

BRIEF 2

Transformation through Organizational Change

Change in Mind: Applying Neurosciences to Revitalize Communities



Robert Wood Johnson
Foundation



Authors

Margaret. B. Hargreaves, Ph.D., M.P.P., Community Science

Mark Cabaj, MA., Here2There Consulting

Aimee White, M.Ed., Custom Evaluation Services

Jennifer A. Jones, M.S.W., Alliance for Strong Families and Communities

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Change in Mind Overview

Advances in Neuroscience

The past two decades have seen an explosion of new knowledge, research, and evidence on how the brain develops and how toxic stress can alter the brain's architecture. This has given us a window into the brain's neuroplasticity and how the skills and capacities we all need to be productive citizens and supportive and nurturing caregivers are developed. What we now know holds great promise for improving the effectiveness of how services are delivered to children, adults, families, and communities, and how we successfully engage and support our workforce. In fact, Mr. Kaku, a professor of theoretical physics and author of *The Future of the Mind*, said "the promise of this new revolution in neuroscience is profound, holding out the ability to someday alleviate suffering and enhance our true mental potential."¹ Nevertheless, this revolution in knowledge has yet to be fully integrated and aligned into the practices and policies of organizations and systems that provide social services, into government budgets, policies and regulations, and into the operations of the private business sector.

At the societal level, policies and interventions often run counter to the evidence that we know ensures the healthy development of young children. Aligning programs and policies with the core story of brain development² creates a solid foundation for later school achievement, economic productivity, responsible citizenship, and effective parenting. "This connection between early life experiences and the health of our nation underscores the importance of strategic investments" in our youngest citizens and their caregivers, that in turn, will benefit all of us, socially and economically.³

Initiative Overview

In November 2014, the Alliance for Strong Families and Communities was awarded a \$1.7 million grant from the Robert Wood Johnson Foundation, and with funding and collaboration from the Palix Foundation and its Alberta Family Wellness Initiative launched Change in Mind: Applying Neuroscience to Revitalize Communities. The Center on the Developing Child at Harvard University also provided initial financial support as well as extensive consultation and guidance for the conceptualization of the initiative. Change in Mind is a learning laboratory for understanding how advances in neuroscience can be leveraged to create broader systems and policy change. Over the past two years, Change in Mind has demonstrated the impact of intentionally infusing brain science and evidence into programs and organizations, and identified new insights into the longer-term challenge of facilitating and accelerating change at the systems and policy levels.

Cohort Experience

In 2015, Change in Mind created a peer learning community of 10 sites from the United States and five sites from Alberta, Canada. Through the initiative, the 15 sites have received grant funding to support participation, expert training, and individualized technical assistance on a range of topics including advances in neuroscience research, theories of transformational change, communication strategies, and rapid and developmental evaluation approaches. Change in Mind's peer-learning activities included cohort in-person meetings and webinars; meetings of smaller "community of practice" groups focusing on policy, measurement, and communications; site-specific coaching and site visits; and communications training and technical assistance from the FrameWorks Institute; as well as developmental evaluation training and technical assistance from the evaluation team led by Community Science.

¹ Kaku, M. (August 21, 2014). The Golden Age of Neuroscience Has Arrived. Wall Street Journal, New York, NY.

² The National Scientific Council on the Developing Child synthesized decades of research relevant to neurodevelopment processes and translated it with help from the FrameWorks Institute into the core story of brain development (i.e. the Brain Story). <http://developingchild.harvard.edu/wp-content/uploads/2015/09/A-Decade-of-Science-Informing-Policy.pdf>

³ Center on the Developing Child at Harvard University (2010). The Foundations of Lifelong Health Are Built in Early Childhood. <http://www.developingchild.harvard.edu>

Change in Mind Sites

The sites were selected based on knowledge of adverse childhood experiences (ACEs), experience providing trauma-informed care, willingness and capacity to participate in the initiative, and proposals for how they planned to change their organizations, influence local service systems, and advocate for policy change at larger levels.

The 15 selected Change in Mind sites are diverse on multiple dimensions. They differ in size, population reach, service orientation (treatment or multipurpose), sphere of influence (local, regional, or state/province), and country context. The sites are listed by type in Exhibit 1. The sites encompass:

- A. Large health systems
- B. Multi-site agencies with state/province-wide reach
- C. Regional treatment centers with state/province-level influence
- D. Local multiservice agencies with regional influence
- E. Neighborhood service centers with local influence.

Some sites, such as LaSalle School and Children and Families First, had already made significant organizational changes incorporating ACEs and brain science research into their work. Change in Mind enabled them to go deeper with their current reforms. For other sites, such as Wellspring Family Services and Children’s Hospital of Wisconsin, the initiative offered an opportunity to make much larger structural changes in their organizations.

The strategies the sites used to drive internal organizational change are summarized in Exhibit 1. The set of strategies is depicted in Exhibit 2. The sites are listed by strategy in Exhibit 3.

Exhibit 1: Change in Mind Site Typology and Organizational Change Strategies

Type	Change in Mind Site	Change Strategies
A	Children’s Hospital of Wisconsin in Milwaukee, Wisconsin (CHW)	1, 2, 3, 4, 5, 7, 8
A	KVC Health Systems in Olathe, Kansas (KVC)	1, 2, 4, 5, 6, 7, 8
B	Big Brothers, Big Sisters of Calgary and Area in Calgary, Alberta (BBBS)	1, 2, 3, 4, 5, 7
B	Children and Families First in Wilmington, Delaware (CFF)	1, 4, 5, 7, 8
B	Children’s Home Society of Washington in Seattle, Washington (CHSW)	1, 2, 3, 4, 5, 7, 8
C	CASA Child, Adolescent, and Family Mental Health in Edmonton, Alberta (CASA)	1, 4, 5, 6, 7, 8
C	LaSalle School in Albany, New York (LaSalle)	2, 4, 5, 6
C	Sheldon Kennedy Child Advocacy Centre in Calgary, Alberta (SKCAC)	1, 2, 3, 4, 6, 7, 8
C	The Family Partnership in Minneapolis, Minnesota	1, 2, 3, 4, 5, 7, 8
D	CUPS Health, Education, Housing in Calgary, Alberta (CUPS)	1, 2, 3, 4, 5, 7, 8
D	Family Service Association of San Antonio in San Antonio, Texas (Family Service)	1, 2, 3, 4, 5, 6, 7
D	Wellspring Family Services in Seattle, Washington (Wellspring)	1, 2, 3, 4, 5, 6, 7, 8
E	Boyle McCauley Health Centre in Edmonton, Alberta (BMHC)	1, 2, 4, 5
E	East End House in Cambridge, Massachusetts (EEH)	1, 2, 3, 4, 5, 7, 8
E	Martha O’Bryan Center in Nashville, Tennessee	5, 6, 7, 8

- | | |
|--------------------------------------|-------------------------------------|
| 1. Strategic leadership | 5. Workforce development |
| 2. Adaptive structures and processes | 6. Staff support |
| 3. Resource alignment | 7. Innovation design and evaluation |
| 4. Reframed communications | 8. New programs and practices |

Change in Mind Evaluation

The initiative used a developmental evaluation approach to understand how sites are approaching the challenges of:

- Infusing brain science research into their organizational cultures, programs, and practices
- Leveraging scientific advances in brain development to facilitate sector and systems change
- Accelerating systems change within a larger policy context
- Supporting peer learning through a peer-based learning community model

The evaluation is designed to observe the sites' development, identifying patterns of activity across different organization types and contexts. The initiative's use of developmental evaluation, rapid testing of program and practice innovations, and a rigorous application of cohort and site level theories of change have become differentiating aspects of Change in Mind in accelerating our understanding of where policies and practices at organizational and systemic levels need to shift for true alignment with advances in neuroscience.

This brief is part of a series of four briefs of the evaluation's site-level findings. The project's final report will cover the effectiveness of the cohort model.

- 1. Summary of Change in Mind evaluation findings and lessons learned:** To transform their programs, organizations, sectors, and communities, the sites designed and implemented multi-level theories of change. These pathways were often aligned with internal efforts leading to external action.
- 2. Change in Mind sites' pathways of internal organizational change:** The sites worked to create internal organizational change by aligning brain-science informed organizational goals and resources, building organizational capacity, and adapting their programs and practices to incorporate neuroscience findings.
- 3. Change in Mind sites' pathways of external systems and policy change:** The sites advanced systems and policy change by building networks of collaborators, educating their communities about brain science, facilitating sector-specific change, and advocating for larger cross-sector policy change.
- 4. Enhancing Change in Mind sites' use of ACEs data through rapid testing:** The sites improved their collection and use of ACEs, resilience, using rapid feedback methods to improve their data and other science-aligned programs and practices.

This brief presents Change in Mind internal organization change findings. Other briefs are available at alliance1.org/change-in-mind.

Change in Mind Organizational Change Methods

This brief focuses on the strategies that the Change in Mind sites used to infuse brain science into their organizational cultures, programs, and practices. The evaluation found that the sites' activities were focused in three areas:

1. Aligning organizational goals and resources with brain science research
2. Building organizational capacity to carry out Change in Mind goals
3. Using that new capacity to make fundamental changes in programs and practices (see Exhibit 2)

Exhibit 2: Organizational Change Strategies



To align their goals and resources with the new brain science, sites used a range of strategic leadership strategies, created new organizational structures and processes to manage the changes, and shifted or obtained new resources to sustain those changes. At the same time, sites increased their organizational capacity to adopt and implement the desired changes by using new messages to educate staff and other stakeholders and providing training and support to help staff understand and incorporate the new ideas into their work. Finally, sites started the work of designing, pilot testing, and refining new program practices based on the new science.

These patterns of activity are summarized in Exhibit 3. In later sections, we provide several site examples to illustrate each type of activity. The most common patterns of activity involve strategic leadership, reframing of communications, and workforce development. Most sites engaged in most activities; their patterns did not differ by organizational type or context.

Exhibit 3: Organizational Change Strategies

Strategies of Organizational Change	Change in Mind Sites
Aligning Goals and Resources	
1. Strategic leadership	BBBS, BMHC, CASA, CFF, CHW, CHSW, CUPS, EEH, Family Service, KVC, SKCAC, The Family Partnership, Wellspring
2. Adaptive structures and processes	BBBS, BMHC, CHW, CHS, EEH, Family Service, KVC, LaSalle, SKCAC, The Family Partnership, Wellspring
3. Resource alignment	BBBS, CHW, CHW, CUPS, EEH, Family Service, CHSW, SKCAC, Wellspring
Building Organizational Capacity	
4. Reframed communications	BBBS, BMHC, CASA, CFF, CHW, CHSW, CUPS, EEH, Family Service, LaSalle, KVC, SKCAC, The Family Partnership, Wellspring
5. Workforce development	BBBS, BMHC, CASA, CFF, CHW, CHSW, CUPS, EEH, Family Service, LaSalle, KVC, Martha O'Bryan Center, The Family Partnership, Wellspring
6. Staff support	KVC, CASA, Family Service, LaSalle, Martha O'Bryan Center, SKCAC, Wellspring
Adapting Programs and Practices	
7. Innovation design and evaluation	BBBS, CASA, CFF, CHW, CHSW, CUPS, EEH, Family Service, KVC, Martha O'Bryan Center, SKCAC, The Family Partnership, Wellspring
8. New programs and practices	CASA, CFF, CHW, CHSW, CUPS, EEH, KVC, Martha O'Bryan Center, SKCAC, The Family Partnership, Wellspring

Aligning Goals and Resources

1. Strategic Leadership

The sites' executive teams formally recognized the importance of brain development in the health and well-being of their clients by reorienting their organizations to focus more on supporting healthy brain development across the life course of clients. This involves supporting the healthy brain development of infants and young children, increasing the coping skills and resilience of school-age children and teens, and enhancing the core capabilities of parents to support their families and thrive as adults. The sites' top administrative teams used a range of leadership strategies to embed the newest brain science findings into their organizations. These strategies included revising the organization's mission and vision statements, setting new organization-wide objectives, updating business plans, and signaling these corporate-level changes through keynote speeches, leaders' messages, and other communications.

Example: Comprehensive Vision

One of the largest Change in Mind sites is KVC, a national private, nonprofit child welfare and behavioral health care organization. In October 2016, at KVC's Annual Celebration, the executive leadership used the "Core Story" of healthy brain development and a trauma lens to frame the context and future vision of the organization's mission.⁴ The Core Story was developed and tested, along with other reframed messages on how to communicate neurological research findings to internal and external audiences, by the FrameWorks Institute for the Palix Foundation's Alberta Family Wellness Initiative. The role of brain development in well-being was also incorporated into the organizational vision of each of KVC's five subsidiaries.⁵ KVC's Institute for Health System Innovation adopted Change in Mind as one of a small number of active projects to facilitate organization-wide collaboration and innovation processes. The Institute featured the initiative in KVC's 2016 Leadership Conference. At KVC's Annual Hero Luncheon in 2016, the president and CEO devoted his speech to the topic of brain science, associating the impact of healthy brain development with mental health and well-being.

Example: Two-Generation Approach

Another Change in Mind site is The Family Partnership, a provider of community and in-home mental health services, parenting and early childhood education, and advocacy programs to low-income children, youth, and families in Minneapolis.⁶ In June 2016, the organization joined the Aspen Institute's Ascend Network, which is using a brain science-informed, two-generation approach to influence policy and practice changes that increase economic security, educational success, social capital, and health and well-being for children and families. In August 2016, The Family Partnership's board approved the organization's 2015-2020 strategic business plan to adopt a two-generation approach to reduce opportunity and achievement gaps for families living in poverty. The Family Partnership is also developing a new Lake Street Center for Healing and Empowerment, designed to use brain science concepts and serve as an incubator for the two-generation approach with survivors of sex trafficking and other clients.

⁴ KVC Health Systems (2016, October 17). KVC Health Systems releases 2016 annual report and honors Alliance CEO Susan Dreyfus [Web blog message]. Retrieved from <https://www.kvc.org/blog/kvc-health-systems-releases-2016-annual-report-honors-alliance-ceo-susan-dreyfus/>

⁵ KVC is has five subsidiaries: KVC Kansas; KVC Hospitals; KVC Nebraska; KVC West Virginia; and KVC Kentucky. KVC serves serving over 25,000 children and their families annually.

⁶ <http://www.thefamilypartnership.org/> The Family Partnership advocacy programs address poverty reduction, sex trafficking, the intergenerational cycle of violence among African-American men, the financial literacy of Latinos, and LGBT equity.

Example: Strategic Objectives

Serving children from birth to age 12 through integrated comprehensive service hubs across the state of Washington, CHSW is also a Change in Mind site. In its 2016-2021 strategic plan, the organization incorporated an objective to “leverage and enhance the organization’s position as leader and innovator in the field of child and family services.” This included a “commitment to continued growth in the integration of brain science at the program and policy level.” To fulfill this mission, CHSW adopted two Change in Mind activities:

1. Building the leadership capacity of the Washington State Parent Ally Network to advocate for more access to brain science-aligned programs and services
2. Strengthening the King County Child Welfare-Early Learning Partnership to support cross-sector case management and work together to catalyze change in early learning, child welfare, and family support services

Example: Organization Theory of Change

CUPS, a Change in Mind site in Calgary, Alberta, provides integrated health care, education, and housing services.⁷ In 2016, CUPS developed a new organization-wide theory of change identifying a brain science-aligned set of services for families and adults living with the adversity of poverty and traumatic events. This continuum of prevention, early intervention, and treatment services was designed to build the developmental, health, social-emotional, and economic resilience needed to help clients become self-sufficient and achieve their full potential. As part of this organizational development process, the organization held a series of organization-wide discussions to explore how to best use ACEs and resilience concepts to achieve the organization’s goals.

2. Adaptive Structures and Processes

Change in Mind sites made two kinds of structural changes to facilitate the integration of brain science findings into their organizations. One approach involved changing hierarchical organizational structures to shift the roles and functions of key personnel and programs. The other involved creating organization-wide networks of leaders, managers, and decision makers who worked across functions and departments to develop a common understanding, language, and vision for championing the adoption and use of those findings throughout their organizations.

Example: Organizational Restructuring

Wellspring, a Change in Mind site in Seattle, provides counseling, early learning, and other community services to help families in crisis triumph over trauma, such as homelessness, domestic violence, and poverty. To integrate and apply brain science findings to its own services as well as regional policy and funding decisions,⁸ Wellspring made several formal changes in its organizational structure. It eliminated its vice president for services position and replaced it with two new leadership roles:

1. Chief program development officer, responsible for implementing new strategic initiatives including aligning brain science throughout the organization’s services, policies, and practices
2. Chief program director, providing operational leadership and regional advocacy

These structural changes prompted a review of the organization of Wellspring’s programs. As a result, two programs (the Early Learning Center and the Infant/Early Childhood Mental Health Services) were merged into one unit to align brain science principles with children’s mental health and development.

⁷ <http://cupscalgary.com/>

⁸ <https://wellspringfs.org/>

Example: Institute for Child and Family Well-Being

One of the largest Change in Mind sites in the U.S., CHW provides a wide range of community-based services in addition to hospital, specialty, and primary health care.^{9 10} As a strategic priority, in 2016 CHW created the Institute for Child and Family Well-being in collaboration with the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee. The Institute's mission is to design and implement effective programs, conduct cutting-edge research and evaluation, and promote change through policy and advocacy. CHW transferred its child and family well-being programs to the institute, and added a leadership position to manage the institute's wellness programs and co-direct its research and evaluation activities. Two data analysts were assigned to the institute to report on the wellness programs' administrative and functional data and to conduct developmental evaluations of the Institute's efforts to enhance systems and influence policy. As part of Change in Mind, these hospital efforts fall under the auspices of the institute.

Example: Neuroscience Innovation Workgroup

In late 2015, KVC assembled a 23-person neuroscience innovation workgroup to develop a sustainable strategy for integrating neuroscience findings into KVC's organizational culture and operations. The group, which meets monthly, has one to two participants per KVC subsidiary and three representatives from KVC's shared corporate services. The group includes employees working in Kansas, Kentucky, Missouri, Nebraska, and West Virginia, and represents service areas including foster care, adoption, residential care, psychiatric hospitals, community-based services, communications, development, information technology, research, and policy guidance.¹¹ The workgroup's priorities include:

1. Evaluating employees' beliefs and understanding of toxic stress and trauma
2. Providing feedback on how neuroscience fits into KVC's current model of care in a sustainable way
3. Dissemination of information about neuroscience to all employees in a manner that is engaging, easy to understand, and can be translated to all stakeholders
4. Providing guidance to the employee wellness committee related to self-care, impact of toxic stress on well-being, and skill building techniques

Change in Mind Champions

Several other Change in Mind sites have also created initiative-specific oversight teams to support the integration process. At the outset of Change in Mind in 2015, The Family Partnership created a Change in Mind leadership team, assigning the senior vice president of program strategy and innovation, the vice president of public affairs, and the director of quality and support services to oversee the initiative. The Family Partnership also created a Change in Mind steering committee, a larger internal team of program managers and practitioners, to help guide the design and implementation of Change in Mind activities including the creation of a work plan for integrating brain science strategies into The Family Partnership's two-generation approach and identifying the organizational policies and procedures needed to ensure good results.

BMHC is a nonprofit, community health center in Edmonton, Alberta, that provides interdisciplinary health care, integrating primary care, health promotion, mental health, and addiction services.¹² Early in the initiative, BMHC created a Change in Mind Champions Committee of 11 staff who wanted to be directly involved (16 percent of BMHC's entire staff of 67). The committee has been supporting and monitoring the training and uptake of brain science information across the health center as well as the collection and analysis of client-level ACEs data.

⁹ <http://www.chw.org/childrens-and-the-community/>. Community services include parent education, home visiting, and counseling; child welfare, foster care, and adoption services; other child abuse prevention and children's advocacy and protection services, and community engagement in Milwaukee neighborhoods.

¹⁰ Children's Hospital of Wisconsin. (n.d.). *Children's in the community*. Retrieved August 25, 2017, from <https://www.chw.org/childrens-and-the-community/>

¹¹ <https://www.kvc.org/research/institute/neuroscience/innovation-team/> KVC Health Systems. (n.d.). *Innovation team*. Retrieved August 25, 2017, from <https://www.kvc.org/research/institute/neuroscience/innovation-team/>

¹² <http://www.bmhc.net/>

This information is being used to determine what new programs or changes in existing programs need to be implemented and integrated into the health center's operations.

LaSalle, located in Albany, New York, provides a wide range of “evidence-informed comprehensive treatment services which address trauma symptoms resulting from the impact of toxic stress and adverse childhood experiences.”¹³ LaSalle services include therapeutic residential treatment, day education, outpatient counseling, and an alternative to detention for youth involved in the juvenile justice system. A regional resource for training on ACEs and toxic stress, LaSalle created an ACEs and brain science advancement team to help the organization respond to weekly requests from outside organizations for training on ACEs and brain science. LaSalle provides three types of trainings:

1. Parent trainings
2. Trainings for community partners
3. Brain Science 101 briefings on ACEs, brain science, and toxic stress

Training examples include a request from the Albany Police Department to develop and provide brain science training to all sworn and civilian personnel and trainings to parents and caregivers to improve their skills in ways that enhance their child's positive brain development.

3. Resource Alignment

These organizational changes require significant time and resources, which can come from redirecting existing internal resources or leveraging new sources of outside funding. Some Change in Mind sites have used their resources to support administrative change processes such as facilitating brain science-aligned workgroups or developing workforce training materials. Other sites have used their resources to enhance current program practices or add new programs to the agencies' existing mix of services.

Example: Organizational Development

CUPS originally conceived and staffed its participation in Change in Mind as a single stand-alone project, supported part-time (0.2 FTE) by an operations manager with oversight from the organization's executive director and senior director of strategic initiatives. However, by 2016, CUPS leadership reported that they realized “Change in Mind had become less of a project and more about how we do our work.” The leadership dedicated additional internal resources to initiative activities. The operations manager, a data and reporting analyst, the senior director of program strategy, the senior director of strategic initiatives, and the executive director began meeting on a bi-weekly basis to coordinate a wide range of Change in Mind activities including employee training, program development, and policy work with external partners. CUPS communications and grant writing staff also became involved in framing new fund development messages to secure more outside funding for Change in Mind efforts.

**“Change in Mind
had become less
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Administrative and Program Capacity

One of the smallest Change in Mind sites, EEH, is a community center that uses a holistic approach to support the long-term goal of academic achievement and successful transition to adulthood by children from under-resourced families. EEH services include child care, afterschool and full-day summer programs for elementary and middle school children, parent education classes, senior support services, referral and benefit screenings, and an emergency food program. These programs are managed by a small administrative staff with few extra internal resources available to undertake significant organizational change projects. To address this issue, the organization

¹³ <http://www.lasalle-school.org/>

received several grants for operational support to align the organization's programming with its long-term goals. These included a \$100,000 grant from the Cummings Foundation for the development of the organization's theory of change, a \$30,000 grant from the Cabot Foundation, and a \$3,500 from the Tufts Council for Philanthropic Leadership. The organization subsequently won a \$70,000 grant for a new afterschool brain science service learning initiative for its middle school students.

Example: Funding New Programs

CHSW's office of policy and innovation shifted priorities to focus more on funding new brain science-aligned programs. To this end, the office started holding monthly meetings with CHSW development and communications staff to discuss opportunities for fund development, communications, and marketing strategies to leverage more outside funding for its work using brain development findings to achieve more effective outcomes for CHSW children, parents, and families. This strategy is intended to attract new funders by highlighting the unique contributions that CHSW is making locally, regionally, and nationally. Through these efforts, CHSW received a \$100,000 grant from a local foundation to implement a new intergenerational (two-generation) Mobility Mentoring® model that uses adult and child development brain science to help families move out of poverty.¹⁴

Family Service in San Antonio, Texas, provides a wide range of child development and well-being services including Head Start; parenting education, support, and engagement programs; developmentally appropriate behavioral health services for children ages birth to six and their families; and school-based prevention education services designed to increase protective factors, foster resilience, decrease risk factors, and improve coping and decision-making skills. For Change in Mind, Family Service has leveraged local resources to implement its initiative activities.¹⁵ These resources include a grant from the San Antonio Area Foundation to incorporate coaching into the organization's parent education services and funding from the Center for Health Care Services to host a regional Change in Mind conference in May 2016.

Building Organizational Capacity

4. Reframed Communications

Through Change in Mind, the sites were trained by the FrameWorks Institute on how to communicate neurological research findings to internal and external audiences using reframed messages including the Core Story, which was developed and tested by the FrameWorks Institute for the Palix Foundation's Alberta Family Wellness Initiative (AFWI). While some of the initiative's Alberta sites were already familiar with these messaging strategies, other sites used the training to make significant changes to communications messages and strategies.

Example: FrameWorks Training

CFF provides a continuum of community-based social services across Delaware to help children facing adversity build resilience, enabling them to flourish and reach their full potential. CFF uses a trauma-informed lens and an understanding of brain development in programs that span the life course, including healthy infant and early child development, positive parenting, community schooling, supporting teens, foster care and adoption, and workplace support.¹⁶ CFF's external communications through social media, its annual giving campaign, and newsletters include FrameWorks-supported messaging around Change in Mind concepts. These concepts were key to the organization's messaging during Child Abuse Prevention Month in April 2016 and at a fundraising breakfast in September 2016. Internally, CFF communicates weekly with staff, sending articles, videos, and other resources to keep Change in Mind topics top of mind.

LaSalle has also started to reframe its external and internal communications based on FrameWorks messaging models. In 2016, the organization was featured on local TV news in a three-part series titled "Breaking the Cycle," which focused on trauma, brain science, and resilience. LaSalle also created *Change in Mind Digest* to keep staff updated on the organization's Change in Mind activities and lessons learned from initiative participation.

¹⁴ This is an expansion of the Mobility Mentoring model developed by EMPATH in Boston.

¹⁵ <https://www.family-service.org/>

¹⁶ <http://www.cffde.org>

Example: Cohesive Messaging

SKCAC works with partner agencies to help children, youth, and families who are impacted by abuse and to put an end to child abuse using wraparound services including investigations and forensic interviews; victim advocacy, support, and follow-up; court preparation and support; specialized medical evaluation and treatment; specialized trauma-focused mental health services; case review and monitoring; enhanced training for staff, students, and key stakeholders; development of outcome measurement and research; and community education and prevention services.¹⁷ One of the driving philosophies of SKCAC is that, “The impact of trauma on the developing brain can have long-lasting impact on children into adulthood, affecting their families and communities, and must shape centre policy and practice across disciplines.” This message is conveyed in all organization documentation including its Strategic Directions 2015-2018 Report, Annual Reports to the Community, and presentations and tours of SKCAC.

Example: Multiple Channels

KVC maintains a neuroscience website (kvc.org/brain), providing public access to many Change in Mind-related messages including KVC’s version of the AFWI Core Story, an overview of the Change in Mind initiative, neuroscience information videos, and blogs. Blog posts have covered Change in Mind, trauma and parenting, brain development, and policy change efforts. Inside KVC, message cue cards have been developed for employees working to engage in systems and policy change efforts. One of the organization’s most effective messaging strategies was “The Brain Can Change ... and that Changes Everything” cover story for KVC’s seasonal newsletter. Since its publication, views have increased by 114 percent for other related articles.^{18 19}

Example: Marketing Messages

The messaging strategies taught by the FrameWorks Institute can seem counter-intuitive to Change in Mind sites, whose communications staff are more familiar and comfortable with traditional methods. It can be especially hard for large service systems, such as CHW, to accept new approaches to communications, public relations, and marketing support. While the CHW Change in Mind team is using FrameWorks messaging models, the hospital’s public relations and marketing team initially remained drawn to the proverbial swamp of shocking statistics, stories focused on individuals, and other usual communications tools. More successful and more openly accepted are CHW presentations on how brain science relates to resilience, which captures the attention of people who are already familiar with ACEs as well as those who are new to those concepts. “Resilience rounds out the narrative with ACEs and trauma in a manner that provides a positive direction for policy makers to go,” reported one CHW staff member.

Example: Fundraising Strategies

CASA is a provider of mental health services and supports for infants, children, adolescents, and their families in Edmonton, and the surrounding region. CASA uses a wide range of assessment and treatment programs ranging in intensity from early identification, assessment, and primary intervention to intensive tertiary level treatment as well as professional training, consultation, research, and advocacy.²⁰ CASA is using AFWI Core Story materials as well as other brain science concepts from the Center on the Developing Child at Harvard University and FrameWorks Institute research to create or update a range of communications materials. These CASA materials include a brief about the CASA outcomes framework, a parent handout explaining ACEs and toxic stress, and other materials posted on its intranet. Although several senior staff support the use of brain science concepts and practices, they caution against perceiving of brain science as the most comprehensive or only appropriate counseling technique and recommend treating it as just one approach in a counselor’s tool box.

¹⁷ The partners are Alberta Education, Alberta Health Services, Alberta Justice, Calgary Police Service, Calgary and Area Child and Family Services, and the Royal Canadian Mounted Police. <http://www.sheldonkennedycac.ca/>

¹⁸ KVC Health Systems. (2016, April 26). Addiction is not a moral failure... It’s a brain disorder [Web log comment]. Retrieved August 25, 2016, from <https://www.kvc.org/blog/addiction-is-not-a-moral-failure-its-a-brain-disorder/>

¹⁹ [KVC Health Systems. \(2016, April 13\). The Brain Can Change... And That Changes Everything \[Web log comment\]. Retrieved August 25, 2016, from https://www.kvc.org/blog/the-brain-can-change-and-that-changes-everything/](https://www.kvc.org/blog/the-brain-can-change-and-that-changes-everything/)

²⁰ <http://www.casaservices.org>

Although CASA's fundraising staff report that they support the use of these new concepts in their messages, it has been difficult in practice to change CASA's fundraising culture, which typically focuses on sad stories of individual children and families. To reinforce the science underlying the new reframing communications messages, CASA conducted a special training for its staff in January 2017.

5. Workforce Development

Change in Mind selected its sites partly based on their familiarity with ACEs research and their experience providing trauma-informed services. However, because the sites' employees were previously trained on how to provide trauma-informed services, they needed additional training on how to integrate neuroscience findings into their trauma-informed work. To do this, many of the sites used Change in Mind training materials, videos, and interactive games to use with their own staff and other stakeholders including organization board members, volunteers, foster parents, and clients. Some sites also updated their employee job descriptions, modified employee orientation sessions, conversed with staff about the changes, and added professional development opportunities for their staff to facilitate and institutionalize staff understanding and use of neuroscience research.

Example: Group Learning

BMHC initiated a series of four group learning activities to educate their staff about brain science and Change in Mind. These training activities included presentations of keynote speakers from their BMHC staff, Alberta Health Services, and the Palix Foundation. In a series of sessions, they played the Brain Architecture Game²¹, first with the site's Change in Mind Committee of Champions, then with new staff, and then with the entire organization. Participants' feedback surveys (95 surveys over four activities) showed that BMHC made progress in increasing staff knowledge and use of brain science: 88.4 percent reported that these learning activities were practical and 77.7 percent said they were "likely" or "very likely" to use the information in their daily work.

Example: Interactive Training

To align organization policy, practice, and services with brain science research, Wellspring used interactive trainings with multiple audiences based on the Brain Architecture Game. The game was used in three separate trainings with all organization staff, the organization's board of directors, and with an associate board of youth leaders and other community members. Training feedback was positive: Survey findings showed over 98 percent of participants rated the experience as informative and reported that they would use the information in their work. In 2017, the organization expanded its use of the game by creating a new employee orientation that included playing the game and an overview of the organization's brain science framework. Wellspring program staff teams also developed work plans for how to use brain science in their work units. For example, the community services unit updated its job descriptions and added new brain science-related job interview questions, addressing applicants' mental flexibility, curiosity, and interest in the "root causes" of client behavior.

Example: Targeted Audiences

A local affiliate of Big Brothers, Big Sisters of Canada, BBBS of Calgary and Area provides a wide range of one-on-one and group mentoring programs, inside and outside of school, to children ages six through 18 who are facing adversity.²² In 2015, all BBBS staff received "Introduction to Neuroscience" training, a half-day training session that included the use of the Brain Architecture Game. Staff also have access to Change in Mind webinars archived on the Alliance website. In addition, front-line BBBS staff attended an "ACEs Translating Research into Practice" intermediate-level training hosted by Alberta Health Services. BBBS also added brain science components to its training for volunteer mentors participating in Strong from the Start, a national mentoring program.

²¹ The Brain Architecture Game was developed and refined by Judy Cameron at the Clinical & Translational Science Institute at the University of Pittsburgh, the National Scientific Council on the Developing Child, in collaboration with the USC Creative Media & Behavioral Health Center, the Center on the Developing Child at Harvard University and the FrameWorks Institute, with support from the Palix Foundation. <https://dev.thebrainarchitecturegame.com>

²² <http://bbbscalgary.ca>

New BBBS training topics include the development of the adolescent brain and the impact of toxic stress on executive function, which are featured in AFWI videos and other resources. Onboarding activities for new staff also include AFWI videos and information.

As part of Change in Mind, Family Service revised its employee training program to require three tiers of training on trauma-informed and brain science-aligned care for staff involved in intake, for program supervisors, and for service providers or clinicians. These trainings include the use of the AFWI Core Story and other basics of brain science. All staff also have access to archived Change in Mind webinars. These topics have also been integrated into the organization's new employee orientation, added to position descriptions, and used in staff professional development plans. Staff are now required to complete annual training on brain science concepts.

6. Staff Support

Change in Mind sites have increased their awareness of the potential for staff to experience secondary trauma through their work with families who have themselves experienced significant trauma. To increase staff awareness of their own trauma histories, some sites have provided opportunities for staff to take ACEs questionnaires anonymously to learn their own ACEs scores. Finally, for staff who are seeking new ways to manage their stress and increase their resilience, some Change in Mind sites are increasing their counseling and support services to staff requesting this assistance.

Example: Monitoring Stress

As a community-based provider of mental health services to infants, children, and adolescents, CASA was already aware of the potential for secondary trauma among its psychiatrists, nurses, social workers, and other staff. To develop a plan to address this, the organization started using some elements from its Workforce Pulse survey to monitor the level of toxic stress in its employees and to conduct focus groups with staff to identify factors contributing to workplace stress.

Example: Employee Engagement

In 2014, Wellspring adopted a reflective practice model for the organization's housing and early learning programs. The goal was to help staff use reflective practice to work more effectively with clients experiencing traumatic events. As part of Change in Mind, the organization has decided to deepen its focus on reflective practice by using the process to help staff reflect on their own trauma histories and how it might impact their work with clients. As a result, staff have reported more awareness of their own trauma triggers. They are also reporting more empathy for clients and increased job satisfaction.

Before Change in Mind, LaSalle had already developed methods to help staff debrief from traumatic incidents with students. As part of Change in Mind, LaSalle also created a way for staff to complete an ACEs questionnaire anonymously when picking up their paychecks. The Change in Mind project team decided more support was needed at an organizational level to address secondary trauma. In January 2017, the organization created an employee committee to involve staff in developing better services and supports to help staff manage secondary trauma and other work-related stress.

Example: Staff Self-Management

A community anti-poverty center in Nashville, the Martha O'Bryan Center works to empower impoverished children, youth, and adults to transform their lives through early learning, education, employment, and fellowship services including interpersonal and domestic violence counseling to community members experiencing trauma.²³ Although the Center has previously trained staff in trauma-informed practices, staff requested more training in trauma-informed care and brain science during Change in Mind. The organization responded with additional training on the impact of trauma on brain development.

²³ <http://www.marthaobryan.org/>

The center also instituted standing meetings and other ad hoc debriefing sessions for staff to talk about their thoughts and feelings concerning their exposure to traumatic experiences at work.

The increased focus on ACEs, toxic stress, and brain development reopened old issues for various site staff, causing some to push back against the organizational changes. For example, when Family Service began rolling out its joint Change in Mind and trauma-informed care initiatives, some in the human resources department voiced concern over surveying staff about their own ACEs scores and trauma histories. Through conversations, it became clear that one staff member was uncomfortable with the topic because of his own personal history of adversity and high ACEs score. Through these one-on-one conversations, he began to understand the importance of surveying clients and staff about their ACEs scores to improve services. He ultimately became an advocate and staff trainer for the organization's Change in Mind and trauma-informed initiatives.

Adapting Programs and Practices

7. Innovation Design and Evaluation

Change in Mind was designed as a peer-level community of learning in which sites were exposed to the same neuroscience research findings and encouraged to explore together ways in which to infuse brain science insights into their work. Unlike other kinds of learning collaboratives that direct participating sites to select and implement specific program models, policies, or practices, Change in Mind was not prescriptive in terms of how sites were to change their organizations. This enabled sites to identify gaps between their existing programs and practices and more brain science-aligned approaches and to modify their programs and practices or develop new ones that were both aligned with brain science and appropriate to their local context and the needs of clients.

Some sites began this program adaptation process with a review of their existing programs, surveys of staff needs, or retrospective analysis of past practices. Using this information, the sites initiated multiple approaches for developing and testing new brain science-aligned program practices. Through Change in Mind, sites were trained on how to use rapid testing and developmental evaluation approaches to pilot test and assess the results of “small bets”: Changes in organizational behavior, such as new kinds of trainings, and changes in program practices, such as modifications of client services or staff practices. The test results were used in iterative cycles of improvement to refine and/or expand the new activities throughout the sites' organizations.

Example: Systematic Reviews

At the start of Change in Mind, CASA conducted a process of program reviews to assess the extent to which its programs were already trauma informed, evidence based, and aligned with brain science principles. The programmatic review revealed that its children's day treatment program lacked a trauma-informed and brain science-aligned approach. The program was paused, re-envisioned, and redesigned with a new clinical framework that relies heavily on brain science concepts and language. The New Day treatment program was evaluated, and has already demonstrated improved outcomes in the areas of patient and staff safety and health.

CUPS also initiated its redevelopment process by commissioning a retrospective evaluation of the organization's progress in its efforts to embed brain development science and resiliency into its operations. The purpose of the evaluation was to help the organization understand what differences, if any, the organization's previous science-aligned actions had made to participants in its programs. The lessons learned from this evaluation are expected to identify performance gaps and lead to more effective models for translating brain science-aligned research into practice.

As part of its organization-wide redesign around brain science-aligned two-generation approaches to reduce poverty and adversity among its clients, The Family Partnership worked with University of Minnesota faculty to conduct a baseline survey in August 2016. The survey assessed the level of staff and program awareness of two-generation strategies, training needs, and measurement of two-generation approaches. The survey's findings are being used to in the planning of a major two-generation initiative.

Example: Development Processes

Building on the hospital's history of use of PDSA (Plan, Do, Study, Act) quality improvement methods, CHW's new Institute of Child and Family Well-Being has expanded its use of developmental evaluation and rapid testing techniques to monitor and assess the effectiveness of hospital changes. The institute extended the use of these methods to other non-Change in Mind projects. For example, it will apply human-centered design concepts and processes to support the development of two-generation practice innovations.

While BBBS board and staff find brain science research and practices exciting, some are struggling to reconcile the new concepts with three decades of codified practices, reinforced with national mentoring standards. To address this, the organization asked for standard substitutions from the national office and encouraged staff to conduct experiments to see where they might infuse these ideas on a smaller scale. With this encouragement, in 2016 BBBS launched a 90-day cycle of prototyping and rapid testing of five different strategies to increase the duration of mentor/mentee matches during five key contact points:

- Volunteer training sessions
- Staff training sessions
- Initial match meetings between mentors and mentees
- Post-match events
- Post-match trainings

The process of prototyping has been a key staff engagement tool, allowing them the opportunity to innovate and engage in the entire decision-making and implementation process of adopting and implementing new brain science-aligned practices in BBBS' mentoring programs.

CHSW is working with Frontiers of Innovation (FOI), an initiative of the Center on the Developing Child at Harvard University. FOI supports scientific research that informs the testing, implementation, and refinement of strategies designed to achieve significantly better life outcomes for children facing adversity. CHSW is currently testing seven FOI innovations, which are designed to build executive function and self-regulation skills in caregivers and children while also addressing the developmental consequences of trauma and its transmission across generations. CHSW also co-leads FOI's Washington State Innovation Cluster, a network of pilot sites linked to university-based researchers and a working group of program directors, managers, and senior advisors across multiple state agencies that test and co-develop brain science-aligned programs.

8. New Programs and Practices

Change in Mind sites are using several strategies to modify existing programs, develop new program practices, and scale up their use of evidence-based programs as aligned with the newest brain science. These programs cover the entire prevention, early intervention, and treatment spectrum. Several sites are adding brain science-specific content to evidence-based home visiting and parenting education programs that support the healthy development of infants and young children, including Nurse Family Partnership, Healthy Families America, and Strengthening Families programs. Other sites are incorporating brain science findings into early intervention programs for children, youth, and families. These include two-generation programs designed to help parents support their children in adverse conditions, build parents' social capital and relationships, improve stress-buffering capabilities, and improve their own coping skills while supporting the healthy development of their children. Some sites have also focused on scaling up the use of evidence-based treatment and recovery programs designed to restore the health and well-being of youth and adults through counseling therapies that address mental and behavioral health issues as well as the executive functioning, self-regulation, and core capacities of program participants.

Example: Healthy Child Development

SKCAC operates a prenatal program that uses an integrated practice model involving health, police, and outreach providers to advance strong and sustainable connections to community resources that support healthy pregnancies and early childhood. SKCAC is using the Palix Foundation's AFWI Core Story to create understanding related to challenges and adversities that many of their pregnant and parenting clients face including substance use, homelessness, criminal activity, and mental health issues. Other changes that have infused brain science-aligned practice into SKCAC's operations include a child-centered waiting area, the recruitment of a facility dog to address psychosocial needs of children exposed to trauma, creating ways to provide children and youth with more control as they proceed through their case, and using a child-friendly app to introduce staff members and processes at SKCAC. A victim support program has also been implemented to provide ongoing information, emotional support, and referrals to families as they navigate the system.

In Delaware, CFF added the AFWI Core Story and FrameWorks Resilience Scale videos to sessions with parents participating in Strengthening Families, a parenting skills training program. Their home visiting programs (Nurse Family Partnership and Healthy Families America) have also introduced "brain building" activities with the mothers they serve. CFF has also trained foster parents and adoptive parents, or "resource parents," in brain science concepts, and ensured trauma-informed principles are included in the organization's New Generation Pride and Together Facing the Challenge programs.

Example: Two-Generation Approaches

CUPS is using a two-generation approach to infuse brain science concepts into its Nurturing Parenting program. Originally, the program was offered as a 16-week session course with in-person sessions and coaching that occurred in the center. The program has been modified to use a one-on-one service delivery approach with a pace tailored to the parents' abilities. The program is focused on increasing parents' capabilities to improve outcomes for children. The program also includes a child development specialist who works with parents and children aged birth to three in their homes to ensure children are reaching their developmental milestones and building a solid foundation for brain development. Participants have access to case planning and health and housing interventions. In 2016, CHSW integrated the Mobility Mentoring® coaching model into its Early Head Start home visiting programs in three sites across the state. Designed to help families move out of poverty, the program is an intensive coaching and skill-building model that supports adults as they set, track, and achieve personal goals to improve their financial stability and the family's overall well-being.²⁴ In 2017, CHSW started integrating the Intergenerational Mobility Project "Intergen" into home visiting programs and early learning centers in King County. This two-generation program is an expansion of the Mobility Mentoring® model in that it enhances the capacity of both low-income adults and their children to set and attain both individual and family-level goals to build a strong foundation for a brighter future.

The Family Partnership is incorporating a two-generation approach throughout its organization. As part of this effort, The Family Partnership is piloting two-generation activities in both its PRIDE (Promoting Recovery, Independence, Dignity, and Equality) and Financial Achievement programs. PRIDE provides support services to sexually exploited women, teens, and their families including safety planning, counseling and support groups, legal assistance and advocacy, resources and referrals, case management, LGBTQ+ advocacy, and economic empowerment. In June 2016, The Family Partnership hired an economic opportunities specialist to work with its sex trafficked youth and adults. The Financial Achievement Program is a comprehensive financial literacy, tax preparation, entrepreneurship, and community organizing program for low-income Latinos and other low-income individuals and families. The program provides participants with the knowledge and skills needed to thrive economically and works directly with community members and leaders to address issues surrounding the Latino community.

²⁴ Mobility Mentoring® was developed by EMPATH (formerly Crittenton Women's Union).

Example: Educational Support

EEH integrated a range of brain science-aligned strategies into its afterschool and mentoring programs for elementary and middle school-aged children and youth. In the organization's afterschool programs, staff are using new strategies and tools to increase the self-regulation and coping skills of children who are not comfortable in school and whose family life is often chaotic. These practices include the use of visual cues, "chill bins," sensory play, and a welcoming and nurturing environment where children can cultivate relationships with supportive adults. The youth mentoring program also promotes interpersonal connections by pairing middle and high school youth with professionals, college students, and retirees in the community. Youth meet with their mentors at least twice per month.

The Martha O'Bryan Center has also incorporated trauma-informed and brain science-aligned practices into its education programs. For example, after the director of the Adult Education HiSet program received training on the impact of toxic stress on brain development and executive functioning, she decided to shift the program from a traditional, didactic form of instruction to a "flipped classroom" instructional strategy that provides personalized, student-centered services to students, allowing them to work at their own pace. The approach allows more time for instructors to help students work on their weakest areas until they achieve skills mastery. In 2015, before the classroom was flipped, only 30 percent of students were completing the program successfully. After the change, in 2016, 84 percent of students were successfully completing the program.

Example: Enhancing Evidence-Based Therapies

KVC's residential treatment services are incorporating well-being, core capacities, trauma, emotion regulation, and brain development research to enhance the clinical treatment model at KVC's Prairie Ridge Psychiatric Hospital. These enhancements include new hands-on tools for consumers, including the "Strengthening My Brain" curriculum, the "Regulating My Brain" workbook, the "Soft Skills are Success Skills" curriculum, and the "Brain Science Learning Lab." KVC staff are pilot testing these tools in their clinical programs. Other planned tools that are under development include parent training on specific trauma and adversity-related concepts.

Other Change in Mind sites are piloting projects to implement therapeutic programs in out-patient and school-based settings to help children recover from childhood trauma. For example, in the fall of 2016, CFF implemented the Cognitive Behavioral Intervention for Trauma in Schools program, a school-based group, and individual intervention designed to reduce symptoms of PTSD, depression, and behavioral problems in students from fifth grade through 12th grade who have witnessed or experienced traumatic life events. In 2016, CHW received a state grant to add trauma-focused cognitive behavioral therapy to its out-patient service line for adolescents in the foster care system, adding to CHW's existing parent-child interactive therapy services for youth and families.

Change in Mind Lessons and Implications

In addition to the findings on specific initiative topics, the Change in Mind evaluation also identified several larger themes of transformational change common across the briefs and sites.

Lesson

All of the Change in Mind sites made significant changes inside their organizations and in their external activities. They used different strategies that were appropriate to their context and needs of their clients, but all found ways to identify and implement effective solutions, working with a group of collaborators, and using available resources.

Implication

Human service agencies of all types and sizes can make fundamental changes in their organizations and contribute to systems and policy change. No organization is too large or too small to learn more about the impact of adversity on brain development and to incorporate those insights into its work.

Lesson

Sites often started with small, foundational experiments inside their organizations, which helped build their knowledge, organizational capacity, motivation, and leadership skills to do more both inside and outside their organizations.

Implication

Internal and external pathways to change were intertwined; without gaining the experience and capacity needed to make change happen within an organization, it may not be possible to work effectively on larger-scale change.

Lesson

Sites used a combination of technical, “top-down” directives (such as setting strategic goals), adaptive “bottom-up” innovation (such as engaging staff and clients in identifying and developing strategies for addressing challenges), and “inside-out” strategies (aligning partners’ interests around a common vision) to achieve fundamental change.

Implication

Some social problems, such as the impact of adversity on brain development, are too complex to be addressed only through technical solutions. Such problems require more adaptive strategies involving the creative problem-solving of many collaborators.

Lesson

Change in Mind’s developmental approach, using complexity-informed theories of change and innovation through iterative cycles of rapid testing and evaluation, became hallmarks of the initiative’s multifaceted, multilevel design. Change in Mind sites found value in these approaches and incorporated them into other areas of their organizations.

Implication

Many of the social problems faced by human-serving organizations cannot be solved only at the individual service level through the replication and expansion of preexisting programs. Organizations can find more effective ways to address complex issues by learning more of the science behind these challenges and using those insights to try out new solutions at multiple levels.