the network was able to offer.

The backbone organization and leadership are often key to a network driving change.
The nature of the backbone organization can bring additional strengths to the network. For example, having a university serve as the backbone of the Albany HEARTS network provided resources with respect to the expertise, students, and facilities that other types of organizations cannot easily provide. Being a well-respected university that is also in the state capitol allowed for access to policy makers, which is not easily replicable in other organizations. In Kansas City, having the Chamber of Commerce serve as the backbone helped to engage businesses such as Garmin in focusing on the importance of being trauma-informed.

Having a strong network lead also appeared to help guide change in some networks that may not have occurred without their efforts. In Columbia River Gorge, the Resiliency Network had a lapse in the project director position and saw a decline in the motivation and level of activity the network members had. They acknowledged the need for someone to rally them and to help build consensus around trauma-informed activities. In several networks, when the project directors/network leads took active roles, they were often instrumental in making change happen, especially those that required active outreach to organizations to learn more about how they could help address ACEs, to organizations and individuals who were aware of the need for becoming trauma-informed but needed much more assistance in making it happen, and those that needed more follow-up to answer question and provide resources along the way. Similarly, it was leadership in several networks that led to curricula changing in university programs (Tarpon Springs), other communities establishing their own networks (Montana, Tarpon Springs), and other organizations adopting new practice and policy changes (Columbia River Gorge). Presentations and forums helped to attract people, but in many instances it was the personal attention and follow-up that enabled change. In addition, at the state policy level, having network leadership such as in Wisconsin that could provide that expertise as policy was being conceptualized and implemented would not be possible without strong, dedicated leadership.

Having data and evaluation can help track progress and attract others.
Having data that can track the efforts may help to propel ripple effects and foster sustainability. Most of the MARC networks struggled with having the resources and expertise to track data on the reach of their work and the outcomes that result. Those that were able to provide more evidence, such as Vital

Village in Boston, appeared to have a stronger basis for attracting additional funding and also convincing others to adopt the practices that were found successful.

Peer exchanges among networks are valued, and can generate and validate strategies.
Through the efforts of HFP, connections between the networks supported learning in a variety of ways. For example, to bolster her efforts in engaging local police departments in the network and adopting trauma-informed training and practices, the Resiliency Network of Columbia River Gorge invited Resilient Kansas City to bring in a law enforcement official to speak to them.

Lessons Relevant to Addressing ACEs and Fostering Resilience

Context matters.
The community and state contexts shaped the role of MARC networks and the ways in which ACEs and resiliency were embraced. In Sonoma County, for example, the decentralized approach that the network took after the project director left with the master trainer approach to spread awareness and build capacity was noted as fitting with the culture of that area. Similarly, in Montana, as described, the original proposal called for specific communities to be involved in the efforts, but the project director realized that not all communities had been involved in that decision. In addition, the idea of a statewide networks did not fit with the culture of Montana, which places a value on local solutions. Rather than a statewide network, a network of networks was created.

The context also influenced how successful the networks could be in promoting efforts to address ACEs and foster resilience. In several communities, such as Wisconsin, data documenting increases in mental health conditions, suicide, and child abuse made those contexts more receptive to efforts to address the root issues. In addition, Illinois was a beneficiary of the Healthy 2.0 Initiative in Chicago. In some communities, such as Buncombe County, the focus there was more a focus on resiliency than ACEs. Recent displacement and further alienation of the African American communities through gentrification and increases in cost of living as well as exacerbation of preexisting health disparities in the African American and Latino communities influenced the MARC project to focus on addressing equity and racial tensions, framing the project on resiliency rather than ACEs.

Businesses can be engaged, but the struggle is real.
As noted earlier, the networks in Kansas City and Montana were successful in engaging businesses and having them adopt trauma-informed practices. However, these experiences show the possibilities, but are at best one-off examples of the potential of engaging the business community in addressing the issue. More broad-based efforts, as attempted in Wisconsin, have not been successful. In Wisconsin through the MARC network, the goal was to engage the business sector in conversations on the science of ACEs and resilience. In the first year of MARC, OCMH piloted an ACEs and resilience tool called "Mobilizing Action for Resilient Workplaces" that included a presentation and smartphone-based mindfulness application for workforce development. However, the tool had limited uptake. OCMH continued to cultivate relationships with several Wisconsin businesses interested in learning about adverse childhood experiences and trauma-informed care, and hired the consultation services of a business liaison/facilitator to seek out presentation opportunities. However, bringing in a business partner through outreach and the mindfulness mobile app remained a challenge, and might have required a more strategized, multi-step approach with the outreach tailored specifically for businesses.

Stigma and resource concerns continue to be barriers to focusing on mental health and trauma.
Even with increased attention in many communities on the need for mental health attention, there continues to be situations in which a focus on trauma, mental health, and ACEs is challenged by the stigma that comes with these issues. In Kansas City, for example, the network focused on health and well-being when working with the business community to initially avoid the negative connotations that often comes with focusing on mental health alone.

In addition, reluctance to address ACEs also can relate to concerns about the adequacy of mental health resources. In Columbia River Gorge, for example, the network reportedly made less traction in the medical community in getting medical professionals to screen for ACEs. Concerns for shortages in mental health professionals and gaps in services dissuade some professionals from buying into the screening.

Network experience and perspective shape how it approaches addressing the topic of ACEs and resiliency.
As we noted in Section 5, the networks ranged in the way they approached the topic of ACEs and resiliency. The process of change they used varied as well as the types of activities they used. In some communities where there had been less history in addressing the topics, such as Sonoma County, much of the focus centered on raising awareness about ACEs and resilience, and facilitating the use of ACEs prevention and trauma-informed principles in professional settings. For networks that have established reputations in a community and have already worked to create awareness of the issue, such as the networks in Washington, much of the work can focus on capacity building, deepening practices, and supporting more efforts to evaluate and extend the work.

A network perspective on the issue also can shape who wants to attend. A focus on one model or approach to addressing ACEs can be alienating to others and can inhibit growing consensus. In Columbia River Gorge, the expansion of technical assistance and support to include more trauma-informed practices in addition to the Sanctuary model was viewed as more inclusive and helped to broker relationships that otherwise might have waned. Expanding the tent led to a broader network membership.

Implications for New Networks Focusing on ACEs and Resilience

The lessons learned as well as the findings summarized on network changes, outcomes, and the role of networks in creating change in their communities provides rich food for thought, especially for communities thinking about or in the process of developing networks or collaboratives intended to address trauma and resilience. It is likely that each community might find different lessons that resonate to them and want to learn more about specific communities. Individual case study reports are available upon request. Based on our analyses, we offer a few implications that we believe are most important for all sites to consider in developing and implementing these networks.

Develop a network that fits best with the culture and context of your community as well as the capacity and resources that you have.
Many of the findings, especially in Section 5, highlight the ways in which the networks carved out roles for themselves. Most of the role development emerged over time for the networks, not necessarily always a conscious decision of how they would be most successful at achieving outcomes. That said, the 14 communities now provide examples of the types of roles a new network might have given the nature

of the work already underway, the geographic context, the existing climate around mental health and trauma, as well as whether the network will have any funding for a lead, whether there will be a backbone organization and the role it will play, and the skills and knowledge of the individuals and organizations that will likely be members. Low-resourced networks can look to make change through their members, finding ways to create the ripple effect that a number of the MARC networks were able to have. Networks with dedicated staff may have a greater ability to bring change to organizations and public policy through more hands-on work, such as personal outreach, being on call to answer questions, and proactively providing expertise in areas that would benefit from it.

Approach change in a multi-step manner.
A strategy that may fit both well-resourced and low-resourced networks involves recognizing that the process of achieving outcomes is often a multi-step process. Implementing several, typically different, activities so that they can reinforce each other with the same audiences (e.g., conducting presentations, followed by trainings and individual contacts) may be a stronger strategy for achieving change than casting a broad net (e.g., conducting a broad range of awareness activities without follow-up).

Keeping a broad tent over the network may provide more opportunities for accomplishing outcomes.
Our findings indicate that the sectors where change occurred often was the sector(s) that were represented in the network members. In fact, those areas with more change were areas that grew in representation over time. This suggests that having a wide tent, with many sectors and likely even many views within a sector and across sectors may be beneficial (as Columbia River Gorge attested to when broadening the models it promoted). In addition, having a wider variety of members provides for more people to do the work and more organizations that have potential for change.

The findings from our evaluation of the MARC communities also suggest that engaging more community members is advantageous, yet can be difficult to achieve. Starting out with that intention, with developing a network that explicitly has a professional-grassroots balance may be easier and more desirable than trying to modify a network that starts out either predominantly professional or predominately grassroots.

With broader networks come the need for stronger governance and committee structure.
Attention to the governance structure was a fairly strong theme across the MARC sites. Most of the sites placed early attention on developing their governance and working structure, and several continued to focus on that in the second half of the MARC project. An explicit leadership structure and work group/committee structure appears critical, especially as the networks grow and rely more on the volunteer efforts of their members. Complementary strengths of lead organizations can prove advantageous. In Illinois, for example, the network had organizations that co-lead the efforts, which is possibly a major strength to their network structure, to organizations which provided redundancy and sharing of responsibility. Another major strength to their structure that would be a useful feature for the establishment of other networks is to have complementary strengths, resources, and skills. One of the co-leads (HMPRG) focused on policy, research and advocacy, while taking the lead in the first year of the MARC grant. The other co-lead (the United Way) focused on community outreach, engagement, and neighborhood contacts that were brought to bear in the second year of the MARC grant. This coordinated effort allowed the organizations to leverage each other's natural strengths while dividing responsibilities.

Sustainability and continued growth are often weaved concerns for networks – having data that can track the progress a network is making may help to attract new resources as well as new members. Funders are attracted to funding organizations and others that have a track record. Funders that have a clear picture of what their funds might achieve by looking at the past progress a network has made through concrete data might be more apt to provide resources, knowing that they can write a strong justification for them. Similarly, a network that can tout its progress is likely more attractive to others in the community who want to join a collaboration that they know has traction.

Summary

The MARC Demonstration provided an opportunity to examine the work of 14 networks and understand how they compare and contrast in how they approach the work. Through the evaluation, we identified lessons that can inform the work of networks overall as well as lessons for networks and other groups engaged in addressing ACEs and fostering resilience. These lessons, along with the outcome findings, suggest several important implications for ACEs-focused networks, including: developing networks that attend to the community culture and context, multiple perspectives, and the network capacity and resources; building an explicit leadership and working structure; using a multi-step change process; and building in data and measurement that can track and communicate progress attract new members and interested funders.

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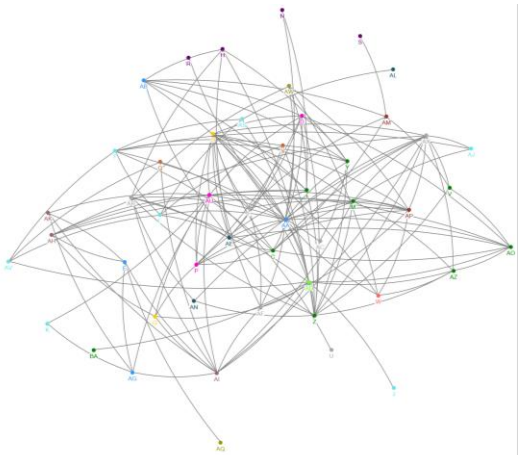
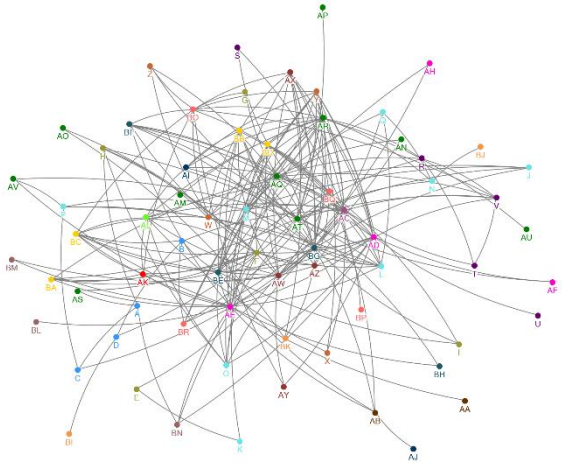
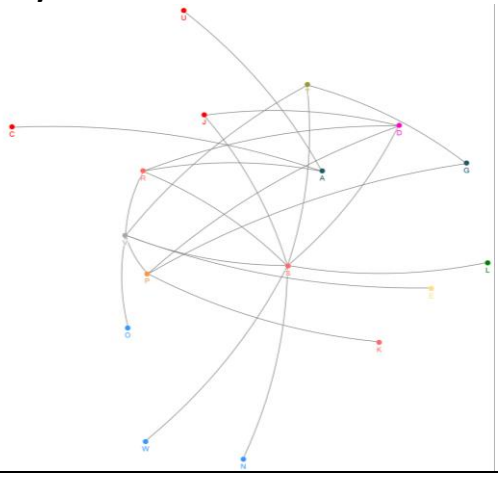
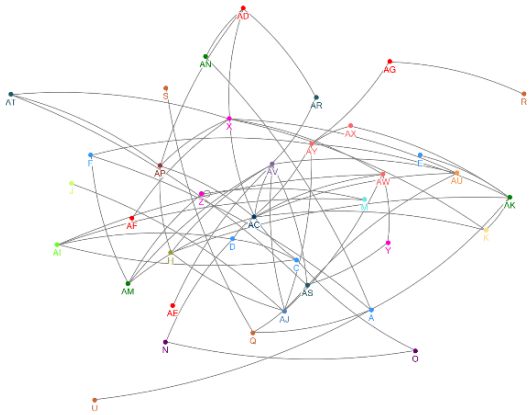
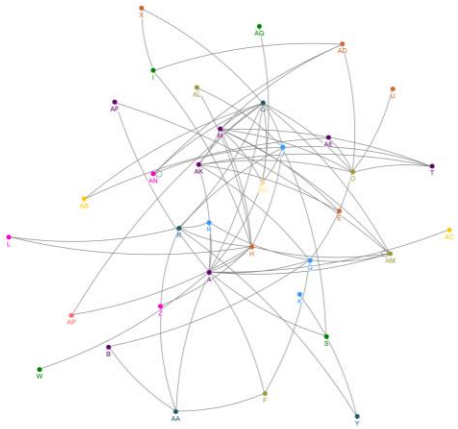
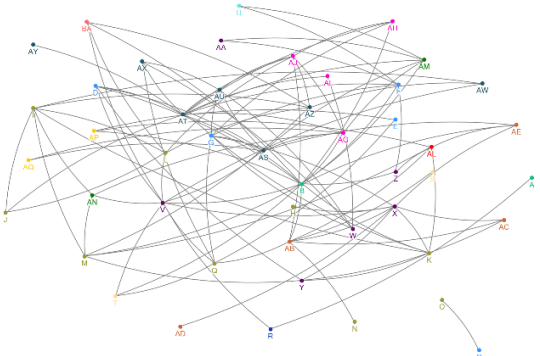
APPENDICES

Appendix A. "A lot" of collaboration across MARC sites at baseline and follow up

Baseline	Follow up
Alaska 	
Albany 	
Boston 	

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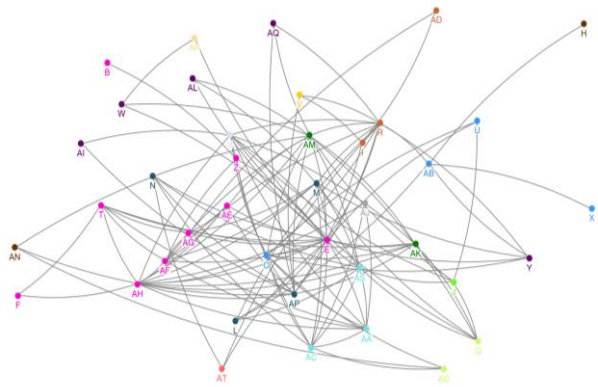	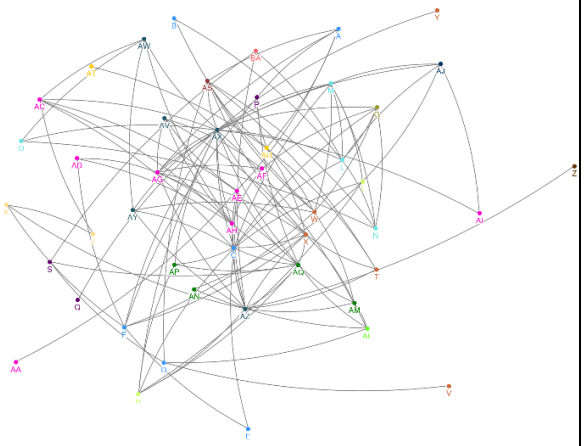
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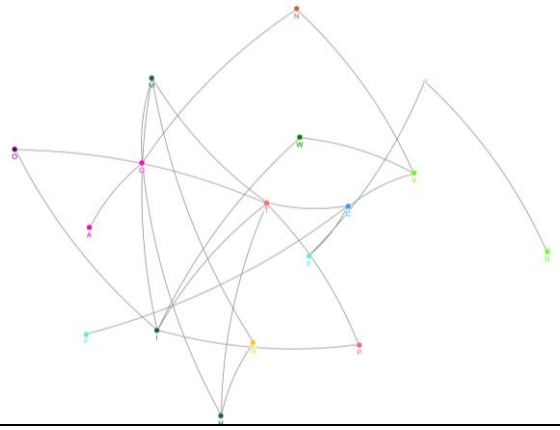	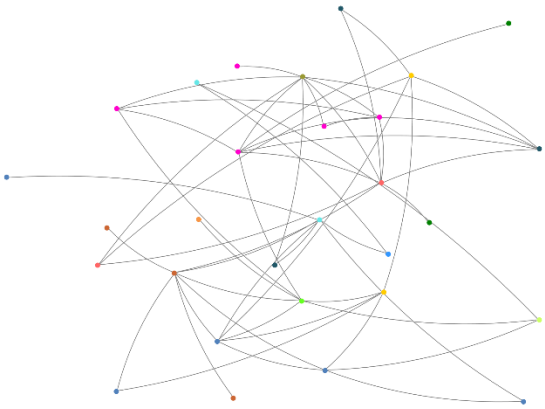
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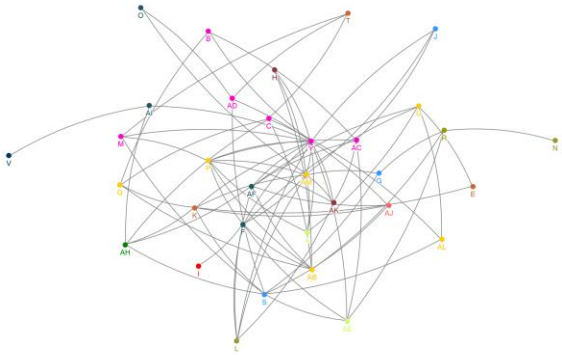	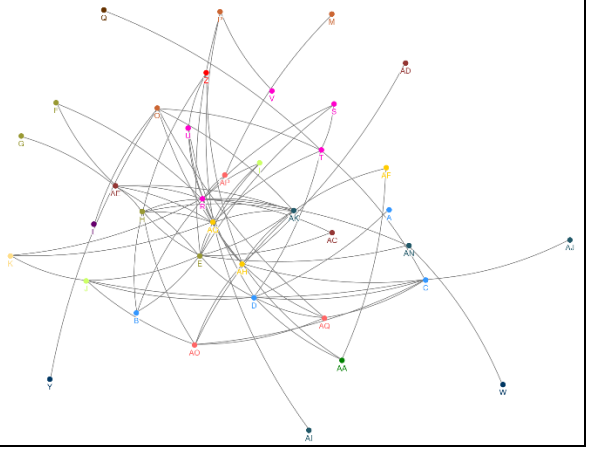

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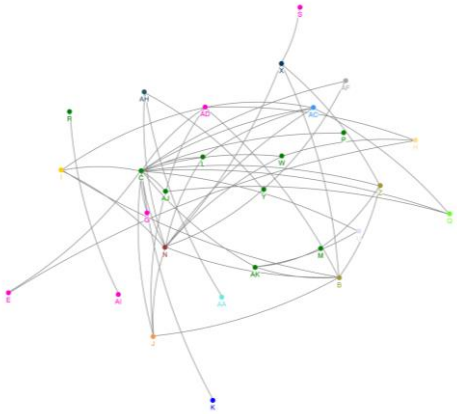	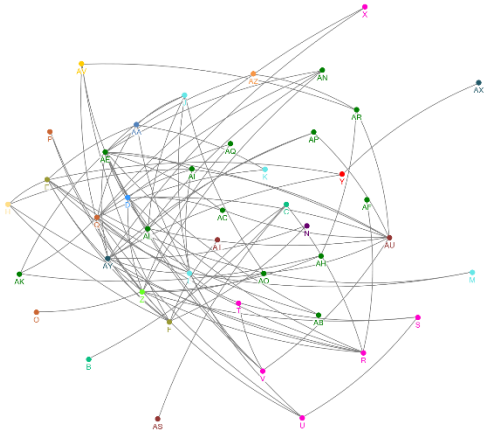
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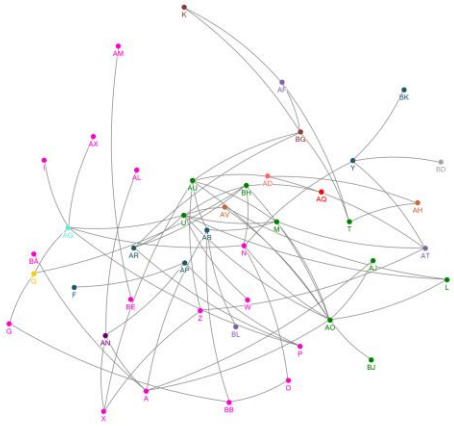	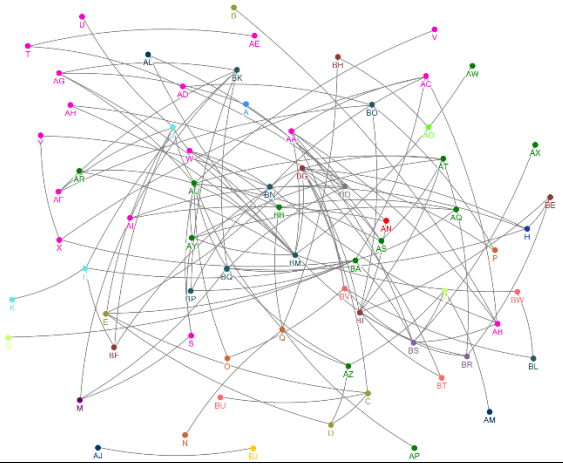
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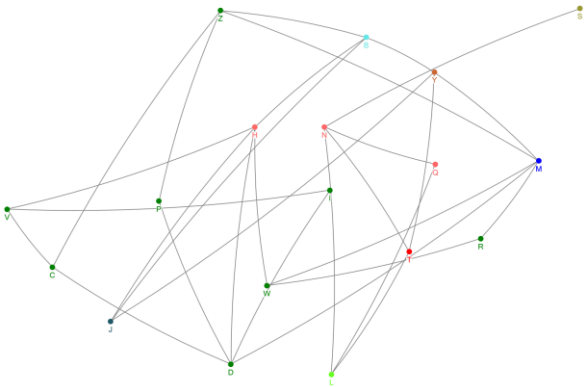	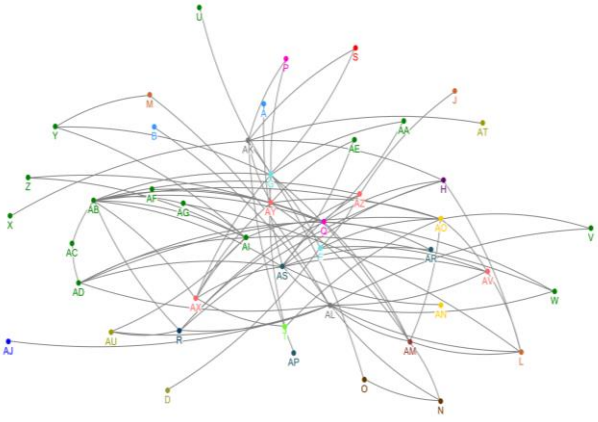

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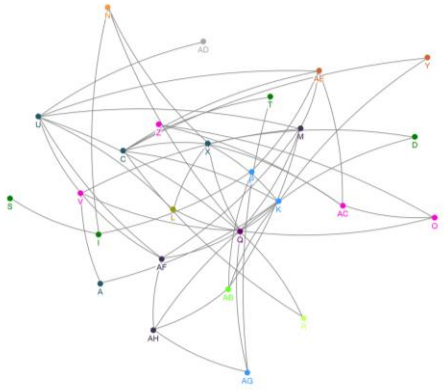	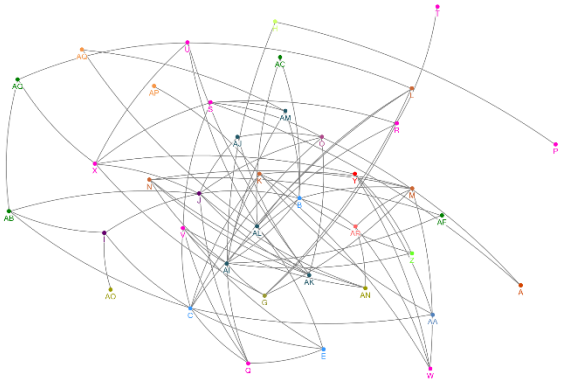
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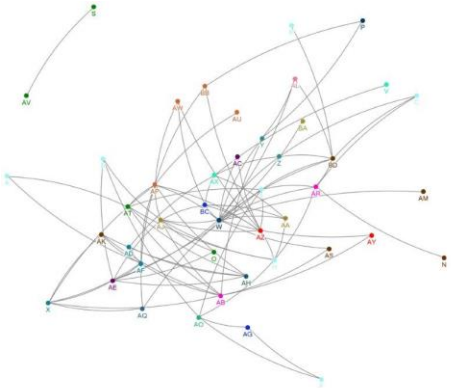	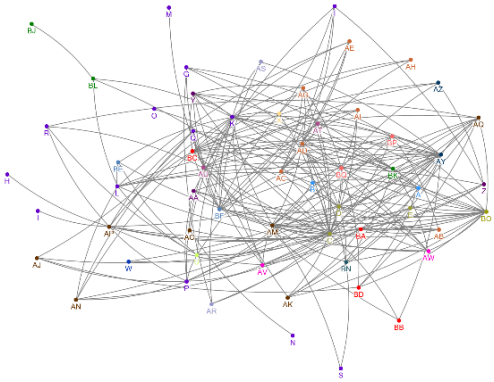
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