

FINAL REPORT

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Texas Change in Mind Initiative: Final Evaluation Report

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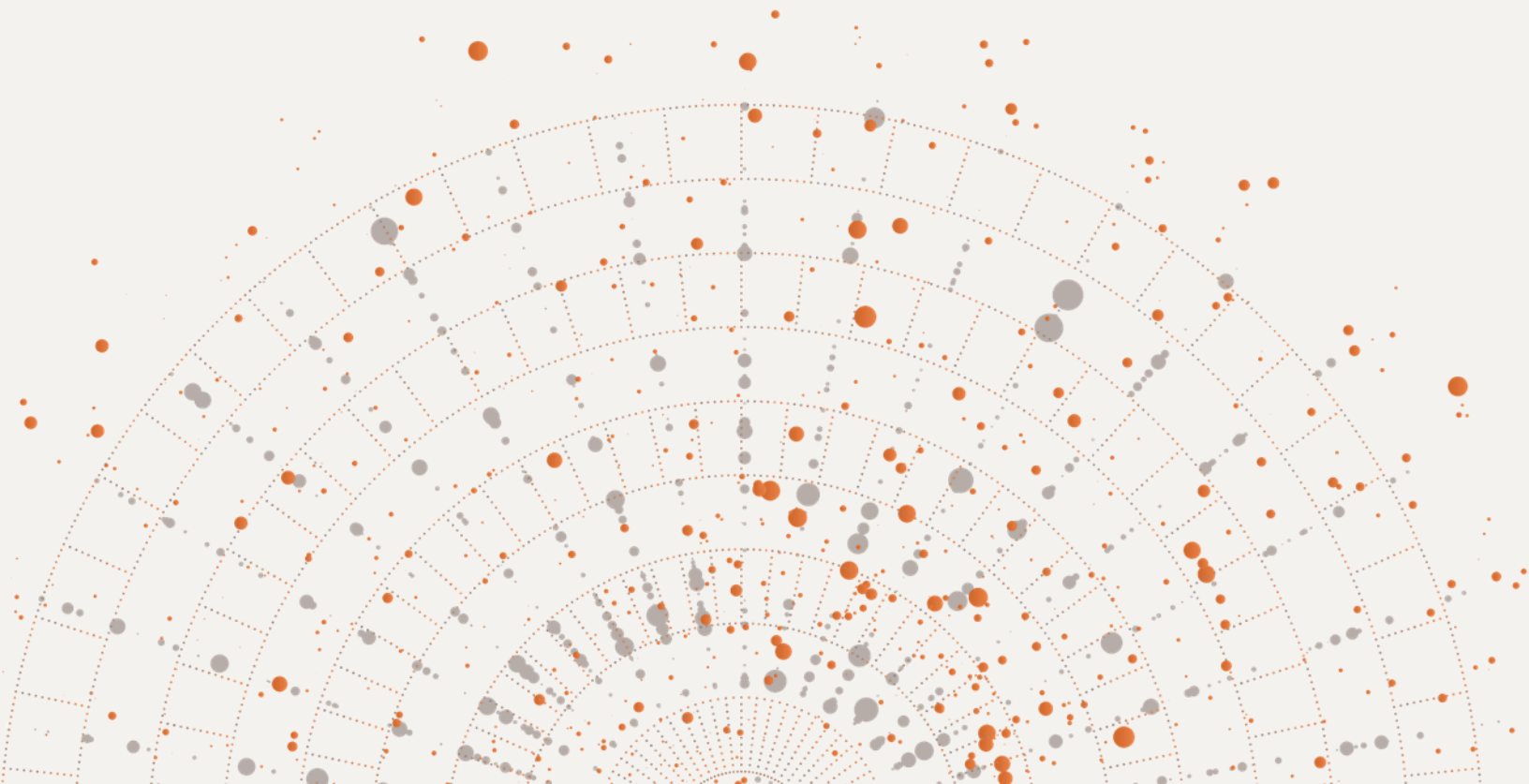


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Evaluation Summary

This is the final evaluation report for the Texas cohort of the Change in Mind (CIM) Learning Collaborative, part of the Change in Mind Institute, a learning laboratory that helps organizations leverage advances in neuroscience to create broader systems and policy change that prevents and mitigates adverse childhood experiences (ACEs), addresses trauma, and builds resilience in children, families, and communities. This report tells the story of the origins and development of the CIM Model, the implementation of the original U.S. – Canada CIM cohort, the replication of CIM in Texas, and the findings of the Texas cohort’s evaluation.

In 2021-2023, the CIM model was repeated in Texas. Although the Texas cohort was implemented under trying circumstances, the initiative prevailed, adding and aligning a new racial equity component with other updated competencies in brain science, messaging, and developmental evaluation at program, organization, and system levels. The CIM sites confirmed they learned a great deal from participating in the cohort. They found the information useful and reported making progress in aligning their organizations’ activities with the CIM concepts. A rigorous evaluation conducted by NORC at the University of Chicago verified the significance of the Texas cohort’s outcomes. This evaluation answers the following four questions: What are the core elements of the CIM model - what has stayed the same and what has changed? How was the Texas cohort implemented - what worked well and what worked less well? How have contextual dynamics influenced the design and implementation of the CIM model? Finally, what have been the outcomes and impacts of the CIM model – and what are the implications of these findings for the future?

Change in Mind Origins and Development

Brain Science Research. Over the last 25 years, significant advances in neuroscience, molecular biology, and epigenetics have shown that stressful experiences during early stages of life, are associated with abnormal brain development. Community, household, and environment are the three realms of adverse childhood experiences (ACEs) that “intertwine throughout people’s lives, and affect the viability of families, communities, organizations and systems.”¹

Palix Foundation Alberta Family Wellness Initiative. In 2005, the Palix Foundation, a private foundation in Alberta, Canada (previously the Norlien Foundation), initiated a multi-phased strategy to mobilize and apply scientific knowledge connecting early brain and neurological development to later mental health, addiction, and physical health outcomes. This activity laid the groundwork that ultimately led to the development and testing of the original Change in Mind initiative (2015-2017) and the replication of CIM model in Texas (2020 – 2023). The Foundation created the Alberta Family Wellness Initiative (AFWI) in 2007 to facilitate research and the sharing of brain development science.

¹ See <https://www.pacesconnection.com/blog/3-realms-of-aces-updated>

Additionally, the Foundation worked with the National Scientific Council on the Developing Child, the Harvard Center on the Developing Child, and the FrameWorks Institute to use innovative framing and messaging methods to translate brain development science for broader dissemination. These efforts focused on simply communicating foundational concepts in neuroscience, such as basic brain architecture and functioning, using a set of metaphors. These included the Brain Story, Brain Architecture, Toxic Stress, Serve and Return, Air Traffic Control, Reward Dial, and Resilience Scale and Fulcrum.

Change in Mind Learning Collaborative (U.S. – Canada Cohort). In November 2014, the Alliance for Strong Families and Communities was awarded funding to launch the initiative, Change in Mind: Applying Neuroscience to Revitalize Communities.” The initiative’s resources included a \$1.7 million grant from the Robert Wood Johnson Foundation (RWJF), and additional funding from the Palix Foundation and AFWI. The Harvard Center on the Developing Child provided additional conceptual and logistical support. The CIM initiative was designed as a learning collaborative to infuse brain science knowledge and evidence into organizations while gaining new insights into how to facilitate and accelerate change at multiple levels to prevent and mitigate ACEs, address trauma, and build resilience.

In 2015, the CIM initiative created a two-year peer learning community cohort of 10 healthcare, mental and behavioral health, early childhood, and social service organizations from the United States and five sites from Alberta, Canada. Over a two-year period (2015- 2017), the initiative provided the U.S.- Canada cohort with access to leading experts in neurosciences, communications, and evaluation, who helped the sites accelerate their learning and translation of brain science concepts into action at program, organization, systems, and policy levels to prevent and mitigate ACEs, address trauma, and build resiliency.

Texas Change in Mind Learning Collaborative Overview

Texas Cohort Sites. In 2021, the Alliance for Strong Families and Communities launched a Texas cohort of the Change in Mind Learning Collaborative Model. The two-year Texas Learning Collaborative (2021-2023) was intended to replicate and rigorously evaluate the CIM model with human service organizations located in central and eastern Texas. In early 2021, the Texas CIM project director, Jennifer Jones, worked with an advisory committee to recruit and select a diverse cohort of ten organizations from within the greater areas of Houston and Austin – the funders’ catchment areas.

Seven sites are in the greater Houston area: AAMA, Boys and Girls Club of Greater Houston, Children’s Museum of Houston, Family Service Center of Galveston County, Fort Bend County Behavioral Health Services, New Hope Housing, and Santa Maria Hostel. The other three sites are in the greater Austin area: the Austin Public Education Foundation, Bastrop County Cares, and the Texas Center for Child and Family Services. These organizations provide a wide range of services, including a county collaborative, a children’s museum, early childhood, K-12 education, housing, youth development, and social services (see Appendix A – Texas CIM Sites). The NORC evaluation team conducted data collection activities in the ten CIM sites as well as with three matched comparison sites.

Texas Cohort Context. Unlike the experience of the U.S. – Canada cohort, which was implemented smoothly without incident or environmental interference, the Texas cohort experienced major setbacks throughout the life of the project. At a national level, prolonged COVID-19 pandemic lockdown restrictions that were issued in March 2020 were not lifted in many states until August 2022. The Texas CIM cohort responded to this situation by virtually conducting their first two convenings in June 2021 and October 2021. The last three convenings in April 2022, October 2022, and April 2023, were conducted using a hybrid in-person/virtual format, with most participants attending in person.

At the state level, policies enacted by the Texas Governor Greg Abbott to ban or limit EDI (equity, diversity, and inclusion) programs, policies, and practices negatively affected the implementation of the cohort's racial equity competency area. The Texas cohort responded to this situation by adding sessions that taught sites how to adapt their messages to reframe racial equity as an issue of fairness and justice.

At an organizational level, the director of the CIM Institute and the Texas cohort initiative left the Alliance in February 2021 to take another position outside the state. The CIM Institute and Texas Cohort project recruited and hired Karen Johnson as the new director for the CIM Institute and Texas Cohort project in June 2021. She stepped in and provided valuable leadership to the Texas cohort project, with significant support from Kelly Martin, Alliance's Director of Practice Excellence. Together, they used their knowledge, experience, and perspectives to revise the curriculum, updating and adapting the brain science, messaging, and evaluation competency areas to fit them in the Texas context. Johnson and Martin integrated the Alliance's EDI training and consulting services into the CIM curriculum as well. They shifted cohort convenings from in-person to virtual and hybrid formats to meet COVID-19 social distancing requirements, and used a developmental approach to adjust the content of convenings to match participants' feedback and requests. An enhanced adaptation of CIM model principles emerged, rather than a replica of the original CIM model.

In October 2021, the Alliance for Strong Families and Communities announced its merger with the Council on Accreditation (COA) to become Social Current. Both organizations oversaw a year-long exploration and due diligence process, as well as a nine-month integration process. Social Current represents a network of thousands of organizations working together to activate the power of the social sector. The organization's mission is to advocate for and implement fair and just solutions to society's toughest challenges through collaboration, innovation, policy, and practice excellence. The organization works across the full spectrum of the human and social services sector: social, public, for-profit, educational, and institutional, healthcare, and with individual community advocates.

CIM Theory of Change and Evaluation

Theories of Change. Theories of change are used in complex interventions to describe how multiple pathways of change lead to a range of outcomes. Since CIM is a multilayered intervention, theories of change were developed at cohort and site levels. The U.S.- Canada cohort's theory of change described change in three reinforcing spheres of influence: 1) the 15 CIM sites in the U.S. and Canada, 2) the 450 organizations that were part of the Alliance's strategic action network and Palix Foundation

partners, and 3) the broader social service sector. In contrast, the Texas cohort's theory of change describes how a set of competencies implemented at the program, organization, and systems levels support positive childhood experiences, healthy child and youth development, safe, stable, and nurturing relationships, and increased resilience.

Evaluation. While the evaluation of the U.S. – Canada cohort focused exclusively on the development of cohort and site activities, results, and lessons learned, the Texas cohort evaluation was more comprehensive, encompassing a rigorous cohort outcome evaluation comparing the ten participating sites with three comparison sites, and an impact evaluation of two programs created and implemented by two participating sites from the U.S. - Canada cohort.

The Texas Cohort Outcome Study was designed to understand how and why the CIM model was modified in the Texas context, and to conduct a rigorous evaluation of the modified model. More evaluation details are provided in a later section. The cohort study's research questions asked: What are the core elements of the CIM model - what stayed the same and what changed? How was the Texas cohort been implemented - what worked well and what worked less well? How did contextual dynamics influence the design and implementation of the CIM model? Finally, what have been the outcomes and impacts of the CIM model – and what are the implications of these findings for the future?

The Texas Site Impact Study evaluated two programs – the San Antonio Mobile Mental Wellness Collaborative (SAMMWC) and the Empowering Generational Greatness (EGG) Toolkit. The SAMMWC supports local nonprofit mental health service agencies (Family Service of San Antonio [FSA] and five other agencies) to provide school-based mental health services to students and their families at no cost in individual and small group therapy sessions. During the 2021-2022 school year, services were provided across K-12 grades, with the highest concentration of services provided to middle and high school students. SAMMWC provided NORC with data on their participants from the 2022-2023 school year. Regression analyses of the data showed evidence that more sessions predicted a greater positive score in resilience scores from time 1 (pre) to time 2 (post). As expected, those with lower resiliency scores in the beginning were more likely to have increases in resilience scores. There was no evidence that the change in resiliency score was related to year in school, gender, or ethnicity.

The EGG Toolkit is a whole class intervention implemented across a school year (40 weeks) that teaches children about three aspects of executive functioning: 1) learning to use language to describe emotional and mental states, 2) using storytelling to create an understanding of the context of positive and negative experiences, and 3) building mindfulness skills that give children the tools to focus during stressful situations. The whole class intervention was tested during the 2023-2024 school year in six FSA-contracted Head Start classrooms in San Antonio, Texas. The evaluation findings showed that there was an increase (marginally significant) in Minnesota Executive Function Scale (MEFS) scores, an increase (statistically significant with a large effect size) in Behavior Questions scores, and an average 2.5-word increase (statistically significant with a medium effect size).

Texas Cohort Activities, Competencies and Pathways

Learning Activities

The Texas cohort's learning activities included webinars, coaching, peer networking, and five convenings. These activities were designed to cover brain science, race equity, theory of change, messaging, and evaluation competencies implemented through program-, organization-, and systems-level pathways. The content of the convenings was expanded and updated to integrate a racial equity competency component. More interactive, site-specific coaching was provided on theory of change development, community member engagement, and other topics. The webinar content was expanded to all competency and pathway areas. The latter three convenings were designed for additional site interaction to compensate for loss of in-person networking time during the first year of the cohort.

Texas Cohort Convenings. The sites received grant funding (\$25,000 per year, \$50,000 total) to participate in the convenings and program and evaluation activities. The cohort offered two online convenings and three hybrid (in-person and online) convenings between June 2021 and April 2023. Participants completed feedback surveys after each convening. The CIM leadership team was responsive to the feedback. For example, when convening 3 participants provided feedback asking for more content on equity, diversity and inclusion (EDI) principles and practices, a full-day workshop with an external consultant was added to convening 4.

Convening Engagement. Attendance at the convenings varied with significant participant turnover, in part because of COVID-related absences. The site teams had fewer opportunities to engage in person and learn from their peers during the first year of the two-year collaborative because the first two convenings were virtual. As a result, sites' participation in the convenings included a greater mix of returnees and new attendees, some of whom were less likely to have completed the Alberta Family Wellness Initiative's Brain Story Certification Course before attending a convening.²

Convening Results. In 2022 and 2023 annual progress reports, sites were asked to rate *how useful* each convening was in terms of how much it contributed to their learning. All ten sites reported that they had learned "a great deal" or "quite a bit" in convening 3. For the other four convenings, eight of the ten sites reported that they had learned "a great deal" or "quite a bit."

In the evaluation's convening feedback surveys, participants were asked to rate their *satisfaction* with the convening overall and with the content presented. Across the five convenings, participants' satisfaction with the convenings overall and with their content was high, ranging from an overall satisfaction score of 3.97 (quite a bit) for the first convening, to an overall satisfaction score of 4.65 (a great deal) for the second day of the third convening.

² The Alberta Family Wellness Initiative (AFWI) developed an online course to make Brain Story science available to professionals and the public. See <https://www.albertafamilywellness.org/training/>.

Competencies

Brain Science Activities. The Texas cohort's brain science curriculum expanded and updated the brain science content offered in the U.S.-Canada cohort. Sites received brain science content in two ways, through AFWI's online Brain Story Certification course and through the content provided in convenings, webinars, and coaching activities. In 2022 and 2023 annual progress reports, sites were asked how many of their team members had taken the course. In 2022, three sites reported that 'most' had taken the course, and three other sites reported that 'some' had taken it. In 2023, five sites reported that 'some' had taken the course.

At every convening, there was at least one session explicitly devoted to advances in brain science. One example was Dr. Christina Bethel's presentation on the measurement and impact of positive childhood experiences on healthy brain development. The Texas CIM teams worked hard to embed brain science concepts throughout their organizations, such as the Children's Museum of Houston, the Boys and Girls Club of Greater Houston, the Fort Bend County Behavioral Health Services, Santa Maria Hostel, and the Austin Public Education Foundation. In a meeting of site executives, the CEO of the Texas Center for Child and Family Studies (TACFS's) reported that, "they had been infiltrating brain science everywhere – in their learning center, trainings, research, and data, and advocacy efforts." But not all Texas cohort sites received as much organizational leadership support for their efforts. In contrast, the U.S.-Canada cohort CIM sites successfully leveraged a greater range of leadership strategies to embed brain science into their organizations.

Brain Science Results. In 2022 and 2023 progress reports, sites were asked to rate how *useful* the Texas cohort's brain science activities were to their organization's learning. For all activities, all but one of the respondents reported that they found the brain science activities to be "a great deal" or "quite a bit" useful. One site reported that they found the activity to be "a little" useful.

In convening feedback surveys, participants were asked to rate their *understanding of brain science concepts* and their *application* of brain science concepts to their work. Across the five convenings, participants' understanding of brain science increased from a score of 3.6 in convening 1 to 4.1 in convening 5, with a high score of 4.2 in convening 3. The feedback surveys also asked the participants to rate how much they *applied brain science knowledge* to their work. Across the five convenings, participants' application of brain science increased from an average rating of 3.6 in convening 1 to a high of 4.2 in convenings 3 and 5.

The sites' progress reports in 2022 and 2023 also indicated the sites' progress in *aligning their organization's activities with brain science*. Across all areas, more organizations were reporting that they had made "quite a bit" or "a great deal" of progress aligning their activities with brain science *in 2023 than in 2022*. In 2023, no organization reported progress aligning their organizations with brain science "not at all."

Brain Science Competency Evaluation Findings. To assess change in Texas CIM competencies and pathways of change over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization "today and a year ago." When

reflecting on where they were in 2022 compared to 2023, *Change in Mind Sites reported increases in their staff's understanding of the impact and prevalence of ACEs* (2023 mean=3.8 compared to 3.4), *their staff's awareness of their own role in creating a brain science-aligned organization* (2023 mean=3.4 compared to 2.7), and *their staff's ability to apply concepts behind brain development, resiliency, and protective factors* (2023 mean=3.6 compared to 2.9). All three of these differences were statistically significant. In contrast, the three comparison sites did not report much growth in these three areas between 2022-2023. None of these differences were significant.

Racial Equity Competency Activities. The topic of racial equity was not designated an area of focus in the 2015-2017 U.S. – Canada cohort. In the summer of 2020, the Texas cohort received a grant to integrate a racial equity competency component into the curriculum. Social Current's Equity, Diversity, and Inclusion (EDI) training and consultancy practice led this work, incorporating its activities into the cohort's schedule of convenings, webinars, and coaching activities (see Table 2). The EDI approach works at three levels: 1) person, 2) organization, and 3) system (the systems within which each organization works to offer opportunities to work collaboratively for deeper change). The EDI journey advances through four (exploring, committed, competent, and embedded) phases at these three levels.

Racial Equity Competency Results. In 2022 and 2023 progress reports, sites were asked to rate how *useful the racial equity activities were to their organization's learning*. A majority of the utility ratings of the site-specific leadership coaching and Intercultural Development Inventory (IDI) assessment activities were higher than the utility ratings for the cohort-level webinars and presentations.³ For the individual IDI assessment debriefs and the two series of EDI leadership coaching sessions, six sites reported that they found these activities useful to their organizational learning “a great deal,” and two sites reported that they found these activities “quite a bit” useful to their organizational learning.

In the evaluation's convening feedback surveys, participants were asked to rate their *understanding and their application of racial equity principles and practices* to their work. Across the five convenings, participants gradually increased their ratings of their understanding of these principles and practices and their ability to integrate racial equity principles and practices. Participants also often felt that their understanding of the topic was better than their ability to integrate these practices into their work.

The sites' progress reports in 2022 and 2023 indicated the sites' progress in *aligning their organization's activities with racial equity principles and practices*. Across all areas, more organizations were reporting that they had made “quite a bit” or “a great deal” of progress aligning their activities with brain science *in 2023 than 2022*. In 2023, none were reporting progress aligning their organizations with brain science “not at all.”

Racial Equity Competency Evaluation Findings. To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” *CIM sites reported significant increases in how well their organizations systematically worked to address inequities in service delivery* (2023 mean=3.4 compared to 3.0), *the extent to which enhancing professional*

³ The Intercultural Development Inventory (IDI) assesses intercultural competence – the capability to shift cultural perspective and appropriately adapt behavior to cultural difference and commonalities. See <https://www.idiinventory.com/>

development to improve staff's cultural competence is an organizational priority (2023 mean=3.5 compared to 3.0), and *the extent to which enhancing professional development to improve staff bilingual capabilities is an organizational priority* (2023 mean=2.7 compared to 2.4). There was a slight increase in the extent to which working with partners to achieve durable improvements in community conditions was an organizational priority (2023 mean=3.8 compared to 3.6), but this was not statistically significant.

Comparison sites showed no change in how well their organization worked to identify inequities in service delivery (2023 and retrospective means=3.1), and how much enhancing professional development to improve staff bilingual capabilities is an organization priority (2023 and retrospective means=2.4). There was a slight decrease in how much enhancing professional development to improve staff cultural competence was an organizational priority (2023 mean=3.1 compared to 3.2), and a slight increase in how much working with partners to achieve durable improvements in community conditions was an organizational priority (2023 mean=3.9 compared to 3.7). Neither of these changes was statistically significant.

Framing and Messaging Competency Activities. In the Texas cohort convenings, the FrameWorks Institute expanded the messaging content the Institute had provided earlier to the U.S. – Canada cohort. The Texas cohort's messaging training added content on the framing of messages (how ideas are positioned), especially on how to reframe the concept of health equity in terms of fairness and justice, framed as "ensuring that all people have a fair and just opportunity to be as healthy as possible."⁴ Julie Sweetland, FrameWorks Institute Senior Advisor, led the series of messaging sessions.

Framing and Messaging Competency Results. In 2022 and 2023 progress reports, sites were asked to rate *how useful the Texas cohort's framing and messaging coaching activities were to their organization's learning*. The utility ratings of the framing and messaging coaching in early 2022 were positive. Of the seven sites that provided feedback, five sites reported these activities were "a great deal" useful to their organizational learning, two sites reported that they found these activities "quite a bit" useful to their organizational learning, and one site found these activities "somewhat" useful to their organization's learning.

In convening feedback surveys, participants were asked to rate their understanding and their application of the design and dissemination of messages to advance brain science. Across the five convenings, participants gradually increased their ratings of their understanding of the designing and dissemination of messages to advance brain science, from a rating of 3.1 in convening 1 to a rating of 3.9 in convening 5, with a peak score of 4.2 for convening 3. Across the convenings, participants also incrementally increased their ratings of *their application of the designing and dissemination of messages to advance brain science*, from a rating of 3.1 in convening 1 to a rating of 3.8 in convening 5, with a peak score of 4.1 for convening 3.

⁴ Sweetland J. Talking about Health Equity. May 2023. The FrameWorks Institute.

Framing and Messaging Competency Evaluation Findings. To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” CIM sites reported statistically *significant increases in how well their staff understood the importance of communicating carefully about adversity and its effects* (2023 mean=3.4 compared to 2.9), and in *how well their staff explained the science of adversity in ways that made sense to partners and clients* (2023 mean=3.3 compared to 2.9). There was a *slight increase in having written guidance for how to talk about adversity and its effects* (2023 mean=2.5 compared to 2.1) but this was not statistically significant.

The comparison sites reported slight changes in how well staff understood the importance of communicating carefully about adversity and its effects (2023 mean=3.8 compared to 3.6), and whether their organization had written guidance for talking about adversity and its effects (2023 mean=2.6 compared to 2.5)—neither change was statistically significant. There was no change in how well staff explained the science of adversity in ways that made sense to partners and clients (2023 and retrospective means=3.4).

Developmental Evaluation Competency Activities. Adding the racial equity competency to the Texas cohort created an opportunity for the NORC evaluation team to enrich CIM’s developmental evaluation competency by introducing an Equitable Systems Evaluation and Learning Framework (ESELF) that combines culturally responsive and equitable evaluation (CREE) and systems and complexity-informed evaluation (SCIE) methods. NORC incorporated the ESELF framework into its evaluation, coaching, and technical assistance activities. The Texas cohort’s evaluation convenings, webinars, coaching, and assessment activities, were conducted by the NORC evaluation team in partnership with subject matter experts Erin Watson (Weaving Change) and Efren Aguilar (UCLA Center for Healthier Children, Families, and Communities). Erin Watson designed and led the convening presentations and coaching sessions on the theory of change and developmental evaluation (see the coaching section for more details).

Supported by the Texas cohort’s racial equity grant, Efren Aguilar designed and led a webinar, coaching sessions, and a convening 3 presentation, “Population-level Indicators of Systems Change” on using GIS (Geographic Information System) mapping and spatial analysis to identify and address geographic inequities in community outcomes, to help the sites understand the differences in the social distribution of adversity across income, race, and place, in their communities. He also created a portfolio of GIS maps and spatial analyses for each CIM site to use and share with their community partners to develop policy-based approaches to remedy structural causes of childhood adversity. Some sites, such as Bastrop County, shared their maps with community partners and used the data in their work.

Developmental Evaluation Results. In 2022 and 2023 progress reports, sites were asked to rate *how useful the Texas cohort’s developmental evaluation activities were to their organization’s learning*. The utility ratings of the two rounds of theory of change and developmental evaluation coaching were higher than the utility ratings for the webinars and presentations. For the first round of theory of change coaching, seven sites reported that they found the coaching activities “a great deal,” useful to their

organizational learning and three sites reported that they found these activities “quite a bit” useful. For the second round of coaching, six sites reported that they found the coaching “a great deal” useful to their organizational learning, three sites reported that they found the coaching “quite a bit” useful, and one site reported the coaching “a little” useful.

In the convening feedback surveys, participants were asked to rate their understanding and application of developmental evaluation. Across the five convenings, participants’ understanding and use of evaluation and learning practices grew over time. Early on, participants reported needing “more assistance” on this topic and needing resources on how to “specifically use developmental evaluation.” There was a desire to apply developmental evaluation, but participants were initially unsure on how exactly to do it. Participants appreciated convening sessions that focused on Developmental Evaluation (DE) and were excited to review the slides on their own time and take “time to process [the] data.” Participants also appreciated ideas on how to apply this work in their sites.

In the 2022 progress report, 5 sites reported either using rapid learning cycles “not at all” or “a little” to align work with brain science while the other 5 sites only reported using them “somewhat.” Similarly, 7 sites were using rapid learning cycles “not at all” or “a little” to work with EDI principles, though one site used them “quite a bit.” In the 2023 progress report, more sites were using rapid learning cycles, with 5 sites reporting that they were using them to align their organization’s work with brain science “quite a bit” or “a great deal.” Similarly, 5 sites reported that they were using rapid learning cycles “quite a bit” or a “great deal” to align their work with EDI principles.

Developmental Evaluation Competency Evaluation Findings. To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” Looking at the Organizational Assessment (Appendix E), Change in Mind sites reported significant increases in *how well their organizations established organization-wide objectives and performance indicators aligned with brain science* (2023 mean=3.0 compared to 2.1), as well as *how well their organizations used data to inform changes in becoming more aligned with brain science* (2023 mean=3.3 compared to 2.6). Sites reported slight (not statistically significant) increases in *how comprehensive their organizations’ plans are for collecting and analyzing data to measure outcomes* (2023 mean=3.5 compared to 3.2), and *how well their organizations used maps and spatial data to identify and address geographic inequities in community outcomes* (2023 mean=3.2 compared to 2.8). Comparison sites reported slight increases in these areas, but none of these increases were statistically significant.

Pathways of Change

Program Change Pathway Activities. The Texas cohort sites prioritized program-level pathways of change that focused on ensuring that 1) programs, resources, and services were internally reviewed through brain science and racial equity lenses, 2) programs increased feedback loops with participants, 3) participants were involved in program planning and implementation, and 4) staff used brain science

and racial equity practices to design or redesign their programming.⁵ In their theories of change, all ten CIM sites included program pathways for designing and implementing programs aligned with brain science and EDI concepts and principles.

The CIM sites worked to improve their programs' alignment with brain science and racial equity throughout the initiative, with some success. One example is the Santa Maria Hostel, which was chosen from over 140 applicants and awarded a \$100,000 grant from Impact100 Houston to implement child-centered design elements on their campus to promote better early childhood brain development and mother-child interactions. Another way that CIM sites focused on aligning their programs with brain science and racial equity was to add CIM-related workforce development and program redesign strategies to their theories of change.

Program Change Pathway Evaluation Findings. To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization "today and a year ago." CIM sites reported a *significant increase in how well brain science training was included in new staff orientations* (2023 mean=2.7 compared to 1.8). There was also a *slight increase in how well their organizations invested resources in staff professional development* (2023 mean=3.5 compared to 3.2), though this change was not statistically significant. Comparison sites did not report a change in how well brain science training was included in new staff orientation (2023 and retrospective mean=2.0) and reported a slight decrease in how well their organizations invested resource in professional development (2023 mean=3.1 compared to 3.3), though this change was not statistically significant.

CIM sites reported an *increase in their use of language promoting client strengths in policies and procedures* (2023 mean=3.8 compared to 3.2), *their understanding of the importance of relationships with clients and partners to organizational success* (2023 mean=4.3 compared to 3.8), and *how well staff allowed co-workers, clients, and partners to share what was most important to their cultural identity* (2023 mean=3.5 compared to 2.9). All these increases were statistically significant. Comparison sites reported slight increases for how well their organizational policies and procedures used language in policies and procedures promoting client strengths (2023 mean=3.5 compared to 3.2), and in how well staff understood that relationships with clients and partners are important to organizational success (2023 mean=3.9 compared to 3.7). Neither of these increases were statistically significant. There was an increase in how well staff allowed co-workers, clients, and partners to define and share what is most important to their cultural identity (2023 and retrospective means=3.5).

Organizational Change Pathway Activities. The Texas cohort supported the sites' efforts to change their organizations through convening presentations, webinars, and organizational assessment activities. The sites completed their baseline organizational assessment in the spring of 2022, their follow-up organizational assessment in the spring of 2023, and attended a webinar on their organizational assessment findings in 2023. The Texas cohort prioritized organization-level pathways that focused on aligning brain science and EDI principles and practices with organizations' values and goals, human resource practices, branding standards, professional development, collaborations with

⁵ Johnson K & Martin K. Texas Change in Mind Executive Leadership Session Meeting Notes. December 8, 2022.

external partners, employee engagement, satisfaction and resilience efforts, celebrations and connection activities, evaluation processes, and funding efforts.

Many of these changes required executive leadership endorsement and approval. However, during the COVID pandemic, leaders often focused on organizational challenges that limited their attention on the Texas cohort. To increase senior leadership and engagement in the Texas cohort, the CIM leadership team hosted an Executive Leadership session in December 2022, attended by the ten sites' executive leadership. At the meeting, the CIM leadership team facilitated a conversation with the executives about their interest and capacity to sustain the Texas cohort's work in some capacity going forward.

Organizational Change Pathway Evaluation Findings. To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization "today and a year ago." The CIM sites reported a *statistically significant increase in how well CIM organizations reported their Board of Directors ensured that strategic priorities (including brain science-aligned work) were adequately reflected in the organization's budget* (2023 mean=2.8 compared to 2.3). The comparison sites reported no change in how well their Board of Directors ensured that strategic priorities (including brain-science aligned work) were adequately reflected in the organization's budget (2023 mean and retrospective mean=2.2).

The CIM sites reported an *increase in their organizations having a written statement with a commitment to brain science-aligned practices* (2023 mean=2.4 compared to 1.8), as well as an increase in *how well organizational leaders communicated the relationship between becoming more aligned with brain science as an organization improves organizational outcomes* (2023 mean=2.9 compared to 2.1). Both increases were statistically significant. Sites also reported a *slight increase in how well organizational leaders set the tone and served as an example of how to treat staff, clients, and partners with respect and dignity* (2023 mean=3.7 compared to 3.5), but this increase was not statistically significant.

Comparison sites did not report an increase in whether their organization had a written statement with a commitment to brain science-aligned practices (2023 and retrospective means=2.2). They did report slight increases in how well their organizational leaders communicated the relationship between becoming aligned with brain science and improving organizational outcomes (2023 mean=2.1 compared to 1.9) as well as how well organization leaders set the tone and served as an example of how to treat staff, clients, and partners with respect and dignity (2023 mean=4.1 compared to 3.8). These increases were not statistically significant.

CIM sites also reported a *significant increase in how well their organizations' leaders communicated the importance of creating a safe environment* (2023 mean=3.7 compared to 3.3), as well as *how well their organizations provided wellness activities to help staff manage their own stress and increase resilience* (2023 mean=2.7 compared to 2.1). Comparison sites did not report a change in how well organizational leaders communicated the importance of creating a safe environment (2023 and retrospective mean=3.6), or in how well their organization provided wellness activities to help staff manage stress and increase their resilience (2023 and retrospective mean=3.1).

Systems Change Pathway Activities. The Texas cohort sites prioritized systems-level pathways that focused on ensuring that 1) policies and practices were aligned with brain science and racial equity, 2) individuals in a region had an awareness, mindsets, and skills to apply brain science and racial equity concepts, 3) goals and targeted outcomes within cross-sector organizations, service delivery systems, funders, and governments aligned with brain science, and racial equity, and 4) families from priority populations could take leadership roles.

The Texas cohort's priorities shared many of the same goals and strategies as the U.S. – Canada cohort – working with networks of allies to advocate for policy change across sectors, working within existing cross-sector coalitions to update vision statements and messaging, and increasing community awareness of brain science concepts. The Texas cohort added two elements to the original CIM model – a racial equity competency component and a valid and reliable measure of community network capacity. The Texas cohort convening presentations focused on the theory and practice of systems change. The CIM sites completed two network surveys – one for the Texas cohort's own peer network and one for a community network in which the CIM site had participated.

Systems Change Pathway Results. In 2022 and 2023 progress reports, sites were asked to rate *how useful the Texas cohort's systems change survey activities were to their organization's learning*. Unlike convening presentations, these activities focused on survey administration, analysis, and reporting findings, and were rated lower than convening presentations in terms of their utility to organizational learning. Among this set of activities, more sites reported that they found the activities “quite a bit” useful than the sites that reported the activities were “a great deal” useful.

To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” The CIM sites reported *slight increases in how well their organizations shared their expertise with other community organizations* (2023 mean=3.8 compared to 3.7) and *whether clients held positions in the organization and made organizational decisions on policies and practices* (2023 mean=2.9 compared to 2.6). *Neither of these increases were statistically significant*. Similarly, comparison sites reported a slight increase in how well their organization shared its expertise with other community organizations (2023 mean=4.1 and 3.9). There was no increase in whether clients held positions in the organization that made organizational decisions on policies and practices (2023 and retrospective means=2.6).

Systems Change Pathway Evaluation Findings. To assess whether CIM sites made more progress than comparison sites in developing the capacity of a community network with which they worked, NORC conducted retrospective Collective Community Capacity (C3) surveys in eight CIM networks and three comparison site networks. Comparing the 2023 means to the 2022 retrospective means asked on the same survey, the CIM sites' C3 networks report a significant increase in mean scores on 3 of the 5 domains (measurement and use of data, active engagement, and distributed leadership). This is subjective evidence that the networks are reporting that the intervention changed their practices. The comparison sites did not have any significant differences in the 2023 means to the 2022 retrospective means asked on the same survey.

To assess changes in the structure of the Texas cohort's own peer network, in 2021, CIM sites answered questions on a convening feedback survey to provide a baseline snapshot of the structure of relationships among the ten sites participating in the Texas cohort peer network. In 2023, the questions were repeated in a C3 survey. A comparison of the 2021 and 2023 network survey diagrams shows that in two years, the Texas cohort's peer network's structure noticeably changed. Some informal groups did form among sites that shared an affinity for similar issues, such as EDI implementation. But the cohort overall failed to coalesce into a formal network. Instead, the peer network had grown noticeably smaller (fewer organizational nodes), and with fewer connections across the sites (fewer lines or between the nodes). With no new investment in the peer network or commitment among CIM site leaders to provide ongoing operational support, the cohort network officially disbanded after the Texas cohort's funding ended.

Conclusions and Implications

Conclusions

What are the core components of the Change in Mind Model – what stayed the same and what changed?

In 2005, the Palix Foundation, a private foundation in Alberta, Canada initiated a multi-phased strategy to mobilize and apply scientific knowledge connecting early brain and neurological development to later mental health, addiction, and physical health outcomes. This activity laid the groundwork that led to the development and testing of the Change in Mind model in the U.S. – Canada cohort (2015-2017) and the replication of the CIM model in the Texas cohort (2020 – 2023).

In November 2014, the Alliance for Strong Families and Communities launched Change in Mind: Applying Neuroscience to Revitalize Communities initiative with funding from the Palix and Robert Wood Johnson Foundations and logistical support from the Harvard Center on the Developing Child. The CIM initiative was designed as a learning collaborative to infuse brain science knowledge and evidence into organizations while gaining new insights into facilitating and accelerating change at program, organization, and system levels to prevent and mitigate ACEs, address trauma, and build resilience.

In 2021, the Alliance for Strong Families and Communities launched a two-year (2021-2023) Texas cohort of the CIM Model to replicate and rigorously evaluate the CIM model with ten human service organizations located in the greater areas of Houston and Austin – the funders' catchment areas. But, unlike the experience of the U.S. – Canada cohort, which operated smoothly without incident or environmental interference, the Texas cohort experienced major setbacks at national (pandemic restrictions), state (EDI restrictions), and organizational (project director turnover and organizational merger) levels throughout the life of the project.

The project adapted by hiring a new CIM Institute and Texas cohort director who worked with Social Current's Director of Practice Excellence to update and adapt the brain science, messaging, and evaluation competency areas to fit the Texas context. They revised the CIM theory of change and integrated Social Current's EDI training and consulting services into the CIM curriculum. They conducted the first two cohort convenings virtually. They used developmental evaluation methods to adjust the convenings and increase the coaching to match participating sites' feedback and requests. What emerged was an enhanced CIM adaptation, rather than an exact CIM replica.

How was the Texas Cohort implemented – what worked well and what worked less well?

The Texas cohort's learning activities included five convenings, webinars, coaching sessions, and peer networking activities. The CIM leadership team designed every convening to include sessions on brain science, racial equity, messaging, and evaluation competency topics at program, organization, and systems pathway levels. They prioritized the content of the convenings to integrate the new racial equity competency into the curriculum. They provided more interactive, site-specific coaching sessions on a wider range topics, including developing site-specific theories of change, framing messaging, increasing community member engagement in program design and rapid testing, and creating GIS maps of population indicators. They added webinars to cover all competency and pathway topic areas, as well as more peer interaction sessions in later convenings to compensate for the loss of in-person networking time during the first two convenings.

The evaluation tracked participant sites' engagement, satisfaction, and perceptions of the utility of the learning activities. ***In general, participant engagement was lower in the Texas cohort than in the U.S. – Canada cohort.*** Site team attendance at the convenings varied with significant participant turnover, in part because of COVID-related absences. The site teams had fewer opportunities to engage in person and learn from their peers because the first two convenings were virtual. Some participants reported connecting informally over shared interests, but as a cohort, the sites never coalesced into a peer network. Without leadership support, the peer network disbanded after the cohort ended. Not all sites received the same level of leadership support for their CIM efforts. To increase executive leadership and engagement in the cohort, the CIM leadership team hosted an Executive Leadership session with site executives in December 2022.

Overall, sites were quite satisfied with the learning activities and considered them useful for their organizations' learning. For brain science activities and messaging activities, nine of ten sites rated the activities as "a great deal" or "quite a bit" useful. For racial equity and developmental evaluation activities, nine or more sites rated the evaluation coaching and EDI coaching as "a great deal" or "quite a bit" useful. Other activities such as completing evaluation surveys and IDI assessments, received lower ratings. Among activities, the third convening received the highest utility and satisfaction ratings, possibly because it was the cohort's first in-person convening.

What were the outcomes and impacts of the Texas cohort and the CIM model?

Among the competencies and pathways assessed in this evaluation, brain science and racial equity are the two most important competencies to summarize here. Understanding and aligning brain science with racial equity principles provided the basis for other cohort outcomes.

Brain Science Outcomes. In convening feedback surveys, participants were asked to rate their *understanding of brain science* concepts and their application of brain science concepts to their work. Across the five convenings, participants' understanding of brain science increased from a score of 3.6 in convening 1 to 4.1 in convening 5, with a high score of 4.2 in convening 3. The feedback surveys also asked the participants to rate *how much they applied brain science knowledge* to their work. Across the five convenings, participants' application of brain science increased from an average rating of 3.6 in convening 1 to a high of 4.2 in convenings 3 and 5.

The sites' progress reports in 2022 and 2023 also tracked the sites' progress in *aligning their organization's activities with brain science concepts*. Across all areas, more organizations were reporting that they had made "quite a bit" or "a great deal" of progress aligning their activities with brain science *in 2023 than 2022*. In 2023, none were reporting progress aligning their organizations with brain science "not at all."

To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization "today and a year ago." When reflecting on where they were in 2022 compared to 2023, CIM sites reported *increases in their staff's understanding of the impact and prevalence of ACEs* (2023 mean=3.8 compared to 3.4), *their staff's awareness of their own role in creating a brain science-aligned organization* (2023 mean=3.4 compared to 2.7), and *their staff's ability to apply concepts behind brain development, resiliency, and protective factors* (2023 mean=3.6 compared to 2.9). All three of these differences were statistically significant. In contrast, comparison sites did not report much growth in these three areas between 2022-2023. None of these differences were significant.

Racial Equity Outcomes. In the evaluation's convening feedback surveys, participants were asked to rate their *understanding and their application of racial equity principles and practices* to their work. Across the five convenings, participants gradually increased their ratings of their understanding of these principles and practices and their ability to integrate racial equity principles and practices. Participants also often felt that their understanding of the topic was better than their ability to integrate these practices into their work.

In the 2022 progress reports, sites were very spread out in their reported progress in *aligning their organization's EDI activities with brain science*, with 4 sites reporting that they had made "a little" progress, 2 sites reporting "some" progress, 3 sites reporting "quite a bit" of progress, and only one site reporting "a great deal" of progress. In the 2023 progress report, sites were much more likely to report progress with 3 sites reporting "some" progress and 7 sites reporting "quite a bit" or "a great deal" of progress. Across all competencies, *more organizations were reporting that EDI was incorporated "a great deal" in 2023 than 2022*, and in 2023 none were reporting "not at all."

To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” CIM sites reported *significant increases in how well their organizations systematically worked to address inequities in service delivery* (2023 mean=3.4 compared to 3.0), *the extent to which enhancing professional development to improve staff’s cultural competence is an organizational priority* (2023 mean=3.5 compared to 3.0), and *the extent to which enhancing professional development to improve staff bilingual capabilities is an organizational priority* (2023 mean=2.7 compared to 2.4). There was a *slight increase in the extent to which working with partners to achieve durable improvements in community conditions was an organizational priority* (2023 mean=3.8 compared to 3.6), but this was not statistically significant.

Comparison sites showed no change in how well their organization worked to identify inequities in service delivery (2023 and retrospective means=3.1), and how much enhancing professional development to improve staff bilingual capabilities is an organization priority (2023 and retrospective means=2.4). There was a slight decrease in how much enhancing professional development to improve staff cultural competence was an organizational priority (2023 mean=3.1 compared to 3.2), and a slight increase in how much working with partners to achieve durable improvements in community conditions was an organizational priority (2023 mean=3.9 compared to 3.7). Neither of these changes was statistically significant.

Implications for Future Cohorts

The Texas cohort succeeded in important ways that can be replicated in future cohorts:

- The Texas cohort added an important racial equity competency to the CIM model. This added competency helped participating sites to review the social, economic, and geographic distribution of adverse and positive childhood experiences of adverse childhood experiences, trauma, and resilience in their communities. They were able to use this information to adjust their goals and strategies to increase the reach of their work to children and families most affected by adverse child, family and community conditions.
- The Texas cohort model respond successfully to unprecedented shocks at national (COVID), state (EDI restrictions), and organizational (leadership change) levels through adaptive management methods that were flexible enough to ‘meet the moment’ while retaining CIM’s core content and learning activities. that helped sustain and enhance the CIM model.
- A rigorous evaluation documented the Texas cohort’s success in increasing the competency of participating sites in all four competency areas – brain science, racial equity, framing and messaging, and developmental evaluation. To scale and spread this type of success to other communities requires several kinds of capacity – a backbone organization to plan and

implement the cohort, a local advisory group to ensure the relevance of local content and speakers, and a tested curriculum that has proven effective in diverse settings.

- The success of the Texas cohort depended, in part, on the dedicated and active engagement of the participating sites', including their senior leadership. Ongoing turnover among the sites' implementations teams reduced their understanding of key concepts, limited their adoption and uptake of specific skills, and hindered the implementation of their action plans. More selective recruitment and commitment of sites to engagement requirements as a condition of their participation may help prevent or mitigate these issues.
- The CIM learning collaborative model was designed as a temporary structure for peer learning but has not been effective in producing sustainable cross-sector coalitions at the community level, regardless of the geographic proximity of participating sites. Ongoing investment in supports and scaffolds for collaboration among the teams, both during and after the cohort, may increase CIM's collective impact at the community systems-level.
- Finally, both the U.S. – Canada and Texas cohorts have shown that organizations that share common goals or interests are more likely to form enduring partnerships. An example is the long-standing collaboration of the two U.S. – Canada cohort sites that participated in the Texas cohort's impact evaluation - The Family Partnership in Minnesota and Family Service of San Antonio. They have collaborated on CIM-related projects, conferences, and research, extending the influence and impact of the CIM model for more than a decade.

Introduction

This is the final evaluation report for the Texas cohort of the Change in Mind (CIM) Learning Collaborative, part of the Change in Mind Institute, a learning laboratory that helps organizations leverage advances in neuroscience to create broader systems and policy change that prevents and mitigates adverse childhood experiences (ACEs), addresses trauma, and builds resilience in children, families, and communities. This report tells the story of the origins and development of the CIM Model, the implementation of the original U.S. – Canada CIM cohort, the replication of CIM in Texas, and the findings of the Texas cohort's evaluation.

In 2021-2023, the CIM model was repeated in Texas. Although the Texas cohort was implemented under trying circumstances, the initiative prevailed, adding and aligning a new racial equity component with other updated competencies in brain science, messaging, and developmental evaluation at program, organization, and system levels. The CIM sites confirmed they learned a great deal from participating in the cohort. They found the information useful and reported making progress in aligning their organizations' activities with the CIM concepts. A rigorous evaluation conducted by NORC at the University of Chicago verified the significance of the Texas cohort's outcomes.

This evaluation answers the following four questions: What are the core elements of the CIM model - what has stayed the same and what has changed? How was the Texas cohort implemented - what worked well and what worked less well? How have contextual dynamics influenced the design and implementation of the CIM model? Finally, what have been the outcomes and impacts of the CIM model – and what are the implications of these findings for the future?

Change in Mind Origins and Development

Change in Mind Origins

Brain science research. In 1998, the groundbreaking Adverse Childhood Experiences (ACEs) Study by Vincent Felitti and colleagues showed a strong graded relationship between childhood exposure to emotional, physical, and sexual abuse, and household dysfunction and risks for several leading causes of death in adults.⁶ For every step higher in one's ACE score (0-10), there is roughly a 35 percent increase in the likelihood of adult antisocial behavior, including violence, poor health, and earlier death⁷. Adverse childhood experiences are common across sociodemographic characteristics. Approximately

⁶Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8. PMID: 9635069.

⁷ Sapolsky RM, *Determined: A Science of Life Without Free Will*. New York: Penguin Press, 2023.

two-thirds of all adults in the United States have at least one ACE and nearly one-third of adults have experienced three or more, although some people are at higher risk of experiencing ACEs than others.⁸

Over the last 25 years, significant advances in neuroscience, molecular biology, and epigenetics have shown that stressful experiences that are particularly critical during early stages of life, are associated with abnormal brain development.⁹ Children in low-income households are more likely to experience multiple stressors that can harm their development, mediated by chronic stress.¹⁰ Poverty and other household stressors, like unemployment, housing instability, and food insecurity combine to create an environment in which a child's home, school, and community are sources of stress.¹¹ Community, household, and environment are considered the three realms of adverse childhood experiences (ACEs) that "intertwine throughout people's lives, and affect the viability of families, communities, organizations and systems."¹²

Persistent exposure to adversity in childhood without adequate family or other social supports results in toxic stress.¹³ The Harvard Center on the Developing Child identified three principles for taking action at practice and policy levels to improve the outcomes of children and family: 1) reducing sources of stress in the lives of children and families, 2) supporting responsive relationships for children and adults, and strengthening core life skills, and 3) strengthening the foundations of resilience by building adaptive skills.¹⁴

Palix Foundation Alberta Family Wellness Initiative. In 2005, the Palix Foundation, a private foundation in Alberta, Canada (previously the Norlien Foundation), initiated a multi-phased strategy to mobilize and apply scientific knowledge connecting early brain and neurological development to later mental health, addiction, and physical health outcomes. This activity laid the groundwork that ultimately led to the development and testing of the Change in Mind initiative (2015-2017) and the replication of the CIM model in Texas (2020 – 2023).

The Foundation created the Alberta Family Wellness Initiative (AFWI) in 2007 to facilitate research and the sharing of brain development science during its first phase of brain science knowledge mobilization from 2005 to 2013. During this period, the Foundation worked with the National Scientific Council on

⁸ Merrick MT, Ford DC, Ports KA, Guinn AS. Prevalence of Adverse Childhood Experiences From the 2011-2014 Behavioral Risk Factor Surveillance System in 23 States. *JAMA Pediatr.* 2018 Nov 1;172(11):1038-1044. doi: 10.1001/jamapediatrics.2018.2537. Erratum in: *JAMA Pediatr.* 2018 Nov 1;172(11):1104. doi: 10.1001/jamapediatrics.2018.4095. PMID: 30242348; PMCID: PMC6248156.

⁹ Shonkoff JP, Garner AS; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics.* 2012 Jan;129(1): e232-46. doi: 10.1542/peds.2011-2663. Epub 2011 Dec 26. PMID: 22201156.

¹⁰ Evans GW, Brooks-Gunn J & Klebanov PK. Stressing out the poor: Chronic physiological stress and the income-achievement gap. 2011. *Pathways*, 17-21, Stanford, CA.

¹¹ Blair C, Raver CC. Poverty, stress, and brain development: New directions for prevention and intervention. 2016. *Academic Pediatrics*, 16(3), S30-S36.

¹² See <https://www.pacesconnection.com/blog/3-realms-of-aces-updated>

¹³ Bethell CD, Newacheck P, Hawes E, & Halfon, N. Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigation of resilience. 2016. *Health Affairs* 33(12) 2106-2115.

¹⁴ Shonkoff JP. Leveraging Science to Strengthen the Foundations of Early Learning, Economic Production, and Lifelong Health. March 2018. Rockefeller Institute of Government First 1000 Days, Albany NY.

the Developing Child, the Harvard Center on the Developing Child, and the FrameWorks Institute to use innovative framing and messaging methods to translate brain development science for broader dissemination. They worked together to communicate simplified foundational concepts in neuroscience, such as basic brain architecture and functioning, using a set of metaphors. These included the Brain Story, Brain Architecture, Toxic Stress, Serve and Return, Air Traffic Control, Reward Dial, and Resilience Scale and Fulcrum.

Change in Mind Model Development

Change in Mind Learning Collaborative (U.S. – Canada cohort). In November 2014, the Alliance for Strong Families and Communities was awarded funding to launch the initiative, Change in Mind: Applying Neuroscience to Revitalize Communities.” The initiative’s resources included a \$1.7 million grant from the Robert Wood Johnson Foundation (RWJF), and additional funding from the Palix Foundation and AFWI. The Harvard Center on the Developing Child provided additional conceptual and logistical support. The CIM initiative was designed as a learning collaborative to infuse brain science knowledge and evidence into organizations while gaining new insights into how to facilitate and accelerate change at multiple levels to prevent and mitigate ACEs, address trauma, and build resilience.

In 2015, the CIM initiative created a two-year peer learning community cohort of 10 social service organizations from the United States and five sites from Alberta, Canada. Over a two-year period (2015- 2017), the initiative provided the cohort with access to leading experts in neurosciences, communications, and evaluation, who helped the sites accelerate their learning and translation of brain science concepts into action at program, organization, systems, and policy levels to prevent and mitigate ACEs, address trauma, and build resiliency.

U.S. – Canada Cohort Sites. The CIM initiative selected 15 sites – five in Alberta, and ten in the U.S., based on multiple factors: the organizations’ familiarity with brain development science and adverse childhood experiences, the organizations’ experience providing trauma-informed care, their capacity to attend and participate in CIM convenings and other activities, and their proposals’ description of how they planned to change their programs and organizations, influence their local service systems, and advocate for budget, administrative, regulatory, or legislative policy change.

The 15 selected sites were diverse in terms of the population reach of their services, the focus and range of their services (treatment only or multiple types of services), and their sphere of policy influence (at local, regional, or national levels). Two of the selected sites were large health systems. Two sites were multi-service agencies with state or provincial service reach. Four sites were regional treatment centers with state or provincial service reach. Three sites were local multiservice agencies with regional policy influence. Finally, three sites were neighborhood service centers with local policy influence.

U.S. – Canada Cohort Context. A unique feature of the U.S. – Canada cohort was its two-country context, which had a positive influence on the project. In the cohort, the five Alberta sites were clustered in two communities, with three sites in Calgary and two in Edmonton. This geographic proximity allowed the sites to meet periodically to receive group technical assistance from their

Canadian evaluation team liaison, and discuss and advocate for regional and provincial legislative, administrative, or other regulatory changes. The two countries also contrasted in the government systems in which they were operating. The American CIM sites were considered more policy savvy, while the Alberta sites were considered more familiar with AFWI's brain science research and publications.

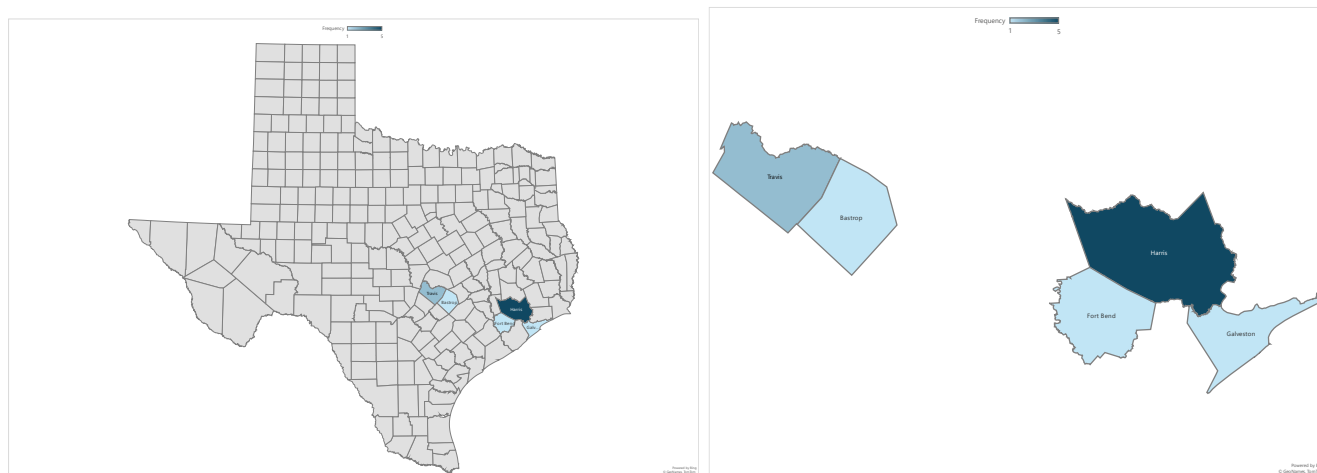
Texas Change in Mind Cohort

Overview

In 2021, the Alliance for Strong Families and Communities launched a Texas cohort of the Change in Mind Learning Collaborative Model. The two-year Texas cohort (2021-2023) was intended to replicate and rigorously evaluate the CIM model with ten human service organizations located in central and eastern Texas. The goal of the Texas cohort was to help cohort sites embed brain science and other competencies into their work at multiple levels through six areas of activity: 1) brain science, 2) organizational change, 3) community systems change, 4) racial equity, 5) messaging, and 6) evaluation and learning. These areas were reorganized into competency areas (brain science and racial equity, framing and messaging, and developmental evaluation) and pathways of change (program, organization and system).

Four donors financed the project – three foundations in Texas and an anonymous donor from Alberta. The Episcopal Health and Powell Foundations collaborated to fund the implementation and operation of the Texas cohort. The Alliance's Change in Mind Institute received more than \$727,000 from both The Powell Foundation and the Episcopal Health Foundation for the Texas initiative. In addition, St. David's Foundation provided over \$310,000 to add a racial equity component to the initiative. An anonymous donor funded the developmental, formative, and summative evaluation components of the initiative.

Texas Cohort Sites. In early 2021, the Texas CIM project director, Jennifer Jones, worked with an advisory committee to recruit and select a diverse cohort of ten organizations from within the greater areas of Houston and Austin – the funders' catchment areas. The sites were selected based on eight criteria: 1) having a sufficient budget and sustained resources to carry out their transformation plans, 2) a clear vision for their work plans related to brain science and ACEs, trauma, resilience, or racial equity concepts, 3) organizational supports and goals for their projects, 4) staff capacity to design, test, and evaluate their programs and to participate in the external evaluation of the Texas cohort, 5) experience collaborating with internal champions and allies to change their own or other organizations, institutions, or systems, 6) experience collaborating with others, including clients and community members, to make changes in their own organizations or to advocate for changes in local, regional or statewide policies, 7) the quality of their plans for transformative changes of their organization's culture, programs, policies, and practices, and 8) the diversity and demographics of the children and families served or assisted by their organization.

Exhibit 1. Map of Texas Change in Mind Sites

Note: The color gradation indicates the number of sites in each county. Five sites were located in Harris County (Houston), two sites in Travis County (Austin), one in Bastrop County, one in Fort Bend County, and one in Galveston County.

The ten sites selected for the Texas cohort are located in two geographic areas (see Exhibit 1). Seven sites are in the greater Houston area: AAMA, Boys and Girls Club of Greater Houston, Children’s Museum of Houston, Family Service Center of Galveston County, Fort Bend County Behavioral Health Services, New Hope Housing, and Santa Maria Hostel. The other three sites are in the greater Austin area: the Austin Public Education Foundation, Bastrop County Cares, and the Texas Center for Child and Family Services. These organizations provide a wide range of services, including a county collaborative, a children’s museum, and early childhood, K-12 education, housing, youth development, and social services (see Appendix A – Texas CIM Sites).

Comparison Sites. The NORC evaluation team conducted data collection activities in all ten CIM sites and in three matched comparison sites that participated in the Cohort Outcome Study (see Appendix A – Texas CIM Comparison Sites).

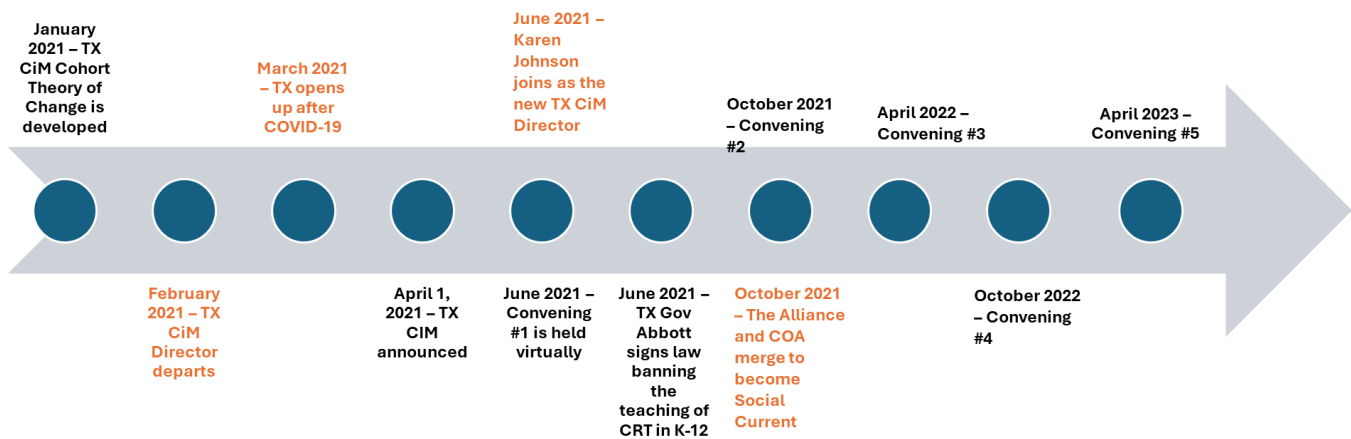
The three comparison sites applied for the Texas cohort and met the cohort’s capacity-related selection criteria but were not selected for other reasons. For example, one site was outside the funders’ catchment area. The three comparison sites participated in two evaluation assessment surveys: 1) the Organizational Assessment survey and 2) the Community Collective Capacity (C3) network survey. Each comparison site identified the sample of participants for the two surveys and followed up with survey participants to increase the number of completed surveys and associated response rates. In return for participating as comparison sites in the Cohort Outcome Study, each comparison site received \$500, as well as two site-specific reports of the survey findings.

Texas Cohort Context

Unlike the experience of the U.S. – Canada cohort, which was implemented smoothly without incident or environmental interference, the Texas cohort experienced major setbacks throughout the life of the

project. At the national level, prolonged COVID-19 pandemic lockdown restrictions that were issued in March 2020 were not lifted in many states until August 2022. In Texas, Governor Greg Abbott issued a COVID-19 disaster proclamation on March 13, 2020, which was not lifted until May 2022. These restrictions prevented the implementation of convenings in an in-person format that had been used successfully in the previous U.S. – Canada cohort. The Texas cohort responded to this situation by virtually conducting their first two convenings in June 2021 and October 2021. The final three convenings in April 2022, October 2022, and April 2023 were conducted using a hybrid in-person/virtual format, with most participants attending in person (see Exhibit 2).

Exhibit 2. Texas Cohort Timeline in Context



At the state level, the Texas Governor enacted conservative policies to ban or limit EDI (equity, diversity, and inclusion) programs, policies, and practices, that negatively affected the implementation of the cohort's racial equity competency area. In May 2021, the Governor activated the Texas National Guard and issued a disaster declaration designating them as federal agents to serve as peace officers in response to demonstrations in several Texas cities protesting the murder of George Floyd by police in Minneapolis, Minnesota. In June 2021, the Texas Governor signed House Bill 3979, which limited what Texas teachers could say about current and historical race-related events and banned the teaching of critical race theory (CRT) and the 1619 Project in K-12 public classrooms. In February 2023, the Governor sent a memo to state agencies and public universities warning them that the use of EDI policies in hiring practices was illegal, even though Texas employment law permitted EDI considerations in hiring. The Texas cohort responded by adding messaging sessions that taught sites how to adapt their messages to reframe racial equity as an issue of fairness and justice.

At an organizational level, the director of the CIM Institute and the Texas cohort initiative left the Alliance in February 2021 to take another position outside the state. The CIM Institute and Texas Cohort project recruited and hired Karen Johnson as the new director in June 2021. She stepped in and provided valuable leadership to the Texas cohort project, with significant support from Kelly Martin, the Director of Practice Excellence. Together, they used their knowledge, experience, and perspectives to

revise the curriculum, updating and adapting the brain science, messaging, and evaluation competency areas to fit them the Texas context. They incorporated their organization's EDI training and consulting services into the CIM curriculum. Additionally, they changed the first two cohort convenings from in-person to virtual and hybrid formats to meet COVID-19 social distancing requirements. They also used a developmental approach to adjust the content of convenings to address participants' feedback and requests. What emerged was an enhanced adaptation of CIM model principles, rather than a replica of the original CIM model.

In October 2021, the Alliance for Strong Families and Communities announced that it had joined together with the Council on Accreditation (COA) to become Social Current. The announcement followed a nine-month integration process and a year-long exploration and due diligence process overseen by both organizations. The merged organization represents a national network of thousands of social sector organizations working together to activate the power of the social sector. The organization's mission is to advocate for and implement fair and just solutions to society's toughest challenges through collaboration, innovation, policy, and practice excellence. The organization works across the full spectrum of the human and social services sector: social, public, for-profit, educational, institutional, healthcare, and individual community advocates.

CIM Theories of Change and Evaluation

Theories of Change and Logic Models

Change in Mind was designed as a learning collaborative to bring teams of peers and subject matter experts together to learn from each other and apply brain science concepts to improve programs, policies, and practices at program, organization, systems, and community levels. Logic models and theories of change are different approaches for describing how an intervention's activities lead to expected outcomes. Logic models are used to plan and evaluate individual-level programs. They describe a linear progression of steps from inputs to activities to expected outcomes. And they assume that the same sequence of activities can be replicated to reliably produce predictable results. In contrast, theories of change are used in complex interventions to describe how multiple pathways of change interact in ways that lead to a range of outcomes. Because CIM is a complex, multilayered intervention, theories of change were developed at cohort and site levels.

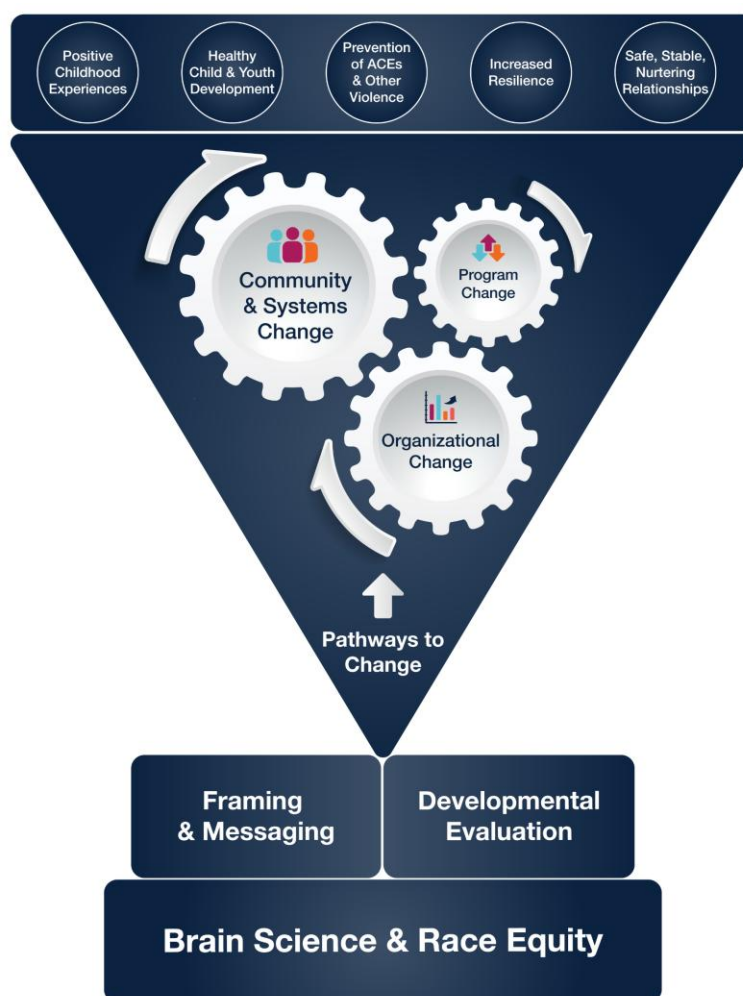
CIM Theories of Change

U.S. – Canada Cohort. The theory of change that was developed for the U.S. – Canada cohort was designed to facilitate change in three reinforcing spheres of influence: 1) the 15 CIM sites, 1) the 450 organizations that were part of the Alliance's strategic action network as well as the Palix Foundation's partners, and 3) the larger field of social service sectors.

Texas Cohort. In late 2020, work on a new theory of change began for the Texas cohort. The two-year cohort (2021-2023) was intended to replicate and rigorously evaluate the CIM learning community model for a new cohort of ten human service organizations in central and eastern Texas. The Texas cohort was designed to embed brain science into their work at multiple levels through six areas of activity: 1) brain science, 2) organizational change, 3) systems change, 4) racial equity, 5) messaging, and 6) developmental evaluation (see Appendix B).

After receiving feedback on the 2020 theory of change, it was redesigned in 2022 by the Texas cohort's leadership team as a set of competencies implemented at program, organization, and systems levels. Brain science and race equity were integrated as a single competency. The messaging competency added equity-informed framing. The developmental evaluation competency added culturally responsive, equity evaluation (CREE) and systems and complexity-informed evaluation (SCIE) methods. These 2022 competencies and pathways of change were expected to lead to positive childhood experiences, healthy child and youth development, safe, stable, and nurturing relationships, and increased resilience (see Exhibit 3).

Exhibit 3. TX Cohort Theory of Change



Site-level Theories of Change

U.S. – Canada Cohort Sites. These cohort sites were instructed to create their own customized site-level theories of change at four levels: 1) client-level programs, 2) organization-level cultures, policies, and practices, 3) systems-level activities, and 4) broader policy-level change. Their pathways of change often interacted, with internal workforce development and training on brain science leading to external efforts to train other community agencies and sectors on brain science research.

Texas Cohort Sites. Between the first convening in June 2021 and second convening in October 2021, the NORC evaluation team coached the ten sites to develop their own theories of change, identifying and prioritizing outcomes targeting change at population, programmatic, organizational, and system levels. Each site's Theory of Change described three pathways of activity: Pathway 1) aligning their organization's programming with brain science and racial equity focusing on clients and families, Pathway 2) aligning their organization's culture and process with brain science and racial equity, and Pathway 3) aligning their systems with brain science and racial equity (see Appendix G).

Between the second convening in October 2021 and third convening in April 2022, the sites selected and refined strategies that could bring about sustainable changes that embedded brain science and a racial equity lens to their organizations' ongoing professional development processes and other program practices. Within each pathway, the sites identified and prioritized key values, mindsets, processes, and resources that were aligned to achieve the organization's outcomes.

Between the third convening in April 2022, and the fourth convening in October 2022, the NORC evaluation team helped the sites design and launch a developmental evaluation plan to test, gather feedback, and improve the strategies they designed to bring about their prioritized Theory of Change outcomes. These developmental evaluation plans used an integrated Equitable Systems Evaluation and Learning Framework (ESELF) of CREE SCIE methods (see Appendix I).

Although the sites' theories of change were unique, they shared some patterns of activities within and across pathways. Similar patterns involved gathering input from families to design programs, using culturally responsive organizational processes to develop programming, using family engagement to influence organizational change, and using workforce development as a precursor to other change strategies. Only one site worked with program alumni to advocate for policy and systems change (see Appendix G).

- Six sites (AAMA, Austin Ed Fund, FSC Galveston, New Hope Housing, Santa Maria Hostel, and TCCFS) included input from families as the first step in Pathway 1 (program change), so that family input on programming is a prerequisite to the programming work done by the organizations' staff.
- Five of the ten sites (AAMA, Austin Ed Fund, BGCGH, FSC Galveston, and Santa Maria Hostel) have arrows from Pathway 2 to Pathway 1, indicating that the staff's knowledge and the organizations' culturally responsive practices influence how the organization develops programming and interacts with families.

- Only two sites (FSC Galveston and New Hope Housing) have arrows from Pathway 1 to Pathway 2 (organization change), indicating that families would engage in a way that would influence organization practices. For all sites, Pathway 3 (systems change) was siloed and not connected to the other two pathways.
- Children's Museum Houston, Fort Bend County, and New Hope Housing have a workforce development box that spans both Pathway 1 and 2, as the workforce influences both programming and organizational priorities and structures.
- Austin Ed Fund, BGCGH, and New Hope Housing differentiate between staff and organization leadership in Pathway 2, delineating between the goals and priorities set by leadership and the processes staff undertake to implement these overarching goals.
- In Pathway 3, Santa Maria Hostel is the only site with a focus on engaging alumni of their programming in advocacy and leadership roles to better align government/policy systems with brain science and equity.

U.S. – Canada Cohort and Site Evaluations

U.S. - Canada Cohort Evaluation

In 2015, the CIM initiative contracted with a Community Science Inc. team of U.S. and Canadian evaluators to use a Developmental Evaluation (DE) approach to monitor and track the CIM sites' development and to identify patterns of effective site strategies by organizational type, level (individual, organization, or system), and country context (U.S. or Canada). The CIM evaluation's goals focused on understanding how the sites approached the challenges of infusing brain science research into their organizational cultures and program practices, how they leveraged advances in brain development science to support sector- and systems-level change, what strategies they used to accelerate change within their policy context and environment, and how the U.S. - Canada cohort's peer-based learning community model supported the sites' learning and development.

The U.S. - Canada cohort evaluation used mixed qualitative (key informant interviews, documentation reviews, site visits, and convening observations) and quantitative (review of site administrative data, site feedback surveys, and annual progress report questionnaires) data collection and analysis methods, as well as rapid testing and developmental evaluation techniques to regularly collect, analyze, and report findings to the CIM leadership team and sites to help them review and improve their performance. The evaluation's findings are summarized in a final evaluation report and four learning briefs: 1) Brief #1: CIM Overview, Findings, and Lessons Learned¹⁵, 2) Brief #2: Transformation through

¹⁵ Hargreaves MB, Cabaj M, White A, & Jones JA. Change in Mind Overview, Findings, and Lessons Learned, Brief 1. 2017. Washington DC: Alliance for Strong Families and Communities.

Organizational Change¹⁶, 3) Brief #3: Transformation through Systems and Policy Change¹⁷, and 4) Brief #4 Advancing the Collection and Use of Data through Rapid Testing and Evaluation.¹⁸

Texas Cohort CIM Evaluation Design

In November 2020, the Texas CIM initiative contracted with a team of evaluators from NORC at the University of Chicago, directed by Margaret Hargreaves, a NORC Senior Fellow, and managed by Julie Kubelka, a NORC Researcher. The NORC evaluation had two aims.

- The evaluation's first aim was to assess the outcomes of the Texas cohort in terms of developing the capacity of the participating sites to embed brain science, racial equity, messaging, and developmental evaluation competencies into programs, policies, and practices at program, organizational, and systems levels that would have a positive impact on children, youth, families, and communities experiencing or at risk of experiencing adverse childhood experiences (ACEs) and other forms of violence.
- The second aim was to evaluate the impact of two programs that were created by two sites that had participated in the U.S. – Canada cohort.
- To achieve these goals, the NORC evaluation team designed and implemented two evaluation studies: a Texas Cohort Outcome Study and a U.S. – Canada Cohort Site Impact Study.

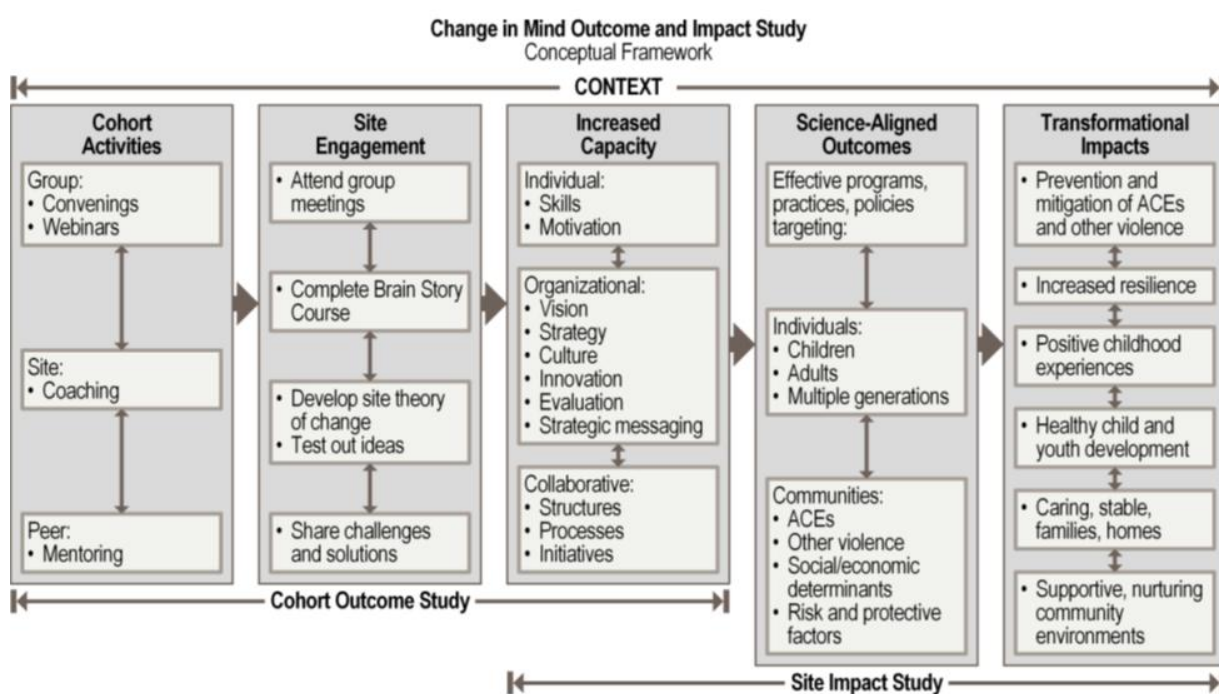
The first three columns on the left-hand side of the evaluation's logic model focus on the Cohort Outcome Study (Exhibit 4). The cohort activities include group convenings and webinars, site-specific coaching and peer mentoring. The sites' participation involves attending group events, completing the Brain Story Certification Course, developing a site-level theory of change, testing site strategies, and peer sharing of their experiences and lessons learned. The participants' increased capacity is evaluated at three levels: 1) individual learning, 2) organizational culture, and 3) system network capacity.

The final two columns on the right-hand side of the logic model focus on the two Site Impact Evaluation's outcomes: 1) the sites' development, implementation, and testing of brain science-aligned programs and 2) the impacts of the programs on participating children and youth (see Exhibit 4).

¹⁶ Hargreaves MB, Cabaj M, White A, & Jones JA. Change in Mind: Transformation through Organizational Change, Brief 2. 2017. Washington, DC: Alliance for Strong Families and Communities.

¹⁷ Hargreaves MB, Cabaj M, White, A, & Jones, JA. Change in Mind: Transformation through Systems and Policy Change, Brief 3. 2017. Washington DC: Alliance for Strong Families and Communities.

¹⁸ Hargreaves MB, Cabaj M, White A, and Jones JA. Change in Mind: Advancing the Collection and Use of Data through paid Testing and Evaluation, Brief 4. 2017, Washington DC: Alliance for Strong Families and Communities.

Exhibit 4. Texas Cohort Outcome and Impact Studies: Conceptual Framework

Texas Cohort Outcome Study

To adjust to the context in which the Texas cohort was implemented, the aims of the Texas Cohort Outcome Study were updated to understand how the CIM model was adapted in the Texas context, and to conduct a rigorous evaluation of the modified model. The cohort study's research questions were also updated. What are the core elements of the CIM learning collaborative model – what remained the same and what has changed? How have contextual dynamics influenced the design and implementation of the CIM model? How was the Texas cohort implemented – what worked well and what worked less well? What were the cohort outcomes of the participating sites and how did their outcomes differ from the outcomes of the matched comparison sites? Most important - what are the evaluation's findings' implications for future cohorts?

To answer these questions, the evaluation used a mix of developmental, formative, and summative evaluation approaches, including qualitative and quantitative data collection and analysis. Qualitative methods included observations of convenings and webinars, content analyses of cohort curriculum, site-level documents, and theories of change. Quantitative methods included convening feedback surveys, organizational assessment surveys, EDI (Equity, Diversity, and Inclusion) organization assessment questionnaires, individual IDI (Intercultural Development Inventory) assessments, and community network Collective Community Capacity (C3) surveys. The findings of the Texas cohort's Outcome Evaluation Study are presented in the next section of this report.

U.S. – Canada Site Impact Study

To account for the four-year timeline needed to raise funds for the Texas cohort, the Site Impact Study was updated to assess the effectiveness of programs developed and implemented by two U.S. – Canada cohort sites four years after their cohort experience.

Two of the 15 U.S. – Canada sites met the criteria for participating in the Site Impact Study – they had developed, implemented, tested, and refined brain science-informed primary prevention or early intervention programs for children or youth. The two sites that met these criteria and agreed to participate in the evaluation were Family Service of San Antonio (FSA) and The Family Partnership in Minneapolis, Minnesota (TFP). In their presentations at Texas cohort convenings, Richard Davidson, FSA Chief Operating Officer and John Till, TFP Senior Vice President of Strategy and Innovation, confirmed that the programs they created were based on the brain science concepts they had learned participating in the U.S. – Canada cohort.

San Antonio Mobile Mental Wellness Collaborative. The SAMMWC supports local nonprofit mental health service agencies (FSA and five other agencies) to provide school-based mental health services to students and their families in individual and small group therapy sessions at no cost. During the 2021-2022 school year, services were provided across the K-12 grades, with the highest concentration of services provided to middle and high school students. Most students served were Hispanic, at about 90 percent. Most students were in families with low household incomes at less than half of the national median household income level. About half of the students served received four or more services or sessions. About 15 percent of the students served received nine or more sessions.

SAMMWC provided NORC with data on their participants from the 2022-2023 school year. Regression analyses of the data showed evidence that more sessions predicted a greater positive score in resilience scores from time 1 (pre) to time 2 (post). As expected, those with lower resiliency scores in the beginning were more likely to have increases in resilience scores. There was no evidence that the change in resiliency score was related to year in school, gender, or ethnicity (see Appendix K).

Empowering Generational Greatness (EGG) Toolkit. In 2017, TFP designed the EGG Toolkit with Christine Wing, CCC-SCP, PhD, in collaboration with early childhood educators, and leading experts in brain science, child development, and curriculum design. Originally developed as a small group intervention, in response to teacher feedback from a previous pilot, the curriculum was amended to become a whole class intervention across a school year (40 weeks). The Toolkit works on three aspects of executive functioning: 1) learning to use language to describe emotional and mental states, 2) using storytelling to create an understanding of the context of positive and negative experiences, and 3) building mindfulness skills that give children the tools to focus during stressful situations.

The whole class intervention was tested during the 2023-2024 school year in six FSA contracted Head Start classrooms in San Antonio, Texas. Beginning in 2025, the EGG Toolkit will be evaluated in urban, rural, and suburban schools and classrooms across Minnesota, building on the learnings and outcomes from the 2023-2024 San Antonio Head Start evaluation and other pilots in Minnesota and Wisconsin.

John Till explained, “This is good news - that we can buffer kids against toxic stress. That is what our intervention is designed to do!”¹⁹

The NORC research team worked with TFP and its local evaluator to evaluate the San Antonio Head Start EGG pilot. The NORC researchers assisted in the evaluation in several ways. They observed the EGG orientation and training for the FSA Head Start teachers in August 2023. They traveled to San Antonio monthly to help gather teachers’ completed data collection forms, help the teachers identify and resolve any data collection issues, and interview the teachers to learn about their experiences implementing the EGG Toolkit. The NORC local evaluator also designed the evaluation, administered surveys, and analyzed the data (see Appendix K).

The FSA Head Start teachers administered individual student assessments at three time points – at the beginning of the year (to get a baseline reading), at mid-year, and at the end of the school year (May 2024). Analyses showed there was an average 3.9 percent increase (marginally significant) in Minnesota Executive Function Scale (MEFS) scores, an average 7.4 increase (statistically significant with a large effect size) in Behavior Questions scores, and an average increase of 2.5 words in the vocabulary the children used to describe their emotional and mental states (statistically significant with a medium effect size).

Texas Cohort Activities

The Texas cohort’s learning activities included five convenings, webinars, coaching, and peer networking. The CIM leadership team designed these activities to align with the cohort’s theory of change, and to help develop and implement the sites’ brain science, race equity, messaging, and evaluation competencies through program-, organization-, and systems-level pathways of change. They updated the content of the convenings to integrate the new racial equity competency component into the curriculum. They added to the curriculum more interactive, site-specific coaching on theory of change development, community member engagement, and other topics. They expanded the webinars’ content to cover all competency and pathway areas. They also designed the convening sessions for more peer interaction to compensate for the loss of participants’ in-person peer networking time during the first year. They formalized and documented the revised CIM curriculum in Change in Mind Institute Curriculum Participant and Facilitator’s Guides, which were distributed to participating sites as workbooks.

¹⁹ See (<https://www.thefamilypartnership.org/introducing-the-2024-egg-toolkit-minnesota-pilot-sites/>).

Cohort Convenings

U.S. - Canada Cohort Convenings. Through the initiative, the Change in Mind sites received grants of \$25,000 per year for two years to support travel and other project-related expenses to participate in a series of six in-person meetings between September 2015 and May 2017.

- The first convening provided an orientation to the project, and extensive grounding in foundational brain science concepts including advances in neuroscience-informed programs, practices, and tools.
- The second convening focused on the application of developmental evaluation methods to the initiative, the creation of cohort- and site-level theories of change informed by systems and complexity-informed evaluation (SCIE) , and the use of iterative cycles of rapid testing and evaluation for learning and improvement.
- The next two meetings were dedicated to strategic communications training addressing framing and messaging, provided by the FrameWorks Institute.
- The fifth convening returned to the topic of systems and policy change.
- The sixth and final convening provided an opportunity for the sites to reflect on what they had learned through their participation in the initiative, their most significant accomplishments, and how their multilevel theories of change were advanced through the experience.

Texas Cohort Convenings. The Texas CIM sites received grant funding (\$25,000 per year) to participate in the Texas cohort's convenings, programming, and evaluation activities. The Texas cohort offered two online convenings and three hybrid (in-person and online) convenings between June 2021 and April 2023 (see Appendix C). At each convening, participants completed feedback surveys. The CIM leadership team was responsive to their feedback, making changes to the content of later convenings. For example, when convening 3 participants asked for more content on EDI principles and practices, a full-day workshop with an external consultant was added to convening 4.

- The first virtual convening was conducted over four days (two half-days per week) between June 15 and June 24, 2021. The convening sessions provided a review of the CIM initiative, introduced the sites participating in the cohort, and reviewed the cohort's evaluation plans. Other sessions featured early childhood development and anti-racism, defined systems and theories of change concepts, and how to apply a racial equity lens to developmental evaluation, as well as peer networking sessions that were organized by topic of interest and geography.
- The second virtual convening was conducted on October 27-29, 2021. Sessions included reflection on the U.S. – Canada cohort's brain science focus and findings. Other sessions focused on CIM competencies: messaging (how to frame communications across differences), EDI (how to move from theory to action at the intersection of racism and brain science), and evaluation (review of sites' draft theories of change).
- The third convening was conducted in-person at the Children's Museum of Houston on April 6-8, 2022. The meeting's goals and activities were designed to share information identified in sites' theories of change, identify new strategies for applying and integrating racial equity and brain

science, messaging components, and integrating assessment activities into the sites' work, and increasing connections among participating sites.

The third convening also provided a gallery walk of the sites' completed theories of change, and sessions on how to use asset-based framing of messages, a review of the upSTART tiered model of brain development services, a discussion of strategies for reducing executive functioning burden for clients, spatial mapping of population racialized equity gaps and child development measures of marginalized populations, and a peer working session on action planning and community engagement to activate systems change strategies. The convening included a special session, "All Hat and No Cattle," by U.S. – Canada cohort alum Richard Davidson, Chief Operating Officer of Family Service, San Antonio, on the importance of leadership, changing organizational culture, and leveraging your personal and social power to accelerate systems change.

- The fourth convening was conducted in-person at the Austin Public Education Foundation on October 18-20, 2022. Session slides and complementary materials were provided in workbooks for participants. The meeting's goals and activities were designed to develop networking and relationship-building opportunities among participants, apply brain science concepts to workforce resilience, share site updates, receive feedback on sites' developmental evaluation strategies, experience how racial equity concepts and practices can 'come alive' in organizations, reflect on the sites' progress, and forecast upcoming cohort activities.

The primary focus of the fourth convening was a full-day workshop on advancing EDI and anti-racism provided by Ingrid Cockhren, CEO of PACES Connection. Workshop topics included effective ways to talk about racial equity in the Texas cohort, how to make EDI practices come alive within the Texas context, and how to use EDI assessment results to operationalize sites' next steps. Other presentations focused on how to apply brain science to address workforce resilience using top-down, bottom-up, and relational regulation strategies, such as the sequence of engagement (regulate, relate, reason) from Dr. Bruce Perry's Neurosequential Model of Therapeutics. Sessions also focused on dealing with compassion fatigue, improving staff wellness, and building resilience through the combination of supportive relationships, adaptive skill-building, and positive experiences.

Some presentations addressed fundamental change strategies involving working at systems leverage points (policies, practices, resources, connections, power dynamics, and mindsets), teaching and translating brain science, cultivating conditions for cross-sector collaboration, learning, research, and assessment involving communities and feedback loops, and 'never taking your eyes off the prize'. Sites gave developmental evaluation presentations and participated in team planning time. Session slides and complementary materials were provided in workbook for participants.

- The fifth and final convening was conducted in person at the Boys and Girls Club of Greater Houston on April 18-20, 2023. The meeting's goals and activities were designed to increase connections among cohort sites, strengthen knowledge of the Texas cohort's organizational focus, strengthen sustainability plans for the participating sites, and increase knowledge around somatic and embodied approaches to healing- and equity-centered work.
- Convening 5 presentations focused on somatic and embodied approaches to healing (through relationships, agency and autonomy, and experience and opportunities) and equity-centered work, reflections on EDI and anti-racism work, and sustaining organizational change (by setting and

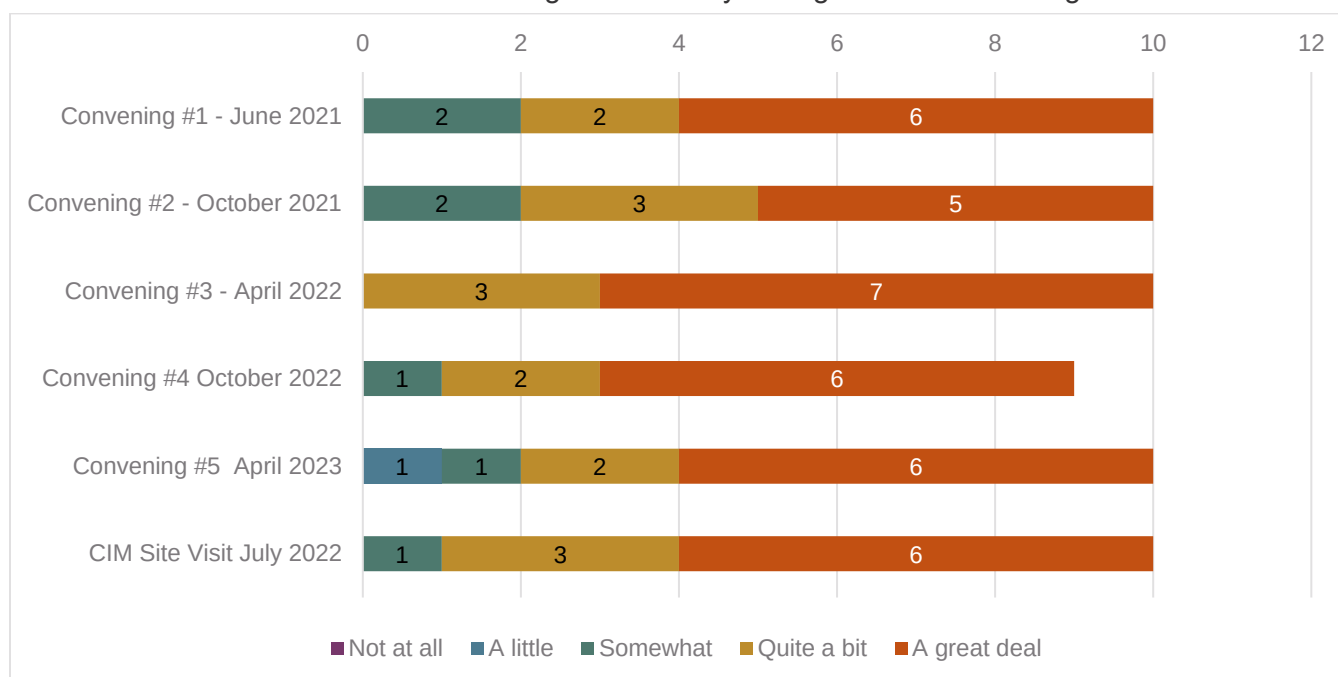
leading the vision, mission, and values, implementing strategic priorities, creating programming, policies, branding and communications, evaluating impact, cultivating relationships, and understanding the ecosystem). The sites gave final presentations of their CIM experiences. The cohort reflected on the sustainability of their CIM-related projects, and the group discussed potential opportunities for future collaboration. Session slides and complementary materials were provided in a personal workbook for participants.

Convening Engagement. Site team attendance at the convenings varied with significant participant turnover, in part because of COVID-related absences. Since the first two Texas Cohort convenings were conducted online, the CIM teams had fewer opportunities to engage in person and learn from their peers during the first half of the two-year collaborative. As a result, sites' participation in the five convenings included a greater mix of new attendees, some of whom were less likely to have completed the Brain Science Certification Course, or other cohort offerings, before attending a convening. These attendance dynamics meant that the teams were not able to increase their understanding and use of the convening's content as much as anticipated. Still, new team members were excited to be part of the convenings. One attendee noted, "This convening is amazing! I am very grateful to you! I have learned so much and plan to keep learning and implementing brain science and ED! Thank you!"

Site engagement had been higher in the previous U.S. - Canada cohort. Between 2015-2017, the U.S. - Canada cohort sites had been fully engaged in their six in-person convenings. Almost every CIM site, except for the smallest organizations, sent full implementation teams to all six convenings, often headed by their organization's Executive Director and other senior management members. This level of leadership-level in-person engagement at the U.S. - Canada cohort convenings allowed the teams to meet, share information, and build collaborative relationships with their peers. Implementation team turnover was minimal, which helped the sites maintain and accelerate their efforts.

Texas Cohort Convening Results. In the 2022 and 2023 annual progress reports, the Texas cohort sites were asked to rate how useful each convening was in terms of how much it contributed to their learning. All ten sites reported that they had learned "a great deal" or "quite a bit" in Convening 3. For the other four convenings, eight of the ten sites reported that they had learned "a great deal" or "quite a bit" (see Exhibit 5).

In the evaluation's convening feedback surveys, participants were asked to rate their satisfaction with the convening overall and with the content presented. Across the five convenings, participants' satisfaction with the convenings overall and with their content was high, ranging from an overall satisfaction score of 3.97 (quite a bit) for the first convening, to an overall satisfaction score of 4.65 (a great deal) for the second day of the third convening. That was the only full day across the five convenings that was focused on one content area, which may have contributed to the third convening's relatively high overall satisfaction score.

Exhibit 5. How useful were the following activities to your organization's learning?

Note: Data from 2022 and 2023 Progress Reports

Cohort Webinars

U.S. – Canada Cohort Webinars. The CIM sites received additional training and technical assistance between convenings. The U.S. – Canada cohort experience included a series of 18 webinars on topics recommended for the cohort or requested by cohort members. Attendance averaged 42 people per session. The webinars touched on a wide range of topics including neuroscience (e.g., “Neuroscience Supporting New Parents and Children,” “Applying the Science of Child Development,” and “Building Core Capabilities for Life”); ACEs data (e.g., “Using the ACE Survey in Your Organization,” “The Philadelphia ACE Study,” and “Balancing ACEs with HOPE”); and systems and policy change (e.g., “Aligning Policy Efforts with Brain Science,” “How to Use Brain Science Research to Create Systems Change,” and “Using Evaluation to Fully Support Innovation”). These webinars were also available to the broader Alliance network.

Texas Cohort webinars. The Texas cohort experience included a mix of webinars but expanded the content of the webinars and learning experiences to cover the full set of competency areas and pathways. For example, Brain Science learning opportunities included the webinar, “Tackling the Silent Epidemic of Childhood Grief” and the online Brain Story Certification course. Developmental evaluation learning opportunities included a Developmental Evaluation webinar, and a session on the Collective Community Capacity (C3) Survey.

Developmental Evaluation Coaching

U.S. – Canada Cohort Developmental Evaluation Coaching. For the U.S. – Canada cohort, the FrameWorks Institute provided site consultations and a review of draft site communications materials. Evaluation team members coached sites on developmental evaluation tasks, including theory of change development, developmental evaluation designs, and site visits. In the spring of 2016, site visits combined evaluation data collection interviews, evaluation technical assistance sessions, and meetings between site leaders, stakeholders, and the initiative’s director to discuss system and policy change challenges and opportunities.

In addition, the U.S. – Canada cohort sites participated in smaller “community of practice” affinity workgroups focused on policy, measurement, and communications. The policy and communications workgroups helped create the initiative’s policy statement, “Using a Brain Science-Infused Lens on Policy Development.” The measurement workgroup created an inventory of the sites’ ACEs, trauma, resilience, and child development measurement tools.

Texas Cohort Coaching. Coaching support in multiple areas (theory of change development, engaging community members, developmental evaluation, messaging, EDI, and organizational change management) was offered to the sites after each convening to help them apply what they had learned to advance their CIM efforts. This section summarizes the developmental evaluation coaching, which included developing theories of change. Coaching in other content areas are described in their respective competency areas. Coaching on EDI and spatial analysis topics are described in the racial equity competency section. Messaging technical assistance is described in the messaging section. Sites were not required to take part in these coaching activities, but were highly encouraged to do so by the CIM leadership team.

Erin Watson (Weaving Change consultant) provided the evaluation team’s coaching on developing site-level theories of change, prioritizing strategic pathways of activity within and across levels, and using rapid testing, community engagement, and developmental evaluation methods to pilot and improve brain science-aligned programs, policies, or practices. The 60-minute coaching calls were conducted virtually over Zoom. Most sites engaged 2-4 team members in each coaching call. The sites engaged in 1-3 coaching sessions with Erin Watson between each convening. Over the course of the initiative, the sites participated in a total of 4-7 coaching sessions with Erin.

In addition to the evaluation coaching calls with the NORC evaluation team, the Texas Change in Mind sites participated in several other coaching calls on EDI, messaging, spatial analysis of disparities, and sustainability planning during the collaborative:

- A total of 6 coaching calls focused on the intersection of EDI + Brain Science were offered to sites (3 in between May-Oct. 2022; 3 in between Jan-March, 2023)
- A total of 3 coaching calls focused on Framing & Communications (2 in between May-Oct. 2022; 1 in between Jan-March 2023).
- One coaching call focused on their Sustainability Plan in March/April 2023

- One final coaching call in May/June 2023, focused on reflections, sustainability, and next steps
- Five individuals from each site participated in the Intercultural Development Inventory, and each one had an individualized 1:1 coaching call follow-up

The developmental evaluation coaching sessions were highly interactive. For example, the coaches would help site participants develop their ideas and create/refine their Theories of Change in real time on a shared screen. The coach would then help the sites identify specific next steps to move their work forward, which often involved preparing a presentation for the next convening about their site's CIM activities. Many sites reported how helpful this 'real-time' co-creation approach was to their learning and progress because it provided them with immediate feedback and concrete steps for developing their ideas and materials (see Appendix C for details).

Texas Cohort Peer Networking Activities. The Texas Cohort was designed to also give sites opportunities in and between convenings to engage in peer networking activities. Within convenings, sites participated in gallery walks, work group sessions, poster sessions, and short presentations to share their experiences about their progress, successes, and challenges. In feedback surveys and annual progress reports, cohort participants reported that they appreciated hearing from other groups and seeing what others were working on. More interactive peer networking sessions were added to convenings after sites asked for more dedicated time during convenings to network with other sites. After the final convening, one participant noted, "There was great opportunity for productive networking at this convening. [Peer] relationships that had been established during prior convenings produced the opportunities for continued networking."

CIM Competencies

Brain Science

U.S. – Canada Cohort Activities. Through convenings, webinars, and other activities, the CIM sites learned about advances in brain science from research created and disseminated by neuroscience researchers through frameworks, models, tools, and other techniques. For example, at the first convening, the sites watched the AFWI 2013 video "How Brains are Built: Core Story of Brain Development."

Several brain science researchers trained the sites directly on these materials through online webinars. The sites were encouraged to follow up individually with these experts for further consultation or advice. These experts and resources included: numerous papers and research articles by Dr. Jack Shonkoff and Harvard Center on the Developing Child's colleagues, "Brain Architecture" teaching tools by Dr. Judy Cameron and National Scientific Council on the Developing Child colleagues, Dr. Roy Wade's "Philadelphia ACEs Study," Aspen Institute's "ASCEND Two-Generation Approach," and Dr. Michael Ungar's Resilience Research Centre's "Pathways to Resilience." There were also hundreds of additional brain science resources posted on the Change in Mind website.

The CIM Sites embraced the brain science research on ACEs and brain development but were challenged in two ways to translate this knowledge into practice. The first challenge was conceptual; some sites had already aligned their organizations with other concepts, such as “trauma-informed services,” “resilience,” or the “social determinants of health,” and wondered how to align brain science with these other concepts. The second challenge was for sites to decide whether they were willing to see and accept brain science not as passing fad, but as a “game changer,” offering a new paradigm or mindset that would transform their organizations. To address these challenges some CIM sites used an exploratory process to make sense of brain science concepts within their contexts before committing to adopting and using them. This was done by considering how well the concepts would fit with their organizations’ goals, and how the concepts might be applied to their existing vision and mission statements, problem statements, and theories of change.

Texas Cohort Activities. The Texas cohort’s brain science curriculum expanded and updated the brain science content offered in the original cohort. Sites received brain science content in two ways, through AFWI’s online Brain Story Certification course and through the content provided in convenings, webinars, and coaching activities. In 2024, AFWI updated the content of the online Brain Story Certification Course to be more streamlined and current, with more information about the connections between brain development, addiction, and mental health. However, this update did not include any information about the intersection of EDI and brain science. In 2022 and 2023 annual progress reports, sites were asked how many of their team had taken the course. In 2022, three sites reported that ‘most’ had taken the course, and three other sites reported that ‘some’ had taken it. In 2023, five sites reported that ‘some’ had taken the course.

Table 1. Texas Cohort Brain Science Competency Activities

	Activities
Curriculum	Core Brain Story Curriculum
Webinars	Tackling the Silent Epidemic of Childhood Grief – March 2022
Convening Sessions	Convening 1 - Foundational and Emerging Research on Brain Science
	Convening 2 - Brain Science Foundations: Application of Concepts in Daily Work Change in Mind Snapshot: Our organizational approach rooted in brain science
	Convening 3 - Brief Lunch ‘n Learn: upSTART: The development of a tiered model to support early brain development
	Convening 4 - Reducing Executive Functioning Burden for Clients
	Convening 5 - Brain Science Application – Workforce Resilience

At every convening, there was at least one session explicitly devoted to advances in brain science. One example was Dr. Christina Bethel’s presentation on the measurement and impact of positive childhood

experiences on healthy brain development. The first convening featured a panel discussion focusing on foundational and emerging brain science research. The second convening featured the brain science session “Brain science foundations: Application of concepts in daily work” and another session about the Texas Cohort’s embedding of brain science concepts - “Change in Mind Snapshot: Our organizational approach rooted in brain science.” The third convening featured a lunch session on upSTART, a tiered set of three community programs from the Texas Children’s Hospital and Baylor College of Medicine. The fourth convening presented a session on applying brain science to workforce development. (see Table 1).

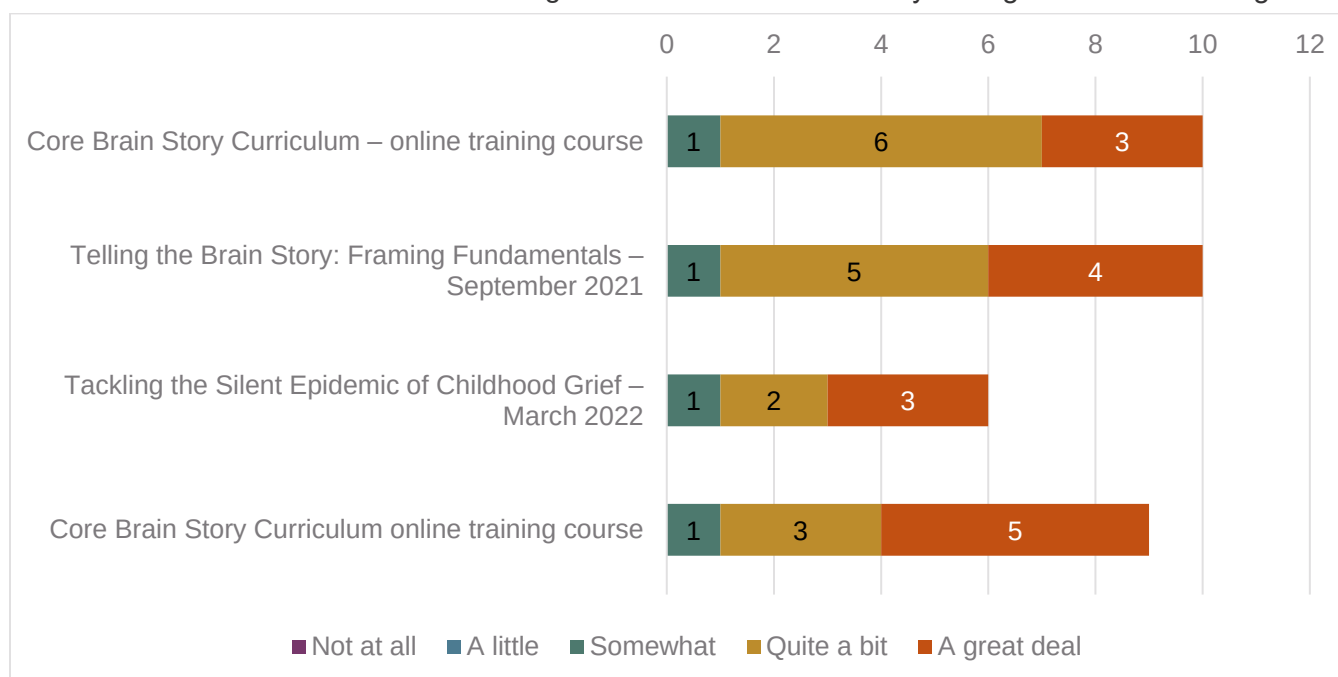
The Texas CIM teams worked to embed brain science concepts throughout their organizations. For example, in a meeting of site executives, the CEO of the Texas Center for Child and Family Studies (TACFS) reported that they “had been infiltrating brain science everywhere – in their learning center, trainings, research, and data, and advocacy efforts.” She noted, “This work is front and center in communications and partners ... making them more curious and inquisitive. The work is always so fast paced and Change in Mind has caused them to take a pause.”

The Children’s Museum of Houston, Santa Maria Hostel, and Fort Bend Behavioral Health Services sites all requested and received additional training on brain science from the Texas CIM leadership team. These sessions focused on Dr. Bruce Perry’s Neurosequential Model of Therapeutics, and how to apply concepts and strategies such as the Arousal Continuum and Regulate, Relate, and Reason in everyday practice with colleagues and the people they served.

But not all Texas cohort sites received as much leadership support for their efforts. In contrast, the U.S. - Canada cohort sites successfully leveraged a greater range of leadership strategies to embed brain science into their organizations. Their executive teams formally recognized the importance of brain development by re-orienting their organizations to focus more on the healthy brain development of their clients. This enabled the sites to revise their organizational mission and vision statements, set new organization-wide objectives, update their business plans, and signal the importance of these changes through keynote speeches and corporate messages. Distracted by the demands of the COVID pandemic, the leaders in the Texas cohort sites were less likely to support or endorse the brain science strategies of their implementation teams.

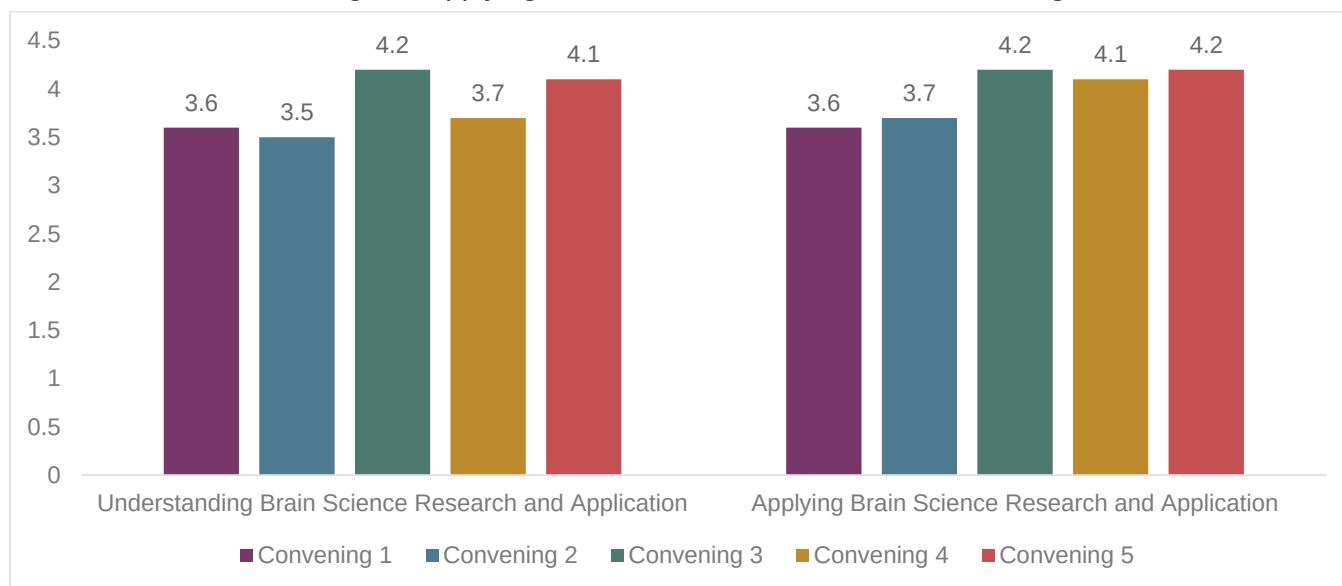
The Texas cohort sites’ 2023 progress reports included information on how sites aligned their work with brain science, including implementing onboarding training and other professional development training sessions in brain science (one site used the Alberta brain story certification course). Other sites created new programming and organizational practices that were aligned with brain science principles.

Texas Cohort Brain Science Competency Results. In the area of the **utility of brain science activities**, in 2022 and 2023 progress reports, sites were asked to rate how useful the Texas cohort’s brain science activities were to their organization’s learning. Note, sites were asked in both 2022 and 2023 about the online Brain Story Curriculum Course, which was offered on an ongoing basis. *For all activities, all but one of the respondents reported that they found the brain science activities to be “a great deal” or “quite a bit” useful.* One site reported that they found the activity to be “a little” useful (see Exhibit 6).

Exhibit 6. How useful were the following *Brain Science* activities to your organization's learning?

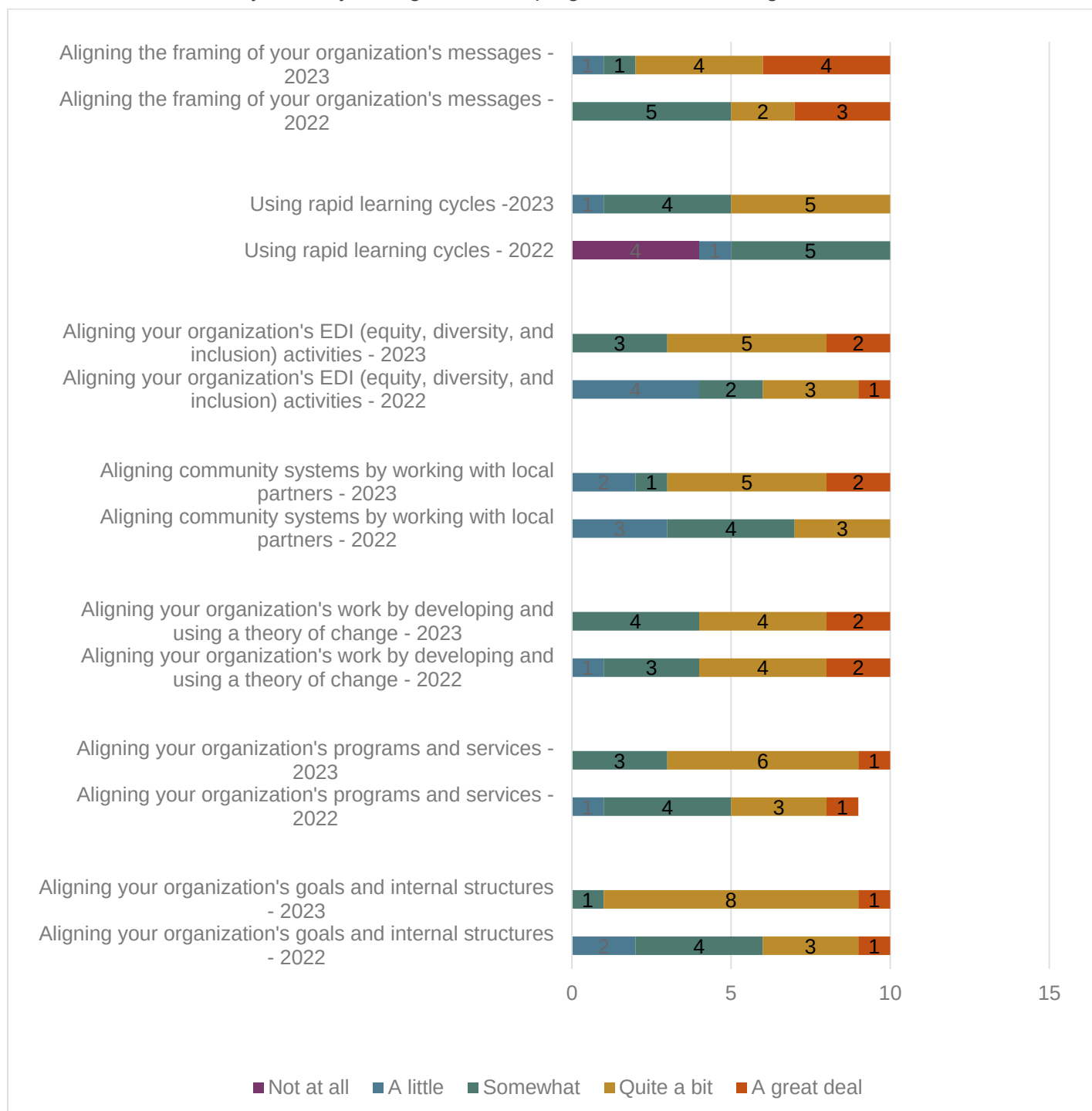
Note: Data from 2022 and 2023 Progress Reports

Understanding and Use of Brain Science. In the evaluation's convening feedback surveys, participants were asked to rate their understanding of brain science concepts and their application of brain science concepts to their work. *Across the five convenings, participants' understanding of brain science increased* from a score of 3.6 in convening 1 to 4.1 in convening 5, with a high score of 4.2 in convening 3. Moving from knowledge to action, the feedback surveys also asked the participants to rate how much they applied brain science knowledge to their work. Across the five convenings, participants' application of brain science increased from an average rating of 3.6 in convening 1 to a high of 4.2 in convenings 3 and 5 (see Exhibit 7).

Exhibit 7. Understanding and applying Brain Science across the five convenings

Note: Data from results of five Convening feedback evaluations

Aligning Brain Science with other Competencies and Pathways. The sites' progress reports in 2022 and 2023 also indicated the sites' progress in aligning their organization's activities with racial equity principles and practices. *Across all areas, more organizations were reporting that they had made "quite a bit" or "a great deal" of progress aligning their activities with brain science in 2023 than 2022.* In 2023, none were reporting progress aligning their organizations with brain science "not at all" (see Exhibit 8).

Exhibit 8. How would you rate your organization's progress in the following areas with *brain science*?

Note: Data from 2022 and 2023 Progress Reports

Brain Science Competency Evaluation Findings. To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” NORC calculated the

mean for each 2023 statement and retrospective 2022 statement and compared them using a means comparison test (t-test). NORC found that all ten CIM sites reported higher mean scores across most of the survey’s indicators for 2023 compared to the retrospective 2022 statement on the same survey. These higher mean scores provide subjective evidence *that the CIM sites increased their organizational brain science capacity over this period. In contrast, the three comparison sites reported no significant change in scores on from 2022 to 2023 using the 2022 retrospective questions.*

When reflecting on where they were in 2022 compared to 2023, the *Change in Mind* sites reported *increases in their staff’s understanding of the impact and prevalence of ACEs* (2023 mean=3.8 compared to 3.4), *their staff’s awareness of their own role in creating a brain science-aligned organization* (2023 mean=3.4 compared to 2.7), and *their staff’s ability to apply concepts behind brain development, resiliency, and protective factors* (2023 mean=3.6 compared to 2.9). All three of these differences were statistically significant.

In contrast, comparison sites did not report much growth in these three areas between 2022-2023. The organizations reported that their staff understood the impact and prevalence of ACES (2023 mean=4.0 compared to 3.9), and that their staff applied concepts behind brain development, resiliency, and protective factors, but reported that their staff were less aware of their role in creating a brain science-aligned organization (2023 mean=3.2 compared to 3.1). None of these differences were significant.

Racial Equity Competency

Texas Cohort Activities. The topic of racial equity was not designated as an area of focus in the 2015-2017 U.S. – Canada cohort. In the aftermath of the murder of George Floyd and the ensuing national protests during the summer of 2020, the Texas cohort received a grant to integrate a racial equity competency component into the curriculum.

Social Current’s Equity, Diversity, and Inclusion (EDI) training and consultancy practice led this work, incorporating its activities into the cohort’s schedule of convenings, webinars, and coaching activities (see Table 2). The EDI approach works at three levels: 1) *person* (individual commitment to learn, reflect, and apply learning for personal growth), 2) *organization* (the organization as a whole works over time [called the EDI journey] to address processes, strategies, and culture to embed EDI), and 3) *system* (the systems within which each organization works to offer opportunities to work collaboratively for deeper change). The EDI journey advances through four (exploring, committed, competent, and embedded) phases at these three levels.

Table 2. Race Equity Competency Activities

	Activities
Survey	EDI Staff Assessment – Spring 2022
Webinars	Introduction to Equity, Diversity, and Inclusion (EDI) webinar – September 2021

	IDI Assessment: Individual Debriefs - Dec. 2021 – March, 2022
	EDI Leadership Coaching - Dec. 2021 – March 2022
Convening Sessions	Convening 1 - Applying the Lens of Equity, Diversity, and Inclusion
	Convening 2 - Panel Discussion: Intersection of ACEs and Racism: Moving from Theory to Action
	Convening 4 - Equity, Diversity, Inclusion, and Anti-Racism in Texas Change in Mind
	Convening 5 - EDI & Anti-Racism in TX CiM: Reflections and Sustainability, Somatic and Embodied Approaches to Healing-centered and Equity-focused work

Each convening included a focus on racial equity. Convening 1 (June 2021) provided two sessions: “Research Brief: The Intersection of Early Childhood Development and Anti-Racism” and “Applying the Lens of Equity, Diversity, and Inclusion..” Convening 2 (October 2021) included a panel discussion on “The Intersection of ACEs and Racism: Moving from Theory to Action..” Convening 3 (April 2022) presented one session, “Equity, Diversity, Inclusion, and Anti-Racism in Texas Change in Mind.” Convening 4 (October 2022) provided a full day workshop on anti-racism. The final convening (April 2023) included two EDI sessions: “Somatic & Embodied (SE) Approaches to Healing-centered and Equity-focused Work” and “EDI & Anti-Racism in TX CiM: Reflections and Sustainability” (see Table 2).

In addition to the convening sessions, in September 2021, sites participated in a foundational “Introduction to EDI” webinar.” Seven sites reported that most team members attended, and three sites reported that some team members attended. In November 2021, five leaders from each site completed Intercultural Development Inventory (IDI) assessments.²⁰ Between December 2021 and March 2022, sites participated in EDI leadership coaching. Two sites reported that all team members attended, one site reported that most team members attended, and seven sites reported that some members attended.

EDI leadership coaching occurred in two rounds. The second round occurred between December 2022-March 2023, which three sites reported that most team members attended, and seven sites reported that some team members attended. Other EDI activities included a Cultural Humility workshop (July 2022) and an Implicit Bias workshop (October 2022). Lastly, there were individual IDI assessment debriefs between December 2021 and March 2022 and site-level IDI assessment debriefs between the

²⁰ The Intercultural Development Inventory (IDI) assesses intercultural competence – the capability to shift cultural perspective and appropriately adapt behavior to cultural difference and commonalities. See <https://www.idiinventory.com/>

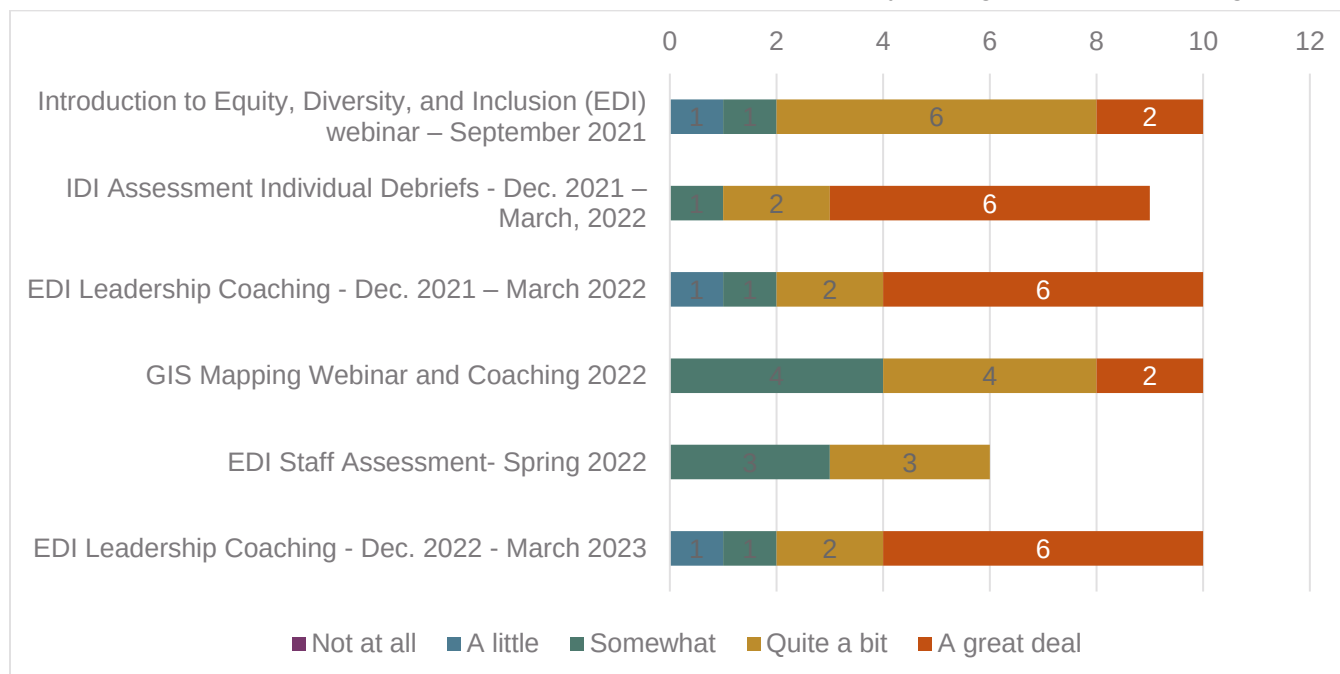
spring and fall of 2022. Two sites reported that all team members attended, two sites reported that most team members attended, and six sites reported that some members attended.

Many of the sites prioritized EDI strategies in their site-specific theories of change, and actively engaged their staff in attending CIM convenings, webinars, EDI leadership coaching and EDI assessments. For example, a Family Service Center of Galveston County team member noted that their organization had sought to expand their EDI work. They administered the IDI assessment to every member on their staff. They hired a JEDI (Justice, Equity, Diversity, and Inclusion), consultant and worked actively with the CIM EDI coaches to create and implement an organization-wide EDI plan. The Fort Bend County Behavioral Health Department developed values and corresponding behavior statements, which they embedded throughout their department. This work was grounded in the EDI learnings from the Texas Cohort coaching, webinars, and convenings.

Texas Cohort Racial Equity Competency Results

Utility of Racial Equity Activities. In 2022 and 2023 progress reports, the Texas Cohort sites were asked to rate how useful the Texas cohort's racial equity activities were to their organization's learning. A majority of the utility ratings of the site-specific leadership coaching and IDI assessment activities were higher than the utility ratings for the cohort-level webinars and presentations. For the individual IDI assessment debriefs (December 2021 – March 2022) and the two series of EDI leadership coaching sessions (December 2021-March 2022 and December 2022-March 2023), six sites reported that they found these activities useful to their organizational learning “a great deal,” and two sites reported that they found these activities “quite a bit” useful to their organizational learning (see Exhibit 9).

Exhibit 9. How useful were the following *racial equity* activities to your organization's learning?

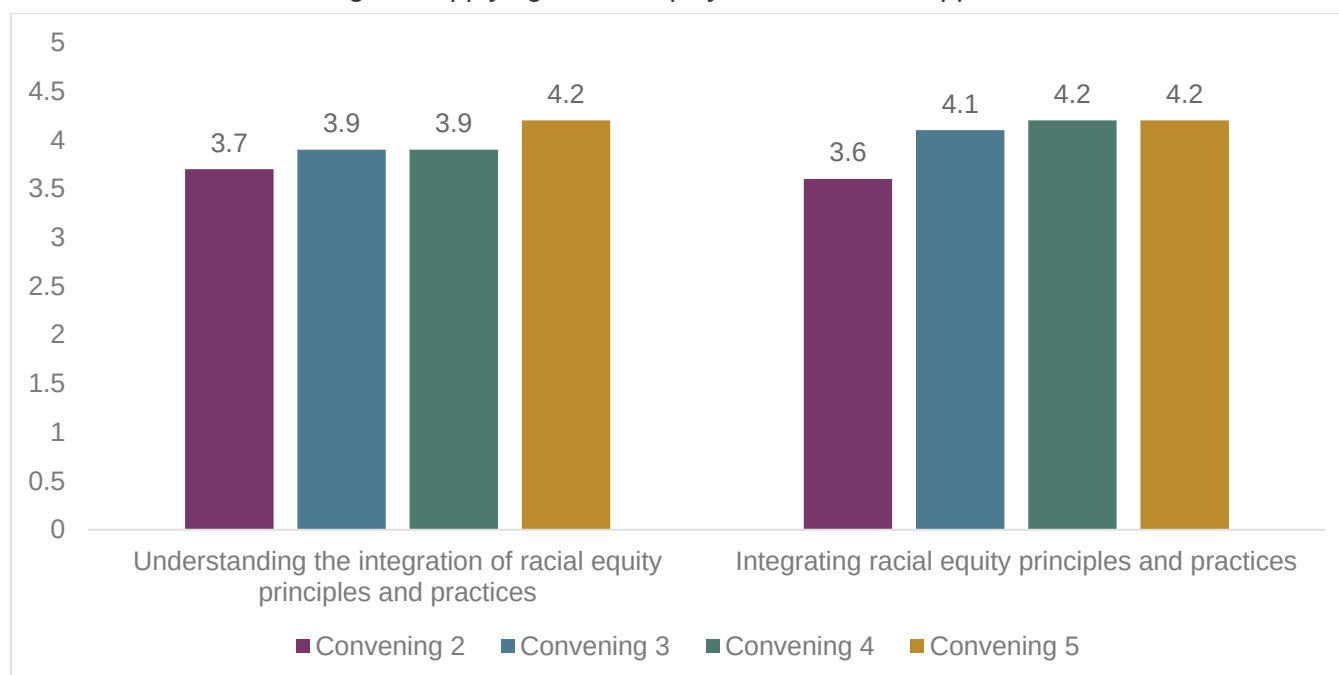


Note: Data from 2022 and 2023 Progress Reports

Understanding and Use of Racial Equity Principles and Practices. In the evaluation’s convening feedback surveys, participants were asked to rate their understanding and their application of racial equity principles and practices to their work. Across the five convenings, participants gradually increased their ratings of their understanding of these principles and practices and their ability to integrate racial equity principles and practices. Participants also often felt that their understanding of the topic was better than their ability to integrate these practices into their work (see Exhibit 10).

Participants noted that the conversation around racial equity principles and practices started the thinking process for their teams, and there were continued discussions on how to integrate this work into their agencies. Many participants commented on racial equity in open-ended questions, noting that they were continuing to learn about this topic. Some participants noted that there were gaps in their knowledge around this topic or they are working on being more informed about racial equity. They appreciated learning from other cohort members. Participants noted that they “appreciated an equal focus on the racial equity aspect of this opportunity.” In Convening 4, participants were positive about the time dedicated to racial equity and integration into the convening’s lunch conversation, noting, “I am appreciative of the thought-provoking questions and opportunities to share as a table and out loud” and that lunch conversations helped to “break down pre-existing biases.” One respondent importantly noted, “Racial equity is a lifetime work piece.”

Exhibit 10. Understanding and Applying Racial Equity Research and Application



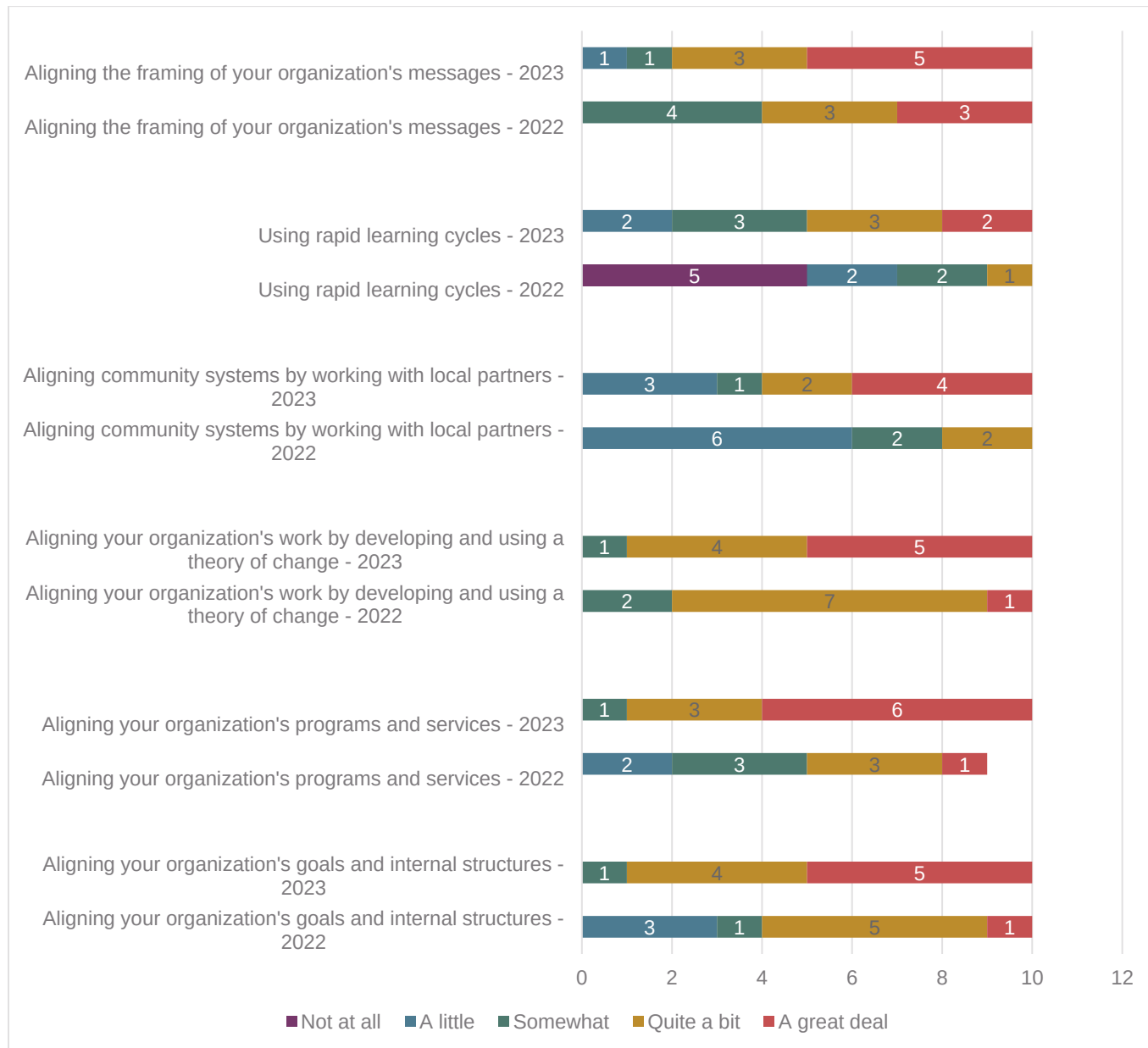
Note: Data from results of five Convening feedback evaluations

Aligning Racial Equity with other Competencies and Pathways. In the 2022 progress reports, sites were very spread out in their reported progress in aligning their organization’s EDI activities with brain science, with 4 sites reporting that they had made “a little” progress, 2 sites reporting “some” progress,

3 sites reporting “quite a bit” of progress, and only one site reporting “a great deal” of progress. In the 2023 progress report, sites were much more likely to report progress with 3 sites reporting “some” progress and 7 sites reporting “quite a bit” or “a great deal” of progress. The progress reports in 2022 and 2023 also indicated the organizations’ progress in incorporating equity, diversity, and inclusion principles in the Change in Mind competencies. Across all competencies, *more organizations were reporting that EDI was incorporated “a great deal” in 2023 than 2022*, and in 2023 none were reporting “not at all.”

In their 2023 progress reports, the Texas Cohort sites discussed how they had made organizational changes including creating EDI workgroups/committees to discuss implementing EDI principles in their strategic plans. For example, in September 2023, the Texas Alliance of Child and Family Services (TACFS) launched its Equity and Access Fund. The fund gave community-based and nonprofit providers full and discounted TACFS memberships and related conference scholarships. Other organizational changes included EDI onboarding training, sessions at staff retreats on EDI, and educational sessions around having difficult conversations and understanding diverse identities. Staff surveys helped identify these areas of need. One site wrote about how they had involved community-based partners to provide programming to their staff about understanding cultural differences in the populations they served. Three sites also mentioned updating their language to be more strengths-based and inclusive with the families and communities they served.

Exhibit 11. How would you rate your organization's progress in the following areas with *equity, diversity, and inclusion principles*?



Note: Data from 2022 and 2023 Progress Reports

Racial Equity Competency Evaluation Findings. To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” NORC calculated the mean for each 2023 statement and retrospective 2022 statement and compared them using a means comparison test (t-test). NORC found that all ten CIM sites reported higher mean scores across most of the survey’s indicators for 2023 compared to the retrospective 2022 statement on the same survey. These higher mean scores provide subjective evidence that *the CIM sites increased their organizational*

brain science capacity over this period. In contrast, the three comparison sites reported no significant change in scores on from 2022 to 2023 using the 2022 retrospective questions.

Looking at the Organizational Assessment (Appendix E), the Texas Cohort sites *reported significant increases in how well their organizations systematically worked to address inequities in service delivery* (2023 mean=3.4 compared to 3.0), *the extent to which enhancing professional development to improve staff's cultural competence is an organizational priority* (2023 mean=3.5 compared to 3.0), and *the extent to which enhancing professional development to improve staff bilingual capabilities is an organizational priority* (2023 mean=2.7 compared to 2.4). There was a slight increase in the extent to which working with partners to achieve durable improvements in community conditions was an organizational priority (2023 mean=3.8 compared to 3.6), but this was not statistically significant.

Comparison sites showed no change in how well their organization worked to identify inequities in service delivery (2023 and retrospective means=3.1), and how much enhancing professional development to improve staff bilingual capabilities is an organization priority (2023 and retrospective means=2.4). There was a slight decrease in how much enhancing professional development to improve staff cultural competence was an organizational priority (2023 mean=3.1 compared to 3.2), and a slight increase in how much working with partners to achieve durable improvements in community conditions was an organizational priority (2023 mean=3.9 compared to 3.7). Neither of these changes was statistically significant.

Framing and Messaging Competency

U.S. - Canada Cohort Activities. The sites were trained by the FrameWorks Institute to communicate brain science research findings to both internal and external audiences through carefully framed messages using Core Brain Story metaphors. The CIM sites used these trainings to refine their current messaging in organizational newsletters, fundraising events, annual child abuse prevention month campaigns, and social media.

Texas Cohort Activities. In the Texas cohort convenings, the FrameWorks Institute expanded the messaging content they had provided earlier to the U.S. – Canada cohort. The Texas cohort's messaging training added content on the framing of messages (how ideas are positioned), especially on how to reframe the concept of health equity in terms of fairness and justice, framed as “ensuring that all people have a fair and just opportunity to be as healthy as possible.”²¹ Julie Sweetland, FrameWorks Institute Senior Advisor, led the messaging session series. The series included: one session in Convening 1 “Importance of Framing and Strategic Communications,” one session in Convening 2 “Framing and Communications: Communicating across Differences,” and three sessions in Convening 3 “Adopting Asset -Based Language,” “Explaining Your Strategies” – Working Session,” and “How to Review and Reframe Your Communications.” The Institute also conducted one webinar “Telling the Brain Story: Framing Fundamentals” (September 2021) and provided coaching sessions between January and March 2022 (see Table 3).

²¹ Sweetland J. Talking about Health Equity. May 2023. The FrameWorks Institute.

In their 2022 and 2023 progress reports, the sites provided feedback on the messaging training. After Convening 1, participants reported that they were “reframing our approach to communication,” using “Framing for Change to bring awareness...about how ideas are presented.” They commented that the framing information was “very informative and thought provoking” and that it was important for them to reframe their messages. An example of the sites’ messaging efforts is the Bastrop County Cares site’s implementation of its plan to change mindsets through a communications campaign and associated pledge drive. Sites also reported that the working session in Convening 3 helped them feel more confident in their understanding and ability to apply these framing and messaging strategies to their work.

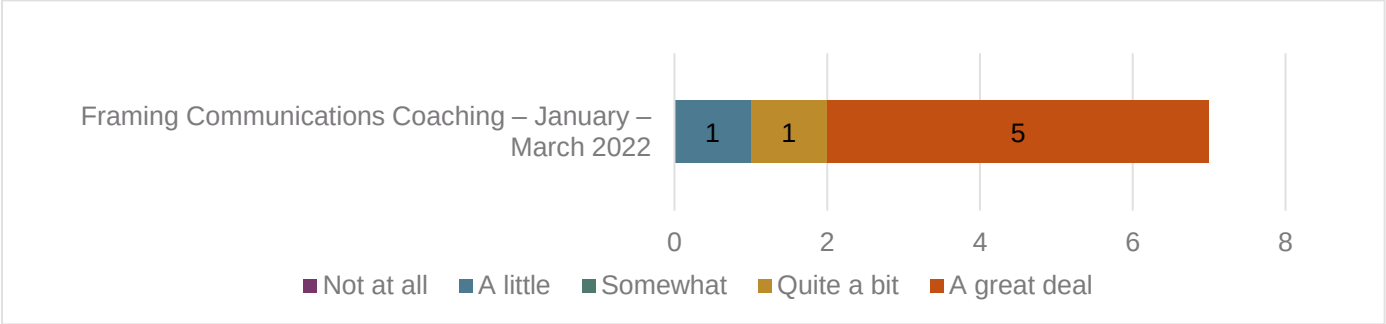
Table 3. Framing/Messaging Competency Activities

	Activities
Webinar	Telling the Brain Story: Framing Fundamentals – September 2021
	Framing Communications Coaching – January – March, 2022
Convening Sessions	Convening 1 - Importance of Framing and Strategic Communications
	Convening 2 - Framing and Communications: Communicating Across Differences
	Convening 3 - Adopting Asset-Based Language
	Convening 3 - Explaining Your Strategies – Working Session
	Convening 3 - How to Review & Reframe Your Communications

Framing and Messaging Competency Results

Utility of Framing and Messaging Activities. In 2022 and 2023 progress reports, sites were asked to rate how useful the Texas cohort’s framing and messaging coaching activities were to their organization’s learning. The utility ratings of the framing and messaging coaching in early 2022 were positive. Of the seven sites that provided feedback, five sites reported these activities were “a great deal” useful to their organizational learning, two sites reported that they found these activities “quite a bit” useful to their organizational learning, and one site found these activities “somewhat” useful to their organization’s learning (see Exhibit 12).

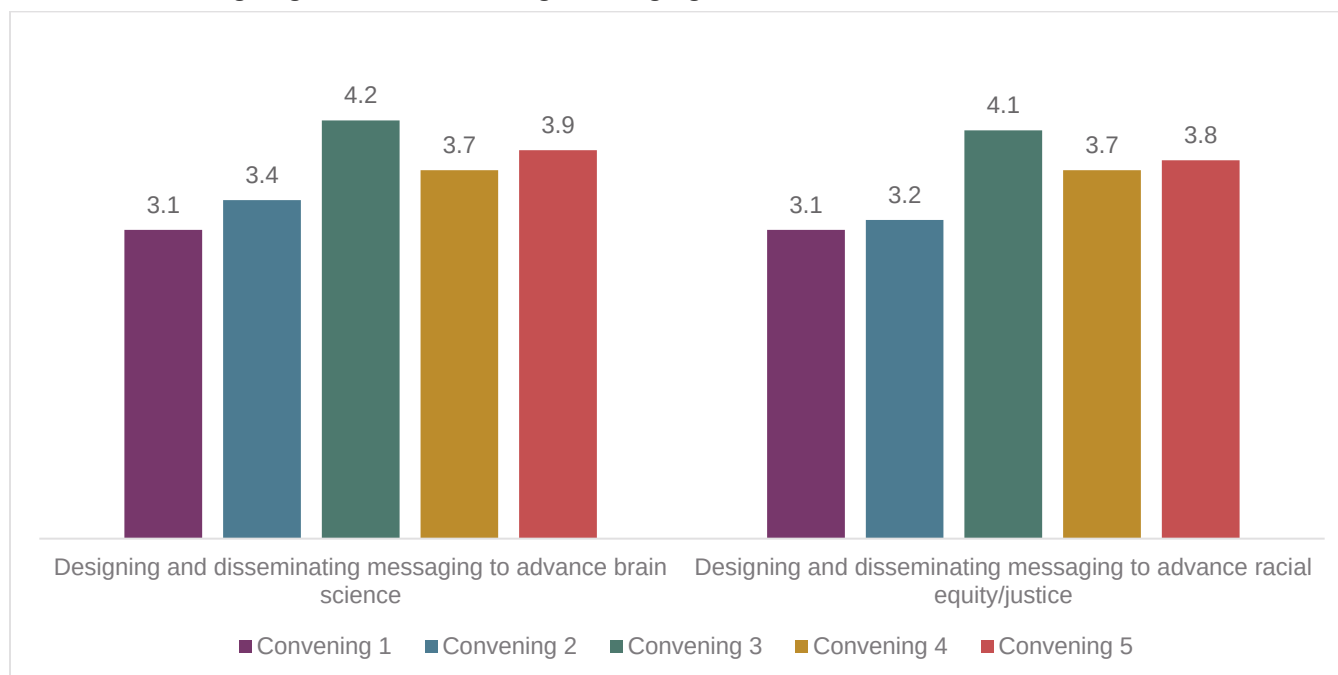
Exhibit 12. How useful were the following *messaging* activities to your organization’s learning?



Note: Data from 2022 and 2023 Progress Reports

Understanding and Use of Framing and Messaging. In the evaluation’s convening feedback surveys, participants were asked to rate their understanding and their application of the designing and dissemination of messages to advance brain science. Across the five convenings, participants gradually increased their ratings of their understanding of the designing and dissemination of messages to advance brain science, from a rating of 3.1 in convening 1 to a rating of 3.9 in convening 5, with a peak score of 4.2 for convening 3. Across the convenings, participants also incrementally increased their ratings of their application of the designing and dissemination of messages to advance brain science, from a rating of 3.1 in convening 1 to a rating of 3.8 in convening 5, with a peak score of 4.1 for convening 3 (see Exhibit 13).

Note - this pattern of the sites rating their understanding and application of CIM competencies higher in convening 3 than for any other convening is consistent across all competency areas. The reasons for the higher scores for convening 3 may be somewhat unrelated to the quality or presentation of the content. Participants were excited to meet in person for the first time at convening 3. This time away from their offices may have helped them focus more on the presented content. This was also the first time they could meet the presenters in person after sessions to ask them follow-up questions about their sites. Or the participants may have had enough time between convenings 2 and 3 to make more progress on their CIM activities. For all these reasons, convening 3 seems especially memorable and important to the CIM sites.

Exhibit 13. Designing and Disseminating Messaging

Note: Data from results of five Convening feedback evaluations

Framing and Messaging Competency Evaluation Findings. To compare changes in Texas cohort competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” NORC calculated the mean for each 2023 statement and retrospective 2022 statement and compared them using a means comparison test (t-test). NORC found that all ten CIM sites reported higher mean scores across most of the survey’s indicators for 2023 compared to the retrospective 2022 statement on the same survey. These higher mean scores provide subjective evidence that the CIM sites increased their organizational brain science capacity over this period. In contrast, the three comparison sites reported no significant change in scores on from 2022 to 2023 using the 2022 retrospective questions.

Communications and Messaging. Looking at the Organizational Assessment (Appendix E), the Change in Mind sites reported statistically *significant increases in how well their staff understood the importance of communicating carefully about adversity and its effects* (2023 mean=3.4 compared to 2.9), and in *how well their staff explained the science of adversity in ways that made sense to partners and clients* (2023 mean=3.3 compared to 2.9). There was a *slight increase in having written guidance for how to talk about adversity and its effects* (2023 mean=2.5 compared to 2.1) but this was not statistically significant.

The comparison sites reported slight changes in how well staff understood the importance of communicating carefully about adversity and its effects (2023 mean=3.8 compared to 3.6), and whether their organization had written guidance for talking about adversity and its effects (2023 mean=2.6 compared to 2.5)—neither change was statistically significant. There was no change in how well staff

explained the science of adversity in ways that made sense to partners and clients (2023 and retrospective means=3.4).

Developmental Evaluation Competency

U.S. – Canada Cohort Activities. Unlike other learning collaboratives that direct participants to use predetermined intervention models or strategies, the U.S – Canada cohort did not prescribe specific brain science-aligned interventions for the sites to implement. Instead, the CIM evaluation team worked with the sites to innovate new or existing programs, policies, or practices to meet the needs of their clients and circumstances. CIM sites asked for and received additional instruction and coaching on how to use human-centered design, rapid testing, and developmental evaluation methods to create, pilot, and test their innovations.

The sites experimented with different developmental design and evaluation methods to approach this work. Three sites conducted organizational probes (inquiries) to surface potential ideas worth testing. Two sites created process prototypes (small scale, rapid experiments) to test ideas before investing more into their development. Eight sites designed and implemented more formal pilot projects that used iterative testing cycles. One site reported using an adaptive action cycle to draft, test, and improve a policy advocacy messaging strategy.

Texas Cohort Activities. Adding the racial equity competency component to the Texas cohort created an opportunity for the NORC evaluation team to enrich CIM’s developmental evaluation competency by introducing an Equitable Systems Evaluation and Learning Framework (ESELF) that combines culturally responsive and equitable evaluation (CREE) and systems and complexity-informed evaluation (SCIE) methods. The first four steps of the ten-step framework focus on preparing a diverse and collaborative evaluation and learning team (step 1), using systems thinking and an equity lens to understand the root causes and potential leverage points for addressing racial inequities (step 2), clarifying the initiative’s strategies and theories of change (step 3), while assessing and building the initiative’s capacity to carry out its plans (step 4). The next five steps incorporate CREE, SCIE, and Developmental Evaluation approaches to evaluation co-design (step 5), evaluation methods and metrics (step 6), data collection (step 7), data analysis and interpretation (step 8), reporting and use of findings (step 9), and iterative cycles of learning, reflection, and adaption (step 10) (see Appendix I).

The first convening presented three sessions: “The Texas Cohort Evaluation Plan,” “Developmental Evaluation,” and “Systems Change Theory and Creating a Theory of Change.” Convening 2 presented one session, “Site Theory of Change Presentations and Facilitated Debriefing.” Convening 3 presented three sessions: “Evaluation Assessment Finding and Developmental Evaluation Booster,” a “Site Theory of Change Gallery Walk,” and “Developmental Evaluation in Systems Change – the Collective Community Capacity (C3) Survey.” In convening 4, the sites presented their final “Developmental Evaluation Presentations.” The sites received two rounds of theory of change and developmental evaluation coaching in addition to participating in two rounds of Organizational Assessment, C3 Survey, and Progress Report data collection, the results of which are in this final evaluation report (see Table 4).

The Texas cohort's evaluation convenings, webinars, coaching, and assessment activities were conducted by the NORC evaluation team in partnership with subject matter experts Erin Watson (Weaving Change) and Efren Aguilar (UCLA Center for Healthier Children, Families, and Communities). Erin Watson designed and led the convening presentations and coaching sessions on the theory of change and developmental evaluation (see the coaching section for more details).

Efren Aguilar designed and led a webinar, coaching sessions, and a convening 3 presentation, "Population-level Indicators of Systems Change" on using GIS (Geographic Information System) mapping and spatial analysis to identify and address geographic inequities in community outcomes, to help the sites understand the differences in the social distribution of adversity across income, race, and place in their communities. He also created a portfolio of GIS maps and spatial analyses for each CIM site to use and share this information with their community partners to develop policy-based approaches to remedy structural causes of childhood adversity. Some sites, such as Bastrop County, shared their maps with community partners and used the data in their work.

Table 4. Developmental Evaluation Competency Activities

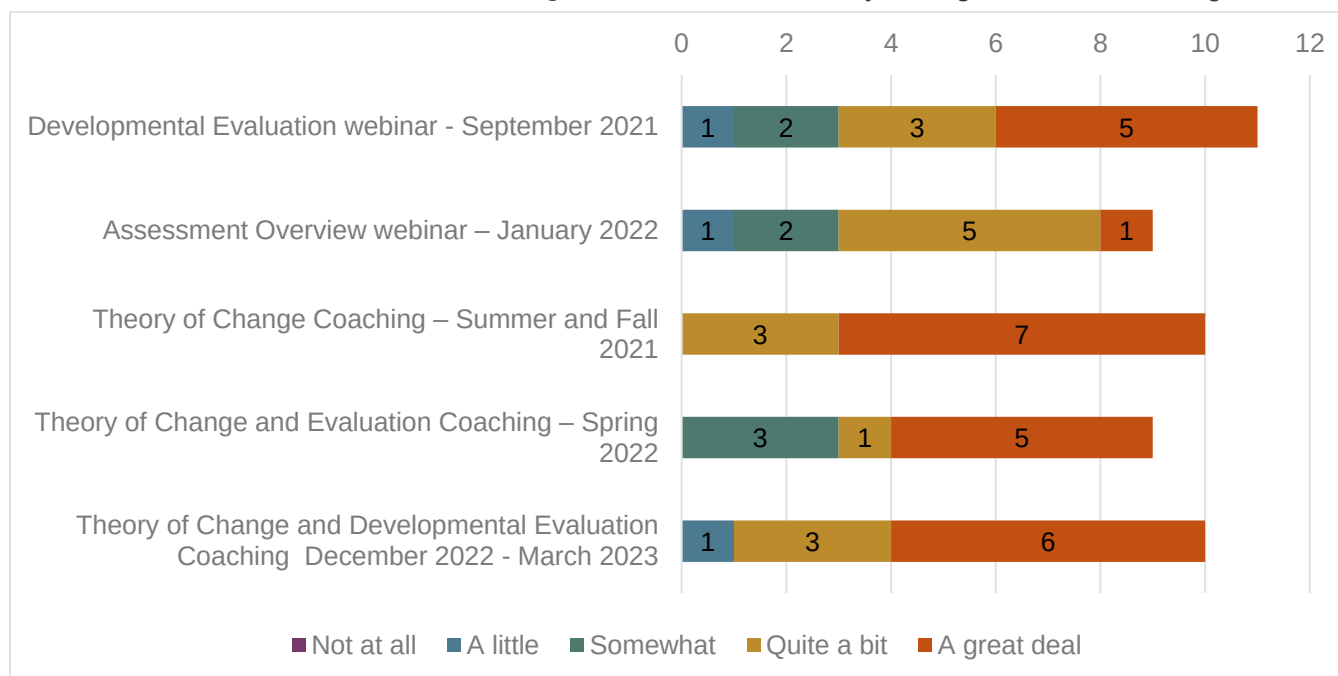
	Activities
Webinars	Developmental Evaluation webinar - September 2021
	Theory of Change Coaching – Summer and Fall 2021
	Theory of Change and Evaluation Coaching – Spring 2022
	Theory of Change and Developmental Evaluation Coaching – December 2022 – March 2023
	EDI Leadership Coaching - Dec. 2022 – March 2023
Convening Sessions	Convening 1 - Evaluation Plans for the Cohort
	Convening 1 - Research Brief: The Intersection of Early Childhood Development and Anti-Racism
	Convening 1 - Systems Change Theory and Creating a Theory of Change
	Convening 1 - Developmental Evaluation
	Convening 2 – Theory of Change Presentations and facilitated debrief
	Convening 3 - Assessment Findings and Development Evaluation Booster

	Convening 3 - Theory of Change Gallery Walk
	Convening 3 - Developmental Evaluation in Systems Change – Collective Community Capacity Survey
	Convening 4 - Developmental Evaluation Presentations

Developmental Evaluation Competency Results

Utility of Developmental Evaluation Activities. In 2022 and 2023 progress reports, sites were asked to rate how useful the Texas cohort’s developmental evaluation activities were to their organization’s learning. The utility ratings of the two rounds of theory of change and developmental evaluation coaching were higher than the utility ratings for the webinars and presentations. For the first round of theory of change coaching (Summer and Fall 2021), seven sites reported that they found the coaching activities “a great deal,” useful to their organizational learning and three sites reported that they found these activities “quite a bit” useful. For the second round of theory of change and developmental evaluation coaching (December 2022 to March 2023), six sites reported that they found the coaching “a great deal,” useful to their organizational learning, three sites reported that they found the coaching “quite a bit” useful, and one site reported the coaching “a little” useful (see Exhibit 14).

Exhibit 14. How useful were the following *evaluation* activities to your organization’s learning?

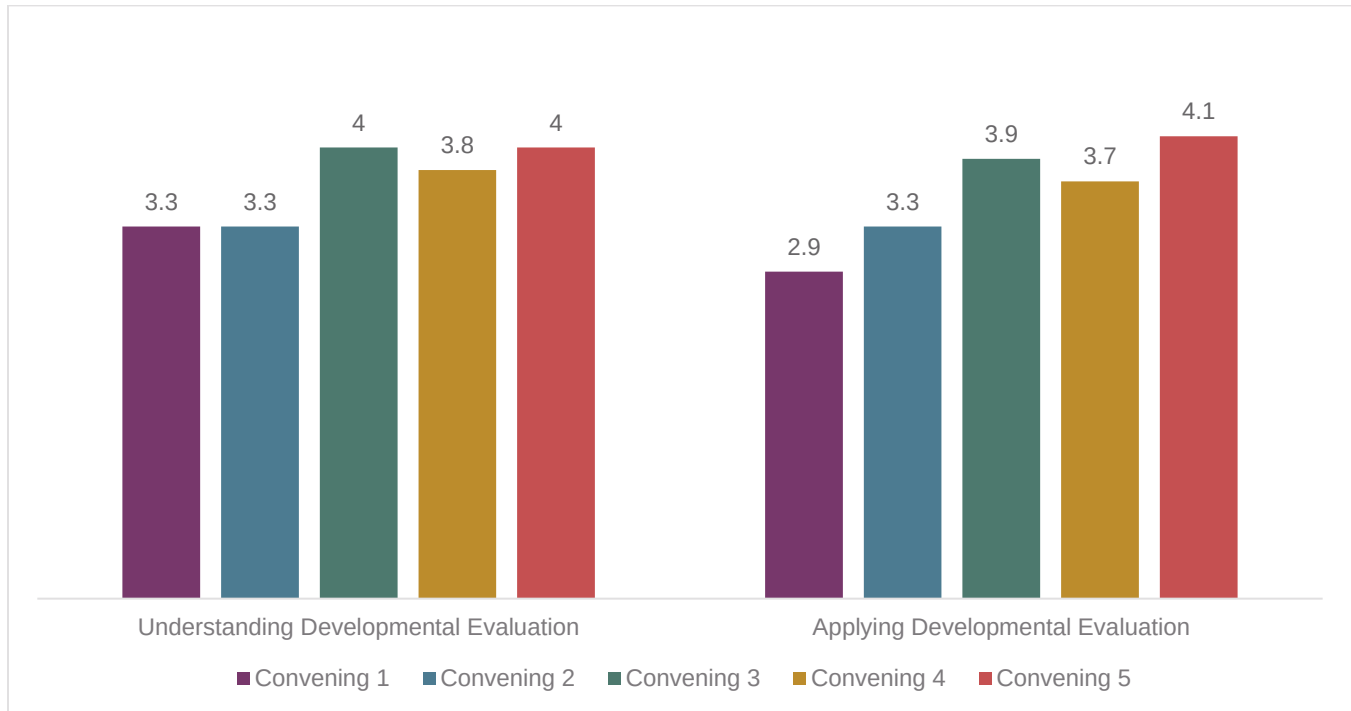


Note: Data from 2022 and 2023 Progress Reports

Understanding and Use of Developmental Evaluation. In the evaluation’s convening feedback surveys, participants were asked to rate their understanding and application of developmental

evaluation. Across the five convenings, participants' understanding and using Developmental Evaluation and learning practices grew over time. Early on, participants reported needing "more assistance" on this topic and needing resources on how to "specifically use Developmental Evaluation." There was a desire to apply developmental evaluation, but participants were initially unsure on how exactly to do it. Participants appreciated convening sessions that focused on Developmental Evaluation (DE) and were excited to review the slides on their own time and take "time to process [the] data." Participants also appreciated ideas on how to apply this work in their sites (see Exhibit 15).

Exhibit 15. Understanding and Applying Developmental Evaluation



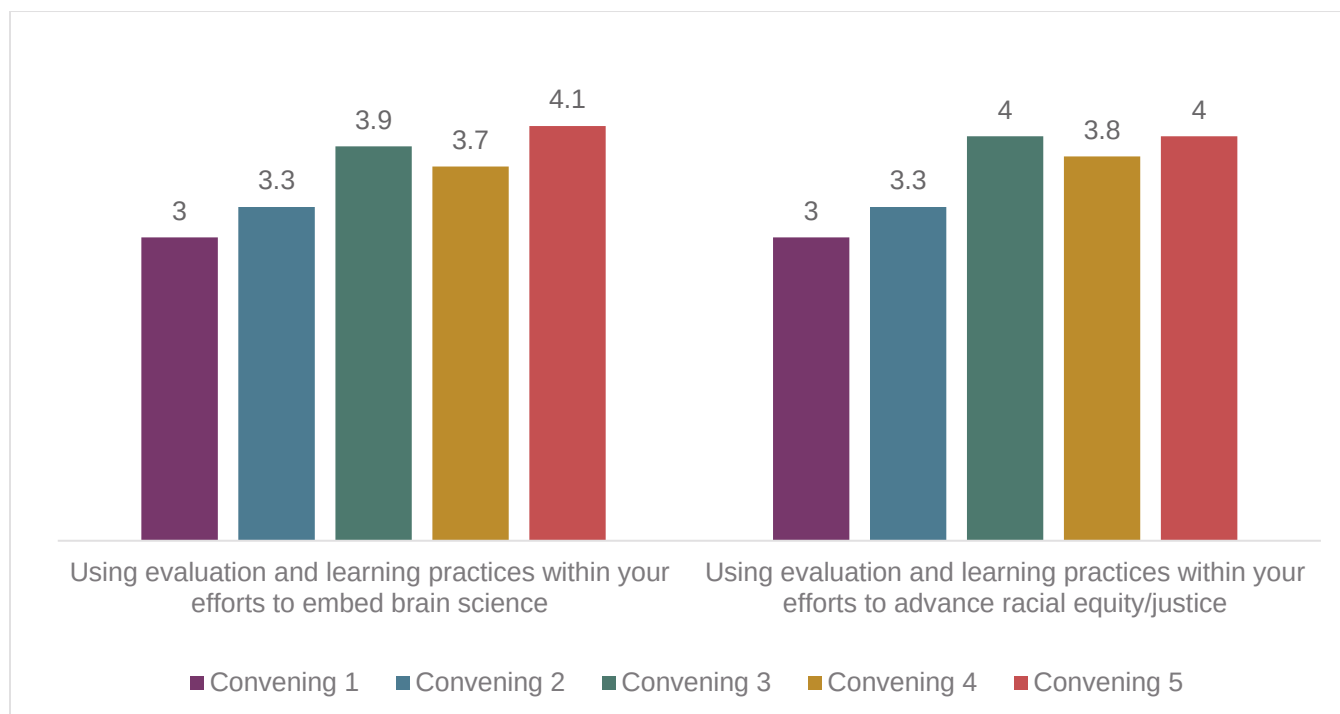
Note: Data from results of five Convening feedback evaluations

Alignment with Brain Science and Racial Equity. In their 2022 progress reports, 5 sites reported either using rapid learning cycles "not at all" or "a little" to align work with brain science while the other 5 sites only reported using them "somewhat." Similarly, 7 sites were using rapid learning cycles "not at all" or "a little" to work with EDI principles, though one site used them "quite a bit." The one site noted they "employed a very strong rapid CQI" process, allowing for "real time feedback," and receiving an "overwhelming positive response from our staff and through our parent and youth surveys."

In their 2023 progress reports, more sites were using rapid learning cycles, with 5 sites reporting that they were using them to align their organization's work with brain science "quite a bit" or "a great deal." Similarly, 5 sites reported that they were using rapid learning cycles "quite a bit" or a "great deal" to align their work with EDI principles. In 2023, almost all sites noted their increased use of surveys after staff events and trainings to inform the continuous improvement of trainings, programs, and meetings.

Sites also used surveys to get feedback on the redesign of physical spaces and amending language to be more inclusive (see Exhibit 16).

Exhibit 16. Aligning Evaluation and Learning Practices with Brain Science and Racial Equity



Note: Data from results of five Convening feedback evaluations

Developmental Evaluation Competency Evaluation Findings. To assess changes in Texas cohort competencies and pathways over time, in 2023 the ten Texas sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” NORC calculated the mean for each 2023 statement and retrospective 2022 statement and compared them using a means comparison test (t-test). NORC found that all ten CIM sites reported higher mean scores across most of the survey’s indicators for 2023 compared to the retrospective 2022 statement on the same survey. These higher mean scores provide subjective evidence that the CIM sites increased their organizational brain science capacity over this period. In contrast, the three comparison sites reported no significant change in scores from 2022 to 2023 using the 2022 retrospective questions.

Evaluation and Use of Data. Looking at the Organizational Assessment (Appendix E), the Texas cohort sites reported significant increases in *how well their organizations established organization-wide objectives and performance indicators aligned with brain science* (2023 mean=3.0 compared to 2.1), as well as *how well their organizations used data to inform changes in becoming more aligned with brain science* (2023 mean=3.3 compared to 2.6). Sites reported slight (not statistically significant) increases in *how comprehensive their organizations’ plans are for collecting and analyzing data to measure outcomes* (2023 mean=3.5 compared to 3.2), and *how well their organizations used maps and spatial*

data to identify and address geographic inequities in community outcomes (2023 mean=3.2 compared to 2.8) (see Appendix E).

Comparison sites reported slight increases in how well their organizations established organization-wide objectives and performance indicators aligned with brain science (2023 mean=2.8 compared to 2.6), the comprehensiveness of their organizations' plans for collecting and analyzing data to measure organizational outcomes (2023 mean=3.1 compared to 2.8), how well their organizations used data to inform changes in becoming more aligned with brain science (2023 mean=2.9 compared to 2.6), and how well organizations used maps and spatial data to identify and address geographic inequities in community outcomes (2023 mean=2.9 compared to 2.6). None of these increases were statistically significant.

Texas Cohort Pathways of Change

Program Change Pathway

U.S. – Canada Cohort Activities. The U.S. - Canada sites used the training from the convenings to provide training to participating sites about how to incorporate the concepts into their work, including their existing trauma-informed practices. The sites used CIM training materials, videos, and interactive games such as the Brain Architecture game with their employees and other audiences, including their board members, clients, foster parents, and volunteers.

The sites created tiered training for intake staff, program supervisors, and clinicians as well as other professional opportunities to ensure staff understood and made use of the brain science concepts. Sites raised awareness of the potential for staff to experience secondary trauma or trigger their own trauma histories while working with clients and provided opportunities for staff to take ACEs questionnaires anonymously. Sites also increased their counseling, mindfulness classes, and other supports to help staff manage their stress.

The sites also used the CIM training to begin identifying gaps and modifying the programs and supports they offered to their clients, adopting or designing brain science-aligned processes and practices that filled their clients' needs. These changes included improving intake processes to collect ACEs-related information, adding brain science content to home visiting and parent education programs and two-generation early intervention programs for parents and children, and using evidence-based mental and behavioral health counseling therapies that addressed issues such as executive functioning, self-regulation, and core life capacities of their clients.

Texas Cohort Activities. The Texas cohort sites prioritized program-level pathways of change that focused on ensuring that 1) programs, resources, and services were internally reviewed through brain science and racial equity lenses, 2) programs increased feedback loops with participants, 3) participants were involved in program planning and implementation, and 4) staff used brain science and

racial equity practices to design or redesign their programming.²² In their theories of change, all ten Texas cohort sites included program pathways for designing and implementing programs aligned with brain science and EDI concepts and principles.

The Texas sites worked to improve their programs' alignment with brain science and racial equity throughout the initiative, with some success. One example is the Santa Maria Hostel, which was chosen from over 140 applicants and awarded a \$100,000 grant from Impact100 Houston to implement child-centered design elements on their campus to promote better early childhood brain development and mother-child interactions. Another way that the Texas sites focused on aligning their programs with brain science and racial equity was to add CIM-related workforce development and program redesign strategies to their theories of change. The theory is that workforce development will increase staff knowledge, skills, and mindsets in ways that will help them embed brain science into their programs and improve their cultural competence in working with clients.

Program Change Pathway Evaluation Findings. To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization "today and a year ago." NORC calculated the mean for each 2023 statement and retrospective 2022 statement and compared them using a means comparison test (t-test). NORC found that all ten CIM sites reported higher mean scores across most of the survey's indicators for 2023 compared to the retrospective 2022 statement on the same survey. These higher mean scores provide subjective evidence that the CIM sites increased their organizational brain science capacity over this period. In contrast, the three comparison sites reported no significant change in scores on from 2022 to 2023 using the 2022 retrospective questions.

In the area of **workforce development**, the Texas cohort sites reported a *significant increase in how well brain science training was included in new staff orientations* (2023 mean=2.7 compared to 1.8). There was also a *slight increase in how well their organizations invested resources in staff professional development* (2023 mean=3.5 compared to 3.2), though this change was not statistically significant.

Comparison sites did not report a change in how well brain science training was included in new staff orientation (2023 and retrospective mean=2.0) and reported a slight decrease in how well their organizations invested resource in professional development (2023 mean=3.1 compared to 3.3), though this change was not statistically significant.

In the area of **staff practices**, reflecting retrospectively on the state of their organization in 2022 compared to 2023, Change in Mind organizations *increased their use of language promoting client strengths in policies and procedures* (2023 mean=3.8 compared to 3.2), *their understanding of the importance of relationships with clients and partners to organizational success* (2023 mean=4.3 compared to 3.8), and *how well staff allowed co-workers, clients, and partners to share what was most important to their cultural identity* (2023 mean=3.5 compared to 2.9). All these increases were statistically significant.

²² Johnson K & Martin K. Texas Change in Mind Executive Leadership Session Meeting Notes. December 8, 2022.

Comparison sites reported slight increases in how well their organizational policies and procedures used language in policies and procedures promoting client strengths (2023 mean=3.5 compared to 3.2), and in how well staff understood that relationships with clients and partners are important to organizational success (2023 mean=3.9 compared to 3.7). Neither of these increases were statistically significant. There was not an increase in how well staff allowed co-workers, clients, and partners to define and share what is most important to their cultural identity (2023 and retrospective means=3.5).

Organizational Change Pathway

U.S. – Canada Cohort Activities. The sites were encouraged to include executive staff and organizational leaders in their implementation teams. These leaders responded to the training they received in the CIM convenings and webinars by working to reorient and focus more on the healthy brain development of their clients by aligning their organizational goals, resources, structures, and policies with brain science-aligned concepts. This involved revising mission and vision statements, setting new organization-wide objectives, updating business plans, and signaling these changes through keynote speeches, corporate policies, and other communications.

Some sites made structural changes, shifting the functions of key positions, offices, or programs to focus more on brain-science aligned activities. Some sites created internal working groups of managers and staff to champion the adoption and use of brain science-aligned programs, policies, and practices throughout their departments and divisions. These organizational strategies required significant staff time and resources. Larger sites were able redirect existing resources to these activities. Smaller sites looked to leverage new funding opportunities and planning grants to support this work.

Texas Cohort Activities. The Texas cohort supported the sites' efforts to change their organizations through convening presentations, webinars, and organizational assessment activities. In the second convening, The Family Partnership's Senior Vice President of Strategy and Innovation, John Till, gave a presentation, "Change in Mind Snapshot: Our Organizational Approach Rooted in Brain Science." His organization also participated in the Texas cohort's Site Impact Study. In the fourth convening, the CIM site teams were given action-planning time. The sites completed their baseline organizational assessment in the spring of 2022, their follow-up organizational assessment in the spring of 2023, and attended a webinar on their organizational assessment findings in 2023 (see Table 5). Other activities included the Executive Leadership Session in December 2022 and sustainability coaching in February and March of 2023. Coaching also focused on learning and implementing organizational change strategies.

The Texas cohort sites prioritized organizational-level pathways that focused on aligning brain science and EDI principles with organizational values and goals, human resources practices, branding standards, professional development, collaboration with external partners, employee engagement, satisfaction, resilience-building efforts, celebrations and connection activities, and fundraising efforts. Many of these organizational changes require executive leadership, endorsement, and approval. During the COVID pandemic, leaders were often focused on organizational challenges that limited their attention to the Texas cohort.

To increase senior leadership and engagement in the Texas cohort, the CIM leadership team, Karen Johnson and Kelly Martin, hosted an Executive Leadership Session in December 2022, attended by the ten sites' chief executive officers, executive directors, chief operating officers, vice presidents of operations, and directors of behavioral health services. Jody Levison-Johnson, the President and CEO of Social Current, welcomed the sites to the Zoom call, thanked everyone for their leadership and commitment to the Texas CIM project, acknowledged the progress made by the sites over the project's previous 18 months, even at the height of the pandemic, and emphasized the need for the group's joint commitment to the sustainability of the work. At the meeting, the CIM leadership team facilitated a conversation with the executives about their interest and capacity to sustain the Texas cohort's work in some capacity going forward:

- Ideas generated through the discussion for continuing to work at state and community system levels included supporting a public awareness campaign, offering community trainings, spreading the work to families and other service providers, and connecting with other collaboratives.
- Ideas to strengthen and continue operating the Texas cohort network included executing memoranda of understanding (MOUs), hiring a coordinator, leveraging existing partnerships, leveraging organizational materials and toolkits across the cohort and communities, sharing data, and developing resources for this work.
- Ideas to help sites continue their organizational implementation of their CIM projects included spreading the work across their agencies, implementing additional strategies from their theories of change, and receiving more training, technical assistance and consultation on a range of topics, such as implementation support, integration of EDI and brain science, workforce resilience, direct service applications of brain science, internal organization communications and development, and developing strategies for institutionalizing the CIM work.

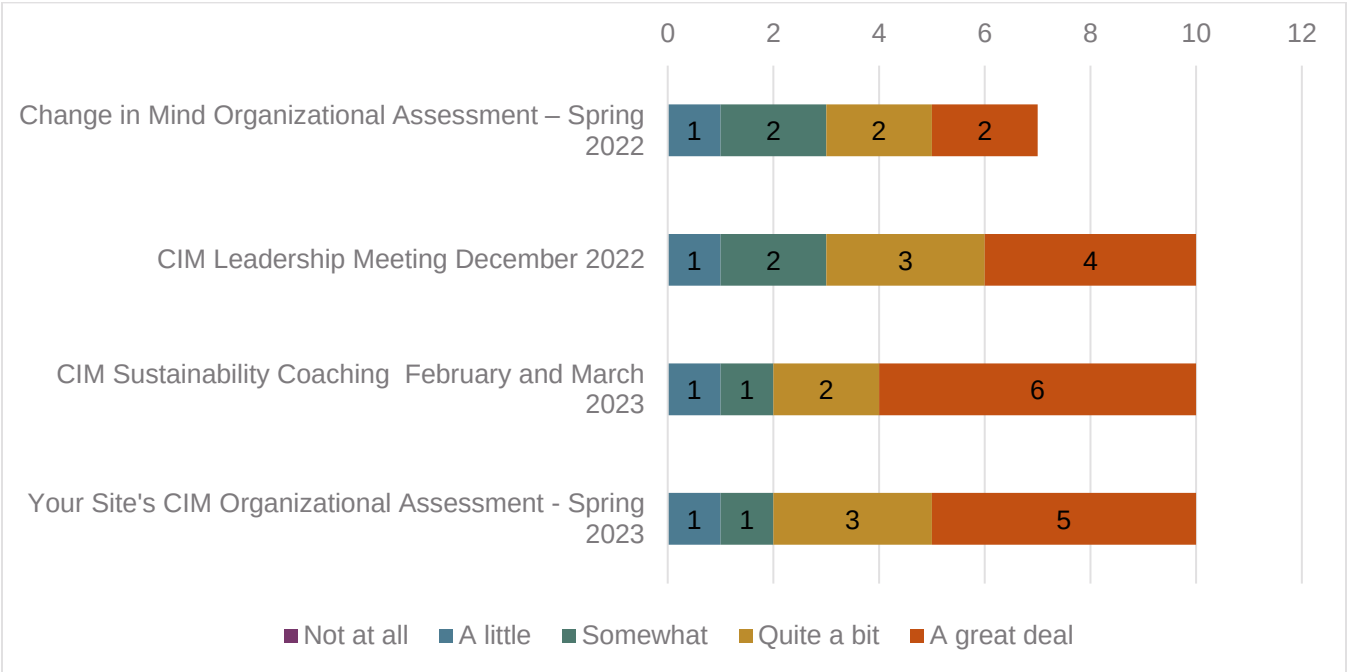
After the meeting, leadership discussions continued through the summer of 2024. When a funding opportunity for one of the CIM sites to provide backbone support to the peer network was unsuccessful, the efforts to continue the cohort's peer network ended.

Table 5. Organizational Pathway Activities

	Activities
Survey	CIM Organizational Assessment – Spring 2022
Webinars	Your Site’s CIM Organizational Assessment – Spring 2023
Convening Sessions	Convening 2 - Change in Mind Snapshot: Our Organizational Approach Rooted in Brain Science (John Till from The Family Partnership)
	Convening 4 - Organizational worktime: Action-planning with your team

Organizational Change Pathway Results. To assess the utility of organizational change pathway activities, in their 2022 and 2023 progress reports, Texas cohort sites were asked to rate how useful the Texas cohort’s organizational pathway activities were to their organization’s learning. The utility of the sustainability coaching was rated higher than other activities. Six sites reported that they found coaching activity “a great deal” useful to their organization’s learning and two sites reported that the coaching was “quite a bit” useful. The sites also found the Organizational Assessment Findings webinar in the spring of 2023 to be useful. Five sites reported that the webinar was “a great deal” useful to their organization’s learning and three organizations reported that the webinar was “quite a bit” useful (see Exhibit 17).

Exhibit 17. How useful were the following *organization* activities to your organization’s learning?



Note: Data from 2022 and 2023 Progress Reports

Organizational Change Pathway Evaluation Findings. To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” NORC calculated the mean for each 2023 statement and retrospective 2022 statement and compared them using a means comparison test (t-test). NORC found that all ten CIM sites reported higher mean scores across most of the survey’s indicators for 2023 compared to the retrospective 2022 statement on the same survey. These higher mean scores provide subjective evidence that *the CIM sites increased their organizational brain science capacity over this period*. In contrast, the three comparison sites reported no significant change in scores on from 2022 to 2023 using the 2022 retrospective questions.

In the area of **executive leadership**, organizations that were part of the Texas cohort reported a slight increase in how well their Board of Directors reviewed organizational strategies to ensure alignment with the organization’s mission (2023 mean=3.4 compared to 3.0), though this increase was not statistically significant. There was a *statistically significant increase in how well CIM organizations reported their Board of Directors ensured that strategic priorities (including brain science-aligned work) were adequately reflected in the organization’s budget* (2023 mean=2.8 compared to 2.3).

Comparison sites reported a slight increase in how well their Board of Directors reviewed organizational strategies to ensure alignment with the organization’s mission (2023 mean=2.6 compared to 2.5). However, there was no change reported for how well their Board of Directors ensured that strategic

priorities (including brain-science aligned work) were adequately reflected in the organization's budget (2023 mean and retrospective mean=2.2).

In the area of **organizational leadership**, the Texas cohort sites reported an *increase in their organizations having a written statement with a commitment to brain science-aligned practices* (2023 mean=2.4 compared to 1.8), as well as an *increase in how well organizational leaders communicate how becoming more aligned with brain science as an organization improves organizational outcomes* (2023 mean=2.9 compared to 2.1). Both increases were statistically significant. Sites also reported a slight increase in how well organizational leaders set the tone and served as an example of how to treat staff, clients, and partners with respect and dignity (2023 mean=3.7 compared to 3.5), but this increase was not statistically significant.

Comparison sites did not report an increase in whether their organization had a written statement with a commitment to brain science-aligned practices (2023 and retrospective means=2.2). They did report slight increases in how well their organizational leaders communicated the relationship between becoming aligned with brain science and improving organizational outcomes (2023 mean=2.1 compared to 1.9) as well as how well organization leaders set the tone and served as an example of how to treat staff, clients, and partners with respect and dignity (2023 mean=4.1 compared to 3.8). These increases were not statistically significant.

In the area of **physically and psychologically safe environment**, the Texas cohort sites reported a *significant increase in how well their organizations' leaders communicated the importance of creating a safe environment* (2023 mean=3.7 compared to 3.3), as well as *how well their organizations provided wellness activities to help staff manage their own stress and increase resilience* (2023 mean=2.7 compared to 2.1).

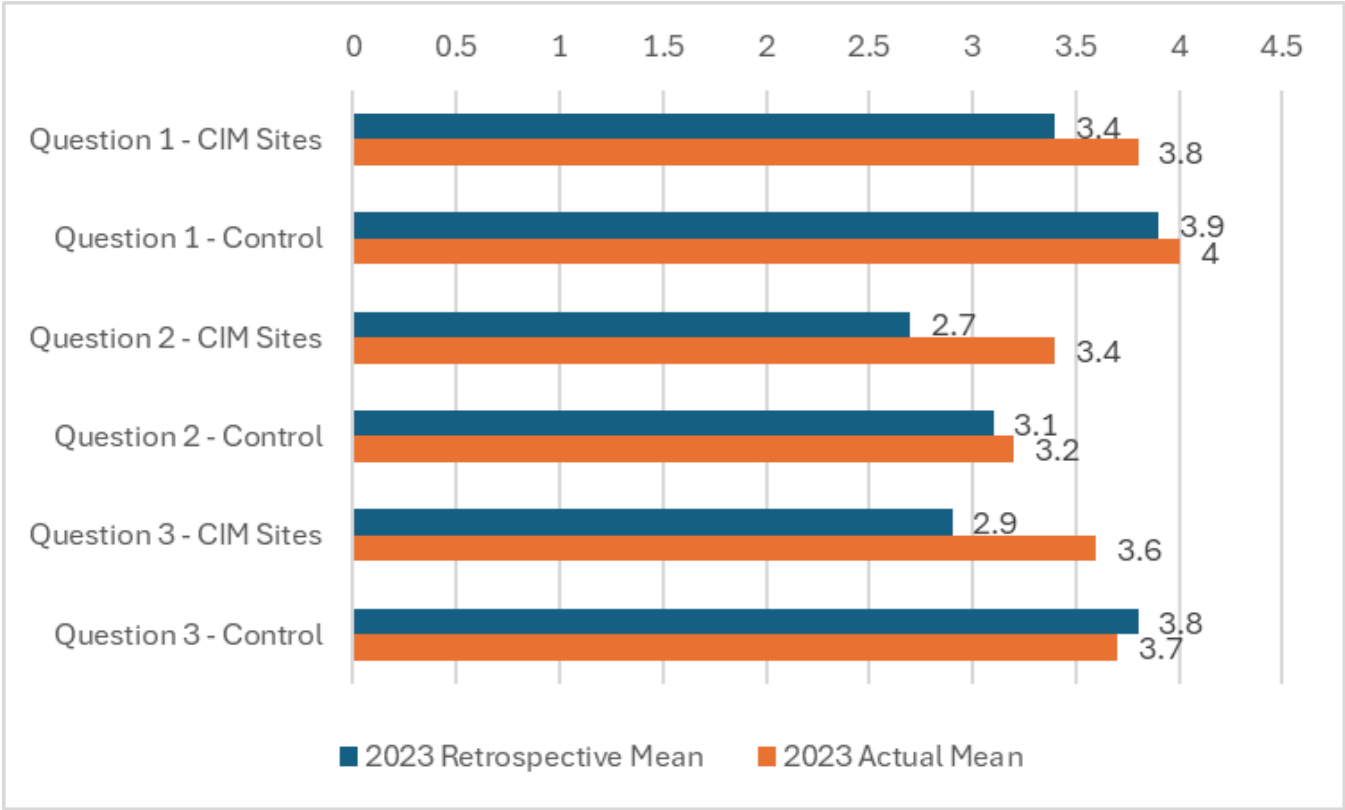
Comparison sites did not report a change in how well organizational leaders communicated the importance of creating a safe environment (2023 and retrospective mean=3.6), or in how well their organization provided wellness activities to help staff manage stress and increase their resilience (2023 and retrospective mean=3.1).

In the area of **Understanding and Applying Brain Science Research to Organizational Change**, the Texas cohort sites reported a *significant increase in how well their organization's staff understood the impact and prevalence of ACEs in the population they were working with* (2023 mean=3.8 compared to 3.4), as well as *how well their staff were aware of the role they played in creating a brain science-aligned organization* (2023 mean=3.4 compared to 2.7). Finally, the Change in Mind sites also reported a significant increase in *how well their staff applied the concepts behind brain development, resiliency, and protective factors to their work* (2023 mean=3.6 compared to 2.9).

Comparison sites did not report significant changes in how their organization's staff understood the impact and prevalence of ACEs in the population they served (2023 mean=4.0 compared to 3.9), or how well their staff were aware of their role in creating a brain science-aligned organization (2023 mean=3.2 compared to 3.1). There also was no significant change in how well their staff applied the

concepts behind brain development, resiliency, and protective factors (2023 mean=3.7 compared to 3.8). (See Exhibit 18. See Appendix E for the full tables.)

Exhibit 18. Understanding and Applying Brain Science Research and Application



Question 1	How well do your organization’s staff understand the impact and prevalence of Adverse Childhood Experiences in the population they are working with?
Question 2	How well are your organization’s staff aware of the role they play in creating a brain science-aligned organization?
Question 3	How well do your organization’s staff apply the concepts behind brain development, resiliency, and protective factors to their work?

Note: Data from Spring 2023 Organizational Assessment

Systems Change Pathway

U.S. – Canada Cohort Activities. The U.S. – Canada cohort sites started by creating community conditions to support the adoption and use of brain science concepts, which involved disseminating brain science knowledge, creating strategic ally networks, creating shared messages, expanding the supply of providers and community members trained in brain science, pooling local resources to support brain science activities, and conducting their own research to improve local outcomes. Increased capacity enabled the sites to advocate for policy and systems change, including more funding and resources to expand the adoption of brain science in multiple sectors, including early child

development, K-12 education, child welfare, health care, housing and homeless services, and justice programs. For example:

- To increase community knowledge and awareness of brain science concepts, the sites used the wealth of brain science research from the first CIM convening in the fall of 2015 to share this information with their communities. They hosted or co-hosted special summits or symposia on brain science topics. They gave formal presentations at professional development conferences or used more informal settings, such as social media, to share brain science information.
- Some sites leveraged their internal brain science training resources to extend or adapt their training programs or to provide joint trainings with local universities and government agencies for other audiences, including police departments, school districts, child welfare services, health care providers, and other professionals and academic curricula for students. Some sites developed the capacity to conduct their own research or test their own innovations to understand the impact of brain science concepts on their programs and clients.
- To develop networks of community allies to advocate for systems and policy change, some sites turned to the coalitions, task forces, or other networks where they were already members to share brain science information, update coalition goals, objectives, and theories of change. They also worked to reframe and revise customized coalition messages and policy statements, using brain science concepts to reach different audiences.
- The U.S. – Canada cohort sites advocated for community systems or policy changes in five sectors. They advocated for expanded evidence-based programming, eligibility, and access to childcare, early childhood, and parenting programs. They worked for the expansion of brain science-aligned programs to new education settings and student populations. They advocated for changes in state or provincial contracts and regulations to expand access to trauma-informed health care services, including health homes, and culturally responsive and coordinated care models. Some sites worked to expand affordable housing options and supports for people experiencing homelessness. Finally, some sites worked to limit the re-traumatization of children and families involved in juvenile justice and child welfare systems.

Texas Cohort Activities. The Texas cohort sites prioritized systems-level pathways of change that focused on ensuring that 1) policies and practices were aligned with brain science and racial equity, 2) individuals in a region had an awareness, mindsets, and skills to apply brain science and racial equity concepts, 3) goals and targeted outcomes within cross-sector organizations, service delivery systems, funders, and governments were aligned with brain science and racial equity, and 4) families from priority populations gained the skills and opportunities to take on leadership roles.

Texas cohort sites' priorities shared many of the same goals and strategies as the U.S. – Canada cohort sites – working with networks of allies to advocate for policy change across sectors, working within existing cross-sector coalitions to update vision statements and messaging, and increasing community awareness of brain science concepts. The Texas cohort added two elements to the original CIM model - racial equity competency and valid, reliable measurement of community network capacity.

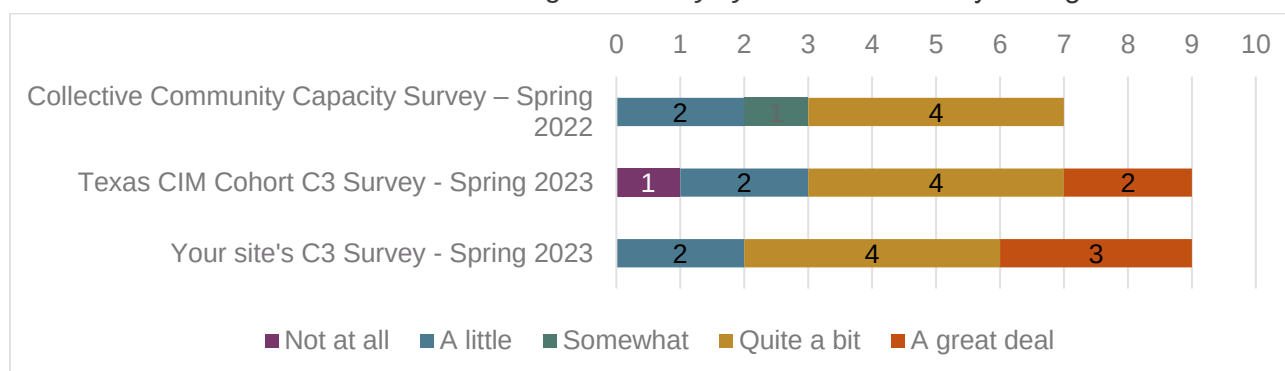
The CIM sites completed two different collaborative network surveys – one survey of the Texas cohort’s peer network and another survey of a community network in which the site was a member.

The Texas cohort convening presentations focused on the theory and practice of systems change. Convening 1 presented “Moving to Action around Community and Systems Change #1 Part 1 and Part 2” and “Partnerships and Strategy to Advance Policy Change.” Convening 2 presented “Aligning Community Systems,” convening 3 presented “Population-level Indicators of Systems Change,” and convening 4 presented “Supporting Community Systems Change and Sustainability of this Work.” Other cohort coaching, webinar, and survey activities focused on systems change evaluation methods – the Collective Community Capacity (C3) Survey, GIS mapping, and spatial analysis (see Table 6).

Table 6. Systems Change Pathway Activities

	Activities
Survey	Collective Community Capacity Survey – Spring 2022
	Texas Cohort C3 Survey – Spring 2023
Webinars	GIS Mapping Webinar and Coaching - 2022
	Your site’s C3 Survey - Spring 2023
Convening Sessions	Convening 1 - Moving to Action around Community and Systems Change #1 Part 1 and Part 2
	Convening 1 - Partnerships and Strategy to Advance Policy Change
	Convening 2 - Aligning Community Systems
	Convening 3 - Population-level Indicators of Systems Change
	Convening 4 - Supporting Community Systems Change and Sustainability of this Work

Texas Cohort Systems Change Pathway Results. In the area of the **utility of systems pathway activities**, in 2022 and 2023 progress reports, the Texas cohort sites were asked to rate how useful the Texas cohort’s systems change survey activities were to their organization’s learning. Unlike convening presentations, these activities focused on survey administration, analysis, and reporting findings, and were rated lower than convening presentations in terms of their utility to organizational learning. Among this set of activities, more sites reported that they found the activities “quite a bit” useful than the sites that reported the activities were “a great deal” useful (see Exhibit 19).

Exhibit 19. How useful were the following *community/system* activities to your organization's learning?

Note: Data from 2022 and 2023 Progress Reports

Community System Pathway Evaluation Findings. To assess change in Texas cohort sites' competencies and pathways over time, in 2023 the ten Texas cohort sites and three comparison sites were asked to consider how much each statement described their organization "today and a year ago." NORC calculated the mean for each 2023 statement and retrospective 2022 statement and compared them using a means comparison test (t-test). NORC found that all ten Texas cohort sites reported higher mean scores across most of the survey's indicators for 2023 compared to the retrospective 2022 statement on the same survey. These higher mean scores provide subjective evidence *that the Texas cohort sites increased their organizational brain science capacity over this period*. In contrast, *the three comparison sites reported no significant change in scores on from 2022 to 2023 using the 2022 retrospective questions*.

In the area of **partner and community engagement** looking at the retrospective Organizational Assessment in conducted in the CIM and comparison sites, (Appendix E), the Change in Mind sites reported slight increases in how well their organizations shared their expertise with other community organizations (2023 mean=3.8 compared to 3.7 in 2022) and whether clients held positions in the organization and made organizational decisions on policies and practices (2023 mean=2.9 compared to 2.6 in 2022). Neither of these increases were statistically significant.

Similarly, the comparison sites reported a slight increase in how well their organization shared its expertise with other community organizations (2023 mean=4.1 and 3.9). There was no increase in whether clients held positions in the organization that made organizational decisions on policies and practices (2023 and retrospective means=2.6).

Site Network Collective Community Capacity Analyses. To assess whether the Texas cohort sites made more progress than the three comparison sites in developing the capacity of a community network with which they worked, NORC conducted retrospective a retrospective Collective Community Capacity (C3) surveys in eight CIM networks (the community networks in which the sites were members) and three comparison site networks (the community-specific networks in which the comparison sites were members).

Each site selected a network in which they were a participant to complete the C3 survey. These networks were surveyed in 2022 and in 2023. NORC requested updated lists of network members from

each of the CIM sites and administered the retrospective C3 survey to each participating member. Eight networks completed the surveys with a high enough response rate to be analyzed. NORC analyzed mean scores across items in each of the five domains in the survey for each C3 site's network. NORC then took the mean of all the C3 site networks for each domain.

Using a t-test, NORC compared the domain means for the 2022 retrospective statements with the 2023 statements on the same survey. NORC found the cohort network of CIM sites reported a significant increase in mean scores on two of the five domains (measurement and use of data to guide community change efforts and active engagement in community change efforts). The increase offers subjective evidence that the CIM learning collaborative changed the practices of the participating sites. However, the sites also completed a similar CIM cohort C3 survey in 2022. When NORC then compared the 2023 domain means to domain means from the 2022 survey, the comparison showed little significant effect across the five domains, contradicting the earlier analysis. The discrepancy maybe the result of recall bias.

The CIM sites also participated in a retrospective C3 survey of site-specific networks in which they were members. Comparing the 2023 means to the 2022 retrospective means asked on the same survey items, the site-specific networks report a significant increase in mean scores on 3 of the 5 domains (measurement and use of data, active engagement, and distributed leadership). This is subjective evidence that the community networks are reporting that the intervention changed their network's practices. In contrast, the comparison sites did not have any significant differences in the 2023 means to the 2022 retrospective means asked on the same C3 survey items.

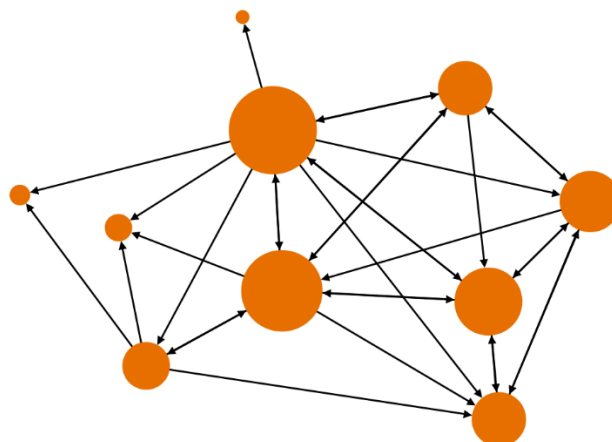
The comparison sites reported higher mean scores than the Texas sites' networks on all domains, except Domain 5 (effective, innovative community change programs, policies, and practices). This is illustrative of the fact that the comparison sites selected stronger networks to measure. But, for a host of potential reasons, such as staff turnover and changing organizational priorities, some of the comparison site' networks were not as close in 2023 as they had been in 2022. Data collection fatigue may have also led to some networks being less enthused to complete the network survey in a timely manner, which may have impacted survey responses.

However, the following CIM sites had network scores equal to or greater than the comparison sites in 2023: New Hope Housing's Cornerstone Community Service Partners, Santa Maria Hostel's NAS Collaborative, Bastrop County Cares' Early Childhood Coalition, and Children's Museum of Houston's Welcome Baby network (which had the highest score) (see Exhibit 20).

Exhibit 20. C3 Network Survey by Domain

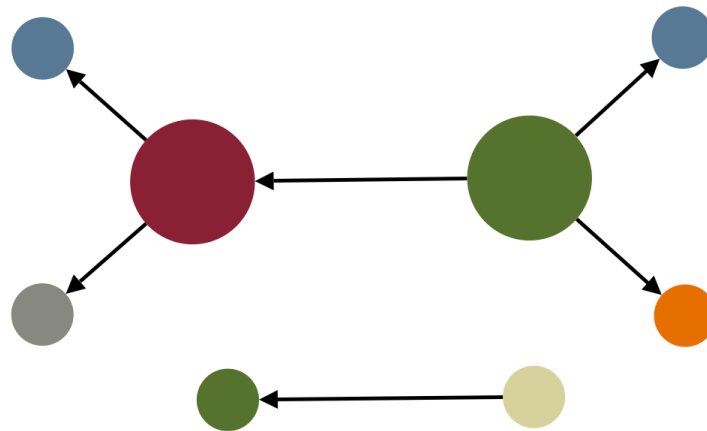
Domain	Pre-test	Post-test	t-test	n
Domain 1: Measurement and use of data to guide community change efforts	3.5	3.92	0.0070**	10
Domain 2: Active engagement in community change efforts	3.9	4.17	0.1527	10
Domain 3: Distributed leadership of equity focused community change efforts	3.62	4.09	0.0080**	10
Domain 4: Effective, innovative community change programs, policies, and practices	3.25	3.63	0.0324*	10
Domain 5: Infrastructure to support, sustain, and spread community change	3.53	3.8	0.0660	10
Domain Total	3.56	3.92	0.0075**	10

Texas Cohort Peer Network Analysis. At the end of the first convening in 2021, participants answered questions on the feedback survey regarding the structure of relationships among the ten sites participating in the Texas cohort. The network of social network connections among the CIM sites in the Texas cohort in 2021 is depicted in Exhibit 21. Each dot or node is a CIM site. Each line or link between the nodes is a reported connection between two sites. The arrows show the direction of the connection. Arrows on both ends show that the connection or relationship between the two sites is reciprocal.

Exhibit 21. Network Structure of Texas Change in Mind Collaborative 2021

In 2023, at the end of the fifth and final convening, the NORC evaluation team conducted a follow-up survey that asked the CIM sites the same network questions about their connections or relationships with their peers. Exhibit 22 shows the network structure of the 2023 Texas cohort's peer network, which has only eight nodes. Two CIM sites reported "no relationship" to any of the other CIM sites and none of the other CIM sites reported a relationship to those two organizations, and so the two organizations are not included in the 2023 diagram. See the final Appendix for more details of the changes in the peer network's characteristics.

Exhibit 22. Network Structure of Texas Change in Mind Collaborative 2023



A comparison of the 2021 and 2023 network survey diagrams and social network analysis showed that in two years, the structure of the Texas cohort's peer network had noticeably changed. Rather than growing larger and more connected over time, in response to cohort activities intended to increase peer engagement and connections among the sites, the peer network's capacity appeared to have weakened. By 2023, the peer network had grown noticeably smaller (fewer organizational nodes), and with fewer connections among the sites (fewer lines between the nodes). With no new investment in the peer network or commitment among CIM site leaders to provide ongoing operational support for the network, the network disbanded after the Texas cohort's funding ended.

While NORC and Social Current observed friendly interactions during the convenings, and collaboration during the in-person meetings, when asked after the last convening about the extent to which they had collaborated with each of the organizations over the past 12 months (April 2022-April 2023), many did not report collaborating with each other during this time period, resulting in the diagram in Exhibit 22.

A comparison of the 2021 and 2023 network survey diagrams shows that in two years, the Texas cohort's peer network structure changed noticeably. The peer networks' connections were expected to increase in response to Texas cohort strategies to increase CIM sites' peer engagement and connections. Although a couple of informal groups did form among sites that shared an affinity for similar issues,

such as EDI implementation, the peer cohort overall failed to coalesce into a formal network. Instead, the peer network had grown noticeably smaller (fewer organizational nodes) with fewer connections across the sites (fewer lines or links between the nodes).

Impact Evaluations

NORC conducted impact evaluations of two Cohort 1 Change in Mind sites – The Family Partnership in Minnesota and Family Service in San Antonio. The impact evaluations of two sites who participated in the first Change in Mind cohort showed that it can take several years after participation for sites to develop the capacity to design programs in alignment with the program learnings. This involves developing staff and organization capacity, finding funding, building partnerships, and testing and refining, before it is ready for a pilot test and then a more formal implementation and evaluation.

The Family Partnership's EGG curriculum was originally created as a small-group, high dosage intervention, with 30 minutes of content 5 days a week for 2.5 months. However, the teachers had trouble implementing that version because they did not have enough time to cover all the content. In response, TFP translated the program into a 40-week curriculum, spanning the entire school year, with 2-3 executive functioning activities every week. The EGG toolkit helps "children to develop executive function and self-regulation skills during the critical years of early childhood" ([EGG Toolkit, 2025](#)). NORC worked with the Center for Early Education and Development (CEED) at the University of Minnesota to evaluate the impact of the year-long curriculum during the 2023-2024 school year with two Head Start programs in San Antonio, Texas (6 classrooms total), visiting classrooms twice a month to collect forms that teachers filled out weekly tracking their progress through the curriculum and their feedback on the activities.

The Head Start classrooms used by The Family Partnership for the pilot were Head Start classrooms run by Family Service—the two organizations formed a close connection through their collaboration in the Change in Mind cohort. NORC also conducted qualitative interviews at the end of the year with teachers to learn about their experiences with the curriculum, what worked, what challenges they experienced, and if they would use the curriculum again. CEED conducted pre-post analyses to look at change over time on executive functioning measures. On the Behavior Questions scale, which measured children's behavior over the school year, their behavior was found to be improved, which was statistically significant with a large effect size.

The San Antonio Mobile Mental Wellness Collaborative (SAMMWC) is a collaboration of five nonprofits, including Family Service, to bring mental health services into schools. A pilot program started in 2019 in South San Antonio ISD, serving 1,600 people through counseling and outreach in six months. After the pilot, the program was expanded to include Harlandale ISD, Edgewood ISD, San Antonio ISD, and Judson ISD. As the program has expanded to meet a critical need, serving students, families, teachers, and district staff, the organizations are working to improve data collection quality and completeness to

better capture information about the individuals served and the impact of sessions. In addition to improving service delivery, this data can be used to support grant applications to improve and expand the program. The program was initially assessed by a local PhD student, and then after several tries, including a failed CDC grant application, the Anonymous Donor agreed to fund an evaluation of this program. NORC analyzed the program data from the 2022-2023 school year, removing adults and found that students receiving more sessions were more likely to benefit from this service and had a greater positive change in resiliency scores.

A detailed write up of the methods and findings are in Appendix K.

Conclusions and Implications

Conclusions

What are the core components of the Change in Mind Learning Collaborative Model – what stayed the same and what changed?

In 2005, the Palix Foundation, a private foundation in Alberta, Canada initiated a multi-phased strategy to mobilize and apply scientific knowledge connecting early brain and neurological development to later mental health, addiction, and physical health outcomes. This activity laid the groundwork that led to the development and testing of the Change in Mind model in the U.S.- Canada cohort (2015-2017) and the replication of CIM model in the Texas cohort (2021 – 2023).

In November 2014, the Alliance for Strong Families and Communities launched the Change in Mind: Applying Neuroscience to Revitalize Communities initiative with funding from the Palix and Robert Wood Johnson Foundations and logistical support from the Harvard Center on the Developing Child. The CIM initiative was designed as a learning collaborative to infuse brain science knowledge and evidence into organizations while gaining new insights into how to facilitate and accelerate change at program, organization, and system levels to prevent and mitigate ACEs, address trauma, and build resilience.

In 2021, the Alliance for Strong Families and Communities launched a two-year (2021-2023) Texas cohort of the CIM Model to replicate and rigorously evaluate the CIM model with ten human service organizations located in the greater areas of Houston and Austin – the funders' catchment areas. But, unlike the experience of the U.S. - Canada cohort, which operated smoothly without incident or environmental interference, the Texas cohort experienced major setbacks at national (pandemic restrictions), state (EDI restrictions), and organizational (project director turnover and organizational merger) levels throughout the life of the project.

The project adapted by hiring a new CIM Institute and Texas cohort director who worked with Social Current's Director of Practice Excellence to update and adapt the brain science, messaging, and

evaluation competency areas to fit the Texas context. They revised the CIM theory of change and integrated Social Current's EDI training and consulting services into the curriculum. They shifted the first two cohort convenings to a virtual environment. They used developmental evaluation methods to adjust the convenings and increase the coaching to match participating sites' feedback and requests. What emerged was an enhanced CIM adaptation, rather than an exact CIM replica.

How was the Texas Cohort implemented – what worked well and what worked less well?

The Texas cohort's learning activities included five convenings, webinars, coaching sessions, and peer networking activities. The CIM leadership team designed every convening to include sessions on brain science, racial equity, messaging, and evaluation competency topics at program, organization, and systems pathway levels. They prioritized the content of the convenings to integrate the new racial equity competency into the curriculum. They provided more interactive, site-specific coaching sessions on a wider range of topics, including developing site-specific theories of change, framing messaging, increasing community member engagement in program design and rapid testing, and creating GIS maps of population indicators. They added webinars to cover all competency and pathway topic areas, and more peer interaction sessions in later convenings to compensate for the loss of in-person networking time during the first two convenings.

The evaluation tracked participant sites' engagement, satisfaction, and perceptions of the utility of the learning activities. ***In general, participant engagement was lower in the Texas cohort than in the U.S. – Canada cohort.*** Site team attendance at the convenings varied with significant participant turnover, in part because of COVID-related absences. Because the first two convenings were virtual, the site teams had fewer opportunities to engage in person and learn from their peers. Some participants reported connecting informally over shared interests, but as a cohort, the sites never coalesced into a peer network. Without leadership support, the peer network disbanded after the cohort ended. Not all sites received the same level of leadership support for their CIM efforts. To increase executive leadership and engagement in the cohort, the CIM leadership team hosted an executive leadership session with site executives in December 2022.

Overall, the Texas cohort sites were quite satisfied with the learning activities and considered them useful for their organizations' learning. For brain science activities and messaging activities, nine of ten sites rated the activities as "a great deal" or "quite a bit" useful. For racial equity and developmental evaluation activities, nine or more sites rated the evaluation coaching and EDI coaching as "a great deal" or "quite a bit" useful. Other activities, such as completing evaluation surveys and IDI assessments, received lower ratings. Among activities, the third convening received the highest utility and satisfaction ratings, possibly because it was the first in-person convening of the cohort or had the best content.

What were the outcomes and impacts of the Texas cohort and the CIM model?

Among the competencies and pathways assessed in this evaluation, brain science and racial equity are the two most important competencies to summarize. Understanding and aligning brain science with racial equity principles provided the basis for other cohort outcomes.

Brain Science Outcomes. In convening feedback surveys, participants were asked to rate their understanding of brain science concepts and their application of brain science concepts to their work. Across the five convenings, **participants' understanding of brain science increased** from a score of 3.6 in convening 1 to 4.1 in convening 5, with a high score of 4.2 in convening 3. The feedback surveys also asked the participants to rate how much they applied brain science knowledge to their work. Across the five convenings, **participants' application of brain science increased** from an average rating of 3.6 in convening 1 to a high of 4.2 in convenings 3 and 5.

The sites' progress reports in 2022 and 2023 also tracked indicated the sites' progress in aligning their organization's activities with brain science concepts. *Across all areas, more organizations reported that they had made "quite a bit" or "a great deal" of progress aligning their activities with brain science in 2023 than 2022.* In 2023, none were reporting progress aligning their organizations with brain science "not at all."

To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization "today and a year ago." When reflecting on where they were in 2022 compared to 2023, **CIM sites reported increases in their staff's understanding of the impact and prevalence of ACEs** (2023 mean=3.8 compared to 3.4), **their staff's awareness of their own role in creating a brain science-aligned organization** (2023 mean=3.4 compared to 2.7), and **their staff's ability to apply concepts behind brain development, resiliency, and protective factors** (2023 mean=3.6 compared to 2.9). All three of these differences were statistically significant. **In contrast, comparison sites did not report much growth in these three areas** between 2022-2023. None of these differences were significant.

Racial Equity Outcomes. In the evaluation's convening feedback surveys, participants were asked to rate their understanding and their application of racial equity principles and practices to their work. Across the five convenings, **participants gradually increased their ratings of their understanding of these principles and practices and their ability to integrate racial equity principles and practices.** Participants also often felt that their understanding of the topic was better than their ability to integrate these practices into their work.

In their 2022 progress reports, the sites were very spread out in their reported progress in aligning their organization's EDI activities with brain science, with 4 sites reporting that they had made "a little" progress, 2 sites reporting "some" progress, 3 sites reporting "quite a bit" of progress, and only one site reporting "a great deal" of progress. *In their 2023 progress reports, sites were much more likely to report progress* with 3 sites reporting "some" progress and 7 sites reporting "quite a bit" or "a great deal" of progress. Across all competencies, **more organizations were reporting that EDI was incorporated "a great deal" in 2023 than 2022**, and in 2023 none were reporting "not at all."

To assess change in Texas CIM competencies and pathways over time, in 2023 the ten CIM sites and three comparison sites were asked to consider how much each statement described their organization “today and a year ago.” ***CIM sites reported significant increases in how well their organizations systematically worked to address inequities in service delivery*** (2023 mean=3.4 compared to 3.0), ***the extent to which enhancing professional development to improve staff’s cultural competence is an organizational priority*** (2023 mean=3.5 compared to 3.0), and ***the extent to which enhancing professional development to improve staff bilingual capabilities is an organizational priority*** (2023 mean=2.7 compared to 2.4). There was a slight increase in the extent to which working with partners to achieve durable improvements in community conditions was an organizational priority (2023 mean=3.8 compared to 3.6), but this was not statistically significant.

Comparison sites showed no change in how well their organization worked to identify inequities in service delivery (2023 and retrospective means=3.1), and how much enhancing professional development to improve staff bilingual capabilities is an organization priority (2023 and retrospective means=2.4). There was a slight decrease in how much enhancing professional development to improve staff cultural competence was an organizational priority (2023 mean=3.1 compared to 3.2), and a slight increase in how much working with partners to achieve durable improvements in community conditions was an organizational priority (2023 mean=3.9 compared to 3.7). Neither of these changes was statistically significant.

Implications for Future Cohorts

The Texas cohort succeeded in important ways that can be replicated in future cohorts:

- The Texas cohort added an important racial equity competency to the CIM model. This added competency helped participating sites to review the social, economic, and geographic distribution of adverse and positive childhood experiences of adverse childhood experiences, trauma, and resilience in their communities. They were able to use this information to adjust their goals and strategies to increase the reach of their work to children and families most affected by adverse child, family and community conditions.
- The Texas cohort model respond successfully to unprecedented shocks at national (COVID), state (EDI restrictions), and organizational (leadership change) levels through adaptive management methods that were flexible enough to ‘meet the moment’ while retaining CIM’s core content and learning activities. that helped sustain and enhance the CIM model.
- A rigorous evaluation documented the Texas cohort’s success in increasing the competency of participating sites in all four competency areas – brain science, racial equity, framing and messaging, and developmental evaluation. To scale and spread this type of success to other communities requires several kinds of capacity – a backbone organization to plan and implement the cohort, a local advisory group to ensure the relevance of local content and speakers, and a tested curriculum that has proven effective in diverse settings.

- The success of the Texas cohort depended, in part, on the dedicated and active engagement of the participating sites', including their senior leadership. Ongoing turnover among the sites' implementations teams reduced their understanding of key concepts, limited their adoption and uptake of specific skills, and hindered the implementation of their action plans. More selective recruitment and commitment of sites to engagement requirements as a condition of their participation may help prevent or mitigate these issues.
- The CIM learning collaborative model was designed as a temporary structure for peer learning but has not been effective in producing sustainable cross-sector coalitions at the community level, regardless of the geographic proximity of participating sites. Ongoing investment in supports and scaffolds for collaboration among the teams, both during and after the cohort, may increase CIM's collective impact at the community systems-level.
- Finally, both the U.S. – Canada and Texas cohorts have shown that organizations that share common goals or interests are more likely to form enduring partnerships. An example is the long-standing collaboration of the two U.S. – Canada cohort sites that participated in the Texas cohort's impact evaluation - The Family Partnership in Minnesota and Family Service of San Antonio. They have collaborated on CIM-related projects, conferences, and research, extending the influence and impact of the CIM model for more than a decade.

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Appendix A. Texas CIM Cohort

Participant Sites

Site	Geographic Region	Setting	Type
AAMA	Greater Houston	Community Organization	Non-Profit
Austin Public Education Foundation	Greater Austin	School District	Non-Profit
Bastrop County Cares	Bastrop County; Greater Austin	County partnership	Non-Profit
Boys and Girls Club of Greater Houston	Greater Houston	Youth Organization	Non-Profit
Children's Museum of Houston	Greater Houston	Children's Museum	Non-Profit
Family Service Center of Galveston County	Galveston County; Greater Houston	Mental Health Counseling	Non-Profit
Fort Bend County Behavioral Health Services	Fort Bend County; Greater Houston	County Behavioral Health Services	Government
New Hope Housing	Greater Houston	Housing	Company
Santa Maria Hostel, Inc.	Greater Houston	Residential and Outpatient substance use treatment	Non-Profit
Texas Center for Child and Family Studies	Greater Austin; Statewide	Statewide organization	Non-Profit

Comparison Sites

Two organizations applied to the CIM cohort but were not selected. The sites met the initiative’s requirements for capacity, but were not selected as one site was outside the funders’ catchment area and another operated statewide. One site was selected from a recommendation of a participating site.

Foster Community at Partnerships for Children is a network of organizations (nonprofits, community organizations, and government agencies) in Austin, TX that are dedicated to supporting families involved in the child welfare system. Foster Community runs the Central Texas Resource Group, a network serving central Texas with the vision of ensuring that children, youths, and families at risk of or currently involved in the child welfare system have adequate resources and services.

First3Years works with caregivers, parents, and professionals to educate and provide training and resources on infant mental health and social-emotional development. They work across Texas, though their main offices are in Dallas and Houston. They actively participate in the Houston Infant Toddler Coalition, a network in greater Houston with a vision of transforming Houston into a place where all infants and toddlers thrive.

TexProtects is an advocacy organization devoted to preventing child abuse and neglect in Texas. They serve as the Texas affiliate and chapter for Prevent Child Abuse America. In 2008, they established the Child Protection Roundtable, which is a network throughout Texas administered by TexProtects with a vision of driving child protection public policy in Texas, by leveraging child welfare data, community resources, and strategic policy.

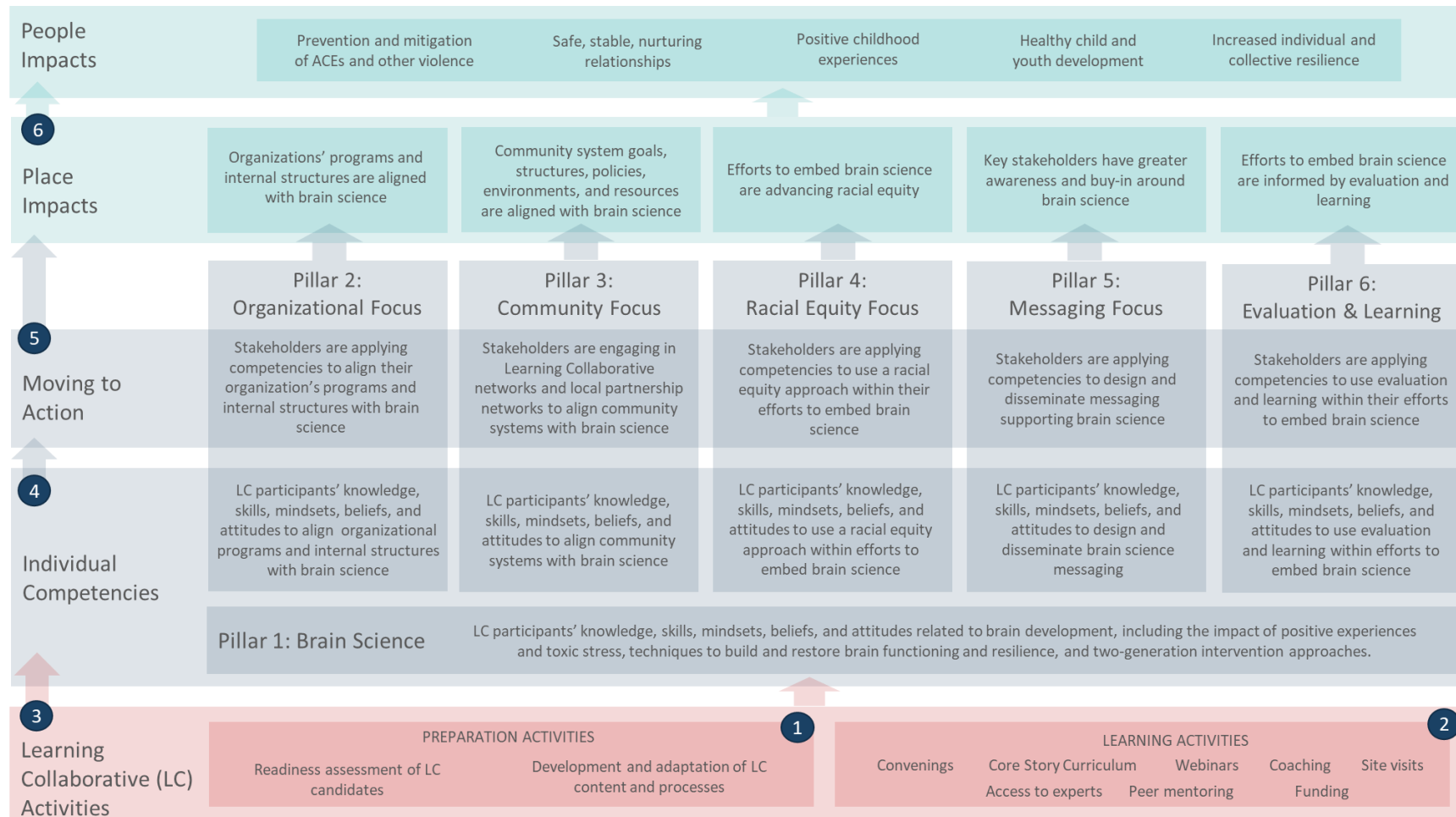
Exhibit 6. Comparison Sites

Site	Geographic Region	Setting	Type
First3Years	Greater Houston and Dallas; Statewide	Community Organization	Non-Profit
Foster Community	Greater Austin	Community Organization	Non-Profit
TexProtects	Greater Dallas; Statewide	TX Affiliate of Prevent Child Abuse America	Non-Profit

Appendix B. Theory of Change

February 2021 Theory of Change

The following is the February 2021 summary of the Change in Mind theory of change. Details for each element are described on the following pages.



Key Terms

The following are definitions for key terms from the theory of change. Definitions for each pillar are provided on subsequent pages.

BRAIN SCIENCE: A body of knowledge and research on brain development, including the impacts of toxic stress and positive experiences, techniques to build and restore brain functioning and resilience, and two-generation intervention approaches.

LEARNING COLLABORATIVE (LC): participants in a Change of Mind cohort.

PEOPLE IMPACTS: Outcomes for children, youth, adults, and families within service and general populations.

PLACE IMPACTS: Outcomes for organizations, service delivery systems, and community environments.

RACIAL EQUITY: Equity is fairness and justice achieved through systematically assessing disparities in opportunities and outcomes and redressing disparities through targeted actions (Urban Strategies Council Definition).

STAKEHOLDERS: Individuals involved in or supporting efforts to embed brain science, including community members, groups with lived experiences with adverse childhood experiences and adverse community environments, leaders and staff within institutions and organizations, and policy makers.

People Impacts

People impacts include outcomes for children, youth, adults, and families within service and general populations. This table includes relevant elements, evidence of change, and selected measures.

Elements	What evidence indicates a change?	How is this measured?
Prevention and mitigation of ACEs and other violence	Fewer children and youth experiencing ACEs and other violence within: - Client populations - Community/region population	ACEs Questionnaire Child Report of Post-traumatic Symptoms UCLA Adolescent PTSD Screen PRaCY survey
Safe, stable, nurturing relationships	More children and youth are experiencing safe, stable, nurturing relationships within: - Client populations - Community/region population	Adolescent Parenting Inventory-2 Functional Emotional Assessment Scale Parenting Stress Index-4

Elements	What evidence indicates a change?	How is this measured?
Positive childhood experiences	More children and youth are gaining positive childhood experiences (e.g., feeling supported by friends and family, having a sense of belonging and connection with a larger group, enjoyment of participation in community traditions) within: - Client populations - Community/region population	Achenbach Child Behavior Checklist Child and Adolescent Needs and Strengths Protective Factors Survey
Healthy child and youth development	More children and youth are reaching milestones across multiple developmental domains within: - Client populations - Community/region population	Ages and Stages Questionnaire Child and Adolescent Functional Assessment Scale Early Development Instrument
Increased individual and collective resilience	Increased capacity to individually and collectively navigate to psychological, social, cultural, and physical resources that sustain well-being for: - Client populations - Community/region population Increased capacity to individually and collectively negotiate for these resources provided in culturally meaningful ways for: - Client populations - Community/region population	Brief Resilience Scale Child and Youth Resilience Measure Resilience Questionnaire

Place Impacts

Place impacts include changes in organizations, service delivery systems, and community environments that demonstrate increased alignment with brain science. This table includes relevant elements, evidence of change, and selected measures for each of the six pillars.

Pillar 2: Organizational Focus

Elements	What evidence indicates a change?	How is this measured?
Organizations' programs and internal structures are aligned with brain science	The following practices are more embedded into LC participant organizations' program design processes: • Use of a brain science informed theory of change to identify gaps in their programming/practices and guide design decisions • User/human-centered design practices • Rapid testing and improvement practices LC participant organizations' programs include more science-informed program models and practices LC participant organizations' practices at intake, assessment, or other areas of service delivery are more aligned with brain science The following internal structures within LC participant organizations are more aligned with brain science: • Organizational culture • Strategic leadership (e.g., vision, goals, strategic plans, business plans, etc.) • Organizational power dynamics (e.g., decision-making processes) • Organizational regulations (e.g., policies, procedures, standards, etc.) • Organizational structure (e.g., functions of and connections between staff/personnel, work units, committees, task forces, etc.)	Fostering Futures Organizational Assessment – pre-post changes Portfolio of LC Products (changes in brain story visions, strategic plans, workforce development plans, design protocols, etc.) Member progress reports Members' staff surveys Other organizational records and artifacts

Pillar 2: Organizational Focus

- Resources (e.g., budget priorities, funding allocations, new grants or external funds, etc.)
- Workforce development (e.g., hiring and training processes related to new staff competencies, processes to promote staff self-care related to ACEs and secondary trauma, etc.)

Pillar 3: Community Focus

Elements	What evidence indicates a change?	How is this measured?
Community system goals, structures, policies, environments, and resources are aligned with brain science	Shared visions, policies, priorities, connections (e.g., co-location of staff, referral pathways), regulations, service eligibility, environments, programs/interventions, and funding are more aligned with brain science at the following levels: • Local service delivery system (e.g., child welfare, childcare, education, medical and behavioral healthcare, housing, justice, etc.) • Local/county government, institutions, and initiatives • State/provincial government, institutions, and initiatives • National government, institutions, and initiatives	Collective Community Capacity (C3) Surveys pre-post changes Portfolios of LC Products (changes in system maps, network lists, C3 scores, etc.) Organizational and institutional records and artifacts Progress reports

Pillar 4: Racial Equity Focus

Elements	What evidence indicates a change?	How is this measured?
Programs, organizations, and community systems are advancing racial equity	The following internal structures within LC participant organizations are more effectively advancing racial equity/justice: - Organizational culture - Strategic leadership (e.g., vision, goals, strategic plans, business plans, etc.) - Organizational power dynamics (e.g., decision-making processes) - Organizational regulations (e.g., policies, procedures, standards, etc.) - Organizational structure (e.g., functions of and connections between staff/personnel, work units, committees, task forces, etc.) - Resources (e.g., budget priorities, funding allocations, new grants) - Workforce development (e.g., hiring and training processes related to new staff competencies) - Results-based accountability plan Shared visions, policies, priorities, connections (e.g., co-location of staff, referral pathways), regulations, service eligibility, environments, programs/interventions, and funding are more effectively advancing racial equity/justice at the following levels: - Local service delivery system (e.g., child welfare, childcare, education, medical and behavioral healthcare, housing, justice, etc.) - Local/county government, institutions, and initiatives - State/provincial government, institutions, and initiatives - National government, institutions, and initiatives Engagement, diversity, and inclusion practices are more consistently used within: - Cross-sector coalitions (e.g., task forces, work groups, consortia, etc.) - Community partner networks (e.g., local service systems, community-based agencies, foundations, government agencies, media, advocates, colleagues, etc.)	Intercultural Development Inventory (IDI) assessments – pre-post changes Alliance EDI Organizational Assessment (pre and post changes) and Alliance Phases of the EDI Journey Progress on racial equity plans Concept application measures on LC products and qualitative feedback from coaching and other engagements Organizational and institutional records and artifacts Progress reports

- Community mobilization efforts (e.g., with clients, families, community residents, the general public, etc.)

Pillar 5: Messaging Focus

Elements	What evidence indicates a change?	How is this measured?
Key stakeholders have greater awareness and buy-in around brain science and racial equity	The following groups of stakeholders have increased their awareness of brain science and racial equity/justice: • Community members, including groups with lived experiences with adverse childhood experiences and adverse community environments • Leaders and staff within institutions and organizations • Policy makers The above stakeholder groups have increased their intentions to align their efforts with brain science and racial equity/justice	Member progress reports EDI plans (includes who will be your partners/allies in the community to move the EDI progress to the population level) and progress on TOC

Pillar 6: Evaluation and Learning Focus

Elements	What evidence indicates a change?	How is this measured?
Programs, organizations, and community systems are aligned with data and learning	Changes that embed brain science and advance racial equity/justice at program, organization, system, and policy levels are aligned with relevant data and learning	Portfolio of LC Products IDI and Alliance Organizational EDI Post-assessments Progress reports (e.g., evaluation and learning, racial equity plans, the LC) Other organizational records and artifacts

Pillar 1: Brain Science

Pillar 1 involves core competencies related to brain science, and serves as the foundation upon which all the other pillars are built. This table includes relevant elements, evidence of change, and selected measures.

Individual Competencies		
Elements	What evidence indicates a change?	How is this measured?
LC participants' knowledge, skills, mindsets, beliefs, and attitudes related to brain development	# and % of LC participants with increased knowledge, skills, mindsets, beliefs, and attitudes related to brain science topics, including: • Historical individual, family, and community trauma • Risk and protective factors at individual, family, and community levels • Techniques to build and restore brain functioning • Coping skills to increase resilience and core capacity • Two-generation approaches to prevent or mitigate the effects of adversity to improve family well-being # and % of LC participants with new relationships with others in their LC cohort and the broader LC network	Scores on Brain Story Course Post-convening social network survey (to measure new types of exchanges and relationships with other participants of LC network)

Pillar 2: Organizational Focus

Pillar 2 involves competencies and actions to align organizational programming and internal structures with brain science. This table includes relevant elements, evidence of change, and selected measures.

Moving to Action		
Elements	What evidence indicates a change?	How is this measured?
LC participant organizations are aligning programs and internal structures with brain science	# and % of LC participant organizations using new competencies to: - Adopt or adapt <u>existing</u> brain science-informed program models and practices - Develop or test <u>new</u> brain science-informed program models and practices <u>Scale</u> up the use of evidence-based, brain science-informed program models and practices - Develop or adjust program practices at intake, assessment, or other areas of service delivery to better align with brain science # and % of LC participant organizations developing or adjusting the following to better align with brain science: - Organizational culture - Strategic leadership (e.g., vision, goals, strategic plans, business plans, etc.) - Organizational power dynamics (e.g., decision-making processes) - Organizational regulations (e.g., policies, procedures, standards, etc.) - Organizational structure (e.g., functions of and connections between staff/personnel, work units, committees, task forces, etc.) - Resources (e.g., budget priorities, funding allocations, new grants) - Workforce development (e.g., hiring and training processes related to new staff competencies, processes to promote staff self-care related to ACEs and secondary trauma)	Fostering Futures organizational assessment Progress reports Portfolio of LC Products (brain science programs and practices, etc.) LMS records (e.g., accessing webinars or materials) and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using info) for members of LC participant organizations

Individual Competencies

Elements	What evidence indicates a change?	How is this measured?
LC participants have knowledge, skills, mindsets, beliefs, and attitudes to align organizational programs and internal structures with brain science	# and % of LC participants with increased knowledge, skills, mindsets, beliefs, and attitudes related to: - Using user/human-centered design practices - Using rapid/short-cycle testing and improvement practices - Aligning existing and/or new program models and practices with brain science - Developing or adjusting program practices at intake, assessment, or other areas of service delivery to better align with brain science - Aligning internal organizational structures with brain science	Checks for understanding and learning Portfolio of LC Products (convening assignments, etc.)

Pillar 3: Community Focus

Pillar 3 involves competencies and actions aimed at aligning community system paradigms, structures, and resources across multiple levels and settings with brain science. This table includes relevant elements, evidence of change, and selected measures.

Moving to Action

Elements	What evidence indicates a change?	How is this measured?
LC participants are engaging with local partnership networks to align community systems with brain science	# and % of LC participant organizations building competencies and networks/mobilization within the following groups to effectively align community systems with brain science: - Cross-sector coalitions (e.g., task forces, work groups, consortia, etc.) - Community partners (e.g., leaders and staff of local service systems, community-based agencies, foundations, government agencies, media, advocates, colleagues, etc.)	C3 Survey assessments Member progress reports

Moving to Action

	- Community members (e.g., clients, families, community residents, the general public, etc.) # and % of LC participant organizations collaborating with the groups listed above to align shared visions, policies, priorities, connections (e.g., co-location of staff, referral pathways), regulations, service eligibility, environments, programs/ interventions, and funding with brain science at the following levels: - Local service delivery system (e.g., child welfare, childcare, education, medical and behavioral healthcare, housing, justice, etc.) - Local/county government, institutions, initiatives - State/provincial government, institutions, initiatives - National government, institutions, initiatives	Portfolio of LC Products (e.g., systems maps, policy advocacy plans, etc.) LMS records (e.g., accessing webinars or materials) and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using info) for members of LC participants' organizations and community partnership networks
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Individual Competencies

Elements	What evidence indicates a change?	How is this measured?
LC participants have knowledge, skills, mindsets, beliefs, and attitudes to align community systems with brain science	# and % of LC participants with increased knowledge, skills, mindsets, beliefs, and attitudes related to: - Build the competencies and networks/mobilization of various groups to effectively collaborate on brain science-aligned systems and policy change - Design mutually reinforcing transformational change strategies within and across program, organization, system, and policy levels	Checks for understanding and learning Portfolio of LC Products (e.g., convening assignments, etc.)

Pillar 4: Racial Equity Focus

Pillar 4 involves competencies and actions aimed at advancing racial equity. Racial equity can be defined as fairness and justice achieved through systematically assessing disparities in opportunities and outcomes and redressing disparities through targeted actions (Urban Strategies Council Definition). Deep equity means working toward outcomes in ways that model dignity, justice, and love without re-creating harm in our structures, strategies and working relationships (*ChangeElemental*). This table includes relevant elements, evidence of change, and selected measures.

Moving to Action		
Elements	What evidence indicates a change?	How is this measured?
LC participants and other stakeholders are using a racial equity/justice approach within their efforts to embed brain science	# and % of LC participant organizations aligning the following <i>programmatic</i> components with advancing racial equity/justice: - Brain science-informed program models and practices - Program practices at intake, assessment, or other areas of service delivery to better align with brain science # and % of LC participant organizations aligning the following <i>internal structures</i> to better advance racial equity/justice: - Organizational culture - Strategic leadership (e.g., vision, goals, strategic plans, business plans, etc.) - Organizational power dynamics (e.g., decision-making processes) - Organizational regulations (e.g., policies, procedures, standards, etc.) - Organizational structure (e.g., functions of and connections between staff/personnel, work units, committees, task forces, etc.) - Resources (e.g., budget priorities, funding allocations, new grants) - Workforce development (e.g., hiring and training processes related to new staff competencies) - Results-based accountability plan # and % of LC participant organizations building capacity within the following groups to advance racial equity/justice:	Fostering Futures assessments Member progress reports Portfolio of LC Products (e.g., draft racial equity and accountability plans, etc.) Alliance EDI Organizational Assessment (pre and post changes) and Alliance Phases of the EDI Journey Progress on LC racial equity plans. LMS records (e.g., accessing webinars or materials) and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using info)

	• Cross-sector coalitions (e.g., task forces, work groups, consortia, etc.) • Community partners (e.g., leaders and staff of local service systems, community-based agencies, foundations, government agencies, media, advocates, colleagues, etc.) • Community members (e.g., clients, families, community residents, the general public, etc.) # and % of LC participant organizations collaborating with the above groups to align shared visions, policies, priorities, connections (e.g., co-location of staff, referral pathways), regulations, service eligibility, environments, programs/ interventions, and funding with advancing racial equity/justice at the following levels: • Local service delivery system (e.g., child welfare, childcare, education, medical and behavioral healthcare, housing, justice, etc.) • Local/county government, institutions, and initiatives • State/provincial government, institutions, and initiatives • National government, institutions, and initiatives	for members of LC participants' organizations and community partnership networks
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Individual Competencies

Elements	What evidence indicates a change?	How is this measured?
LC participants have knowledge, skills, mindsets, beliefs, and attitudes to use a racial equity/justice approach within efforts to embed brain science	# and % of LC participants with increased knowledge, skills, mindsets, beliefs, and attitudes related to: • Equity, diversity, and inclusion principles, social justice, and root causes of structural racism in communities • Organizational growth phases related to equity/justice • Aligning organizational programs, structures, and culture with advancing equity/justice • Aligning community systems with advancing equity/justice • Equity, diversity, inclusion, and justice in community engagement and partnership development • Creating a Results-Based equity, diversity, and inclusion, plan • Building the capacity of partners to advance racial equity/justice	Checks for understanding and learning Portfolio of LC Products (e.g., convening assignments, etc.) Intercultural Development Inventory (IDI) assessments –pre-post changes

Pillar 5: Messaging Focus

Pillar 5 involves competencies and actions aimed at designing and disseminating messaging to advance brain science and racial equity/justice. This table includes relevant elements, evidence of change, and selected measures.

Moving to Action		
Elements	What evidence indicates a change?	How is this measured?
LC participants and other stakeholders are designing and disseminating messaging supporting brain science and racial equity	# and % of LC participant organizations building capacity around effective messaging within the following groups: • Cross-sector coalitions (e.g., task forces, work groups, consortia, etc.) • Community partners (e.g., leaders and staff of local service systems, community-based agencies, foundations, government agencies, media, advocates, colleagues, etc.) • Community members (e.g., clients, families, community residents, the general public, etc.) # and % of LC participant organizations, either on their own and/or in partnership with the groups listed above, developing and disseminating clear and compelling messaging related to brain science and racial equity/justice for: • Internal communications (e.g., within an organization or within a cross-sector coalition) • External communications (e.g., op-eds, newsletters, fundraising events, campaigns, and social media)	Progress reports Portfolio of LC Products (e.g., draft messages, etc.) Organizational and institutional records and artifacts LMS records (e.g., accessing webinars) and surveys (e.g., satisfaction surveys, follow-up surveys) for members of LC participants' organizations and community partnership networks. EDI plans (i.e., identification of partners/allies in the community to move the EDI progress to the population level) and progress on TOC
Individual Competencies		

Elements	What evidence indicates a change?	How is this measured?
LC participants have knowledge, skills, mindsets, beliefs, and attitudes to design and disseminate messaging supporting brain science and racial equity	# and % of LC participants with increased knowledge, skills, mindsets, beliefs, and attitudes to related to: • Framing • Audiences • Metaphors • Language • Choice of mediums • Timing • Building the capacity of partners to use effective messaging practices	Checks for understanding and learning Portfolio of LC Products (FrameWorks message framing assignments, etc.)

Pillar 6: Evaluation and Learning

Pillar 6 involves competencies and actions to use evaluation and learning practices to enhance change efforts. This table includes relevant elements, evidence of change, and selected measures.

Moving to Action		
Elements	What evidence indicates a change?	How is this measured?
LC participants and other stakeholders are using evaluation and learning practices within their efforts to embed brain science and advance racial equity	# and % of LC participant organizations using their theory of change to guide decisions related to the 6 pillars # and % of LC participant organizations building capacity to use evaluation and learning practices within the following groups: • Cross-sector coalitions (e.g., task forces, work groups, consortia) • Community partners (e.g., leaders and staff of local service systems, community-based agencies, foundations, government agencies, media, advocates, colleagues) • Community members (e.g., clients, families, community residents, the general public) # and % of LC participant organizations, either on their own and/or in partnership with the groups listed above, gathering and using data to: • Understand clients' ACEs, adverse community conditions, resiliency factors, and vulnerabilities • Understand the root causes of adverse conditions within the community and service delivery system • Test and improve change efforts at program, organization, system, and policy levels	Fostering Futures assessments Member progress reports Portfolio of LC Products (e.g., evaluation plans, theories of change, etc.) LMS records (e.g., accessing webinars or materials) and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using info) for members of LC participants' organizations and community partnership networks.

Individual Competencies

Elements	What evidence indicates a change?	How is this measured?
LC participants' knowledge, skills, mindsets, beliefs, and attitudes to use evaluation and learning within their efforts	# and % of LC participants with increased knowledge, skills, mindsets, beliefs, and attitudes related to: - Theories of change - Systemic change and racial equity evaluation methods - Measuring ACEs, adverse community conditions, community-level trauma, resiliency factors, and vulnerabilities - Using data to enhance client intake, assessment, service planning, program management, organizational development, and systems change - Developmental evaluation, short cycle testing methods - Learning focus - Building partner capacity to use evaluation and learning	Checks for understanding and learning Portfolio of LC Products (e.g., convening worksheets and coaching assignments, etc.)

Learning Collaborative Activities

The Learning Collaborative activities are aimed at preparing and implementing the Change in Mind Learning Collaborative. This table includes relevant elements, evidence of change, and selected measures.

Preparation Activities

Elements	What evidence indicates success?	How is this measured?
Readiness assessment of cohort candidates	# and % of applicants selected for Learning Collaborative have sufficient: - Budget and sustained resources to accomplish the work proposed in their transformation plan - Clearly described vision and goals for their work related to brain science, aces, trauma, resilience, and/or racial equity concepts and frameworks	Completed applications

	• Outlined plan for making transformative changes in their organization's program practices, organizational culture, or at community service system and public policy levels • Alignment between their organization's vision/goals and their proposed transformation plan • Staff capacity and experience designing, testing, and evaluating their programs and willingness to work with an outside evaluation firm or an expert in human-centered design • Experience collaborating with others, including clients and community members, to make decisions in their organization or to advocate for changes within other local, regional, or statewide organizations, institutions, and service systems • Experience collaborating with others, including clients and community members, to advocate for change in local, regional, or statewide policies • Diversity in the demographics of the population(s) served and/or assisted by the organization (as compared to demographics of community)	
Development and adaptation of content and processes	Learning Collaborative content and processes incorporate relevant adaptations in response to readiness assessment results, and the IDI and EDI Organizational Assessment results.	Convening agendas Curriculum Webinar materials Coaching protocols Site visit protocols Selected experts Peer mentoring plans Funding plans

Learning Activities

Elements	What evidence indicates success?	How is this measured?
Convenings	# and % of LC participants attending each convening event and/or topic session Of the LC participants who attended the convenings: • % who are satisfied with each convening event and/or topic session • % reporting they used information from event and/or topic session, with example of use and story of result	Sign in sheets Feedback surveys
Core Brain Story Curriculum	# and % of LC participants <u>starting</u> the Brain Story Course # and % of LC participants <u>completing</u> the Brain Story Course Of the LC participants who started the Brain Story Course: • % who are satisfied with the curriculum • % who report they used information from the curriculum, with example of use and story of result	LMS records and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using information)
Webinars	# and % of LC participants attending each webinar Of the LC participants who attended each webinar: • % who were satisfied with the content and delivery • % reporting they used information from the webinars, with example of use and story of result	LMS records (including webinar engagement scores) and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using information)

Learning Activities

Coaching	# and % of LC participants engaging in coaching sessions Of the LC participants who engaged in coaching: • % who were satisfied with the content and delivery • % reporting they used information from coaching, with example of use and story of result	Coaching records Feedback surveys
Site visits	# and % of LC participants engaging in site visits Of the LC participants who engaged in site visits: • % who were satisfied with the experience • % reporting they used information from site visit, with example of use and story of result	Site visit logs Feedback surveys
Access to experts	# and % of LC participants accessing consultation from experts Of the LC participants who accessed expert consultation: • % who were satisfied with the experience • % reporting they used information from experts, with example of use and story of result	Expert consultation logs Feedback surveys
Access to materials	# and % of LC participants accessing materials and information from the LMS related to the 6 pillars Of the LC participants who accessed LMS materials: • % who were satisfied with the content and delivery • % reporting they used the information, with example of use and story of result	LMS records and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using info)

Learning Activities

LC Network	# and % of LC participants engaging with the LC network to exchange information, mentoring, and/or social support Of the LC participants who engaged in the LC network: • % who were satisfied with the experience • % reporting they used information from the LC network, with example of use and story of result	LMS records and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using info)
Funding	# and % of LC participants accessing funding provided through Change in Mind	Funding records

Theory of Change Learning Collaborative Hypotheses

The following hypothesis test out the main assumptions within the Change in Mind theory of change and are shown as on the theory of change visual. These hypotheses will be investigated through the Change in Mind evaluation.

Hypotheses

Hypothesis 1	Individuals and communities with adequate readiness will apply for the Change in Mind Learning Collaborative (LC)
Hypothesis 2	Participants will fully engage in the LC activities
Hypothesis 3	LC activities will enable LC participants to build competencies and relationships needed to effectively embed brain science into their efforts and advance racial equity
Hypothesis 4	LC participants and partner networks will take actions to effectively embed brain science into their efforts and advance racial equity

Hypotheses

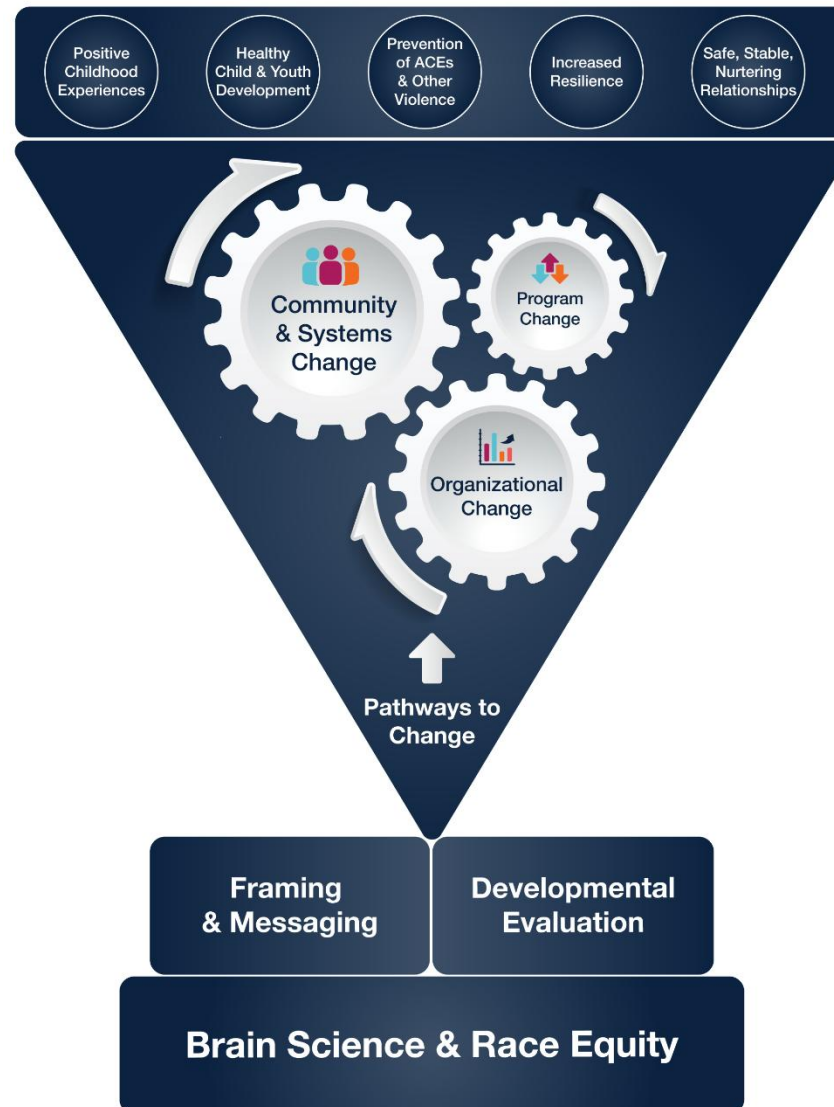
Hypothesis 5

LC participants' and partner networks' collective efforts will improve place impacts

Hypothesis 6

Advances in place impacts will result in improved impacts for children and families

Revised Theory of Change



Appendix C. Site Selection and Engagement

	Description	Location	Service Types
AAMA	AAMA's mission is to inspire and empower Latinos to pursue their potential and achieve success. Their efforts are focused in the areas of education, workforce readiness and leadership development.	Houston Area	• Improve Skills and Abilities • Add Positive Supports
New Hope Housing	New Hope Housing is a nationally recognized, award-winning organization that offers an innovative approach to the problem of housing affordability that too often leads to housing instability and the risk of homelessness.	Houston Area	• Reduce Adversity
Boys and Girls Club of Greater Houston	Boys & Girls Clubs of Greater Houston gives local youth access to positive role models, fun, and educational activities, nourishing meals, and opportunities to build character in a safe environment.	Houston Area	• Improve Skills and Abilities • Add Positive Supports
Santa Maria Hostel	Santa Maria provides critical and life changing services for low-income, indigent women aged 18 and above and their children from Harris and the surrounding 12 counties.	Houston Area	• Reduce Adversity • Add Positive Supports
Austin Ed Fund	The Austin Ed Fund has supported Austin ISD by raising public and private dollars for the district's most innovative initiatives – often system-wide programs, impacting tens of thousands of students each and every day.	Austin Area	• Improve Skills and Abilities • Add Positive Supports
Fort Bend County Behavioral Health Services	The department was created to assist in addressing the needs of those with mental illness who come into contact with our justice system. Over the years, Behavioral Health Services has expanded to begin to address those in the community who are high-risk of involvement in the justice system.	Houston Area	• Reduce Adversity

	Description	Location	Service Types
Bastrop County Cares	Bastrop County Cares is a county-wide partnership working to develop comprehensive community initiatives by identifying community priorities, collecting and analyzing data, and bringing together collaborative partnerships that will result in community solutions.	Austin Area	• Add Positive Supports
Children's Museum Houston	The Children's Museum of Houston transforms communities through innovative, child-centered learning that improves the trajectories of all children.	Houston Area	• Improve Skills and Abilities • Add Positive Supports
FSC Galveston	FSC's mission is to promote the mental health and well-being of all individuals and families through counseling, education, and prevention.	Houston Area	• Reduce Adversity • Improve Skills and Abilities
Texas Center for Child & Family Studies	The Texas Alliance of Child and Family Services (TACFS) is a network of mission-driven organizations that have embraced the call to serve children and families in the child welfare system, and are working together to improve our care, services, and outcomes statewide.	Austin Area	• Reduce Adversity

Appendix D. Summary of Five Convenings

Convening	Dates	Location	Presentation Highlights
Convening #1	June 15-24, 2021	Virtual	• Site presentations from the Texas cohort group • Discussion on foundational and emerging research on brain science • Reflections on the first Change in Mind Cohort • Review of the evaluation plans • Presentations on early childhood development and anti-racism, systems change and theories of change, applying a DEI lens to their work, and developmental evaluation. • Panels on framing and strategic communications and partnerships and strategies to advance policy change. • Working sessions based on areas of interest and geographic location
Convening #2	October 27-29, 2021	Virtual	• Presentations on applying brain science concepts, draft theories of change, aligning community systems, and framing and communications across differences. • Facilitated debrief on evaluation and integrating the Texas Change in Mind components. • Reflections on the first Change in Mind Cohort and brain science • Moderated discussion on the intersection of ACEs and racism and how to move from theory to action
Convening #3	April 6-8, 2022	Houston, TX	• Evaluation checks in • Theory of Change gallery walk. • Presentations on asset-based framing, development of a tiered model on early brain development, tools and strategies for reviewing communications, reducing executive functioning burden, population-level indicators of system change. • Working sessions on framing strategies and action planning for systems change opportunities

Convening	Dates	Location	Presentation Highlights
Convening #4	October 18-20, 2022	Austin, TX	• Presentations on brain science application and workforce resistance, developmental evaluation presentations, supporting community systems change and sustainability leading up to the final months. • Organizational work time • Full day session on equity, diversity, inclusion, and anti-racism
Convening #5	April 18-20, 2023	Houston, TX	• Presentations on somatic and embodied approaches to healing-centered and equity-focused work, DEI and anti-racism reflections and sustainability, general sustainability • Presentations by Change in Mind teams • Reflections on existing work • Highlight next steps for the learning collaborative. • Organizational and cohort work time

Theory of Change and Developmental Evaluation Coaching Calls

Site	Coaching Contact Dates				Total Coaching Contacts
	Window 1: July 2021 - October 2021	Window 2: November 2021 - April 2022	Window 3: May 2022 - October 2022	Window 4: October 2022 - April 2023	
AAMA	10/8/21	3/24/22	6/3/22 8/22/22	2/9/23	5
Austin Education Fund	10/13/21	3/24/22	5/26/22 8/8/22	1/25/23	5
Bastrop County	10/18/21	3/24/22	6/2/22	3/23	4
Boys and Girls Club	10/7/21	3/16/22	6/9/22 8/11/22	2/24/23	5

Site	Coaching Contact Dates				Total Coaching Contacts
	Window 1: July 2021 - October 2021	Window 2: November 2021 - April 2022	Window 3: May 2022 - October 2022	Window 4: October 2022 - April 2023	
Children's Museum	9/30/21 10/18/21	3/2/22	6/23/22 8/3/22	1/19/23	6
Fort Bend	10/19/21	3/10/22	6/3/22 8/8/22	2/13/23	5
FSC of Galveston	9/30/21 10/22/21	3/25/22	6/27/22 8/11/22	1/18/23	6
New Hope Housing	10/8/21	11/10/21 3/10/22	5/26/22 7/6/22 8/15/22	2/2/23	7
Santa Maria Hostel	10/7/21	3/25/22	6/30/22 8/3/22	2/1/23	5
TACF	8/21/21 9/29/21	3/16/22	6/30/22 8/15/22	3/8/23	6

Additional Coaching Calls

Coaching Call	Timing	Description
EDI+Brain Science	3 coaching calls between May-October 2022; 3 coaching call between January-March 2023	A total of six coaching calls focused on the intersection of EDI and Brain Science
Data Mapping	2 coaching calls between May-September 2022	A total of two data-mapping calls were offered
Framing and Communications	2 coaching calls between May-October 2022; 1 coaching call in between January-March 2023	A total of three coaching calls focused on Framing & Communications
Sustainability Plan	1 coaching call in March/April 2023	One coaching call focused on sites' Sustainability Plan

Coaching Call	Timing	Description
Reflections, Sustainability, and Next Steps	1 coaching call in May/June 2023	One final coaching call focused on reflections, sustainability, and next steps
IDI Coaching Calls	Coaching call follow-up after completing IDI	Five individuals from each site participated in the IDI, and each one had an individualized 1:1 coaching call follow-up

Appendix E. Organizational Assessment Results Tables

Change in Mind Texas Sites Organizational Assessment Results

A. Organizational Culture and Knowledge

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well do your organization's staff understand the impact and prevalence of Adverse Childhood Experiences in the population they are working with?	3.4	3.8	0.0432*
2. How well are your organization's staff aware of the role they play in creating a brain science-aligned organization?	2.7	3.4	0.0003***
3. How well do your organization's staff apply the concepts behind brain development, resiliency, and protective factors to their work?	2.9	3.6	0.0002***

B. Workforce Development

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well is brain science training included in new staff orientation?	1.8	2.7	0.0001***
2. How well does your organization invest resources in staff professional development?	3.2	3.5	0.1323

C. Physically and Psychologically Safe Environment

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well do organizational leaders communicate the importance of creating a safe environment within our organization?	3.3	3.7	0.0154*
2. How well does your organization provide wellness activities (such as counseling, yoga, or other support services) to help staff manage their stress and increase their resilience?	2.1	2.7	0.0034**

D. Organizational Leadership

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. Does your organization have a written statements that includes a commitment to brain science-aligned practices?	1.8	2.4	0.0089**
2. How well do organizational leaders communicate how becoming more aligned with brain science as an organization can improve organizational outcomes?	2.1	2.9	0.0001***
3. How well do organizational leaders set the tone and serve as an example of how to treat staff, clients, and partners with respect and dignity?	3.5	3.7	0.2878

E. Executive Leadership

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well do the Board of Directors review organizational strategies to ensure alignment with the organization's mission?	3.0	3.4	0.0851
2. How well do the Board of Directors prioritize ensuring that strategic priorities, including brain-science aligned work, are adequately reflected in the organization's budget?	2.3	2.8	0.0237*

F. Staff Practices

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well do organizational policies and procedures use language that promotes participant/client strengths, like 'challenge', 'learning', or 'growth', rather than words that minimize strengths like 'vulnerable', 'weak', or 'high-needs'?	3.2	3.8	0.0063**
2. How well do staff understand that relationships with participants/clients and partners are important to our organization's success?	3.8	4.3	0.0070**
3. How well do staff allow others (co-workers, participants/clients, and partners) to define and share what is most important to their cultural identity?	2.9	3.5	0.0011**

G. Partner and Community Engagement

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well does your organization share its expertise with other community organizations?	3.7	3.8	0.4791
2. Do clients (or former participants/clients) hold positions on work groups, committees or boards that make organizational decisions on policies and practices?	2.6	2.9	0.3418

H. Evaluation and Use of Data

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well has your organization established organization-wide objectives and performance indicators aligned with brain science?	2.1	3.0	0.0004***
2. How comprehensive is your organization's plan for collecting and analyzing data to measure organizational outcomes?	3.2	3.5	0.1348
3. How well does your organization use data to inform changes in becoming more aligned with brain science?	2.6	3.3	0.0020**
4. How well does your organization use maps and spatial data to identify and address geographic inequities in community outcomes?	2.8	3.2	0.0896

I. Racial Equity

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well does your organization systematically work to address identified inequities in its own service delivery?	3.0	3.4	0.0225*
2. How much of an organizational priority is enhancing professional development to improve staff's cultural competence?	3.0	3.5	0.0197*
3. How much of an organization priority is enhancing professional development to improve staff bi-lingual capabilities?	2.4	2.7	0.0020**
4. How much of an organizational priority is working with partners to achieve durable improvements in community conditions?	3.6	3.8	0.1514

J. Communication and Messaging

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well do staff understand the importance of communicating carefully about adversity and its effects?	2.9	3.4	0.0013**
2. How well do staff explain the science of adversity in ways that make sense to partners and clients?	2.9	3.3	0.0209*
3. Does your organization have written guidance for how to talk about adversity and its effects?	2.1	2.5	0.0528

Comparison Sites Organizational Assessment Results

A. Organizational Culture and Knowledge

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well do your organization's staff understand the impact and prevalence of Adverse Childhood Experiences in the population they are working with?	3.9	4.0	0.8288
2. How well are your organization's staff aware of the role they play in creating a brain science-aligned organization?	3.1	3.2	0.9072
3. How well do your organization's staff apply the concepts behind brain development, resiliency, and protective factors to their work?	3.8	3.7	0.7236

B. Workforce Development

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well is brain science training included in new staff orientation?	2.0	2.0	1.0000
2. How well does your organization invest resources in staff professional development?	3.3	3.1	0.6934

C. Physically and Psychologically Safe Environment

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well do organizational leaders communicate the importance of creating a safe environment within our organization?	3.6	3.6	0.9414
2. How well does your organization provide wellness activities (such as counseling, yoga, or other support services) to help staff manage their stress and increase their resilience?	3.1	3.1	0.9924

D. Organizational Leadership

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. Does your organization have a written statements that includes a commitment to brain science-aligned practices?	2.2	2.2	0.9783
2. How well do organizational leaders communicate how becoming more aligned with brain science as an organization can improve organizational outcomes?	1.9	2.1	0.5937
3. How well do organizational leaders set the tone and serve as an example of how to treat staff, clients, and partners with respect and dignity?	3.8	4.1	0.5061

E. Executive Leadership

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well do the Board of Directors review organizational strategies to ensure alignment with the organization's mission?	2.5	2.6	0.9346
2. How well do the Board of Directors prioritize ensuring that strategic priorities, including brain-science aligned work, are adequately reflected in the organization's budget?	2.2	2.2	0.9108

F. Staff Practices

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well do organizational policies and procedures use language that promotes participant/client strengths, like 'challenge', 'learning', or 'growth', rather than words that minimize strengths like 'vulnerable', 'weak', or 'high-needs'?	3.2	3.5	0.2104
2. How well do staff understand that relationships with participants/clients and partners are important to our organization's success?	3.7	3.9	0.6052
3. How well do staff allow others (co-workers, participants/clients, and partners) to define and share what is most important to their cultural identity?	3.5	3.5	0.9161

G. Partner and Community Engagement

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well does your organization share its expertise with other community organizations?	3.9	4.1	0.5438
2. Do clients (or former participants/clients) hold positions on work groups, committees or boards that make organizational decisions on policies and practices?	2.6	2.6	0.9519

H. Evaluation and Use of Data

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well has your organization established organization-wide objectives and performance indicators aligned with brain science?	2.6	2.8	0.6167
2. How comprehensive is your organization's plan for collecting and analyzing data to measure organizational outcomes?	2.8	3.1	0.4228
3. How well does your organization use data to inform changes in becoming more aligned with brain science?	2.6	2.9	0.5516
4. How well does your organization use maps and spatial data to identify and address geographic inequities in community outcomes?	2.6	2.9	0.4660

0. Racial Equity

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well does your organization systematically work to address identified inequities in its own service delivery?	3.1	3.1	0.9912
2. How much of an organizational priority is enhancing professional development to improve staff's cultural competence?	3.2	3.1	0.7622
3. How much of an organization priority is enhancing professional development to improve staff bi-lingual capabilities?	2.4	2.4	0.9260
4. How much of an organizational priority is working with partners to achieve durable improvements in community conditions?	3.7	3.9	0.7031

J. Communication and Messaging

	2023 Retrospective Mean	2023 Actual Mean	P-Value of T-Test that Means are Different
1. How well do staff understand the importance of communicating carefully about adversity and its effects?	3.6	3.8	0.6676
2. How well do staff explain the science of adversity in ways that make sense to partners and clients?	3.4	3.4	0.9369
3. Does your organization have written guidance for how to talk about adversity and its effects?	2.5	2.6	0.8290

Appendix F. Site-Specific Network Findings

SEWSS Department/MTSS Equity Work Group (Austin Public Education Foundation)

Network Structure

Respondents were asked “How would you describe your organization's current relationship with other members of the cohort?”. The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- “We don't have a relationship yet.”

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure



Network Linkages

The network is not densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network

with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.17 indicates that the number of edges in the network is equal to 17 percent of the maximal number of edges. This indicates that organizations in the network are not inclined to report strong relationships with one another.

Connections in the network are rarely reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0.08 indicates that 8 percent of connections in the network are reciprocated. This implies that organizations in the network rarely have similar views on the extent of their collaboration.

The network members have a somewhat high propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.36 implies that there are some sets of three organizations that are all connected to one another. This implies that the network is somewhat inclined to form subgroups that all collaborate with one another.

The network is not centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to go toward or come from a few "core" organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network's degree centralization of 0.17 indicates that activity in the network is spread out across organizations.

Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
SEWSS Department/MTSS Equity Work Group	13	27	0.17	0.08	0.36	0.17

Early Childhood Coalition (Bastrop County Cares)

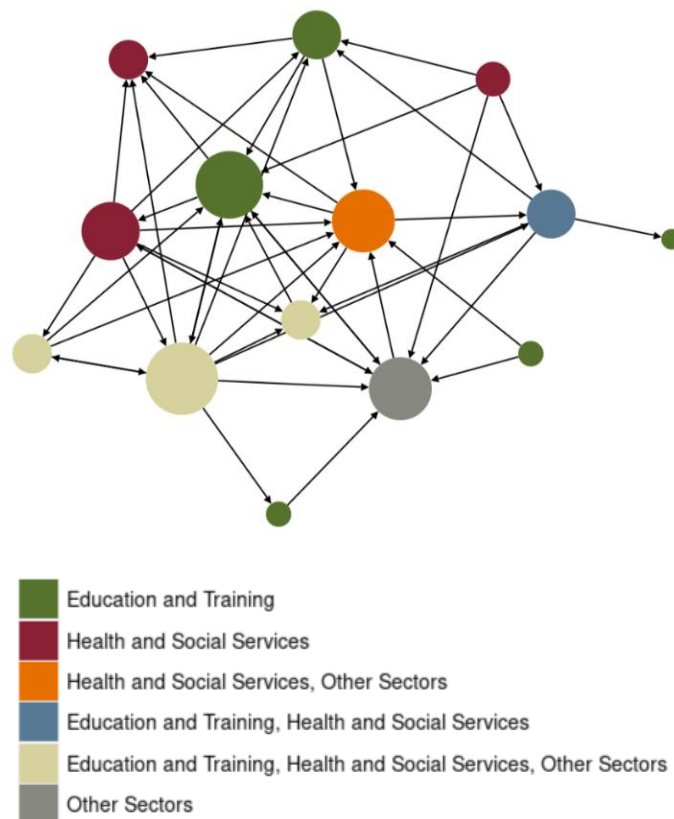
Network Structure

Respondents were asked “How would you describe your organization's current relationship with other members of the cohort?”. The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- “We don't have a relationship yet.”

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure



Network Linkages

The network is somewhat densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.25 indicates that the number of edges in the network is equal to 25 percent of the maximal number of edges. This indicates that organizations in the network are somewhat inclined to report strong relationships with one another.

Connections in the network are sometimes reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0.1 indicates that 10 percent of connections in the network are reciprocated. This implies that organizations in the network sometimes have similar views on the extent of their collaboration.

The network members have a somewhat high propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.59 implies that there are some sets of three organizations that are all connected to one another. This implies that the network is somewhat inclined to form subgroups that all collaborate with one another.

The network is somewhat centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to go toward or come from a few "core" organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network's degree centralization of 0.23 indicates that activity in the network is somewhat spread out across organizations.

Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
Early Childhood Coalition	14	45	0.25	0.1	0.59	0.23

Welcome Baby (Children's Museum Houston)

Network Structure

Respondents were asked "How would you describe your organization's current relationship with other members of the cohort?". The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- "We don't have a relationship yet."

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure



Network Linkages

The network is not densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it

is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.17 indicates that the number of edges in the network is equal to 17 percent of the maximal number of edges. This indicates that organizations in the network are not inclined to report strong relationships with one another.

Connections in the network are rarely reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0 indicates that 0 percent of connections in the network are reciprocated. This implies that organizations in the network rarely have similar views on the extent of their collaboration.

The network members have a low propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.27 implies that there are not many sets of three organizations that are all connected to one another. This implies that the network is not inclined to form subgroups that all collaborate with one another.

The network is somewhat centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to go toward or come from a few "core" organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network's degree centralization of 0.19 indicates that activity in the network is somewhat spread out across organizations.

Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
Welcome Baby	7	7	0.17	0	0.27	0.19

ACCES to Assets (Family Service Center of Galveston County)

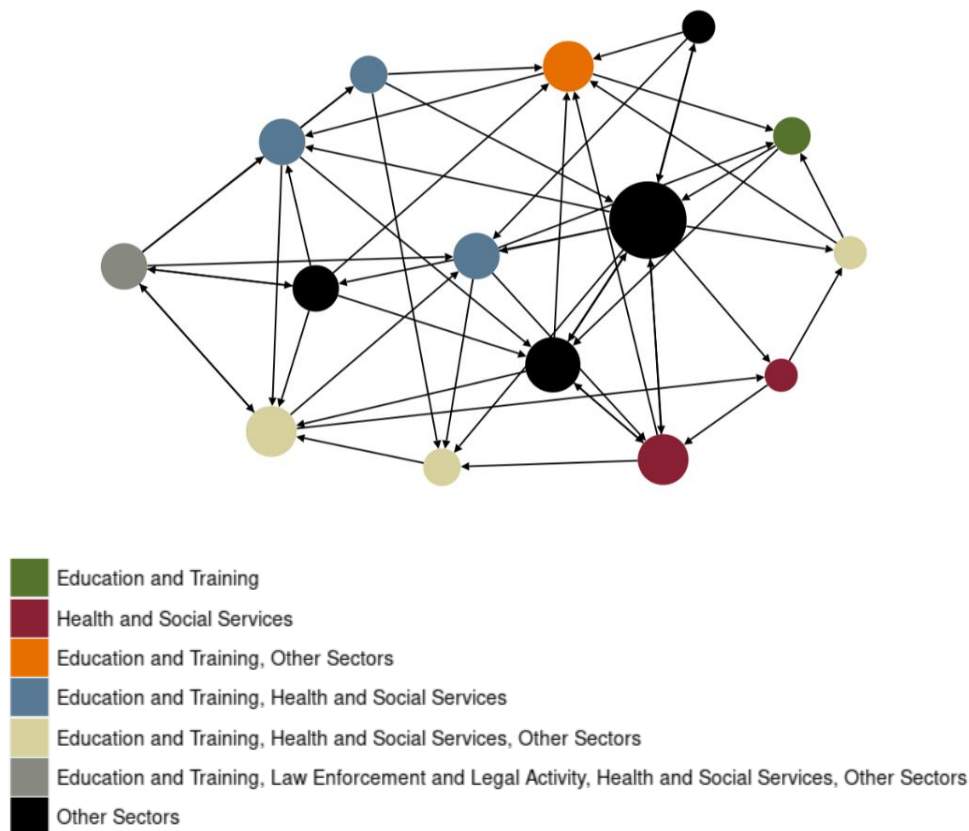
Network Structure

Respondents were asked “How would you describe your organization's current relationship with other members of the cohort?”. The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- “We don't have a relationship yet.”

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure



Network Linkages

The network is somewhat densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.24 indicates that the number of edges in the network is equal to 24 percent of the maximal number of edges. This indicates that organizations in the network are somewhat inclined to report strong relationships with one another.

Connections in the network are sometimes reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0.13 indicates that 13 percent of connections in the network are reciprocated. This implies that organizations in the network sometimes have similar views on the extent of their collaboration.

The network members have a somewhat high propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.39 implies that there are some sets of three organizations that are all connected to one another. This implies that the network is somewhat inclined to form subgroups that all collaborate with one another.

The network is somewhat centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to go toward or come from a few "core" organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network's degree centralization of 0.28 indicates that activity in the network is somewhat spread out across organizations.

Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
ACCES to Assets	15	51	0.24	0.13	0.39	0.28

Fort Bend County Court Team (Fort Bend County Behavioral Health Services)

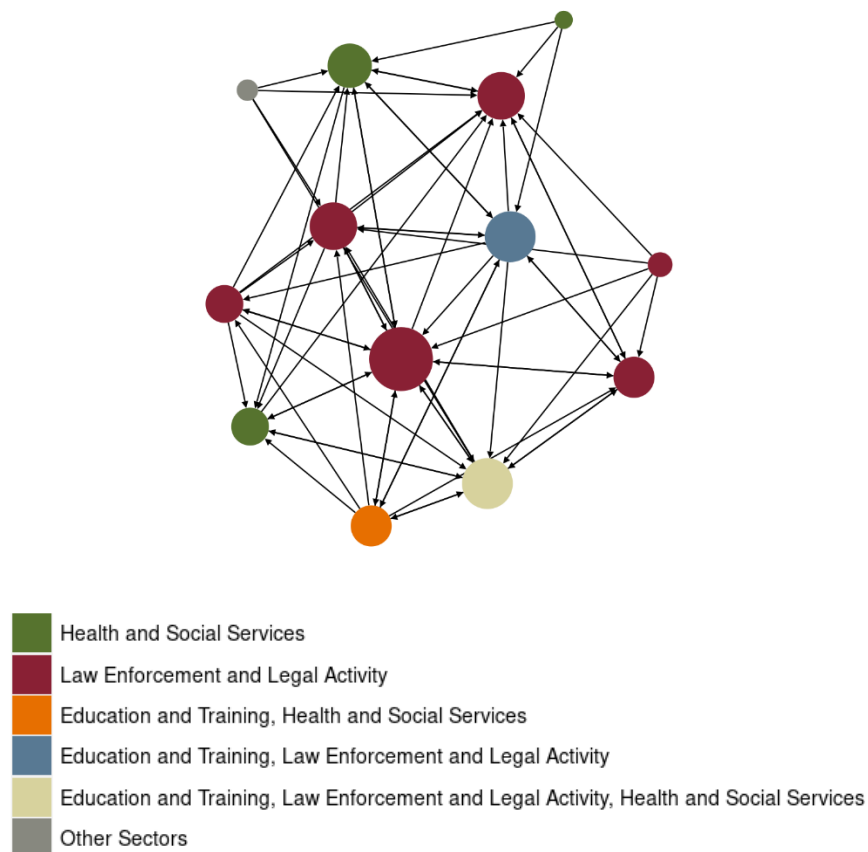
Network Structure

Respondents were asked “How would you describe your organization's current relationship with other members of the cohort?”. The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- “We don't have a relationship yet.”

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure



Network Linkages

The network is densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.41 indicates that the number of edges in the network is equal to 41 percent of the maximal number of edges. This indicates that organizations in the network are inclined to report strong relationships with one another.

Connections in the network are often reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0.33 indicates that 33 percent of connections in the network are reciprocated. This implies that organizations in the network often have similar views on the extent of their collaboration.

The network members have a high propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.67 implies that there are many sets of three organizations that are all connected to one another. This implies that the network is inclined to form subgroups that all collaborate with one another.

The network is highly centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to go toward or come from a few "core" organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network's degree centralization of 0.32 indicates that there are a few 'core' organizations that dominate the activity in the network.

Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
Fort Bend County Court Team	13	64	0.41	0.33	0.67	0.32

Cornerstone Community Service Partners (New Hope Housing Inc.)

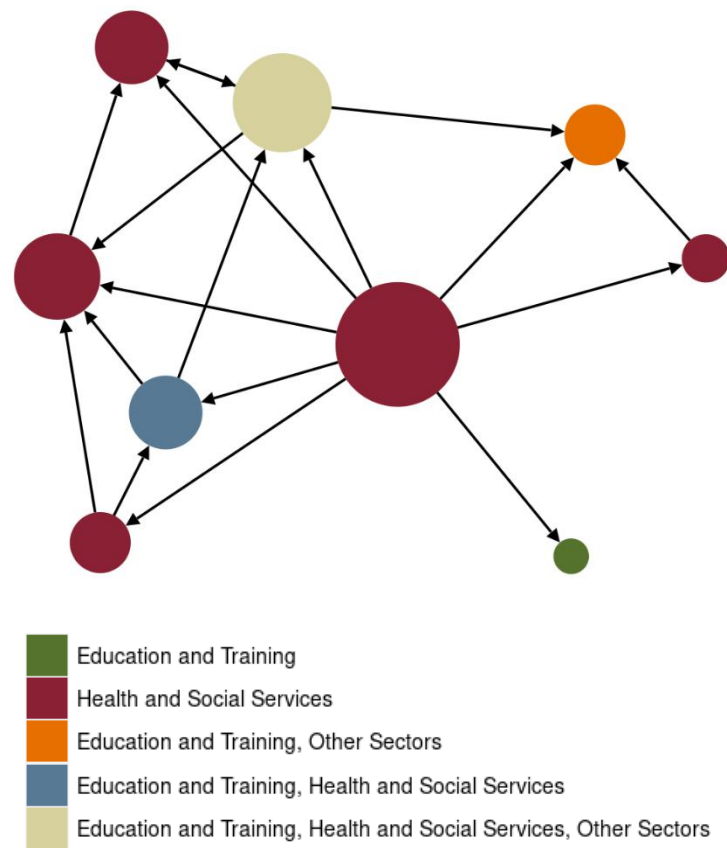
Network Structure

Respondents were asked “How would you describe your organization's current relationship with other members of the cohort?”. The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- “We don't have a relationship yet.”

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure



Network Linkages

The network is somewhat densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.25 indicates that the number of edges in the network is equal to 25 percent of the maximal number of edges. This indicates that organizations in the network are somewhat inclined to report strong relationships with one another.

Connections in the network are rarely reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0.06 indicates that 6 percent of connections in the network are reciprocated. This implies that organizations in the network rarely have similar views on the extent of their collaboration.

The network members have a somewhat high propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.56 implies that there are some sets of three organizations that are all connected to one another. This implies that the network is somewhat inclined to form subgroups that all collaborate with one another.

The network is somewhat centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to go toward or come from a few "core" organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network's degree centralization of 0.28 indicates that activity in the network is somewhat spread out across organizations.

Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
Cornerstone Community Service Partners	9	18	0.25	0.06	0.56	0.28

NAS Collaborative (Santa Maria Hostel Inc.)

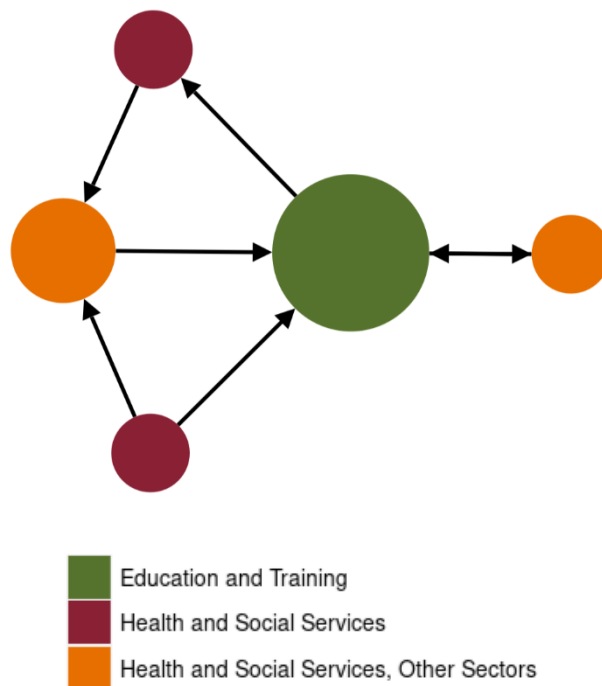
Network Structure

Respondents were asked “How would you describe your organization's current relationship with other members of the cohort?”. The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- “We don't have a relationship yet.”

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure



Network Linkages

The network is somewhat densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.35 indicates that the number of edges in the network is equal to 35 percent of the maximal number of edges. This indicates that organizations in the network are somewhat inclined to report strong relationships with one another.

Connections in the network are sometimes reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0.17 indicates that 17 percent of connections in the network are reciprocated. This implies that organizations in the network sometimes have similar views on the extent of their collaboration.

The network members have a somewhat high propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.55 implies that there are some sets of three organizations that are all connected to one another. This implies that the network is somewhat inclined to form subgroups that all collaborate with one another.

The network is highly centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to go toward or come from a few "core" organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network's degree centralization of 0.34 indicates that there are a few 'core' organizations that dominate the activity in the network.

Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
NAS Collaborative	5	7	0.35	0.17	0.55	0.34

Coalition of Child Serving Sectors Steering Committee (Texas Center for Child and Family Studies)

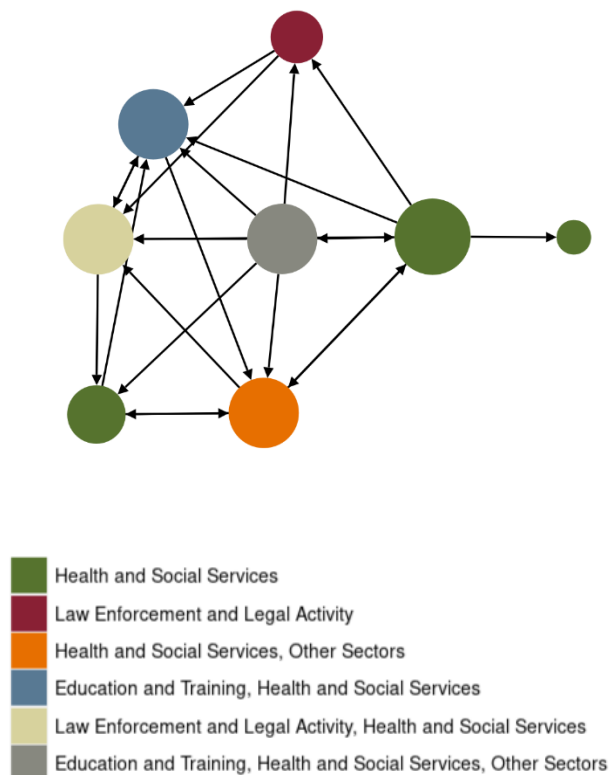
Network Structure

Respondents were asked “How would you describe your organization's current relationship with other members of the cohort?”. The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- “We don't have a relationship yet.”

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure



Network Linkages

The network is densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.41 indicates that the number of edges in the network is equal to 41 percent of the maximal number of edges. This indicates that organizations in the network are inclined to report strong relationships with one another.

Connections in the network are often reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0.21 indicates that 21 percent of connections in the network are reciprocated. This implies that organizations in the network often have similar views on the extent of their collaboration.

The network members have a high propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.8 implies that there are many sets of three organizations that are all connected to one another. This implies that the network is inclined to form subgroups that all collaborate with one another.

The network is somewhat centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to go toward or come from a few "core" organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network's degree centralization of 0.18 indicates that activity in the network is somewhat spread out across organizations.

Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
Coalition of Child Serving Sectors Steering Committee	8	23	0.41	0.21	0.8	0.18

Houston Infant Toddler Coalition (First3Years—Comparison Site)

Network Structure

Respondents were asked “How would you describe your organization's current relationship with other members of the cohort?”. The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- “We don't have a relationship yet.”

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure



Network Linkages

The network is somewhat densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.19 indicates that the number of edges in the network is equal to 19 percent of the maximal number of edges. This indicates that organizations in the network are somewhat inclined to report strong relationships with one another.

Connections in the network are rarely reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0.05 indicates that 5 percent of connections in the network are reciprocated. This implies that organizations in the network rarely have similar views on the extent of their collaboration.

The network members have a somewhat high propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.39 implies that there are some sets of three organizations that are all connected to one another. This implies that the network is somewhat inclined to form subgroups that all collaborate with one another.

The network is highly centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to go toward or come from a few "core" organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network's degree centralization of 0.4 indicates that there are a few 'core' organizations that dominate the activity in the network.

Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
Houston Infant Toddler Coalition	11	21	0.19	0.05	0.39	0.4

Central Texas Resource Group (Partnerships for Children—Comparison Site)

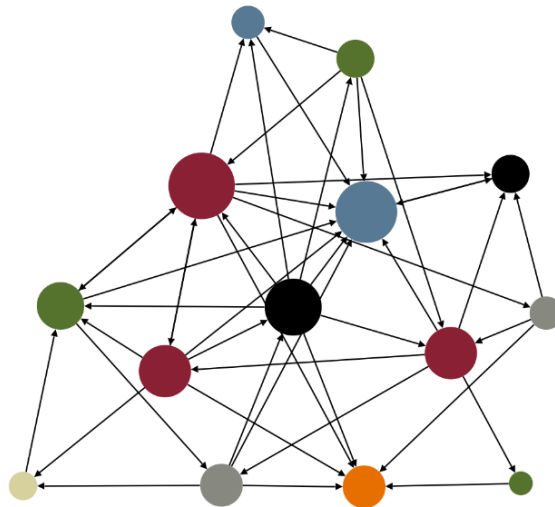
Network Structure

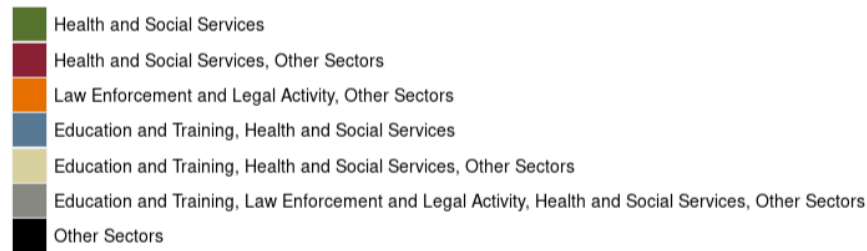
Respondents were asked “How would you describe your organization's current relationship with other members of the cohort?”. The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- “We don't have a relationship yet.”

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure





Network Linkages

The network is somewhat densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.24 indicates that the number of edges in the network is equal to 24 percent of the maximal number of edges. This indicates that organizations in the network are somewhat inclined to report strong relationships with one another.

Connections in the network are rarely reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0.07 indicates that 7 percent of connections in the network are reciprocated. This implies that organizations in the network rarely have similar views on the extent of their collaboration.

The network members have a somewhat high propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.51 implies that there are some sets of three organizations that are all connected to one another. This implies that the network is somewhat inclined to form subgroups that all collaborate with one another.

The network is somewhat centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to

go toward or come from a few “core” organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network’s degree centralization of 0.2 indicates that activity in the network is somewhat spread out across organizations.

Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
Central Texas Resource Group	14	44	0.24	0.07	0.51	0.2

Child Protection Roundtable (TexProtects – Comparison Site)

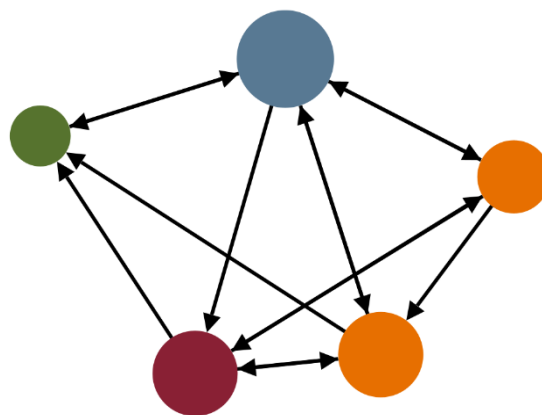
Network Structure

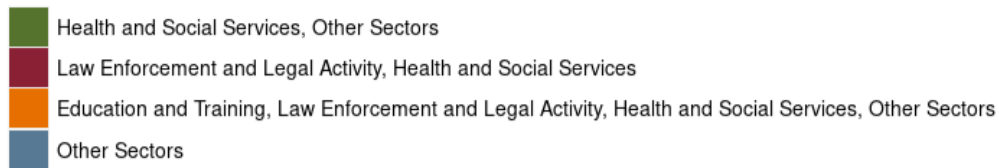
Respondents were asked “How would you describe your organization's current relationship with other members of the cohort?”. The response options were:

- Communication;
- Cooperation;
- Coordination;
- Collaboration;
- “We don't have a relationship yet.”

A directed network was created from these responses, with a node for each organization. An edge was drawn from Organization A to Organization B if at least half of the respondents from Organization A reported working with Organization B.

Figure: Network Structure





Network Linkages

The network is densely connected. Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes. The network's density score of 0.7 indicates that the number of edges in the network is equal to 70 percent of the maximal number of edges. This indicates that organizations in the network are inclined to report strong relationships with one another.

Connections in the network are often reciprocated. Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided. The network's reciprocity score of 0.56 indicates that 56 percent of connections in the network are reciprocated. This implies that organizations in the network often have similar views on the extent of their collaboration.

The network members have a high propensity to form tightly-knit subgroups of three or more organizations. Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or "tight-knit," the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them. The network's transitivity score of 0.88 implies that there are many sets of three organizations that are all connected to one another. This implies that the network is inclined to form subgroups that all collaborate with one another.

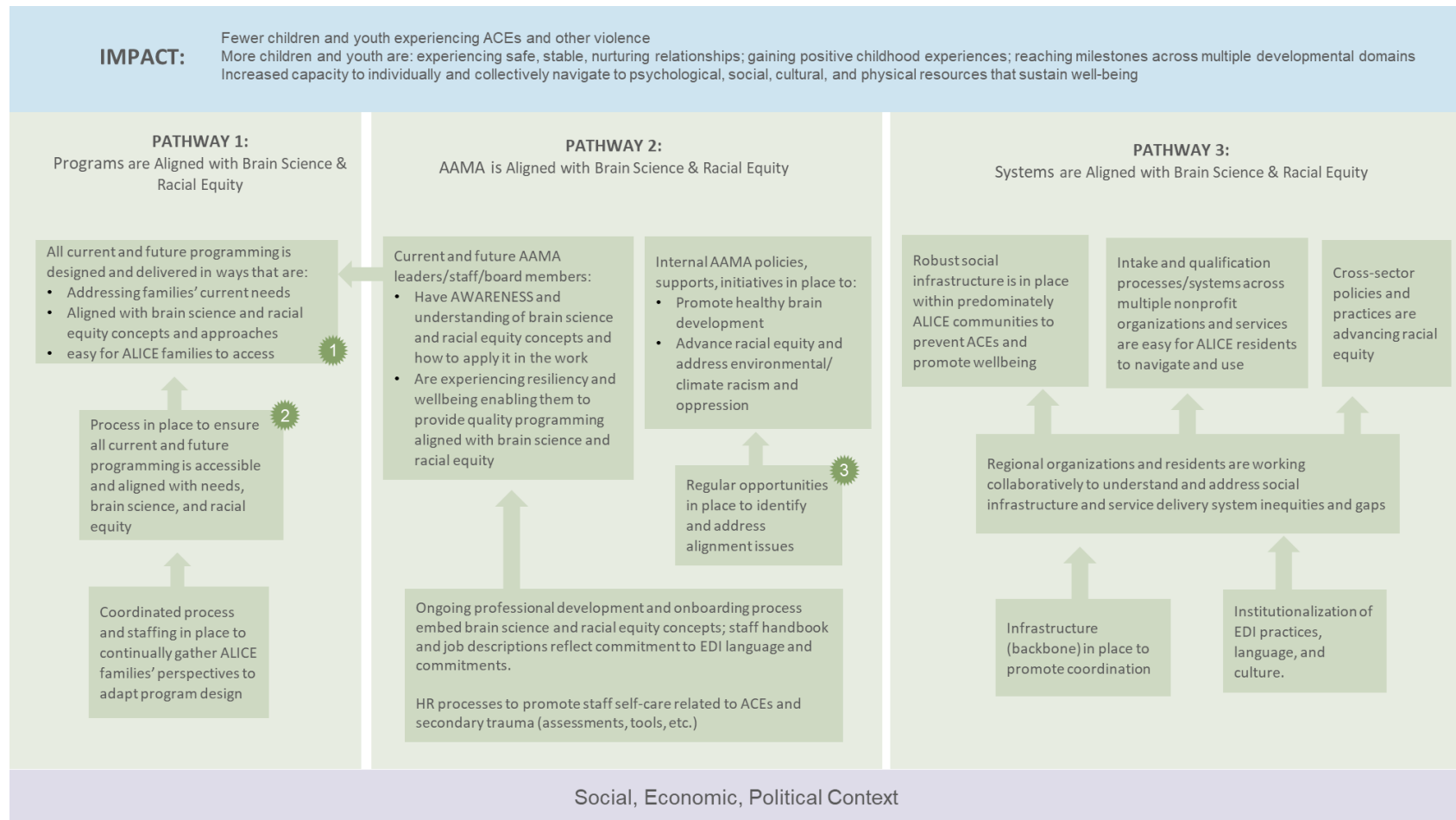
The network is somewhat centralized. A network's degree centralization describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to

go toward or come from a few “core” organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network. The network’s degree centralization of 0.22 indicates that activity in the network is somewhat spread out across organizations.

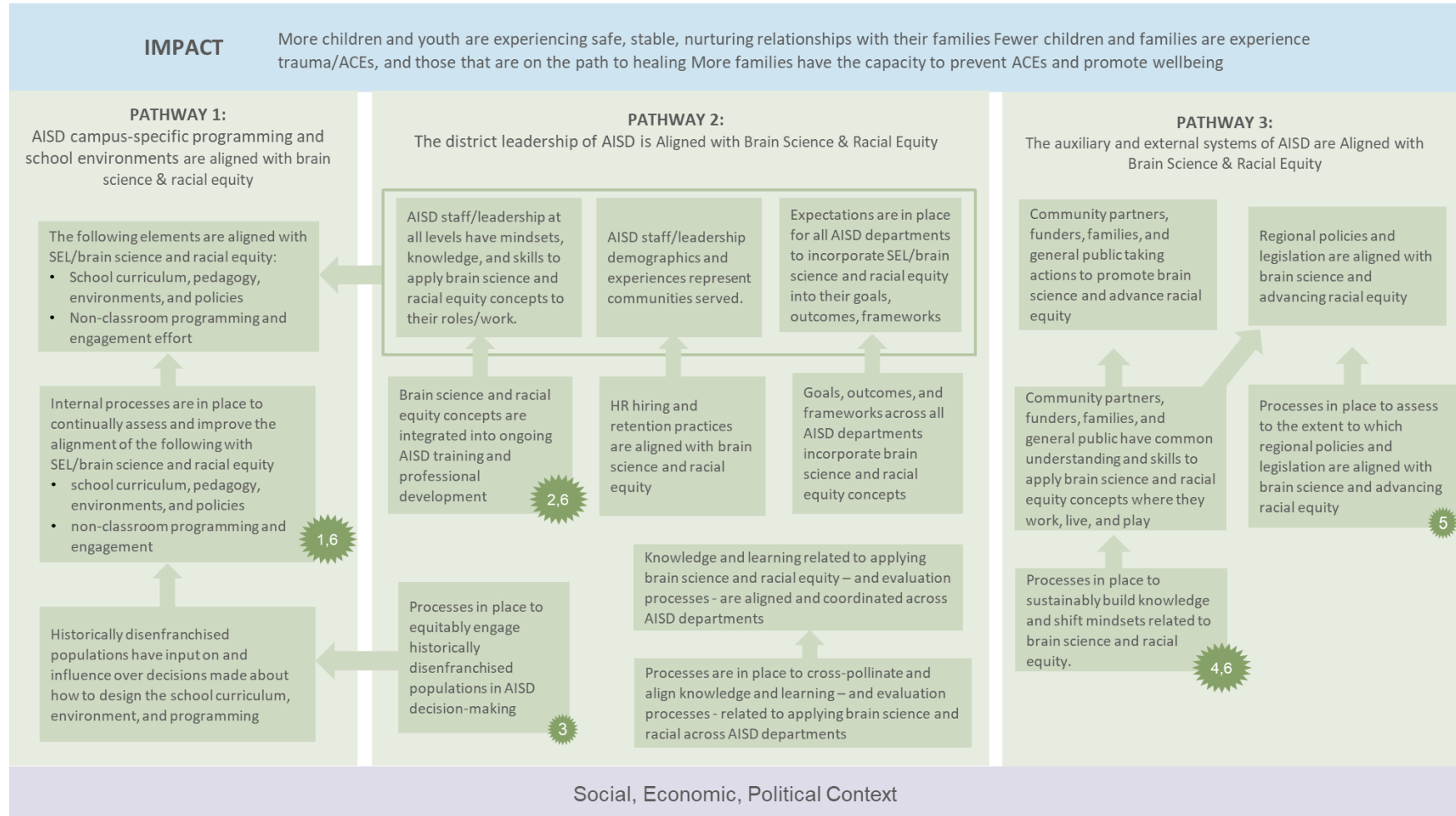
Site name	Nodes	Edges	Density	Reciprocity	Transitivity	Degree Centralization
Child Protection Roundtable	5	14	0.7	0.56	0.88	0.22

Appendix G. Site-Specific Theories of Change

Association for the Advancement of Mexican Americans (AAMA)

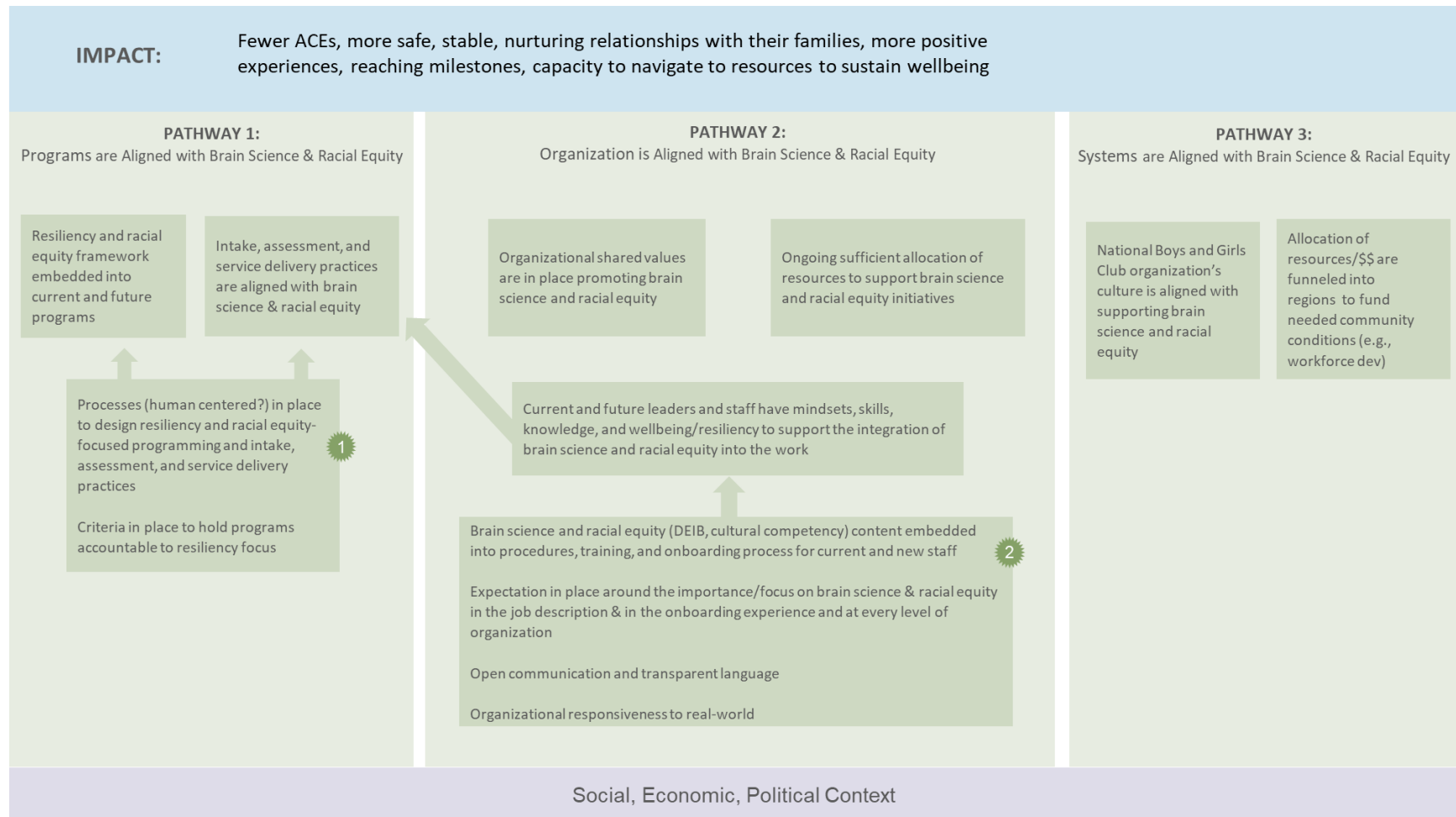


Austin Public Education Foundation (Austin Ed Fund)

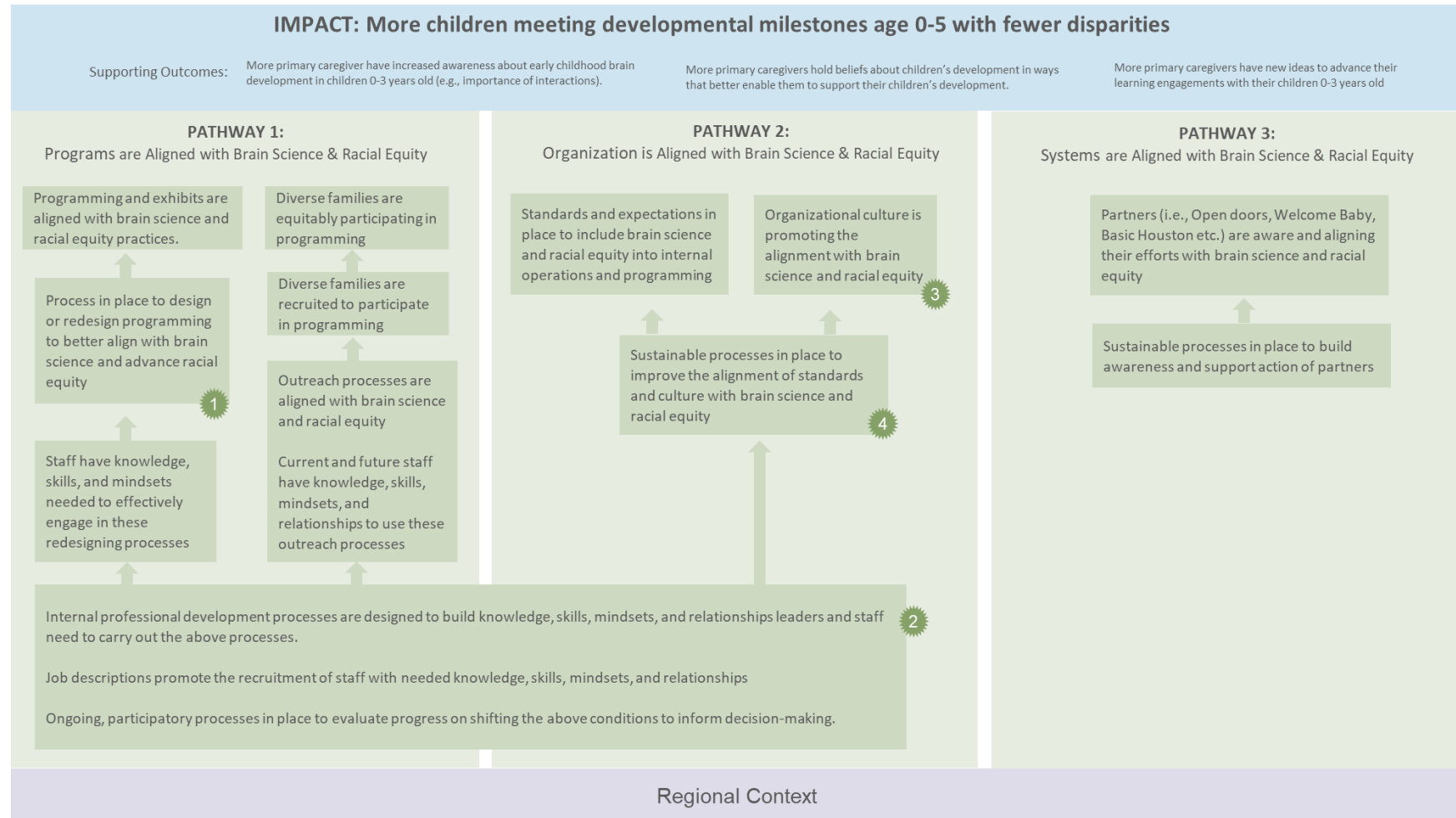




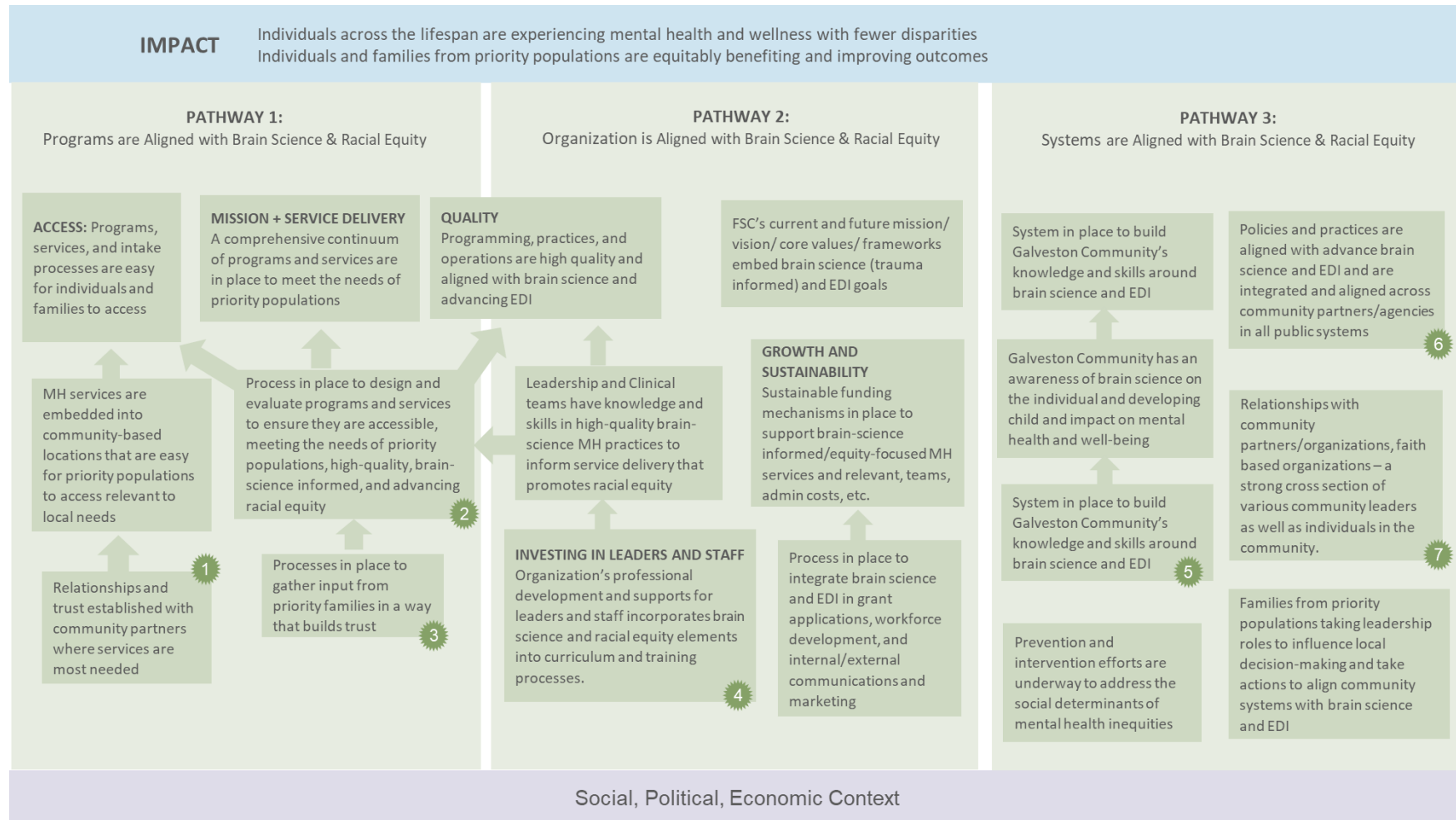
Boys and Girls Clubs of Greater Houston



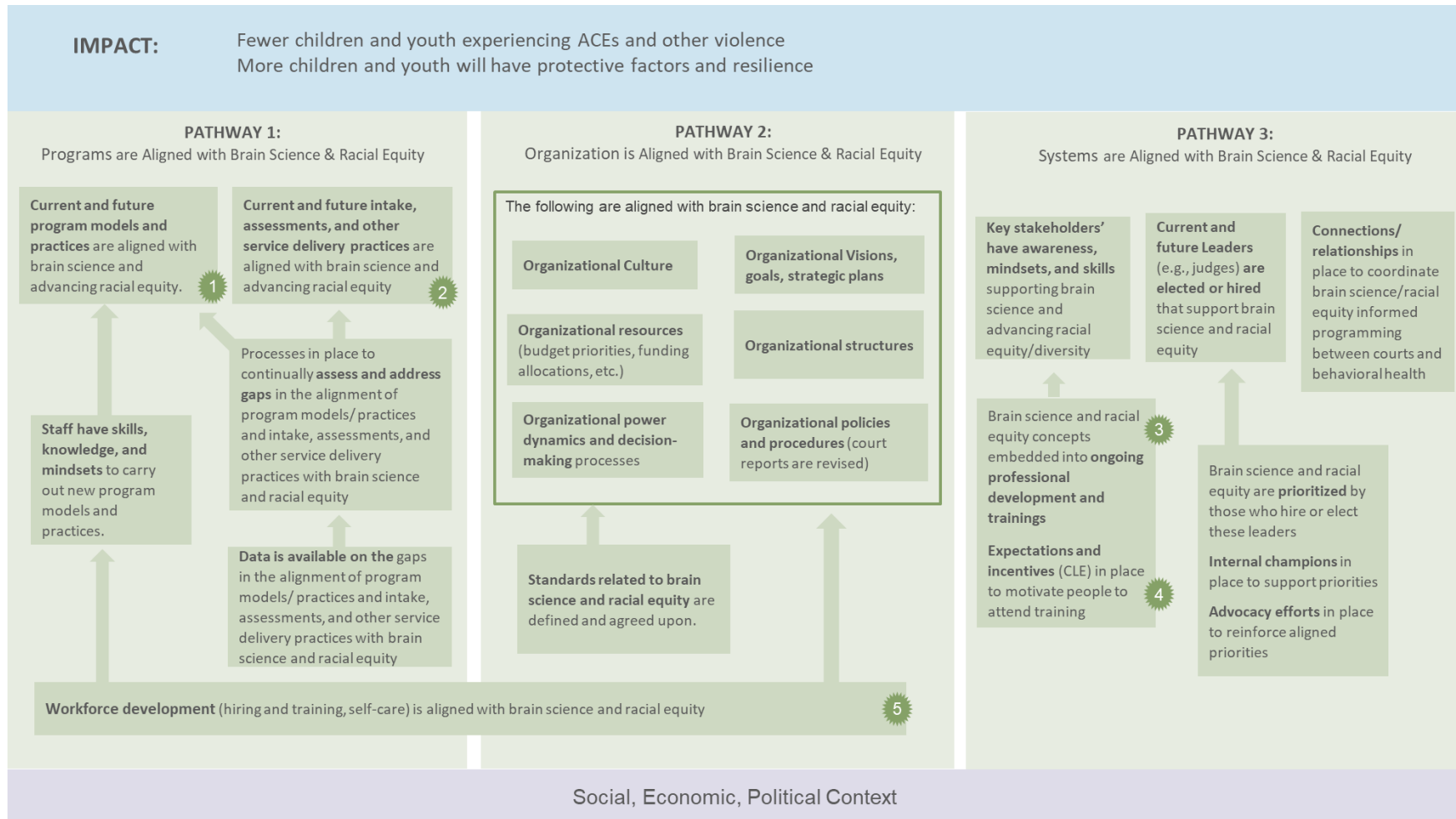
Children's Museum of Houston



Family Service Center of Galveston County



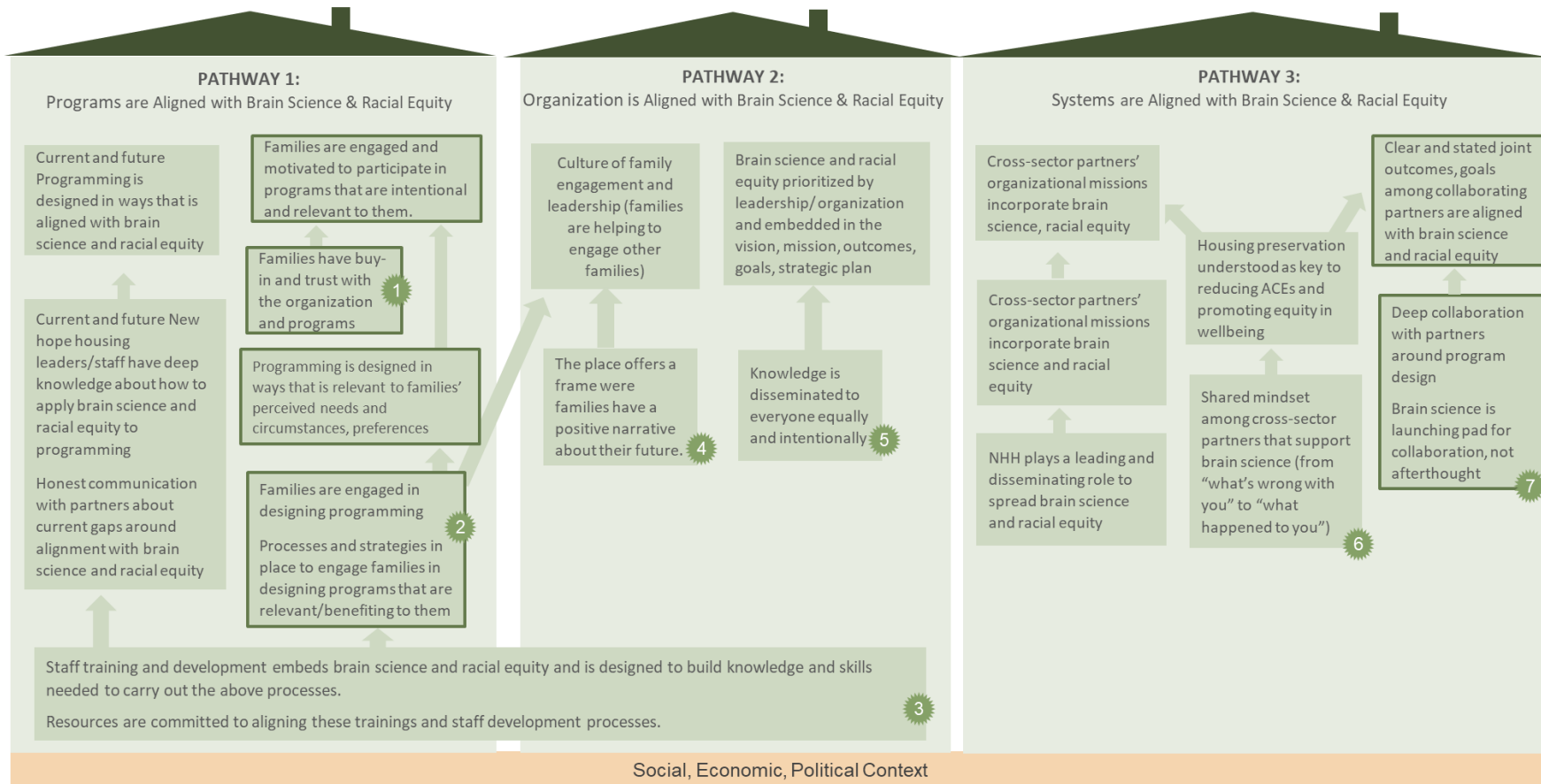
Fort Bend County Behavioral Health Services



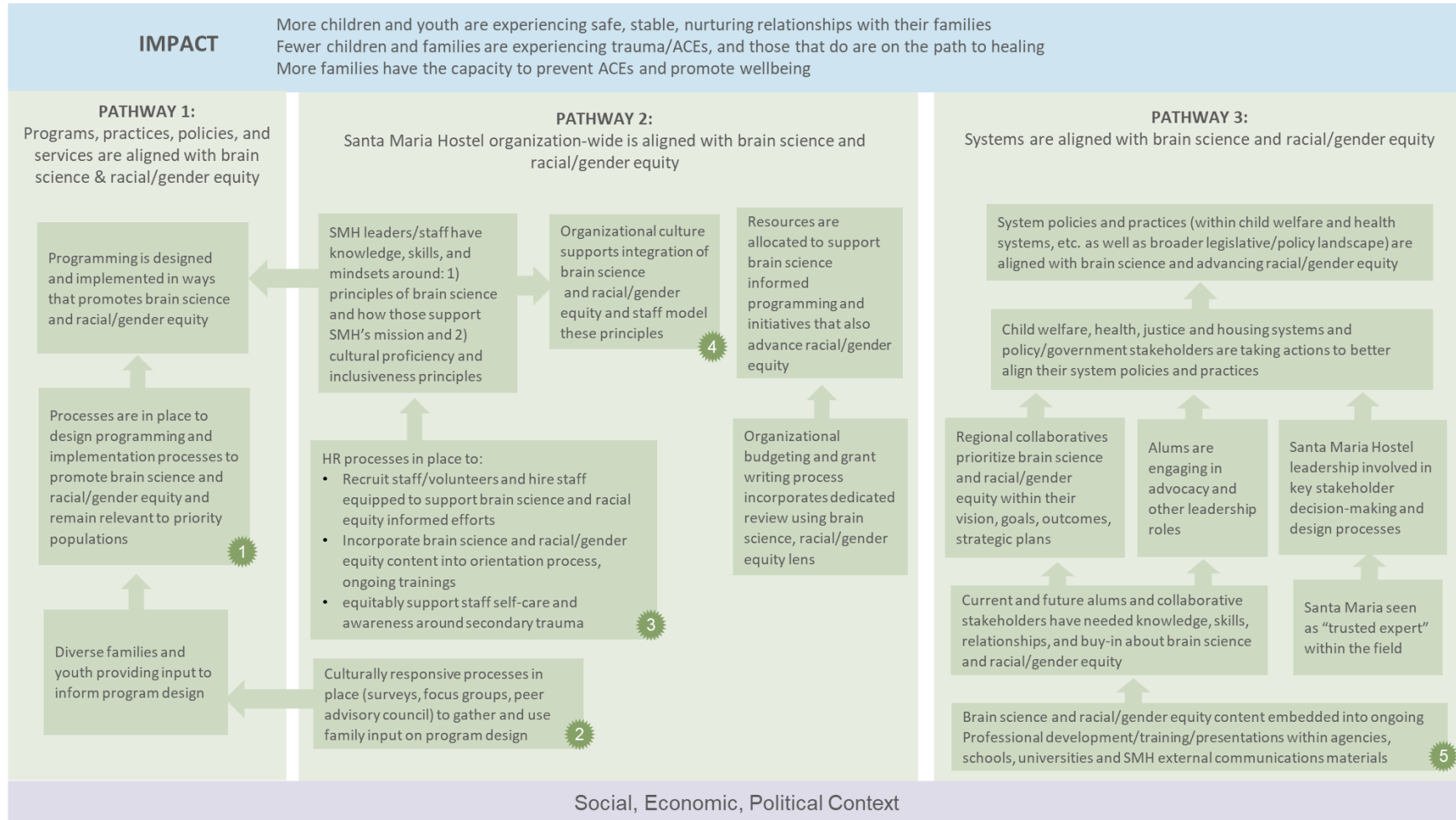
New Hope Housing Inc.

IMPACT:

- Children and families are developing resiliency and healthy coping strategies (Fewer children and families experience trauma/ACEs)
- More children/youth are reaching developmental milestones and experiencing safe, stable, nurturing relationships
- More families have the capacity to prevent ACEs and promote wellbeing: 1) housing secure, 2) employed with livable wage income, 3) experiencing good health, 4) parent child relationship skills



Santa Maria Hostel Inc.



Texas Center for Child and Family Studies

IMPACT:

Reduce the number of children affected and exposed to ACEs.
Families and children are healing and thriving while experiencing the child welfare system

PATHWAY 1:

Programs, practices, policies, and services within our Network of child welfare organizations, professionals, clinicians, and caregivers are aligned with brain science & racial equity

Network members are continually taking actions to align their programs, practices, policies, and services with new brain science research/data and racial equity based on new research and data.

Network members (current and future) have a practical understanding of brain science research and approaches to advancing racial equity and buy-in around the benefits of refining programs and policies with this focus

Providers across the state of Texas will infuse brain science and racial equity into their scope of work.

Action plan on reducing race-based trauma is developed and available to Network

Brain science and racial equity concepts are embedded into the curriculum of organizations' staff training, higher education, and regional professional development; accessible resources available on organizations' websites

Network members have a shared set of principles and outcomes for curriculum

Families have input and influence on the resources that professionals are learning from

PATHWAY 2:

TACFS is Aligned with Brain Science & Racial Equity

TACFS staff are taking actions to align their programs, practices, policies, and services with new brain science research/data and racial equity.

TACFS staff (current and future) have a practical understanding of brain science research and approaches to advancing racial equity

TACFS onboarding and training for staff will adopt brain science research/data and racial equity

TACFS Organizational goals and resources are aligned with the latest brain science

PATHWAY 3:

Communities of care for children and families are in place and aligned with brain science and racial equity to prevent and reduce ACE's across the state of Texas

Regional stakeholders are taking actions to develop and implement brain science practice and policy change

Community outside of the child welfare system has understanding of ACE's and brain science

Information and training is available and accessible to collaboratives....look at some of the other boxes in pathways 1 and 2

Information and resources that providers have are also accessible to families, so that they can learn alongside one another.

WHAT ELSE IS NEEDED TO ENABLE THIS ACTION? (e.g., shared goals?)

Social, Political, Economic Context

Appendix H: Texas Change in Mind C3 Results

All Program Sites 2022 to 2023 Actual Means (including q2, q12, and q16 retrospectives)

Domain	2022 Means	2023 Means	t-test	n
Domain 2: Measurement and use of data to guide community change efforts	3.81	3.83	0.8138	22=140 23=134
Domain 3: Active engagement in community change efforts	4.02	4.04	0.8768	22=142 23=130
Domain 4: Distributed leadership of equity focused community change efforts	3.90	3.84	0.4536	22=142 23=131
Domain 5: Effective, innovative community change programs, policies, and practices	3.75	3.68	0.4664	22=125 23=123
Domain 6: Infrastructure to support, sustain, and spread community change	3.63	3.67	0.6180	22=139 23=120
Domain Total	3.82	3.82	0.9641	22=150 23=138

All Program Sites 2022 to 2023 Actual Means (without q2, q12, and q16 retrospectives)

Domain	2022 Means	2023 Means	t-test	n
Domain 2: Measurement and use of data to guide community change efforts	3.81	3.76	0.5966	22=140 23=132
Domain 3: Active engagement in community change efforts	4.02	4.03	0.8186	22=142 23=130
Domain 4: Distributed leadership of equity focused community change efforts	3.90	3.87	0.7021	22=142 23=131
Domain 5: Effective, innovative community change programs, policies, and practices	3.75	3.52	0.0237*	22=125 23=117
Domain 6: Infrastructure to support, sustain, and spread community change	3.63	3.67	0.6180	22=139 23=120
Domain Total	3.82	3.78	0.5897	22=150 23=138

Austin Public Education Foundation (Austin Ed Fund) : SEWSS Department/MTSS Equity Work Group 2022 to 2023 Actual Means

Domain	2022 Means	2023 Means	t-test	n
Domain 2: Measurement and use of data to guide community change efforts	3.77	3.30	0.0917	22=22 23=13
Domain 3: Active engagement in community change efforts	3.90	3.53	0.1503	22=23 23=11
Domain 4: Distributed leadership of equity focused community change efforts	3.73	3.41	0.1516	22=23 23=12
Domain 5: Effective, innovative community change programs, policies, and practices	3.54	3.28	0.4396	22=16 23=9
Domain 6: Infrastructure to support, sustain, and spread community change	3.13	3.2	0.8174	22=22 23=10
Domain Total	3.63	2.29	0.1383	22=24 23=13

Bastrop County Cares: Early Childhood Coalition 2022 to 2023 Actual Means

Domain	2022 Means	2023 Means	t-test	n
Domain 2: Measurement and use of data to guide community change efforts	3.78	3.93	0.3637	22=18 23=16
Domain 3: Active engagement in community change efforts	4.0	4.08	0.6296	22=19 23=15
Domain 4: Distributed leadership of equity focused community change efforts	3.91	3.82	0.6699	22=19 23=16
Domain 5: Effective, innovative community change programs, policies, and practices	3.61	3.60	0.9646	22=18 23=15
Domain 6: Infrastructure to support, sustain, and spread community change	3.72	3.86	0.3961	22=16 22=15
Domain Total	3.81	3.87	0.6806	22=19 23=16

Children's Museum of Houston: Welcome Baby 2022 to 2023 Actual Means

Domain	2022 Means	2023 Means	t-test	n
Domain 2: Measurement and use of data to guide community change efforts	4.27	4.46	0.4505	22=13 23=7
Domain 3: Active engagement in community change efforts	4.37	4.46	0.7173	22=13 23=8
Domain 4: Distributed leadership of equity focused community change efforts	4.02	4.22	0.5249	22=14 23=8
Domain 5: Effective, innovative community change programs, policies, and practices	4.49	4.19	0.3379	22=13 23=7
Domain 6: Infrastructure to support, sustain, and spread community change	4.20	3.92	0.3265	22=14 23=7
Domain Total	4.28	4.21	0.7563	22=14 23=8

Family Service Center of Galveston County: ACCEs to Assets 2022 to 2023 Actual Means

Domain	2022 Means	2023 Means	t-test	n
Domain 2: Measurement and use of data to guide community change efforts	3.94	3.63	0.1544	22=29 23=19

Domain 3: Active engagement in community change efforts	3.91	3.75	0.3145	22=29 23=17
Domain 4: Distributed leadership of equity focused community change efforts	3.83	3.76	0.7297	22=28 23=17
Domain 5: Effective, innovative community change programs, policies, and practices	3.60	3.26	0.0875	22=27 23=17
Domain 6: Infrastructure to support, sustain, and spread community change	3.44	3.29	0.4826	22=29 23=17
Domain Total	3.71	3.66	0.7886	22=30 23=19

Fort Bend County Behavioral Health Services: Fort Bend County Court Team 2022 to 2023 Actual Means

Domain	2022 Means	2023 Means	t-test	n
Domain 2: Measurement and use of data to guide community change efforts	3.63	3.87	0.2702	22=16 23=13
Domain 3: Active engagement in community change efforts	4.01	4.06	0.8076	22=19 23=14
Domain 4: Distributed leadership of equity focused community change efforts	3.78	3.73	0.8607	22=19 23=13

Domain 5: Effective, innovative community change programs, policies, and practices	3.75	3.44	0.3707	22=16 23=8
Domain 6: Infrastructure to support, sustain, and spread community change	3.66	3.80	0.6266	22=19 23=11
Domain Total	3.77	3.76	0.9564	22=19 23=15

New Hope Housing, Inc.: Cornerstone Community Service Partners 2022 to 2023 Actual Means

Domain	2022 Means	2023 Means	t-test	n
Domain 2: Measurement and use of data to guide community change efforts	3.63	3.54	0.9002	22=8 23=6
Domain 3: Active engagement in community change efforts	4.36	4.33	0.9485	22=7 23=7
Domain 4: Distributed leadership of equity focused community change efforts	4.03	3.94	0.8404	22=8 23=8
Domain 5: Effective, innovative community change programs, policies, and practices	4.17	4.07	0.8489	22=7 23=7
Domain 6: Infrastructure to support, sustain, and spread community change	4.46	3.88	0.1700	22=7 23=7

Domain Total	3.95	3.92	0.9487	22=9 23=8
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Santa Maria Hostel: NAS Collaborative 2022 to 2023 Actual Means

Domain	2022 Means	2023 Means	t-test	n
Domain 2: Measurement and use of data to guide community change efforts	3.56	3.98	0.3359	22=11 23=5
Domain 3: Active engagement in community change efforts	3.91	4.4	0.1899	22=11 23=5
Domain 4: Distributed leadership of equity focused community change efforts	4.10	3.95	0.6726	22=11 23=5
Domain 5: Effective, innovative community change programs, policies, and practices	3.83	3.53	0.5675	22=11 23=5
Domain 6: Infrastructure to support, sustain, and spread community change	3.45	3.85	0.3690	22=11 23=5
Domain Total	3.77	3.94	0.6085	22=11 23=5

Texas Center for Child & Family Studies: Coalition of Child Serving Sectors Steering Committee 2022 to 2023 Actual Means

Domain	2022 Means	2023 Means	t-test	n
Domain 2: Measurement and use of data to guide community change efforts	3.31	3.19	0.7088	22=9 23=8
Domain 3: Active engagement in community change efforts	4.08	3.79	0.3144	22=8 23=8
Domain 4: Distributed leadership of equity focused community change efforts	3.86	3.94	0.7211	22=8 23=8
Domain 5: Effective, innovative community change programs, policies, and practices	3.10	3.50	0.1788	22=7 23=8
Domain 6: Infrastructure to support, sustain, and spread community change	3.5	3.43	0.8660	22=7 23=7
Domain Total	3.55	3.57	0.9200	22=9 23=8

Appendix I. SELF Process



Appendix J: Competency and Pathway Evaluation Data Sources and Collection

Evaluation Data Collection Activities

Evaluation Activities	Data Collection Timing
Convening Feedback Surveys	5 Convenings: June 2021, October 2021, April 2022, October 2022, April 2023
CIM Organizational Assessment - Pre	Spring 2022
Collective Community Capacity (C3) Survey	Spring 2022
CIM Site Visit	July 2022
CIM Organizational Assessment – Post	Spring 2023
Texas CIM Cohort C3 Survey	Spring 2023
C3 Survey	Summer 2023

Competency and Pathway Data Sources

Competencies and Pathways of Change	Data Sources
Brain Science Competency	- Scores on Brain Story Certification Course - Post-convening social network survey (to measure new types of exchanges and relationships with other participants of LC network)
Race Equity Competency	- Fostering Futures Organizational Assessments - Site progress reports - Portfolio of CIM Products (e.g., draft racial equity and accountability plans, etc.) - Alliance EDI Organizational Assessment (pre and post changes) and Alliance Phases of the EDI Journey - Progress on CIM racial equity plans.

	• LMS records (e.g., accessing webinars or materials) and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using info) for members of CIM participants' organizations and community partnership networks
Framing/Messaging Competency	• Site Progress Reports • Portfolio of CIM Products (e.g., draft messages, etc.) • Organizational and institutional records and artifacts • LMS records (e.g., accessing webinars) and surveys (e.g., satisfaction surveys, follow-up surveys) for members of CIM participants' organizations and community partnership networks. • EDI plans (i.e., identification of partners/allies in the community to move the EDI progress to the population level) and progress on TOC
Developmental Evaluation Competency	• Fostering Futures Organizational Assessments • Site Progress Reports • Portfolio of CIM Products (e.g., evaluation plans, theories of change/ • LMS records (e.g., accessing webinars or materials) and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using info) for members of CIM participants' organizations and community partnership networks.
Program/Organizational Pathways of Change	• Fostering Futures Organizational Assessments • Site Progress Reports • Portfolio of CIM Products (brain science programs and practices.) • LMS records (e.g., accessing webinars or materials) and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using info) for members of CIM participant organizations
Community/Systems Pathways of Change	• C3 Survey Assessments • Site Progress Reports • Portfolio of CIM Products (e.g., systems maps, policy advocacy plans, etc.)

- LMS records (e.g., accessing webinars or materials) and surveys (e.g., satisfaction surveys, follow-up surveys about how participants are using info) for members of CIM participants' organizations and community partnership networks

Appendix K: Impact Study Findings and Methods

San Antonio Study

Program Overview

The San Antonio Mobile Mental Wellness Collaborative (SAMMWC) serves four San Antonio school districts with school-based mental health services. The six school districts are Edgewood ISD, Harlandale ISD, Judson ISD, Somerset ISD, San Antonio ISD, and South San Antonio ISD. The school districts were chosen based to participate in the intervention due measures of community need for mental health services, including race and ethnicity, language and immigration information, economic disadvantage, and measures of student risks.

The Collaborative supports local nonprofit mental health agencies to provide school-based mental health services. Services were provided to students and their families at no cost in individual and small group therapy sessions. In addition, the collaborative supports education, outreach, and program development services to the districts and seeks to improve student outcomes by bringing clinicians, educators, and family stakeholders together to improve student mental health outcomes. There are six service providers in the Collaborative: Family Service Association, Children's Bereavement Center Team, Rise Recovery Team, Clarity Child Guidance Center, Jewish Family Service Counselors, and Communities in Schools.

During the 2021-22 school year, services were provided across the K12 grades, with the highest concentration of services provided to middle and high school students. Most students served were Hispanic at about 90 percent. Most students were in families with low household incomes at less than half of the median household income. About half of students received four or more services or sessions. About fifteen percent of students received nine or more sessions.

Methodology

SAMMWC provided NORC with data on their participants from the 2022-2023 school year. NORC removed data from adults and used names to match school data, behavior data, and resilience score data. This ensured that the number of matched pairs was large enough to have enough statistical power to identify statistically significant differences. The regression model predicts the change in resilience score controlling for the number of sessions, year in school, gender, behavior, grade scale, and attendance scale. Ethnicity was not included, as only 10% of the sample is non-Hispanic. Change in school characteristics from time 1 to time 2 was also not included because of the high level of missingness in the time 1 school characteristics. The

sample size is smaller than the total number of participants due to missingness on school characteristic variables. Outside of the regression model, NORC found that the larger household size is related to higher change in resilience scores, possibly related to greater social-emotional support.

Findings

The total number of sessions was the key independent variable. The expectation was that students receiving more sessions after accounting for their situation (using the resilience time 1 score) were more likely to benefit from the service. The regression model showed evidence that more sessions predicted a greater positive change in resiliency scores from time 1 (pre) to time 2 (post). As expected, those with lower resilience scores in the beginning were more likely to have increases in resilience scores. There was no evidence that the change in resiliency score was related to year in school, gender, or ethnicity.

NORC also found a significant effect for a higher behavior post score at time 2 with positive changes in resilience scores. One way to interpret this is that students with a higher behavior score at time 2 are also likely to have a higher behavior score at time 1. A higher behavior score overall may be related to getting the most out of the sessions. Another way of interpreting the effect of the behavior score at time 2 is that resilience scores are correlated with behavior scores such that the increases in resilience scores also result in higher behavior scores or operate through behavior scores. The correlation between resilience and behavior scores ($r=.3$), which is higher than the correlation between resilience scores and grades and attendance ($r=.22$ and $r=.18$, respectively).

Minnesota Study

Program Overview

EGG, an executive functioning curriculum, was piloted in two San Antonio schools in Northside ISD (Brauchle and Ward elementary schools) in the 2023-2024 school year. The curriculum was delivered in six Head Start classrooms, which taught children aged 3-5. The purpose of the curriculum is to help children to develop executive function and self-regulation skills through short class-wide lessons. Originally designed as a small group intense intervention, in response to teacher feedback from a previous pilot, the curriculum was amended to be a whole class intervention with short lessons spread across 40 weeks.

Methodology

In August 2023, the EGG team visited San Antonio to provide an orientation and training to the Head Start teachers. The Teachers completed online training in the Minnesota Executive Function Scale (MEFS) and administered the assessment to each child at the beginning of the year to get a baseline reading. Teachers also completed Behavior Questions, Internal State

Words, and a Personal Narrative Checklist with each child in October-November 2023. These same assessments were conducted in February-March 2024 as a mid-year survey, and in May 2024 after the curriculum was completed to measure individual student growth in executive functioning. A NORC team member also traveled to San Antonio to conduct interviews with the teachers to obtain feedback on the curriculum.

Findings

For the MEFS, 74 children across the six classrooms took the pre/mid/post assessment, and the average standard score increased by 3.9 points over the school year. This change was marginally statistically significant. For the Behavior Questions, 73 children across the six classrooms took the pre/mid/post surveys. The average score increased about 7.4 points, which was statistically significant with a large effect size. For the Internal State Words survey, 80 children took the pre/mid/post surveys, and the average score increased by about 2.5 words, which was statistically significant with a medium effect size.

The personal narrative did not show a significant change. Even though it was an additional curriculum to implement, teachers reported that they liked EGG as “it’s hands on—talking about emotions, expressing them, and putting names to what they’re feeling.”

The breathing activities were “good for children and adults, they help the children slow down, focus, and get ready for the day” and teachers liked the movement activities like yoga “because they like to move.” There were challenges working with the whole class especially when there were differences in ages and students with disabilities, but teachers used different techniques such as simplifying or modifying the activity to engage all students at their level, and using other strategies such as puppets and pair-share.

Appendix L. Texas Change in Mind Network

The components of the network diagrams are described below along with the findings for the 2021 and 2023 Texas Change in Mind networks.

Density

Density is the total number of edges in the network divided by the total number of possible edges for a network with the same number of organizations. It describes the overall prevalence of edges in the network. In a directed network with N organizations, the total number of possible edges is $N * (N - 1)$. It is the overall probability that there will be a directed edge from Organization A to Organization B, for an arbitrarily chosen pair and direction. A high density indicates collaboration in the network, but it is dubious to compare density scores between networks with different numbers of nodes.

2021: The CIM cohort network is somewhat densely connected. The network's density score of 0.37 indicates that the number of edges in the network is equal to thirty seven percent of the maximal number of edges. This indicates that organizations in the network are somewhat inclined to report strong relationships with one another.

2023: The network's density score of 0.11 indicates that the number of edges in the network is equal to 11 percent of the maximal number of edges. This indicates that organizations in the network are not inclined to report strong relationships with one another.

Reciprocity

Reciprocity is the probability (between 0 and 1) that there will be an edge from Organization A to Organization B if there is an edge in the reverse direction (from Organization B to Organization A). High reciprocity implies that organizations often have similar views on their level of collaboration. Low reciprocity implies that organizations often have dissimilar views on their level of collaboration, or that their interaction may have been one-sided.

2021: The connections or linkages in the cohort network are sometimes reciprocated. The network's reciprocity score of 0.43 indicates that forty three percent of connections in the network are reciprocated. This implies that organizations in the network sometimes have similar views on the extent of their collaboration.

2023: The network's reciprocity score of 0 indicates that 0 percent of connections in the network are reciprocated. This implies that organizations in the network rarely have similar views on the extent of their collaboration.

Transitivity

Transitivity (also known as the transitivity coefficient or the clustering coefficient) is a measure of how strongly clustered, or “tight knit,” the network is. It is the probability (between 0 and 1) that a set of three organizations will all be connected to one another by an edge if there are at least two edges between them.

2021: The cohort network members have a high propensity to form tightly knit subgroups of three or more organizations. The network’s transitivity score of 0.64 implies that there are many sets of three organizations that are all connected to one another. This implies that the network is inclined to form subgroups that collaborate with one another.

2023: The network’s transitivity score of 0 implies that there are not many sets of three organizations that are all connected to one another. This implies that the network is not inclined to form subgroups that all collaborate with one another.

Degree Centralization

A network’s *degree centralization* describes the variation in the number of connections for each organization. It is a scaled measure (from 0 to 1) of the total difference between the number of edges for the most highly connected organization and the number of edges for all other organizations. A degree centralization near one indicates more hierarchy and less variation in the number of connections per organization; connections tend to go toward or come from a few “core” organizations. A degree centralization near zero implies more uniformity in the number of connections per node, and consequently collaborative relationships are shared throughout the network.

2021: The cohort network is not centralized. The network’s degree centralization of 0.33 indicates that there are not “core” organizations that dominate the activity in the network. The connections in the network are spread out across organizations.

2023: The network’s degree centralization of 0.12 indicates that activity in the network is spread out across organizations.

Appendix M.

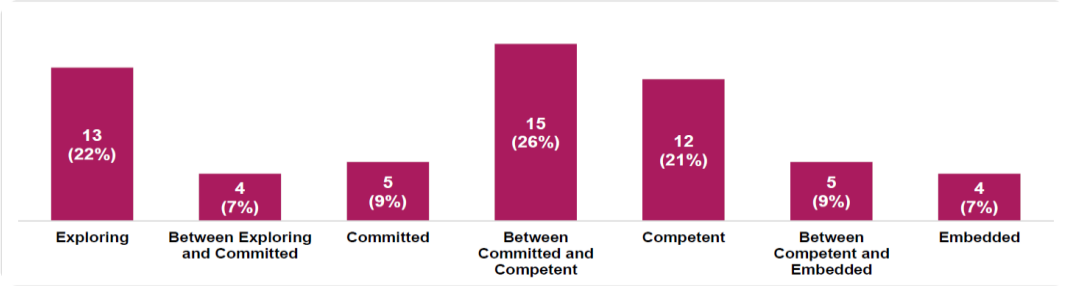
In November 2021, Intercultural Development Inventory (IDI) Assessments were administered to nine of the ten Change in Mind sites. From Spring-Fall 2022, Social Current met with each of the Change in Mind sites to debrief on the results. In addition to the debrief sessions, Social Current provided highlights of the EDI Survey results and led a session on adopting asset-based language at the April 2022 convening. Social Current also ran two workshops, a Cultural Humility Workshop in July 2022 and an Implicit Bias workshop in October 2022, as well as a full-day workshop on anti-racism at the October 2022 convening. Throughout, they held EDI coaching calls with organizational leaders. After the conclusion of the Texas Change in Mind initiative, four organizations agreed to take the IDI assessment again to provide data on their EDI culture after participating in Change in Mind. There are four phase of the EDI journey. The first phase is Exploring, indicating a lack of a clear goal and focus for EDI, information without action, and singular voices without organizational momentum. The second phase is Committed, where EDI has support from senior leaders, and where EDI is focused on processes and procedures such as training, rather than on developing an EDI culture. The third phase is Competent, where equity is central to an organization's work and leaders are building on EDI and equity is embedded in the mission. The final phase is Embedded, where EDI is deeply rooted and cannot be disrupted by organizational challenges, and has a broad base of support and engagement by staff, the board, and the community.

After participating in the Change in Mind collaborative, three out of the four organizations reduced the percentage of staff reporting that the organization was in the “exploring” phase by at least half. In addition, for three of the four organizations, a majority of their staff reported their organization was now either in the Competent or Embedded phase rather than the Exploring or Committed phase. Organization D had 37% of staff reporting their organization was in the Exploring or Committed stage in 2022, versus 55.9% in 2024. Organization G had 50% of staff reporting that equity in their organization was in the Competent or Embedded phase in 2022 and 61% staff reported this in 2024. Organization H had 0% of staff reporting their organization was in the Competent or Embedded stage in 2022, but 43% in 2024.

Organization A

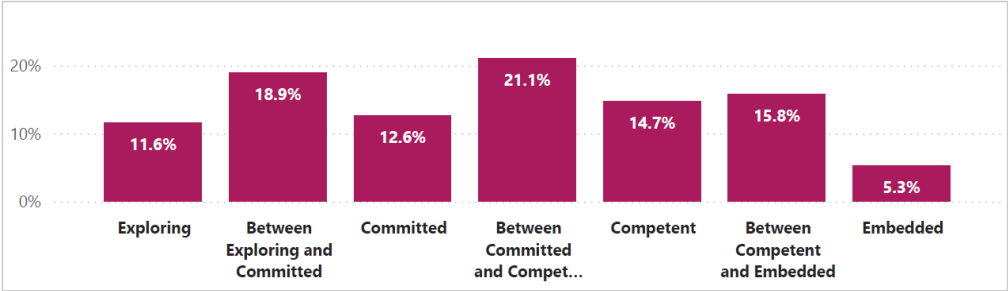
2022

Answer	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	22%	7%	9%	26%	21%	9%	7%	100%
Count	13	4	5	15	12	5	4	58



2024

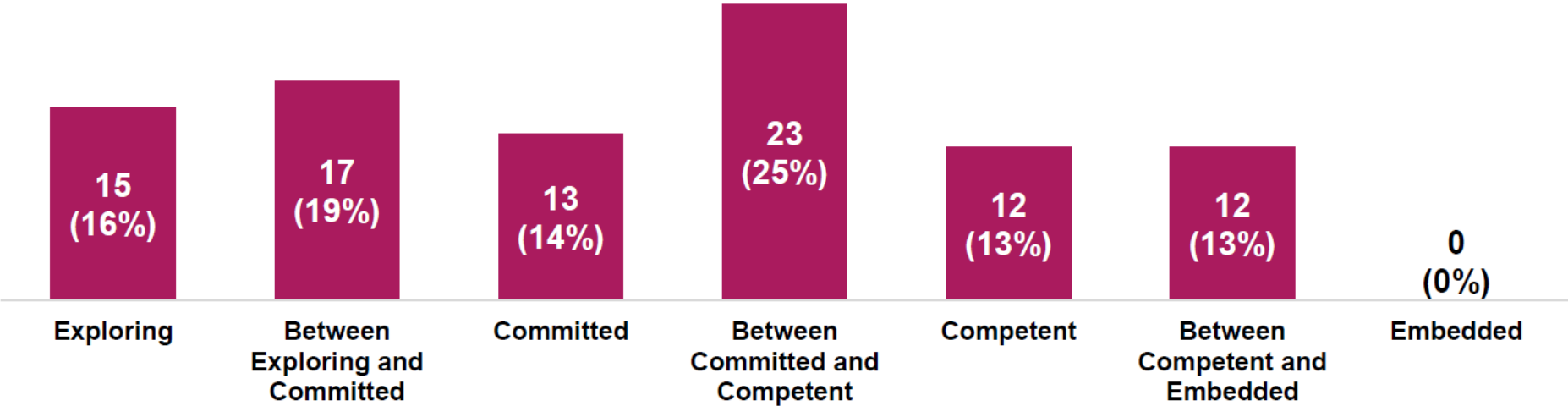
	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	11.6%	18.9%	12.6%	21.1%	14.7%	15.8%	5.3%	100.0%
Count	11	18	12	20	14	15	5	95



Organization B

2022

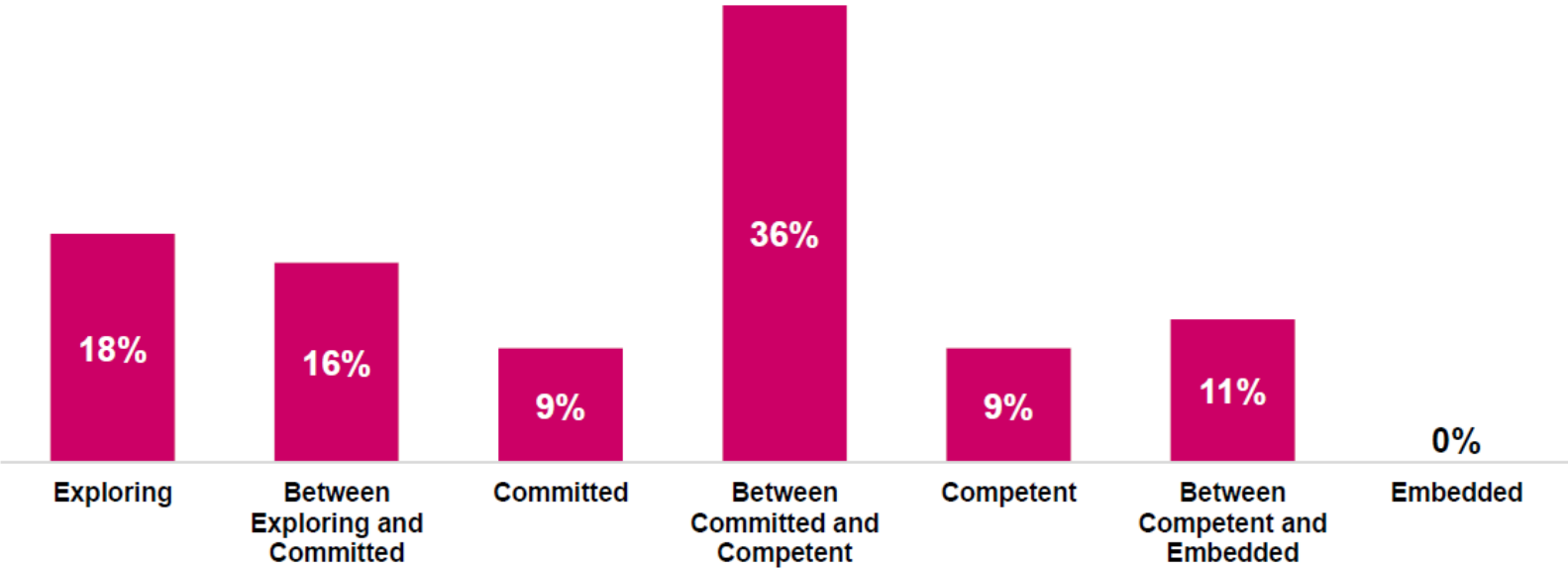
Answer	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	16%	19%	14%	25%	13%	13%	0%	100%
Count	15	17	13	23	12	12	0	92



Organization C

2022

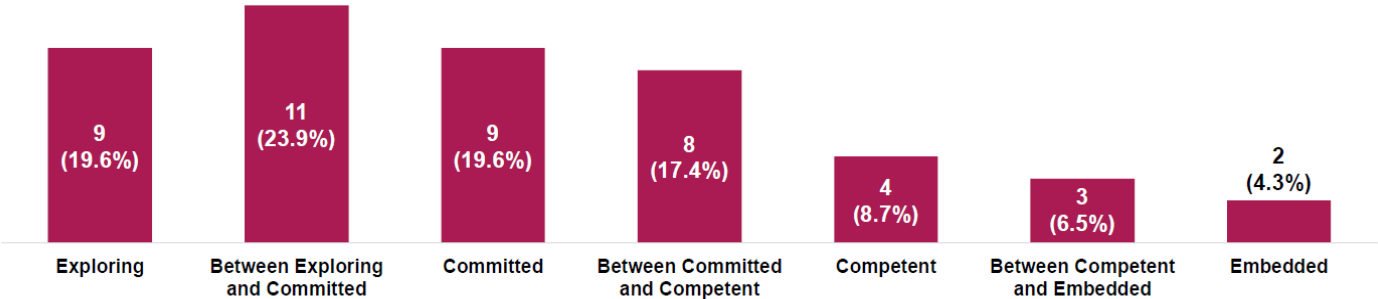
Answer	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	18%	16%	9%	36%	9%	11%	0%	100%
Count	8	7	4	16	4	5	0	44



Organization D

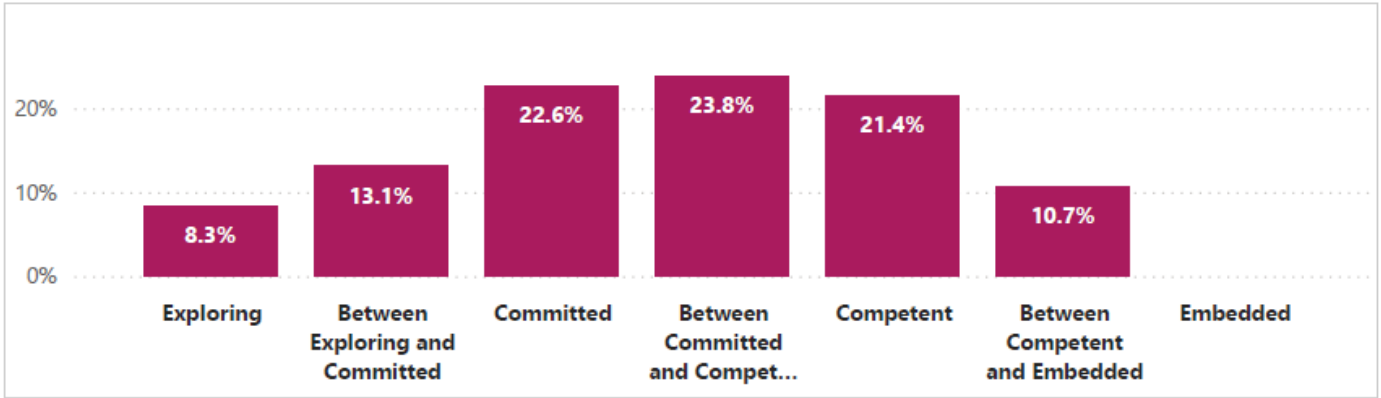
2022

Answer	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	19.6%	23.9%	19.6%	17.4%	8.7%	6.5%	4.3%	100%
Count	9	11	9	8	4	3	2	46



2024

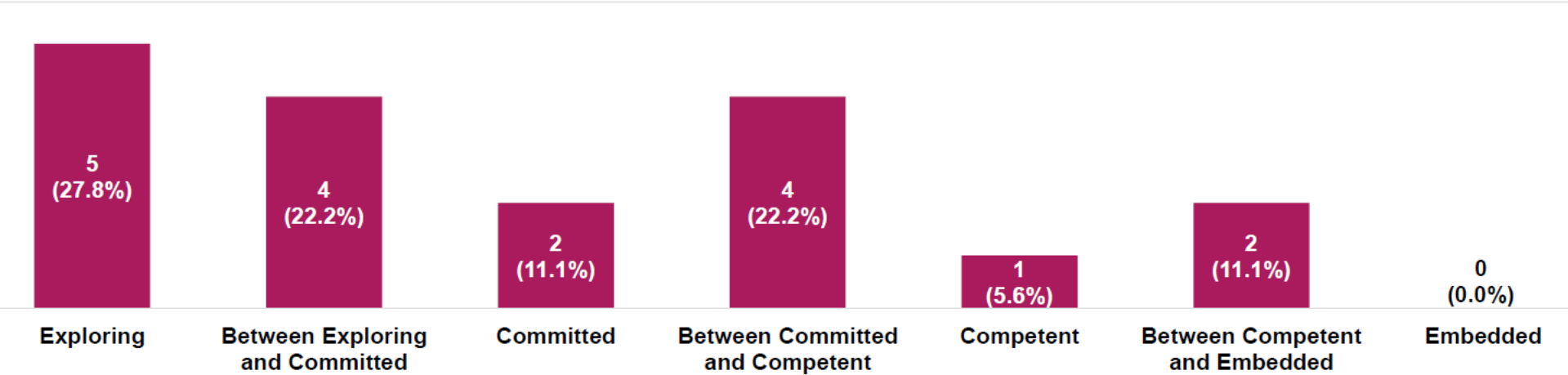
	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	8.3%	13.1%	22.6%	23.8%	21.4%	10.7%	0.0%	100.0%
Count	7	11	19	20	18	9	0	84



Organization E

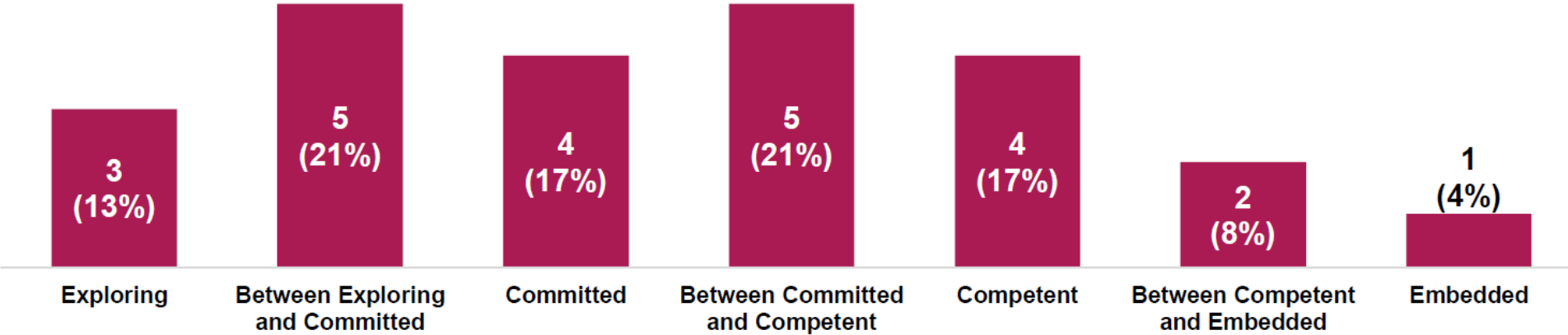
2022

Answer	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	27.8%	22.2%	11.1%	22.2%	5.6%	11.1%	0.0%	100%
Count	5	4	2	4	1	2	0	18



Organization F
2022

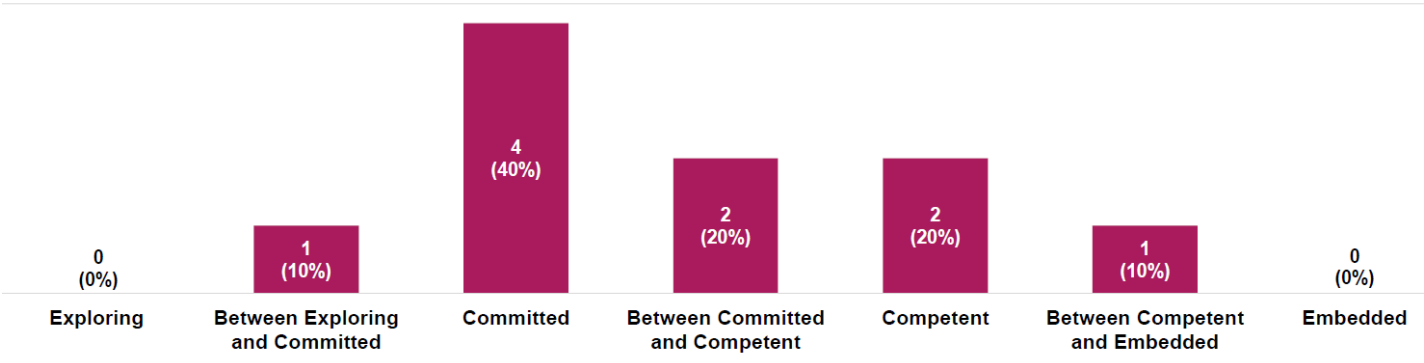
Answer	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	13%	21%	17%	21%	17%	8%	4%	100%
Count	3	5	4	5	4	2	1	24



Organization G

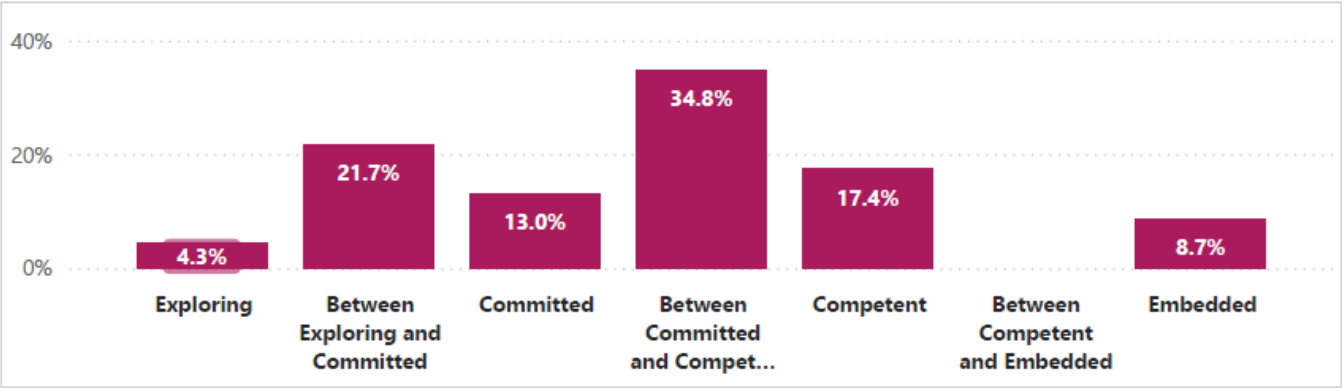
2022

Answer	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	0%	10%	40%	20%	20%	10%	0%	100%
Count	0	1	4	2	2	1	0	10



2024

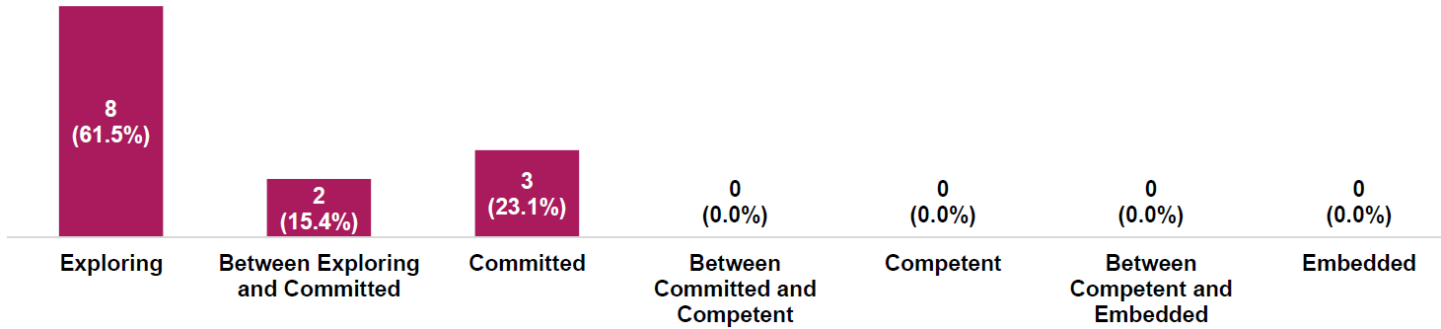
	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	4.3%	21.7%	13.0%	34.8%	17.4%	0.0%	8.7%	100.0%
Count	1	5	3	8	4	0	2	23



Organization H

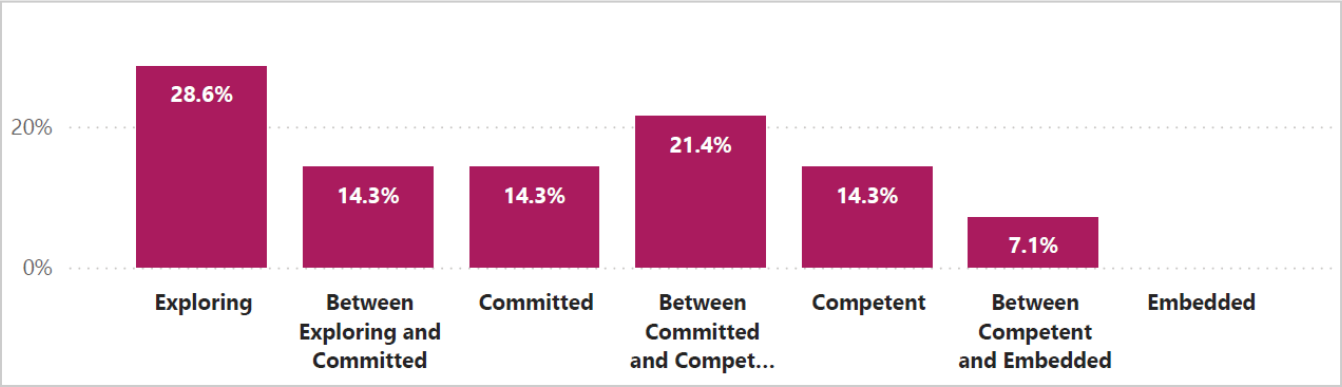
2022

Answer	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	61.5%	15.4%	23.1%	0.0%	0.0%	0.0%	0.0%	100%
Count	8	2	3	0	0	0	0	13



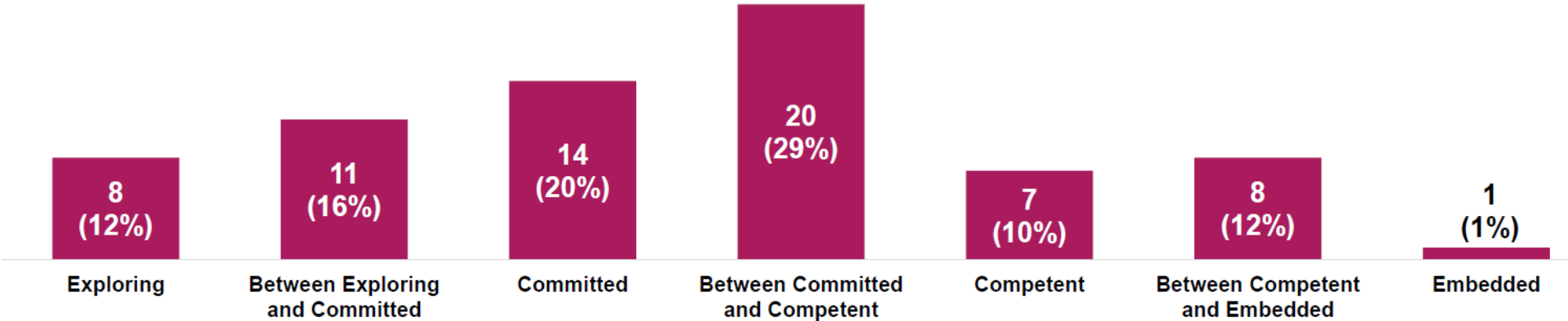
2024

	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	28.6%	14.3%	14.3%	21.4%	14.3%	7.1%	0.0%	100.0%
Count	4	2	2	3	2	1	0	14



Organization I

Answer	Exploring	Between Exploring and Committed	Committed	Between Committed and Competent	Competent	Between Competent and Embedded	Embedded	Total
%	12%	16%	20%	29%	10%	12%	1%	100%
Count	8	11	14	20	7	8	1	69



Appendix N. EDI Analysis

CIM EDI Pre-Post Assessment Analysis Results

Social Current administered the EDI Staff Assessment to all 10 organizations in the Texas Change in Mind cohort in 2022. After Change in Mind concluded, four of the ten organizations completed the EDI Staff Assessment again, providing Social Current with pre and post assessments for analysis.

The EDI Staff Assessment asked about seven domains: Psychological Safety; Sense of Belonging; Organization Culture; Organizational EDI Journey; Leadership, Directors, and Management; Human Resources; and Learning.

NORC analyzed changes in assessment scores for each of the seven domains of the survey, comparing the baseline assessment scores to the post-project assessment scores for the four organizations. First, the NORC team analyzed the data for all four organizations together, NORC found statistically significant positive changes in respondents' scores in four of the seven domains: 1) the Organizational EDI Journey domain; 2) the Leadership, Directors, and Management domain; 3) the Human Resources domain; and 4) the Learning domain (see Table 1 for full results).

Next, NORC analyzed changes across domains from pre- to post-program assessments for each of the four organizations separately. It is important to note that the four organizations are not of equal size and a larger number of respondents for an organization makes it easier to achieve statistical significance with the same numerical change in assessment.

For the Children's Museum of Houston, there were positive changes across all domains, and statistically significant positive changes for Leadership, Directors, and Management domain, the Human Resources domain, and the Learning domain. The positive score increases on the questions in these domains ranged from an increase of 0.4 to 0.6. points. The Organizational Culture and Organizational EDI Journey domains both had an increase in mean of 0.3 points, but did not reach statistical significance at the $p < .05$ level.¹ For comparison, in the overall analysis of all four sites, the 0.3 change was enough to reach statistical significance, as all four organizations combined had a larger sample size (see Table 2 for full results).

TACFS showed positive changes for the Psychological Safety and Organizational EDI Journey domains, but neither of these changes was statistically significant (see Table 3 for full results).

Fort Bend County had positive changes across all domains except for the Learning domain. The site had statistically significant positive changes in the Psychological Safety domain (a 0.4 point change) and an especially large point change in Organizational EDI Journey (a 2.1-point change). There was also a larger positive effect for Organizational Culture, but the difference in pre- to post-project assessment scores is not statistically significant at the $p < .05$ level. There is no score for the Leadership, Directors, and Management domain as this site was missing the "post" responses for this domain (see Table 4 for full results).

¹ $P < 0.05$ means that the probability of observing this difference in mean scores by chance is less than 0.05.

Santa Maria Hostel had positive changes for the Organizational EDI Journey domain, Leadership, Directors, and Management domain, Human Resources domain, and Learning domain. However, none of these domains had significant differences pre to post project. The largest score change was also on Organizational EDI Journey with a 0.4 point change but given the sample size of respondents at this organization (smaller than Children’s Museum of Houston), this difference does not reach statistical significance at the $p < .05$ level (see Table 5 for full results).

Overall, the four organizations showed the most growth in three areas: the Organizational EDI Journey and Leadership, Directors, and Management domains. The Organizational EDI Journey growth is particularly notable because it was the domain with one of the lowest means across the organizations in the 2022 pre-project assessment. This indicates that participating in the Texas Change in Mind cohort resulted in positive changes in how the sites’ organizations understand, center, and embed EDI principals in their work.

Tables with the results for all organizations combined, as well as tables with individual site results follow.

Table 1. All Organizations

Domain	Pre-Mean	Post-Mean	Diff	Significance
Psychological Safety	3.2	3.2	0.0	
Sense of Belonging	3.3	3.3	0.0	
Organization Culture	3.9	3.9	0.0	
Organizational EDI Journey	3.0	3.3	0.3	**
Leadership, Directors, and Management	3.7	4.0	0.3	**
Human Resources	3.3	3.6	0.3	*
Learning	3.2	3.3	0.1	*

Notes: *** p<.001 ** p<.01 * p<.05

Table 2. Children's Museum of Houston

Domain	Pre-Mean	Post-Mean	Diff	Significance
Psychological Safety	3.2	3.3	0.1	
Sense of Belonging	3.2	3.4	0.2	
Organization Culture	3.6	3.9	0.3	
Organizational EDI Journey	2.9	3.2	0.3	
Leadership, Directors, and Management	3.5	4.1	0.6	***
Human Resources	3.2	3.8	0.6	**
Learning	3.1	3.5	0.4	***

Notes: *** $p < .001$ ** $p < .01$ * $p < .05$

Table 3. TACFS

Domain	Pre-Mean	Post-Mean	Diff	Significance
Psychological Safety	3.3	3.4	-0.1	
Sense of Belonging	3.5	3.4	-0.1	
Organization Culture	4.2	3.8	-0.4	
Organizational EDI Journey	3.3	3.5	0.2	
Leadership, Directors, and Management	4.4	3.8	-0.6	
Human Resources	3.4	3.1	-0.3	
Learning	3.8	3.3	-0.3	

Notes: *** $p < .001$ ** $p < .01$ * $p < .05$

Table 4. Fort Bend County

Domain	Pre-Mean	Post-Mean	Diff	Significance
Psychological Safety	2.6	3.0	0.4	*
Sense of Belonging	2.8	3.0	0.2	
Organization Culture	3.3	3.8	0.5	
Organizational EDI Journey	1.9	3.0	2.1	**
Leadership, Directors, and Management	--	--	--	
Human Resources	2.9	3.0	0.1	
Learning	3.2	3.0	-0.2	

Notes: *** $p < .001$ ** $p < .01$ * $p < .05$

Table 5. Santa Maria Hostel

Domain	Pre-Mean	Post-Mean	Diff	Significance
Psychological Safety	3.3	3.1	-0.2	
Sense of Belonging	3.4	3.2	-0.2	
Organization Culture	4.1	4.0	-0.1	
Organizational EDI Journey	3.1	3.5	0.4	
Leadership, Directors, and Management	3.8	3.9	0.1	
Human Resources	3.4	3.6	0.2	
Learning	2.1	3.3	0.2	

Notes: *** p<.001 ** p<.01 * p<.05