BRIEF 3

Transformation through Systems and Policy Change

Change in Mind: Applying Neurosciences to Revitalize Communities

Robert Wood Johnson
Foundation

Alliance
*for Strong Families
and Communities*®

Alberta
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Contents

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 development[2] 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 it's 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 or cohort of 10 sites from the United States and five sites from Alberta, Canada. Through the initiative, the 15 Change in Mind sites have received grant funding to support their participation, expert lectures and webinars, and individualized technical assistance on a range of topics, including advances in neuroscience research, theories of transformational change, communication strategies, and developmental evaluation approaches.

The initiative's peer-learning activities included in-person meetings and virtual webinars and meetings of smaller "community of practice" work groups focusing on policy, measurement, and communications. The sites also received site-specific coaching and site visits; communications training and technical assistance from the FrameWorks Institute; and developmental evaluation training and technical assistance from the evaluation team led by Community Science.

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[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

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Site Strategies

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

The sites were involved in a range of external strategies, disseminating brain science research, working with networks of allies, developing local and regional training infrastructure, conducting research and evaluation, and advocating for funding to support their goals. They also worked in a range of service sectors, including child welfare and development, K-12 education, physical and mental health services, housing, and family and juvenile justice services (see Exhibit 1).

Exhibit 1: Systems and Policy Change Strategies, by Change in Mind Site

Systems and Policy Change Strategies	Change in Mind Sites
Building Community Capacity	
1. Knowledge dissemination	BBBS, CASA, CFF, CHW, CHSW, CUPS, EEH, Family Service, LaSalle, KVC, BMHC, Martha O'Bryan Center, SKCAC, The Family Partnership, Wellspring
2. Networks of allies	BBBS, CFF, EEH, KVC, LaSalle, Martha O'Bryan Center, The Family Partnership
3. Brain science messages	CASA, CFF, LaSalle, SKCAC, The Family Partnership, Wellspring
4. Training infrastructure	CASA, CFF, CHW, CHSW, KVC, LaSalle, SKCAC
5. Resource alignment	BMHC, CHW, CHSW, CUPS, EEH, Family Service, KVC, SKCAC
6. Research and evaluation	CASA, CFF, CHW, CHSW, EEH, BMHC, SKCAC, The Family Partnership
Advocating for Systems and Policy Change	
7a. Child welfare and development	CUPS, CHSW, Family Service, KVC, Wellspring
7b. K-12 Education	BBBS, CFF, CHW, EEH, KVC, LaSalle, SKCAC
7c. Physical and mental health	BMHC, CUPS, KVC, LaSalle, The Family Partnership, Wellspring
7d. Housing	CHW, CUPS, BMHC, Martha O'Bryan Center, Wellspring
7e. Family and juvenile justice	CUPS, Family Service, LaSalle, SKCAC

The Change in Mind sites were diverse; they ranged in organizational size, population reach, service orientation (focusing on treatment or preventive social services), sphere of influence (local, regional, or state/province), and country context. For analysis, the sites were grouped into five categories:

A. Large health systems

B. Multi-site organizations with state/province-wide geographic reach

C. Regional treatment facilities with state/province-level influence

D. Local multi-service organizations with regional influence

E. Neighborhood service centers with local influence

All the sites, regardless of their size and reach, were engaged in multiple strategies to build community capacity to use brain science. They also worked in one or more service sectors to facilitate system or policy change. No site was too large or too small to engage in both community capacity building and policy and systems change advocacy activities (see Exhibit 2).

Exhibit 2: Change in Mind Sites, by Organizational Type and Strategies

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

Change in Mind Evaluation

The initiative used a developmental evaluation approach to understand how the Change in Mind sites addressed 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 was designed to monitor, track, and map the sites' development, identifying patterns of activity across organizational types and country contexts. The Change in Mind initiative's use of a developmental evaluation (DE) approach, rapid testing of program and practice innovations, and evolution of the sites' theories of change distinguished the initiative's approach to understanding of the sites' strategies to align their internal program and organizational practices and their external community capacity building and systems and policy change efforts with advances in neuroscience.

Evaluation Briefs

This brief is part of a series of briefs of Change in Mind evaluation findings. These briefs present evaluation findings in four areas:

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, and resilience data, using rapid feedback methods to improve their data and other science-aligned programs and practices.

Other briefs are available at alliance1.org/change-in-mind.

Pathways to Systems and Policy Change

This brief describes the strategies the Change in Mind sites used to leverage neuroscience research to facilitate changes in community services systems and administrative, regulatory, and legislative policies that were designed to support healthy child development, increase resilience, and ensure community well-being.

The sites used two overall approaches to achieve these goals. They began by building their communities' knowledge, networks, and skills to work effectively on neuroscience-aligned systems and policy change. Using this capacity, the sites worked with key partners and collaborators to advocate for change within and across social service sectors, including child welfare, early child development, K-12 education, housing services, and family and juvenile justice.

The sites used six strategies to build community capacity:

1. Educating their communities about advances in neurosciences
2. Working with networks of collaborators on systems and policy change
3. Creating or adopting shared messages to unify their advocacy efforts
4. Strengthening local workforce capacity through training and technical assistance
5. Aligning resources at multiple levels to fund systems and policy change
6. Conducting research evaluation activities to inform change.

The Change in Mind sites worked within and across service sectors to:

1. Spread or scale out brain science-aligned programs to more organizations, service systems, and communities
2. Institutionalize or scale-up the use of neuroscience findings through legislation, regulation, and fiscal policies
3. Deepen the sophistication, cultural adaptation, understanding, and efficacy of brain science-aligned programs and policies through community engagement, research, and evaluation

In the next section, we describe these strategies and reference site examples. The examples are illustrative; they are not meant to be best practices, but to show the range of site activity.

Building Community Capacity

This section illustrates the Change in Mind sites' external system and policy capacity development strategies in six areas: disseminating information about brain development; developing networks of collaborators and strategic allies to advocate for systems and policy change; working with other organizations to create shared narratives and messages; strengthening training infrastructure to increase the supply of service providers trained in brain science concepts; aligning funding and other resources to support brain science-aligned activities; and conducting research and evaluation activities to improve the sites' understanding and ability to facilitate programmatic, organizational, systemic, and policy-level change.

1. Knowledge Dissemination

The Change in Mind sites were exposed to a wealth of information through the first initiative meetings in fall 2015. There were expert lectures and panel discussions, written materials and videos, and interactive learning sessions on a range of topics related to brain architecture and development; the impact of toxic stress on developing brains; techniques to build and restore brain functioning; coping skills to increase resilience and core capacity; and two-generation approaches to prevent or mitigate the effects of adversity to improve family well-being.

One of the earliest and easiest opportunities for the sites to work externally on systems and policy change was to share this knowledge with others in their community. The sites used several dissemination strategies:

1. Hosting special summits or symposia on brain science topics
2. Giving brain science-related presentations at other types of professional development conferences
3. Using more informal settings to share brain-science information with colleagues and community partners

Disseminating brain science information through media and other channels

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Brain Science Summits

The Sheldon Kennedy Child Advocacy Centre (SKCAC) is a child advocacy center in Calgary, Alberta, that works with partner organizations to help children, youth, and families who are impacted by abuse, and to put an end to child abuse using wrap-around and specialized services.[4] In June 2016, SKCAC co-hosted the Symposium on Integrated Practice in Calgary, which brought together experts in brain development and child abuse, provincial ministries, community organizations, and child advocacy centers (CACs) to share learnings and create a common vision for expanding SKCAC's integrated practice model across the province.[5]

Located in Minneapolis, The Family Partnership is 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.[6] In 2016, The Family Partnership reached out to Minnesota Communities Caring for Children/Prevent Child Abuse MN, which coordinates ACEs Interface for Minnesota, and joined the group's planning committee for the November 2016 Midwest ACEs Summit in the Twin Cities.[7] The Family Partnership gave a presentation on brain science and public policy at the conference. The summit brought together expert ACE/brain science trainers, state officials, and other policy experts on the intersection of brain science, early childhood development, mental health, and practitioners working in the state's African American and American Indian communities.

LaSalle School in Albany, New York, is a therapeutic residential treatment facility that provides residential services, day education, outpatient counseling, and alternative to detention for youth and families experiencing trauma, mental Illness, substance, and sexual abuse. LaSalle hosted its 3rd Annual ACEs Symposium in April 2016, featuring speakers from the CDC and Aspen Institute on preventing ACEs and two-generation approaches. The event had 500 registrants. Event feedback surveys showed that 84 percent of the audience reported that they had gained practical information they could use at work; 93 percent said that the symposium made them want to take action to address ACEs in their community; and 91 percent said that they planned to talk with their colleagues about what they had learned. The 4th Annual Symposium in April 2017, which drew more than 900 attendees, featured presentations on building resilience in children and communities and creating a new well-being narrative for human services.[8]

A community center in Nashville, Tennessee, the Martha O'Bryan Center works to empower children, youth, and adults in poverty to transform their lives through early learning, education, employment, and fellowship services, including counseling to community members experiencing trauma.[9] A member of the Nashville ACEs Coalition, Martha O'Bryan Center partnered on the coalition's Healthy Nashville Summit: Building Healthy Brains. The summit, held in April 2016, was attended by more than 450 service providers, business leaders, and politicians, including the mayor of Nashville.[10] The event included workshops on brain development, parent and community engagement, and trauma-informed care. Martha O'Bryan Center also serves on the ACEs Coalition's policy, trauma-informed care, parent education, and quality improvement committees, and has given presentations to more than 2,500 people around Nashville on trauma-informed care and other topics. Audiences have included Metro Public Schools, Head Start, Metro Police Department, Teach for America, Metro Public Library, Vanderbilt University, AmeriCorps, and Communities in Schools.

[4] 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/

[5] http://www.sheldonkennedycac.ca/

[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.

[7] Bailey, K. (2016, November 16). Minnesota ACEs Action: A Trauma-Informed Network - 2016 Midwest ACE Summit agenda [Web log comment]. Retrieved from http://www.acesconnection.com/g/minnesota-aces-action/clip/2016-midwest-ace-summit-agenda

[8] ACE Symposium presentations. (2017). Retrieved August 25, 2017, from the LaSalle School website, http://www.lasalle-school.org/news/in-the-news/2015-aces-symposium/

[9] http://www.marthaobryan.org/

[10] Healthy Nashville Summit. (n.d.). Retrieved August 25, 2017, from Healthy Nashville website, http://www.healthynashville.org/index.php?module=Tiles&controller=index&action=display&alias=HealthyNashvilleSummit

Other Dissemination Channels

CASA, a provider of mental health services and supports for infants, children, adolescents, and their families in Edmonton, Alberta and the surrounding region, uses a wide range of assessment and treatment programs that range in intensity from early identification, assessment, and primary intervention to intensive tertiary level treatment, as well as professional training, consultation, research, and advocacy.[11] In the last two years, CASA staff gave presentations on brain science topics at multiple conferences. These presentations included "Understanding the role of trauma and ACEs in high-risk youth" at the High-Risk Youth Conference in May 2016 and "Biophysical effects of stress and trauma" at the Alberta Parent-Child Assistance Program Council also in May 2016. In Calgary, Alberta, CUPS provides integrated health care, education, and housing services for families and adults living with the adversity of poverty and traumatic events.[12] CUPS' services are designed to build the developmental, health, social-emotional, and economic resilience needed to help clients achieve their full potential. As part of the Change in Mind initiative, CUPS created a core presentation about its organization that incorporates the science of building brains and resiliency. This presentation is used to orient funders, community partners, and government officials when they visit the organization.

Serving children from birth to age 12 through integrated comprehensive service hubs across the state of Washington, the Children's Home Society of Washington has given presentations to more than 1,000 people at state and national conferences on the organization's work using brain science in numerous program innovations. Regional conferences include the Next Generation Testing and Learning Summit and the Washington State Parent Advocacy Committee. National audiences include the National Governor's Association, the National Head Start Summit, the National Disrupting Poverty Conference, the National Parent-Child Home Program Conference, and the Center on the Developing Child at Harvard University Frontiers of Innovation meetings.

In 2016, Children's Home Society of Washington staff and a parent ally were invited as two of six speakers at the press conference and editorial board meeting with the *Seattle Times* to announce a legislative proposal to combine the state Department of Early Learning and Child Protective Services to prioritize prevention and early intervention services to children who were most likely to experience toxic stress. The editorial board meeting resulted in an editorial supporting the legislative proposal. In February 2017, House Bill 1661 was passed and sent to the senate for passage by the end of the legislative session on June 30, 2017.[13]

2. Ally networks

In 2015, at the start of the Change in Mind initiative, about half of the sites were already members of local or regional coalitions, task forces, or other networks working to address ACEs, increase resilience, or spread the use of trauma-informed services in their communities. This provided a ready audience for Change in Mind sites to disseminate brain development research. Some sites were also sharing this information in other task forces and work groups that targeted other adverse community conditions. The Change in Mind sites found different ways to use neuroscience research to add value to the work of those external groups. The sites provided training, helped revised coalition goals and theories of change, updated communications materials, and developed policy statements. Some Change in Mind sites created new groups to work on brain science-aligned systems or policy change.

[11] http://www.casaservices.org

[12] http://cupscalgary.com

[13] Myers, A. (2017, March 15). New children and families state organization bill passes House. KIRO 7 News. Retrieved from http://www.kiro7.com/

ACEs, Trauma, and Resilience Task Forces

One of the largest Change in Mind sites is KVC Health Systems, Inc., a national private, nonprofit child welfare and behavioral health care organization that provides in-home family support, foster care, adoption, behavioral healthcare, youth substance abuse treatment, and psychiatric hospital care.[14] KVC is a member of two major coalitions in Kansas City and the state of Missouri. Resilient KC is "a community-wide effort to build a trauma-aware and resilient community,"[15] in partnership with Kansas City's Healthy KC Initiative[16]. KVC provided two of its Innovation Project Team members to help Resilience KC raise awareness of the impacts of trauma and adversities in the larger community, implement resilience building strategies, and collect ACEs and resiliency baseline data. KVC staff helped develop a brochure on resilience, trauma, adversity, and well-being; developed educational content for Kansas City community providers; and created and disseminated toolkits for providers and families on resilience skill building.

KVC is also a member of the Missouri Trauma Roundtable, a statewide work group focused on advancing the implementation of trauma-informed practice throughout the state since 2012. The roundtable developed the "Missouri Model" developmental framework for implementing and monitoring trauma-informed care. KVC provided the roundtable guidance on trauma, brain development, and science-aligned policy. KVC helped create a policy statement on measuring return on investment, process measures, and organizational outcomes related to trauma-informed care, and the use of sensory-based therapeutic interventions in trauma treatment.

Another Change in Mind site, CFF provides a continuum of community-based social services across Delaware to help children facing adversity build resiliency. 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, teen support, foster care and adoption, and workplace support.[17] CFF is an active member of the steering committee of Trauma Matters Delaware, a coalition of more than 400 people across sectors interested in toxic stress and trauma-informed care. For the Third Annual Delaware Trauma Matters conference in January 2016, CFF chief strategy officer conducted a workshop demonstrating how to build a theory of change to infuse trauma-informed care and brain science across systems in the state. This theory of change exercise resulted in the coalition's adoption and inclusion of brain science language.[18]

CFF also worked with Dr. Roy Wade, faculty in the Department of General Pediatrics at the Children's Hospital of Philadelphia, to build on the results of his Philadelphia Adverse Childhood Experiences Study. In 2016, CFF organized a coalition of regional partners from Delaware and New Jersey, Philadelphia, Baltimore, and Washington, D.C. to explore ways to share learnings and potentially develop a common policy agenda informed by brain science, ACEs, and the toxic effects of ongoing trauma.

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[14] See https://www.kvc.org/

[15] See http://www.kcchamber.com/Resilient-KC/Home.aspx

[16] Healthy KC is one of 14 sites in the Mobilizing Action for Resilient Communities (MARC) program, a learning collaborative bringing together 14 sites building a movement for a just, healthy and resilient world.

[17] See http://www.cffde.org/

[18] Prewitt, E. (2016, February 1). Trauma movement grows in Delaware [Web log comment]. Retrieved from http://www.acesconnection.com/g/delaware-aces-action/blog/trauma-movement-grows-in-delaware

Attendees at the group's first meeting in June 2016 included representatives from the Nemours Foundation[19] [20], the Aspen Institute's ASCEND initiative,[21] [22]and the Mobilizing Action for Resilient Communities (MARC) Initiative.[23] [24]

National, State, and Local Task Forces

BBBS provides a wide range of one-on-one and group mentoring programs, inside and outside of school, to children ages six to 18 who are facing adversity. BBBS is represented on the Alberta Mentoring Partnership Leadership Team, a government-funded network of community mentoring organizations, government, and youth raising the mentoring profile in Alberta. BBBS also serves on the Big Brothers Big Sisters Canada Strategic Framework Implementation Evaluation Working Group. At the national level, in July 2016, BBBS participated in a national conversation with five member organizations of BBBS and the Big Brothers Big Sisters national office to discuss the merits of establishing a national committee to form and shape the dialogue around brain science-aligned mentoring. The proposal received support, with approval to move forward. At the provincial level, in September 2016, BBBS shared Change in Mind's policy document, "Using a Brain Science-Infused Lens in Policy Development: Achieving healthier outcomes for children and families" with the Alberta Mentoring Partnership (AMP) leadership team. The AMP approved the policy statement and posted it for dissemination through its website.[25]

One of the smallest Change in Mind sites, EEH is a community center in Cambridge, Massachusetts that uses a holistic approach to support the long-term goal of academic achievement and successful transition to adulthood for 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.[26] EEH was instrumental in creating the Cambridge Nonprofit Coalition (CNC), a coalition of more than 60 nonprofit organizations engaged in city-wide training and advocacy, promoting the acceleration of human service sector-wide activities to "meet changing needs, close the opportunity gap, and improve the quality of life for the community." A member of the coalition's steering committee, in 2016 EEH obtained a $150,000 grant from two local foundations to help develop the coalition and hire its first part-time coordinator for three to five years.

The CNC worked with the City of Cambridge to develop a framework and process for distributing mitigation funds to benefit Cambridge residents.[27] In December 2015, the city passed a Community Benefits ordinance to administer up to $14 million in mitigation funds generated through zoning amendments and property development.

[19] The Foundation supports the Building Resilient Communities initiative, addressing the adverse community conditions, such as poverty, discrimination, community disruption, violence, poor housing, and lack of opportunity, which can compound the effects of ACEs. See http://publichealth.gwu.edu/departments/redstone-center/resilient-communities.

[20] George Washington University. Milken Institute School of Public Health. (n.d.). The Building Community Resilience collaborative. Retrieved from the GW Health website, https://publichealth.gwu.edu/departments/redstone-center/resilient-communities

[21] The Aspen Institute's Ascend Network provides peer technical assistance, meetings, and access to information to help mobilize and activate leaders and organizations to influence policy and practice changes that increase economic security, educational success, social capital, and health and well-being for children, parents, and their families, using a 2-generation approach. See http://ascend.aspeninstitute.org/network.

[22] The Aspen Institute. (n.d.). Aspen Institute Ascend network. Retrieved from the Ascend website, http://ascend.aspeninstitute.org/network

[23] Coordinated by the Health Federation of Philadelphia, Mobilizing Action for Resilient Communities (MARC) is a virtual learning collaborative of 14 sites that seeks to advance the sites' ACEs-informed agendas, building stronger networks to make progress on systems change. http://www.healthfederation.org/portfolio/mobilizing-action-for-resilient-communities-marc/

[24] Health Federation of Philadelphia. (n.d.). Mobilizing Action for Resilient Communities (MARC). Retrieved August 25, 2017 from http://ascend.aspeninstitute.org/network

[25] Alberta Mentoring Partnership. (n.d.). How can we achieve healthier outcomes for children and families through brain science-infused policy development? [Web log comment.] Retrieved from https://albertamentors.ca/5554/can-achieve-healthier-outcomes-children-families-brain-science-infused-policy-development/

[26] See http://eastendhouse.org/ https://www.kvc.org/

[27] Cambridge Nonprofit Coalition. (n.d.). Community Benefit Advisory Committee membership. Retrieved August 25, 2017, from http://www.cambridgenc.org/community-benefit-advisory-committee.html 12

The funds will be distributed to community nonprofit organizations, based on a community needs assessment process. EEH participated in the community needs assessment, conducting resident focus groups and sharing Cambridge-specific ACEs data provided by the Change in Mind initiative. Later, EEH advocated for the prioritization of Community Benefits funds for brain science-aligned programs and mental and behavioral health services for children in the community.

3. Brain Science Messages

An important driver of community change is the use of a compelling narrative powerful enough to motivate key audiences to support systems- and policy-level change. The Change in Mind sites were trained by the FrameWorks Institute to reframe and incorporate brain science information into their messaging. These stories included "How Brains are Built: Core Story of Brain Development," developed by the FrameWorks Institute for the Palix Foundation's Alberta Family Wellness Initiative (AFWI), in partnership with Harvard's Center on the Developing Child at Harvard University.[28] The sites used their FrameWorks Institute training to create public messages targeting local service sectors or specific community problems.

Public Media

In Seattle, Wellspring provides social and mental-health services, including housing stabilization, trauma-informed early learning, and parent-child counseling, to strengthen families, helping them overcome domestic violence, poverty, homelessness, and other crises.[29] On March 27, 2016, Wellspring's chief program development officer used her FrameWorks Institute training to infuse brain science concepts into an op-ed piece on homelessness, "A solution for the jungle? Start with helping kids and families."[30] The article described the arrests of three homeless teens for shootings near a homeless camp under a freeway. The article argued that the teens could have had a different outcome if they had been "wrapped in support" at an early age, nurtured in ways that supported their brain development, stabilized their lives, and increased their chances for success. The message's explicit focus on brain development provided an alternative lens to understand the teens' behavior and address homelessness. Wellspring received community praise for this op-ed piece.

Film Documentary

SKCAC is using the documentary, "Swift Current," to increase awareness of the impact of child abuse and the potential for recovery. Released in 2016, the film tells the story of Sheldon Kennedy, a board director of the organization and former National Hockey League player who experienced sexual abuse by his junior hockey coach. The film premiered on Canadian television in November 2016. Through broad distribution of the film, SKCAC hopes to "teach front-line service providers, policy-makers, and organizational leaders across disciplines about child abuse and trauma, and the impact on brain development, and how this information advances the use of integrated practices to support healing and recovery."[31] The film also has reportedly had an impact on the Swift Current community where the abuse took place, which is now rolling out new child abuse initiatives including a child advocacy center.[32]

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[28] Palix Foundation. (Producer). (2013, October). How brains are built: Core story of brain development [Streaming video]. Retrieved from Alberta Family Wellness Initiative website, http://www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-of-brain-development

[29] See https://wellspringfs.org/

[30] Lowe, S. (March 27, 2016). A solution for The Jungle? Start with helping kids and families. The Seattle Times. Retrieved from http://www.seattletimes.com/

[31] See http://www.sheldonkennedycac.ca/swift_current_documentary_debut Page not found

[32] Fikowski, T. (2015, November 20). Sheldon Kennedy documentary motivates change within Swift Current. Global News. Retrieved from http://globalnews.ca/

4. Training Infrastructure

A number of Change in Mind sites gained reputations outside their organizations for their expertise providing workforce training on brain development research and concepts. Some of the sites have been asked to extend or adapt their internal training programs and curricula for external audiences, including police departments, school districts, and child welfare organizations. One site, La Salle School, developed a special team to field and manage external requests.[33]

Some sites leveraged their training capacity in two ways. First, they are expanding their training services, providing brain science training and technical assistance to other organizations, sectors, and other communities, states, and countries. Second, some sites have started working with universities and government partners to scale up or institutionalize their trainings, creating the infrastructure needed to expand the supply of service providers trained in brain development research. The sites are developing online curricula and classroom materials to expand the reach of their trainings. The Palix Foundation also made a significant contribution to this effort by creating the Brain Story Certification Course, a free online course that provides in-depth training on the science behind the "Core Story." The course provides videos of more than 30 leading experts in neurobiology, mental health, and addiction, 30 hours of instruction time, and certification in brain science, including brain science architecture, executive functioning, "serve and return" brain development strategies, and the impact of ongoing stress on brain development.[34]

Scaling Out Training

KVC has been expanding its training, technical assistance and consultation services to other organizations, sectors, and communities. At the local level, KVC provided brain development training for the Kansas City, Kansas, police department, and for schools and school districts in the Kansas City area. KVC incorporated trauma and emotion regulation concepts into core curriculum training for its community based support employees in Kentucky. KVC also provided training to Washington D.C.'s Department of Youth Rehabilitation Services on brain development, tools to build core capacities, and trauma-informed care implementation topics. KVC also added brain development content into consulting projects in residential programs in Illinois, Missouri, and the Republic of Singapore.

Another large Change in Mind site is CHW, which provides a wide range of community-based services in addition to hospital-based, specialty and primary health care. Based in Milwaukee, CHW is providing brain science-related training programs through its Institute for Child and Family Well-Being, which it created in collaboration with the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee. The institute has expanded its internal training services to other organizations in Milwaukee and elsewhere in Wisconsin. Children's Hospital staff are now offering Trauma-Focused Cognitive Behavioral (TF-CBT) training to mental health providers in Milwaukee's child welfare system. Training topics included ACEs, the impact of stress on brain development and child functioning, and how to support and build resilience in children.

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[33] LaSalle created an ACEs and Brain Science Advancement Team to field training requests.

[34] See https://www.albertafamilywellness.org/

Scaling Up Training Capacity

SKCAC is involved in projects to increase province-wide training capacity. In 2016, it received an $800,000 grant from the Public Health Organization of Canada to design a 90-minute online training program that will serve as an introduction to the Palix Foundation's 30-hour Brain Science Certification program. The training will focus on child abuse as a form of trauma, its impact on brain development, and the linkages to substance abuse and mental health. Second, SKCAC is facilitating classes at several post-secondary institutions (Bow Valley College, Ambrose University, University of Calgary, and Mount Royal University). These classes are about building brain architecture, the impact of toxic stress on child and youth development, and strategies to increase resilience. Third, the organization is working with ALIGN (an association representing child and youth serving organizations throughout Alberta), CUPS, the Palix Foundation, and the Ministry of Human Services to review and develop training and educational opportunities that will mobilize and advance the use of the brain story as it applies to front-line service providers, community members, parents, and decision makers across Alberta.

Children and Families First is providing trainings about ACEs, toxic stress, and brain science across the state of Delaware, including faculty trainings and a certificate program at Wilmington University, taught by Children and Families First staff who serve on the university's faculty. The organization has also conducted trainings at area schools, and among first responders. Ultimately, Children and Families First is seeking to establish a Brain Science Institute in Wilmington, which will be designed to educate learners across a wide variety of sectors about the relationship between toxic stress, brain development, and life and health outcomes, and about the efficacy of using brain trauma-informed and brain science-aligned strategies and practices. The institute will focus on skills development, resilience-building, and prevention strategies at different stages of development, from early childhood through adolescence, and into adulthood.

5. Resource Alignment

An important element of sustainable systems change is aligning public and private resources to support system goals or priorities at sufficient scale to maintain widespread implementation of new programs or practices. Without the prioritization or authorization of funding to finance new activities, it is a challenge to create or maintain sufficient momentum for large-scale change. Some Change in Mind sites have cultivated relationships with public administrators and policymakers and advocated for new philanthropic rules requiring program and grant proposals to include brain science-aligned strategies.

Funding Requirements

The executive director of CUPS sits on the United Way's Council of Champions, which is a collaborative project of the City of Calgary and the United Way to invest in local programs. In 2016, the council changed its grant funding requirements to do more to support local uptake and use of brain science concepts. For example, the council advocated successfully for the United Way's "Strong Families" request for proposals to include a requirement for applicants to show their proposal's use of brain science, prevention, and building resilience strategies. CUPS also receives funding from Calgary's Family and Community Support (FCSS) program, a joint municipal-provincial funding program that was established to share the funding of local preventive social service programs. In 2016, CUPS advocated successfully for its funders, FCSS and Child and Family Services, to add brain science-aligned funding requirements to the FCSSprogram.[35]

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[35] Family & Community Support Services. (n.d.). Retrieved August 25, 2017, from The City of Calgary's website, http://www.calgary.ca/CSPS/CNS/Pages/FCSS/FCSS.aspx

Legislative Reform

Children's Hospital was one of many organizations that advocated for the passage of the Families First Prevention Services Act of 2016. The legislation allowed federal child welfare dollars to be used on prevention investments, and encouraged the placement of children in foster care in the least restrictive, most family-like settings appropriate to their special needs. The bill also extended and updated other child welfare provisions that were due to expire in fiscal year 2016.[36] Children's Hospital and others advocated successfully to get specific language in the final version of the bill supporting adaptations of evidence-based programs which allowed for the addition of brain science-aligned practices into existing evidence-based prevention programs. The bipartisan, bicameral bill (H.R. 5456, S. 3065) was introduced in the House of Representatives on June 13, 2016 and passed on June 21, 2016. The bill was introduced in the senate on June 16, 2016 but did not pass. The bill was reintroduced in 2017.

Research and Evaluation

A number of Change in Mind sites sought to deepen their understanding of the impact of ACEs and adverse community conditions on the brain development of their own clients. The sites used different research and evaluation strategies, depending on their research goals, internal research capacity, and access to outside experts. Several sites analyzed administrative data linking client ACEs scores to program outcomes. Other sites conducted interviews and focus groups with community members and clients to understand their trauma-related service needs. Others tested the effectiveness of new program models and practices.

6. Research on Client Populations

SKCAC is currently partnering with the University of Calgary's Mathison Centre for Mental Health Research and Education to study the impact of child abuse on the developing brain, scanning the brains of the children coming through the center to understand the impact of the trauma and center interventions on brain development and why some children were more resilient than others. SKCAC is also working with the Zebra Center (Edmonton's child advocacy center) and the Ministry of Human Services to develop an evaluation framework using a developmental evaluation approach to monitor the development and progress of Alberta's child advocacy centers.

Part of CASA's mission is to "contribute to the knowledge base and improve mental health and addictions assessment and treatment in children and youth." CASA has been challenged to find ways to infuse ACEs and brain science concepts and measures into ongoing research projects with other organizations, especially in cases where the project's research design was already set. In response, CASA has taken on a larger leadership role on projects that address ACEs and brain development. The organization has initiated two internal research projects, one around children's mental health outcomes, and another around ACEs. CASA is also working with other Change in Mind partners, including the BMHC, on a proposal for a research project to collaborate with indigenous communities to investigate whether and how to adapt ACEs data collection methods for those communities.

[36] Children's Defense Fund. (2016, July 1). Family First Prevention Services Act of 2016: Moving forward child welfare finance reform. Washington, D.C.: Author. Retrieved from Children's Defense Fund website: http://www.childrensdefense.org/policy/welfare/assets/DetailedSummary_FamilyFirstPreventionServicesAct_7-1-16.pdf

In 2016, Children's Hospital formalized a partnership with the University of Wisconsin-Milwaukee Helen Bader School of Social Welfare to launch the Institute for Child and Family Well-Being (ICFW). The purpose of the institute is to translate the best available evidence from research, brain science, and programming into innovative intervention, system, and policy solutions.[37] The institute presented findings from previously unanalyzed administrative and Child Behavior Checklist (CBCL) data to Wisconsin's statewide Child and Family Counseling Leadership Team, regarding the impact of the state's programs on child functioning.[38] [39] The presentation identified data gaps on parent functioning, resilience, environmental factors, ACEs, trauma symptoms, and developmental functioning measures. Children's Hospital called for the establishment of "impact outcomes" for each core statewide program.

Community Planning

Several sites are seeking input from their clients on how to provide more effective and culturally appropriate services aligned with brain science. For example, The Family Partnership worked with a Minnesota evaluation firm, the Wilder Foundation, to conduct listening sessions in different geographic and cultural communities to develop a community engagement campaign related to brain science. As part of its city's needs assessment process, EEH conducted two focus groups with consumers. As part of its Community in Schools project, Children and Families First piloted a strategic planning process in 2016 to work with community partners to ensure that their clients were connected to services, and their long-term outcomes were tracked. Children and Families First Community in Schools project is using a two-generation approach, working with two cohorts of parents of young children, using ACE and resilience inventories, and addressing parents' core capabilities to support children's development.

Program Testing

CHSW is partnering with the Washington Innovation Cluster of Harvard's Frontiers of Innovation initiative to conduct seven projects designed to test new program strategies for building executive function and self-regulation skills in children and their caregivers and addressing the developmental consequences of the transmission of trauma across generations. Specifically, Children's Home Society is using a developmental evaluation technique called fast cycle learning to test two innovative mental health interventions. The first intervention is Attachment Vitamins, a 10-week psycho-education group for parents and caregivers of children ages zero to five. It helps caregivers to learn about early childhood development and the effects of chronic stress and trauma to help them attune to their child's needs, set parenting goals, and strengthen parent-child attachment. The second intervention is Attention Bias Modification Treatment, a computer-based intervention for reducing anxious symptoms and anxiety disorders, which is being tested for use with parents of young children.

As part of the Frontiers of Innovation (FOI) initiative, Children's Home Society is also helping to staff Washington's Innovation by Design (IBD) project, a state policy collaboration that aims for "population-level, systemic change that benefits young children by using strategies to reduce barriers to learning and improve life-long health outcomes."[40] This cross-organization workgroup is comprised of staff and leaders from the Departments of Early Learning, Social and Health Services, Health, the Health Care Authority, and Office of Superintendent of Public Instruction. It also includes Thrive by Five Washington and the Washington FOI sites. The group is working to identify what can be done to scale up successful site-based interventions from a policy perspective.

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[37] The Institute's launch event featured speeches by the city's mayor and county executive on the impact of adversity on local families and need for research and evidence to inform policy making to address the region's complex challenges.

[38] The Child Behavior Checklist (CBCL) is a widely used caregiver report form identifying problem behavior in children. See https://en.wikipedia.org/wiki/Child_Behavior_Checklist

[39] Child Behavior Checklist. (n.d.). In Wikipedia. Retrieved August 25, 2017, from https://en.wikipedia.org/wiki/Child_Behavior_Checklist

[40] Washington State Department of Early Learning. (n.d.). Frontiers of innovation. Retrieved from https://del.wa.gov/partnerships/foi/Default.aspx

Advocating for Systems and Policy Change

This section illustrates the Change in Mind sites' external system and policy advocacy activities in five areas: early child development and child welfare; K-12 grade education; mental and physical health care services; supportive housing and homeless prevention services; and efforts to prevent or reduce the re-traumatization of children in law enforcement, family court, and juvenile justice process.

7a. Early Child Development and Child Welfare

In these service sectors, Change in Mind sites advocated for the spread of evidence-based parenting programs and expansion of eligibility or access to early childhood programs for families involved in the child welfare system.

Spread of Child Welfare Programs

Two states contracted with the Children's Home Society in 2016 to replicate its Parents for Parents peer-mentoring program in their states. The program uses mentors who are parents that have successfully navigated the child welfare system to help families just entering the system understand their own trauma and that of their children to repair harm and build resilience. Children's Home Society subsequently developed a 2017 legislative agenda to expand the Parents for Parents program statewide in Washington. In 2016 and 2017, Children's Home Society worked the parent ally movement to advocate for legislative reforms to improve the child welfare system, support family reunification, and increase child and parent well-being. In 2016, parent allies provided testimony in 15 legislative hearings, talking about the importance of early brain development and reduction of toxic stress. Policy alerts were sent to more than 100 parent allies on the distribution list.

Service Parity for Child Welfare Families

In Texas, Family Services engaged in conversations with state organizations about the need for the state to fund preventive and comprehensive support services for families who are at risk of becoming involved in the state's child protective system. Although Family Services has a high success rate with its Parent Education program for clients who are already involved in child protective services (95 percent of participants that complete the program do not re-enter the system), the organization is advocating for the opportunity to expand this program to also provide preventive parent education services to parents before any adverse events occur in their child's life. The organization also developed a workgroup to integrate brain science and trauma-informed concepts into local early childhood education programs, including 40 Early Head Start and Head Start sites serving children ages zero to three and three to five, respectively. In Washington State, Wellspring has been working to refine the standards of the state's Quality Rating and Improvement System (QRIS) for early learning and child care centers. The present set of quality standards does not include trauma-informed assessment and care.

In 2016, Children's Home Society worked with multiple advocacy groups to facilitate the passage of a bill in the the State House of Representatives and almost passed the same provisions in the Senate, to provide parity in the child care subsidies for families that receive child care support from the child welfare system with families that receive child care support from other state systems. As a result, Children's Home Society worked with the Washington Department of Early Learning and representatives of the child welfare system to create an administrative solution to the problem of families in the child welfare not having access to stable child care. A budget proviso was submitted during the 2017 state legislative session to achieve this goal.

7b. Education

In the area of K-12 education, Change in Mind sites advocated for the spread of brain science-aligned programs to new service settings and to new student populations.

State Expansion of Brain Science-Aligned Programs

CFF has been working with Delaware's Office of Child Advocate to expand the training and implementation of its pilot of the Compassionate Schools model. This program model was created to develop compassionate classrooms and foster compassionate attitudes of school staff, particularly for students chronically exposed to trauma and stress. As part of this effort, CFF staff were part of a training team that delivered "Toxic Stress in the Classroom" trainings to hundreds of educators, starting in the summer of 2016. CFF was also part of a collaborative team of Delaware's Office of Child Advocate, Division of Family Services, and Family Court, which participated in Georgetown University's weeklong School Justice Partnership Certificate program. For the program's capstone project, the team modified the Compassionate Schools framework to improve education outcomes for juvenile justice system-involved youth by fostering the students' healthy connections and resiliency. Using existing multi-tiered supports in targeted schools, the team is training school staff, school resource officers, and others on the impact of trauma on learning and behavior, to help school staff to replace school disciplinary actions with more supportive responses.

CHW has been working with school districts to advocate for changes in the state's 2017-2019 biennial budget to expand access to evidence-based children's mental health services in school settings. Although CHW was already collaborating with 13 school districts on children's mental health services, there has not been enough funding to provide evidence-based therapeutic mental health services for children throughout the state. In January 2016, Children's Hospital gave a presentation to the state legislature's Urban Education Task Force (a state legislative subcommittee) advocating for increased state funding of evidence-based school-based mental health services. The testimony addressed the potential impact of using evidence-based practices, such as Parent-Child Interaction Therapy in schools. As a result, one legislator proposed $500,000 in state funding for CHW to deliver Parent-Child Interaction Therapy in selected Milwaukee schools.

LaSalle's executive director also was an active advocate for increased state funding for brain science-aligned education services. In 2016, he submitted oral and written testimony to the Joint Fiscal Community of the New York State Legislature for 853 schools, reporting on the need to use brain science research to improve education practice. He also met with a member of the Board of Regents (the state's education organization) to discuss the implications of brain science research for special education services. He also conducted a special ACEs, trauma, and resilience briefing and information session for state legislators, staff, and organization administrators who missed the 2016 LaSalle School ACEs Symposium.

7c. Mental and Physical Health Care

Change in Mind sites advocated for changes in state contracts and program regulations to expand access to trauma-informed health care services. One site developed a state legislative agenda for expansion of prenatal care to reduce state-level birth disparities.

Expanding Access to Medical Care for Special Populations

During the Change in Mind initiative, KVC approached several funders to expand resources for trauma-informed health care services for children and families. KVC staff worked with the State of Kansas to rewrite the contract for State Hospital Alternative services, which funded the training, implementation, and evaluation of outpatient trauma-informed services for youth and families. KVC has also approached one payer source to propose funding for home-based trauma services following hospital stays; services would include psycho-education for families on core capacity skill building. KVC has also approached managed care payers to fund projects that focused on enhancing integrated health care models for youth involved in the foster care system.

Advocacy for State Funded Services

Other sites have been advocating for new payment options for trauma-informed health care services. For example, LaSalle has been part of a workgroup that has been developing a definition for complex trauma as a qualifying condition for enrollment in health homes. CUPS has started a program that provides medical care and care coordination for low-income and homeless patients who come to hospitals or hospital emergency departments for care. The aim of the program is to ensure that patients are not discharged back into homelessness without help or connection to primary care or social organizations. The program's aim is to lower the likelihood of return visits to the emergency departments or hospitals.

The Family Partnership teamed up with other leaders in early child development, ACEs, and brain science to advocate for legislation that would support the healthy birth and development of children in low-income families. Specifically, the group sought a new state payment model for culturally appropriate birth support and doula services. The group reframed healthy child development as a prenatal health care issue, conducted a policy study, and drafted legislation with a new grant-based payment model. The group also conducted educational visits with state legislators during the 2016 legislative session, in preparation for championing the policy proposal in the 2017 session. A legislator introduced the bill in the 2017 legislative session.

7d. Housing

Lack of housing creates ongoing stress for families that can harm a child's brain development. The Change in Mind sites worked to address homelessness among their clients through a range of strategies. For example, CUPS' senior leadership participated in a Recovery Task Force, composed of more than 25 homeless-serving organizations, to identify ways to address the long-term needs of homeless individuals and families struggling with addiction and mental health issues. On a smaller scale, the Martha O'Bryan Center worked with the local housing authority to prevent evictions and connect residents to community services. Housing problems are especially acute in Seattle and Milwaukee, where two other sites are providing brain science-aligned homeless services and addressing the structural causes of homelessness.

Housing Services

Known as a "go-to" expert on homelessness, Wellspring of Seattle participated in workgroups to guide the implementation of King County's Best Start for Kids initiative, focusing on using a two-generation approach for serving homeless young adults who are parenting young children. Wellspring also participated in a statewide leadership summit on family homelessness and mental health in June 2016, which started building a brain-science informed approach to address the issue. Wellspring is also developing a three-year plan with HopeLink (another Alliance member organization), the Mount Baker Housing Association (a non-profit housing developer), a medical clinic, and a social service organization to develop one or more two-generation "family village" projects. The projects will provide subsidized supportive housing for homeless parents with at least one child (prenatal to age five), providing a supportive environment to build parent capacity and helping children to thrive.

Homeless Prevention

CHW first identified housing as contributor to child abuse and neglect in Milwaukee when researchers at its Institute for Child and Family Well-being conducted an analysis of the characteristics of its child welfare clients.[41] The analysis showed that half of the families in Milwaukee's child welfare system had experienced housing instability or homelessness. Institute staff began working with the hospital's community health navigators to address housing stability issues (crowding, eviction, homelessness) in three neighborhoods with high child removal into foster care rates. The navigators identified housing as the most frequent service request among families in those targeted neighborhoods. Beginning with a set of community meetings, the Institute started working with housing service organizations and a city alderman to improve resident housing in the targeted areas.

[41] CH is contracted to provide child welfare services for the City of Milwaukee.

7e. Family and Juvenile Justice

Several Change in Mind sites serve children and families that are dually involved in local child welfare and juvenile justice systems. These sites have been using brain science research to advocate for new trauma-informed services and changes in sector practices to limit traumatization of children and families involved in those systems.

Reducing Re-traumatization

In Alberta, the SKCAC is instituting policy and practice changes to limit traumatization of children and families involved in the local criminal justice system. For example, the Calgary Police Service and Royal Canadian Mounted Police now consult with the SKCAC's mental health clinician to ensure that abuse investigations address victims' trauma symptoms and mental health needs. CUPS senior director of strategic initiatives participated in an Alberta-wide initiative called Reforming the Family Justice System. The intent is to review the justice system to mitigate the "toxic stress and negative outcomes for children and parents brought on by chronic conflict."

Trauma-Informed Juvenile Justice Services

In New York, LaSalle executive director has been active on several policy groups that are developing trauma-informed services for the local juvenile justice system. He currently serves on the executive committee of the regional youth justice team, the Albany County Juvenile Justice Steering Committee, and the New York Department of Health's complex trauma committee. In Tennessee, Nashville is one of several communities replicating a program called Handled with Care, originally created by the West Virginia Center for Children's Justice. The Martha O'Bryan Center in Nashville is helping to replicate the program. Through the program, law enforcement officers who encounter a child during a police call have a process to relay the information through a central database to the child's school, so that faculty and staff are "tuned in" to respond to the traumatic event on the following day, helping the student to de-escalate and self-regulate their behavior, rather than punishing the child through suspension, expulsion, or other punitive treatment.

Larger Lessons

This brief reviewed the strategies that the Change in Mind sites used to infuse brain science into their efforts to change local service systems and advocate for changes administrative, regulatory, and legislative policies to support the healthy child development, increase resilience, and ensure well-being of their communities. The sites worked to build their communities' knowledge, networks, and skills to work effectively on neuroscience-aligned systems and policy change. The sites used six strategies to build community capacity:

1. Educating their communities about advances in neurosciences
2. Working with networks of collaborators on systems and policy change
3. Creating or adopting shared messages to unify their advocacy efforts
4. Strengthening local workforce capacity through training and technical assistance
5. Aligning resources at multiple levels to fund systems and policy change
6. Conducting research and evaluation activities to inform change.

The sites worked with other partners to advocate for systems and policy change in multiple sectors, including child welfare, early child development, K-12 education, housing services, and family and juvenile justice. The Change in Mind sites worked within and across service sectors to:

1. Spread or scale out brain science-aligned programs to more organizations, service systems, and communities

2. Institutionalize or scale-up the use of neuroscience findings through legislation, regulation, and fiscal policies

3. Deepen the sophistication, cultural adaptation, understanding, and efficacy of brain science-aligned programs and policies through community engagement, research, and evaluation

The Change in Mind evaluation identified several larger themes of transformational change that were common across the briefs and sites. These larger themes are highlighted here, and are covered in more detail in the overview brief of this Change in Mind series.

The Change in Mind sites made substantive changes inside their organizations and in their external Change in Mind activities. They used different strategies that were appropriate to their contexts to the needs of their clients. All found ways to identify and implement innovative changes, work with allies, and use available resources. No organization was too large or too small to make important changes in their programs, organizations, and external advocacy activities.

1. The Change in Mind sites were clear about the content of the brain science research they were infusing in their work; this information was provided to them through Change in Mind activities and resources. Some were less clear on how to incorporate the new science into pre-existing trauma-informed, resilience, and child mental health frameworks. This was a fundamental shift for some sites.

2. The Change in Mind sites used similar strategies inside and outside their organizations to facilitate change. They provided strategic leadership, developed networks of change agents, created clear, consistent messages, built workforce capacity, aligned internal and external resources, and worked across service sectors and along the prevention continuum to achieve their goals.

3. The Change in Mind sites adopted a data-informed approach to embed brain science concepts and findings into their change efforts. Many sites started with analyses of the ACEs, adverse community conditions, resilience, and vulnerabilities of their clients, and used this information to determine where to focus their change efforts.

4. The Change in Mind sites saw their work as both a technical challenge to adopt and implement existing evidence-based programs and practices as well as an adaptive challenge to design and test new innovations. They used formal evaluation methods to assess the effectiveness of specific program models and more developmental evaluation methods to monitor and map the ongoing evolution of other Change in Mind activities.

5. The Change in Mind sites originally designed their projects as complicated, multi-strand initiatives that were comprised of separate sequences of activities operating at different (program, organizational, system, and policy) levels. Through experience, sites learned that their activities were more iterative and intertwined across levels than originally predicted. Some sites modified their theories of change to reflect more adaptive, cross-level cycles of action and learning.