Building the Core Conditions to Prevent Childhood Trauma

CHAPIN HALL

RESILIENCE LEADERS IN DOÑA ANA COUNTY, NEW MEXICO

Evaluation Report to the Anna, Age Eight Institute,
a program of New Mexico State University

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The points of view, analyses, interpretations, and opinions expressed here are solely those of the authors and do not necessarily reflect the position of the Anna, Age Eight Institute.

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TABLE OF CONTENTS

LIST OF FIGURES

INTRODUCTION

Adverse childhood experiences (ACEs) exact a toll on population health. ACEs impact the associated risk of chronic health conditions (Anda et al., 2008), child developmental concerns (Eluvathingal, 2006), mental illness (Afifi et al., 2008; Hughes et al., 2019), and the pathway to success in school, work, and relationships (Bethell et al., 2014; Hardcastle et al., 2018; Hillis et al., 2001). ACEs can have a substantial financial impact—they can influence the life course and, further, trigger multiple services. Using a meta-analysis of studies of the link between ACEs and health conditions over 28 years, it is estimated the total annual cost attributable to ACEs in the U.S. is $581 billion (Bellis et al., 2019). One state's analysis showed that if the state were able to end all ACEs, nearly $800 million in annual costs would be eliminated from expenses for six high-cost health items: obesity, binge drinking, Medicaid, diabetes, arthritis, and smoking (Sidmore, 2019).

Yet, despite the potential for experiencing challenges related to significant childhood adversity, there are many ways for communities to promote resiliency and health among families and children. The sources of ACEs are both "micro"—within relationships closest to a child—and "macro"—existing in the structural and environmental conditions in which children and families are situated. These "macro" sources include a lack of affordable housing, lack of affordable childcare, or lack of access to healthy food. Both of these layers, the family and larger socio-economic environment, can contribute to children's experiences of stress and strain. They can also, potentially, exert positive influences. When these positive influences outweigh the negative experiences, they can "tip the scale" to promoting a healthy developmental trajectory (National Scientific Council on the Developing Child, 2015).

Preventing ACEs requires a service system response that considers the complexity and collectivity of the sources of ACEs and potential solutions. One model strategy is collective impact. Developed initially as a framework for increasing the effectiveness of nonprofit collaborative work, collective impact is now used as a systems approach to creating social impact that moves beyond the isolated effect that individual organizations and agencies can have on an issue (Kania & Kramer, 2011). Different agencies across government, nonprofit, philanthropic, and private sectors align their priorities and collaborate to effectively address complex problems. Five conditions are needed for successful collective impact: a common agenda, mutually reinforcing activities, backbone infrastructure, continuous communication. and shared measurement systems (Kania & Kramer, 2011).

In New Mexico, through the Anna, Age Eight: Institute for the Data-driven Prevention of Childhood Trauma (AAEI) at New Mexico State University, communities are implementing collective impact to spark a common and collective movement to reduce the number of children in New Mexico who experience ACEs. The statewide effort, the 100% New Mexico initiative, began in three pilot communities in July 2019. The first, Doña Ana County, integrated 100% New

Mexico into an existing community coalition called Resilience Leaders. Chapin Hall at the University of Chicago evaluated implementation of Resilience Leaders in the pilot community of Doña Ana County.

Anna, Age Eight Institute (AAEI)

AAEI began as the result of a book written by founders Dr. Katherine Ortega Courtney and Dominic Cappello, *Anna, Age Eight: The Data Driven Prevention of Childhood Trauma and Maltreatment* (Ortega Courtney, PhD & Cappello, 2017). *Anna, Age Eight* centers on the experiences of a young, fictional character named Anna, who is based on very real clients within New Mexico's child welfare system. Anna is raised in a challenging home environment and her family (including Anna) suffers multiple failures in their contact with public systems, such as child welfare and mental health. Anna, the description of the systems she encounters, and the proposed solutions are based on the authors' collective experience working in New Mexico state government, including the Research, Assessment and Data Bureau of Child Protective Services, and their research supporting the theoretical framework and approaches.[1] Receiving bipartisan support, AAEI was first established by appropriation from the New Mexico Legislature. Funding came from Senate Bill 370 in 2019. AAEI is based in New Mexico's state capital, Santa Fe.

The mission of AAEI is to "empower the local champions who build the vital services to ensure trauma-free and thriving children, students and families" (Anna Age Eight, 2020). In 2019, a second book, *100% Community: Ensuring 10 vital services for surviving and thriving* (Ortega Courtney, PhD & Cappello, 2019) provided the framework and guide that AAEI and communities use to accomplish the goal of reducing all New Mexicans' exposure to ACEs.

Doña Ana County

Doña Ana County is one of the first pilot communities collaborating with AAEI to address ACEs using the collective impact model. Doña Ana County is a mixed urban-rural county in south-central New Mexico; its county seat is Las Cruces, the second largest city in New Mexico. In 2018, the county population was 217,522, with the majority reporting Hispanic or Latinx ethnicity (69%). The county ranks high in the state in health outcomes and health factors but has a higher proportion of poverty compared with other counties (25% of residents live in poverty; U.S. Census Bureau, 2018). According to ChildTrends, as measured by the Behavioral Risk Factor Surveillance System, New Mexico as a state has one of the highest rates of children who experience three or more ACEs (18%, or one in seven children), a rate that is equivalent to only one other state, Arizona (Sacks & Murphey, 2018).

Doña Ana County has a rich history of community collaboration. In 2018, leaders in Doña Ana County expressed interest in collaborating with the authors of *Anna, Age Eight* and future founders of the AAEI. They held two initial "Great Conversations"—community forums centered

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[1] https://annaageeight.nmsu.edu; https://annaageeight.nmsu.edu/resources/adversity-research.html; https://annaageeight.nmsu.edu/resources/ten-sectors-research.html

on the theme of childhood trauma. With support from the AAEI founders, Doña Ana launched Resilience Leaders, a capacity-building project intended to engage key stakeholders across public and private sectors. Doña Ana's Resilience Leaders was empowered and educated through a five-part web-based course developed by Ortega Courtney and Cappello. The course incorporates lessons on assessment, planning, action, evaluation, and adaptive leadership to create "a collaborative and data-driven strategy for preventing adverse childhood experiences, trauma, injury, substance misuse and maltreatment" (Resilience Leaders, 2018). For approximately one year, local leadership partnered with the founders of the AAEI to provide training to Resilience Leaders participants on continuous quality improvement as a precursor to beginning the Doña Ana pilot in August 2019.

To address service disparities that impact family safety, Resilience Leaders, participants created the following ten task forces divided into "surviving" and "thriving" service sectors (see Figure 1).

Figure 1. Five Surviving and Five Thriving Services
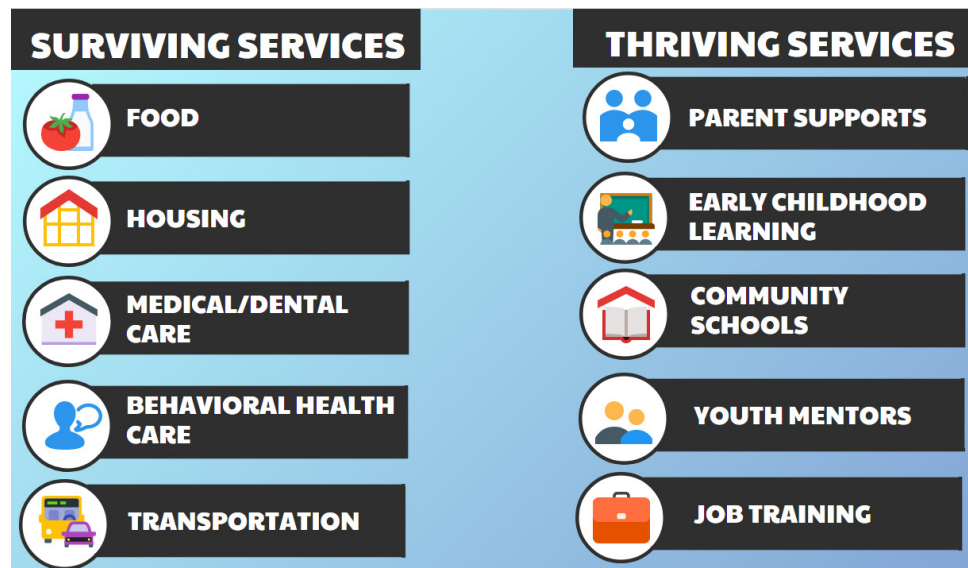
In collaboration with AAEI and New Mexico State University, the Resilience Leaders pilot launched the *Resilient Community Experience Survey* in August 2019. This needs assessment marks the first time that families in Doña Ana County have been systematically surveyed about of the degree to which they have access to the ten "surviving" and "thriving" services. The survey also revealed the reasons why people struggled to access services. Survey results were shared with stakeholders at a summit in December 2019.

Purpose of the Evaluation

The purpose of Chapin Hall's evaluation is to describe early implementation of the Resilience Leaders pilot, identify critical aspects of the local context that have shaped implementation in Doña Ana County, and to document drivers of the initiative's initial progress.

METHODS

This study used a developmental evaluation approach, with the goal of informing AAEI leadership and implementers in Doña Ana County about the initiative's early progress and key drivers. In general, developmental evaluations are intended to support program decision makers' strategic learning about program development and guide adaptation to local community contexts (Patton, 2010). This type of evaluation is particularly well suited to the early stages of collective impact change processes, where implementers are still defining how they will measure progress and evaluate effectiveness and impact (Preskill et al., n.d.).

Data Sources

We used three methods to collect qualitative data: interviews with 9 individuals in leadership roles implementing the Resilience Leaders pilot (averaging 30 minutes long, conducted in December 2019); a focus group with 8 members of an Action Team focused on one vital service sector (60 minutes long, conducted in December 2019); and agendas, minutes, and other documentation describing the implementation of the Resilience Leaders pilot. While the pilot formally began in July 2019, we also collected information about work in 2018 and the first half of 2019, prior to the formal integration of core 100% New Mexico initiative strategies into Resilience Leaders in Doña Ana County.

We transcribed and thematically analyzed interviews and focus groups to systematically identify implementation experiences and specific examples of successes and challenges related to each of the five core conditions for collective impact. We reviewed these data and documentation from the pilot to identify contextual factors specific to Doña Ana County and others that may have broader applicability to counties across New Mexico. The research team then created summary matrices for each core condition of collective impact and reviewed the data to identify counterexamples and articulate emergent themes (Miles et al., 2018). We then validated these themes with the developers of 100% New Mexico, clarifying aspects of the pilot implementation timeline and the ways in which the developers' experiences was consistent with those of other participants. We discussed lessons the developers learned from the pilot implementation and work taking place in the two other implementing communities. This discussion deepened our understanding of facilitators and barriers to progress that may be unique to the context of Doña Ana County and the commitments and interest of its practitioners in preventing childhood trauma.

FINDINGS

Six months into implementation, we found that the Resilience Leaders pilot was already demonstrating considerable progress on key dimensions of the Continuous Improvement and Collective Impact model. In this section, we discuss progress with respect to each of the five core conditions for collective impact. We focus on successes, challenges, and critical opportunities for deepening the influence of pilot activities within and beyond Doña Ana County.

Objective 1: Progress Implementing the 100% Community Doña Ana Pilot

This section presents findings related to the progress of implementing the Resilience Leaders activities in Doña Ana County as related to the four parts of the Continuous Quality Improvement framework utilized by the Anna, Age Eight Institute: assess, plan, act, evaluate. Figure 1 shows the timeline of implementation.

Figure 2. Timeline of 100% Community Implementation in Doña Ana County, NM (July 2018–December 2019)
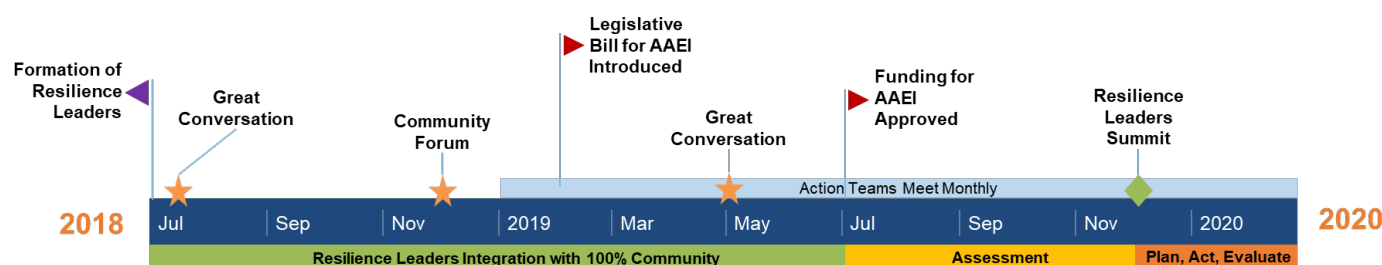
Resilience Leaders Builds Foundation for 100% Community

Prior to implementation of the 100% Community Doña Ana County, a pre-existing community capacity-building group named Resilience Leaders began convening community members and community-based organization stakeholders. These "Great Conversations" and a community forum were held three times between mid-2018 and July 2019. These meetings helped to develop common understanding about the problem facing Doña Ana's youth and allowed for a community conversation around adverse childhood experiences and trauma. During this time, staff from local community-based organizations and public agencies also began meeting monthly. These meetings provided a time and space for the capacity building needed to eventually implement Resilience Leaders and their multisector approach.

Assess

When the Anna, Age Eight Institute received state funding in July 2019, Doña Ana County and the Resilience Leaders kicked off the assessment phase. Part of developing the 100% New Mexico initiative (which includes county-based initiatives with their own local names, such as Resilience Leaders), includes completing a community needs assessment. This was done using the Resilient Community Experience Survey (now called the 100% New Mexico Survey) that asked parents to what degree they had access to ten vital surviving and thriving services. The survey also asked why services were difficult to access. The work completed by Resilience Leaders during the preassessment phase allowed them to develop and implement the needs assessment quickly. This needs assessment (the 100% New Mexico Survey) was conducted in late summer 2019.[2] After the completion of the assessment, the results were analyzed and presented to over 300 community members, multicounty participants, and international participants at a Community Summit in early December 2019.
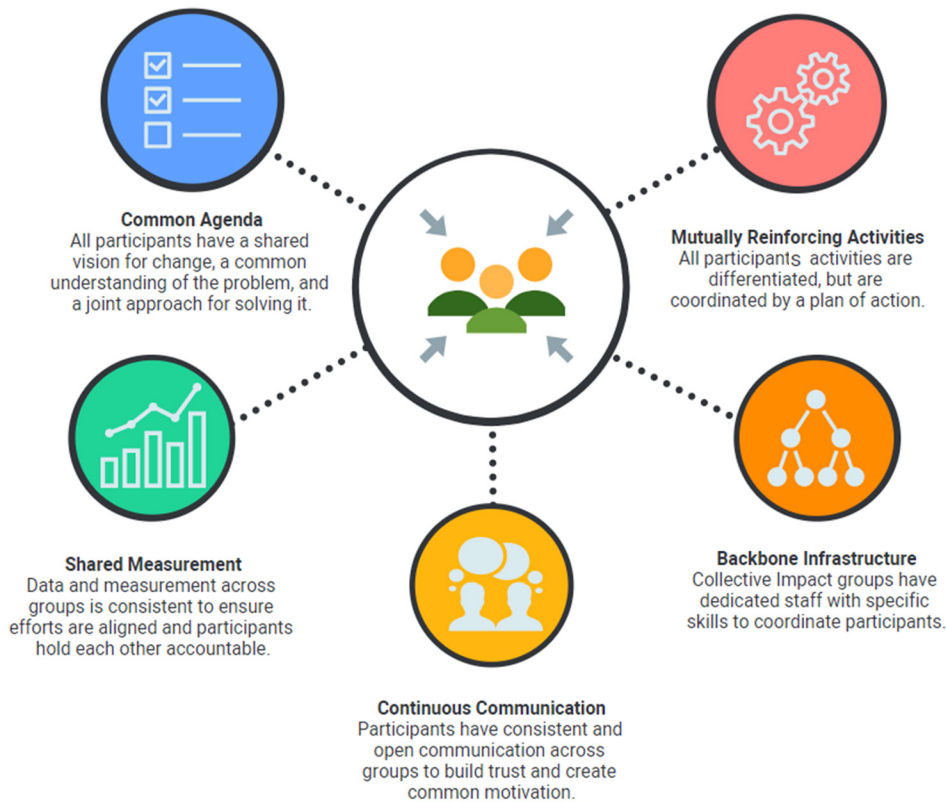
Plan, Act, Evaluate

With data collected from the community needs assessment completed and an analysis process ongoing, Resilience Leaders' ten task forces, each one focused on one of ten service areas, is primed to begin moving into the planning phase in 2022. During this phase, they will need to develop strong action plans based on the results of the Community Needs Assessment. The work done to build relationships and shared understanding during the preassessment phase should allow Resilience Leaders to move swiftly from assessment to planning, where task force members identify evidence-informed strategies to address gaps in services and lack of accessibility. From planning, action and evaluation will follow, completing the continuous quality improvement process.

Objective 2: Current Successes and Challenges in Implementing the 100% Community Doña Ana Pilot

This section presents findings related to successes and challenges developing each of the five core conditions for achieving collective impact: common agenda, mutually reinforcing, backbone infrastructure, continuous communication, and shared measurement. Figure 2 details each of these conditions.

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[2] We believe that the Community Needs Assessment began sometime in August 2019, with data collection ending sometime in September 2019. Unfortunately, we were unable to determine exact dates with the historical documents we were provided.

Figure 3. Five Core Conditions for Achieving Collective Impact

Common Agenda
All participants have a shared vision for change, a common understanding of the problem, and a joint approach for solving it.

Mutually Reinforcing Activities
All participants activities are differentiated, but are coordinated by a plan of action.

Shared Measurement
Data and measurement across groups is consistent to ensure efforts are aligned and participants hold each other accountable.

Backbone Infrastructure
Collective Impact groups have dedicated staff with specific skills to coordinate participants.

Continuous Communication
Participants have consistent and open communication across groups to build trust and create common motivation.

Adapted from: Preskill, H., Parkhurst, M., & Juster, J. S. (n.d.). Guide to evaluating collective impact: Learning and evaluation in the collective impact context.

Common agenda: A shared vision for change, a common understanding of the problem, and a joint approach for solving
Participants across Action Teams and roles consistently described a clear common agenda to address and prevent childhood trauma and ACEs in their community. In Doña Ana County, Resilience Leaders team members reported that the pilot helped create a shared vision and set of priorities to guide their collaborative work to address childhood trauma.

Participants highlighted two major achievements resulting from the articulation of a shared agenda and vision for prevention. First, they noted the importance of having developed shared priorities in building provider understanding and capacity to: (1) apply a family-centered lens to trauma and traumatic responses and (2) raise awareness about ACEs. Participants reported that the commitment to prevention resonated and had helped them articulate a different set of priorities for their work with families. As one participant commented, "It's just turning the entire way of thinking on its head: That we need to build communities that are trauma free from the outset." Participants embraced the vision of building a family-centered approach to services that is more responsive to the community. "I think in our work we have to go deeper and look at

what are the families needing?" one interviewee commented. "What are they saying they're needing? Is there a disconnect between what the families are saying and what we think as providers?"

Second, participants described the Resilience Leaders pilot as helping them identify common issues and challenges that agencies across sectors face in working with families with young children. "This group gives us the opportunity to come together," a focus group participant said. "Sometimes we're so focused within our own agency. . . [the Resilience Leaders pilot] helps bring us together in a way where we can work towards similar goals." Participants highlighted the implementation of the federal 21st Century Community Learning Centers grant in Doña Ana County as one example of change guided by the Resilience Leaders pilot. Community organizations took on adult learning components of the grant to offer financial literacy workshops and family programming in coordination with New Mexico State University (NMSU) administering afterschool programming.

Participants stressed that the values-based coalition approach of the Resilience Leaders pilot is a unique strength and has helped foster local ownership of efforts. They reported that it was important for the agenda to be guided by the community's strengths and needs, rather than funder interests. "The fact that this is not something that was ushered in by a big grant or something is what's unique about the way this has evolved," a participant reflected. "It's a very open-ended, grassroots, [and] flexible movement." They also anticipated that this approach would help them to consistently prioritize addressing and preventing childhood trauma within the community.

Mutually reinforcing: Participants' activities are differentiated but still coordinated by a plan of action

Participants reported that the Resilience Leaders pilot activities (for example, convenings and Action Teams) helped them begin to identify and break down silos to increase family access to community services. They cited two cross-sector collaborations in particular as being sparked by the connections of Action Team members brought into conversation through the Resilience Leaders pilot. One collaboration is Coordination with NMSU for afterschool programming and adult learning portions of the 21st Century Community Learning Centers grant. The other collaboration is a Conversation about addressing mental health concerns with local law enforcement and behavioral health partners.

In addition, participants pointed to the ability of the Early Childhood Learning Taskforce to partner with the existing early childhood coalition and community schools' movement in Doña Ana as an achievement. This allowed them to integrate trauma-informed goals across work streams, "rather than [having] groups operating separately."

However, two factors limited the extent to which these early-stage efforts proved to be *mutually reinforcing*: (1) the varied bandwidth of individual Action Team members to dedicate time to the pilot and (2) the differing ability of Action Team members to tap into existing networks and coalitions between Action Teams. Six months into implementation, some Action Teams had achieved more momentum than others. While the focus on trauma was newer to some sectors/Action Teams, participants reported that factors like the need for direction and clarity around next steps also influenced their progress. "We need more direction," one participant reported, also noting that it was a brand-new initiative. "It's something that people aren't used to." Participants suggested that greater clarity from Core Leadership about expectations for moving forward on action steps would strengthen their efforts to build partnerships across the community.

Action Teams participants reported differences in teams' ability to easily tap into existing networks and coalitions in the community. Particularly, the early childhood learning and behavioral health Action Teams have strong existing coalitions, while other Action Teams are establishing new partnerships. Interestingly, however, participants noted that some Actions Teams with established networks also reported less robust progress and participation by Action Team members. Reflecting on the role of relationships, participants recognized that while it was easier to partner within their existing networks, it was critical that they also build new, external networks—ones involving the community's medical school and local providers. They identified further mobilizing public–private and university partnerships, along with involving more businesses and employers, as promising strategies for involving more groups "so that they understand the community they're growing into."

Backbone infrastructure: Dedicated staff with specific skills to coordinate participants

Participants reported robust relationships with the Resilience Leaders pilot's local champion. Participants stressed that they valued the strong network of community partners and groups across different sectors supported by the Resilience Leaders pilot. In Doña Ana County, over 30 organizations have been involved in the pilot in various capacities, spanning government, education, family resources, transportation, and medical services. Several participants emphasized the critical role of the local champion's passion and commitment as a major strength of this initiative. One participant reflected, "[The local champion's] vision casting for the group and having the professional relationships with individuals in all those sectors. . . is really what brings the opportunity to the table."

Participants reported the need for greater structure and clarity going forward. Participants expressed the need for more guidance and support to align their work with the overall goals and activities undertaken by other Action Teams, and to bolster resources and accountability in the progress of their own Action Teams. Following completion of the 2019 needs assessment,

which had been a major focus during the first 6 months of implementation, participants were not clear about what supports they could expect from the pilot's backbone structure. For example, they expressed that it could be difficult to understand who was accountable for doing what as part of the pilot. "[We need] more clarity around who is the backbone?" an interviewee explained. "What are you responsible for? Where does your part end and other people's part begin? Those are the things we've had to work on defining and are still defining in some cases."

Participants suggested that continuing to formalize the organizational structure of the Resilience Leaders' backbone infrastructure could help address some challenges they had begun to experience. These challenges ranged from articulating a set of steps to engaging potential partners and community members to sustaining momentum and direction between monthly Action Team meetings. In particular, they commented that the current diffusion of administrative duties posed challenges for archiving process-related discussions and decisions for future use. As summed up by one participant, "There's no focal point through which all the information flows." Participants emphasized that supporting administrative and convening capacity of the local champion was important for addressing these challenges and sustaining current momentum.

While these challenges were brought forward by participants, it is important to acknowledge that these are common growing pains when establishing cross-sector partnerships to achieve a common, large-scale goal such as preventing and addressing ACEs.

Continuous communication: Consistent and open communication across participants to build trust and create common motivation
Participants reported strong communication within Action Teams but pointed to the need to improve documentation and strengthen cross-Action Team information sharing. They highlighted the opportunity to understand what other agencies are doing and find areas of commonality as an important benefit of the Resilience Leaders pilot. They also viewed the strong communication within Action Teams as an achievement. One interviewer noted that Resilience Leaders had emphasized employment-related issues such as workforce development and job training as a common theme touching on many agencies' work. The interviewee noted, "I don't think [before] we had a lot of opportunity to come to the table and say, 'How can I help you in your challenge, and how can you help me?'"

Participants consistently described having limited information about what other Actions Teams were doing, influencing their ability to develop cross-sector strategies. As one participant noted, "Communication among the groups is virtually nonexistent." The common platform for whole-initiative communication and cross-team sharing successfully launched, but was eventually seen as challenging. Several participants wanted to be more familiar with what other Action Teams were working on, describing this as a limitation to cross-team collaboration. "I don't know if I

can go to the behavioral health people or the transportation people and say, 'This is a project that I was thinking about. Can we do something together?'" noted one participant.

Participants described that current data sharing and documentation procedures needed to be improved as part of the ongoing implementation. Microsoft Teams software, an online collaboration tool, served as the central file-sharing hub for each Action Team and the initiative starting in January 2019. The use of Microsoft Teams as a communication tool dropped off significantly after April 2019, and Resilience Leaders shifted to distributing agendas and documents through Outlook. "We lack the technical support to really gather notes and memorialize what we've been doing," a participant said. "I think that slows us down a little bit, because when we come back together, we ask, 'Where were we?'"

Participants also identified the need to develop strategies for external communication and engagement to help inform their work. They reported wanting to continue and expand outreach to the community to bolster participation. Participants in one task force reported that current outreach to families and community members had resulted in the level of engagement that they had envisioned. The desire to increase the effectiveness of current outreach crossed Action Teams. One participant cited raising the visibility of the Resilience Leaders-100% Community pilot as "our biggest challenge overall." Participants also identified informing state- and administrative-level policy change as a critical communication opportunity. One participant described potential administrative policy changes, such as adding ACEs training to provider and clinic licensing requirements, as targets for externally focused communication that could be undertaken for work happening in Doña Ana County.

Shared measurement: Consistent data and measurement to ensure efforts are aligned and participants hold each other accountable
Participants reported that trainings on adaptive leadership and continuous improvement yielded new insights into how to integrate evaluation into their work and anticipate using needs assessment results to guide their articulation of *shared measurement* strategies and metrics.

Trainings
Participants described technical trainings on leadership and CQI as important steps toward developing their own knowledge and familiarity with evaluation and preparing to articulate shared measurement goals. AAEI staff facilitated a workshop on Adaptive Leadership in April 2019, providing materials and leading discussion about how this approach to leadership could strengthen Action Teams' work. "Being able to share a common change language with my community members has been the most helpful," an interviewee said of the trainings.

Needs Assessment Implementation
From July to September 2019, Action Teams collectively conducted the 100% Community needs assessment in collaboration with the Center for Community Analysis at NMSU. Participants

emphasized the importance of the needs assessment in building on prior assessment work and data collection efforts. They also described this effort as creating a common frame of reference—based on family reports as opposed to agency assumptions—for talking about child welfare in Doña Ana.

Participants stressed that the care taken to address geographic and demographic concerns in the assessment was a unique strength. One participant commented that the rural geography of Doña Ana and the number of families that live in unincorporated *colonias*, often without access to basic services like water and sewers, can make it difficult to capture the diverse experiences of community members. "Doña Ana County is a huge area," one participant explained. "A lot of it is rural and a lot of it's not developed. Which is why the survey took so many pains to not simply use a convenience sample in the city and made efforts to oversample the North and the South Valley." This is an impressive accomplishment for Doña Ana and a strategy to reference as a goal for other communities implementing the 100% New Mexico initiative

Participants reported that defining and tracking progress on shared metrics will be critical tools for maintaining the current momentum. Opportunities for improvement identified by participants included support for data collection and guidance around how metrics should incorporate context that is important for their community specifically. "A lot of what we do. . . is contingent on data," one participant commented. "If we don't gather more data and continue to gather more data, we're selling ourselves short."

DISCUSSION

The 100% New Mexico model embeds continuous quality improvement to mobilize and support strategic learning about progress towards collective impact in preventing childhood trauma. The pilot in New Mexico formally began in July 2019 and activities in the first six months have largely been under the "assessment" phase. This work has included the design, implementation, and analysis of the needs assessment survey.

Taken together, the Resilience Leaders pilot has demonstrated considerable progress in a 6-month period. Its successes and challenges are developmentally appropriate for a community-led innovation, particularly of this ambition and scope. Monitoring the specific progress and variability demonstrated among the Action Teams suggested the importance of program decision makers adjusting how they support communication across Action Teams. Prior evaluations of collective impact initiatives suggest two areas that will be important to address proactively to support progress as the pilot transitions into the "Act" phase of the work.

First, progress and morale are often mutually reinforcing, with more participation and buy-in facilitating greater progress and vice versa (Flood et al., 2015; Landers et al., 2018). With the Resilience Leaders pilot, we found considerable variability in the progress made by the different Action Teams, which suggests the potential importance of differentiating current investments to further build the capacity and support for the progress of teams that have realized fewer gains to date. This variability highlights the need to think not just about 100% New Mexico adaptation to local communities, but also adaptation to meet the needs of participants who come from different fields and bring different skills and expertise to the work. Specifically, this relates to building skills in project management—an unfamiliar role for some—enhancing communication and engagement, and other capacities that are needed to support forward momentum.

Second, there is a need to guard against frequent changes in direction that can negatively impact progress, whether guided by new information or shifting leadership or policy priorities (Landers et al., 2018). Building Action Team knowledge and capacity through a learning series focused on CQI and collective impact represents a possible strategy to address this barrier to effectiveness and impact (Bradley et al., 2017). Across the Action Teams, we observed considerable enthusiasm for a variety of possible next steps, in terms of both improving important family outcomes and in the theories of actions that connect the work of 100% New Mexico to those outcomes. To build capacity among the Action Teams, it may become increasingly important to provide the Core Team with resources to: (1) serve as a more formalized leadership structure that promotes consistent direction aligned with the results of the needs assessment, (2) maintain the overarching focus of the work, and (3) provide accountability as part of ongoing implementation.

Findings also suggest two critical ways in which the specific context of Doña Ana County has influenced the pilot's progress. First, many of the professionals and practitioners involved in the Resilience Leaders pilot have worked in the county for much of their careers. As a result, they are familiar with the operations and priorities of different public and private agencies. They are also part of a robust social network and have relationships with colleagues working in the field. These relationships, coupled with the community-led investment in preventing trauma through the Resilience Leaders network and relationship building, are important characteristics influencing implementation of the pilot. This base foundation has facilitated Resilience Leaders' rapid ability to move to "Assessment," in contrast with the longer implementation periods experienced in other counties.[3]

At the same time, strengthening the statewide 100% New Mexico initiative's strategies, guided by the book *100% Community*, within the existing Resilience Leaders framework has contributed to ambiguity about the model, expectations for participants, and the specific processes and practices to be implemented to achieve goals for preventing childhood trauma. The AAEI does not impose a protocol on any county seeking to develop a data-driven response to ACEs. Instead, it supports each county in customizing the local collective impact process. To support fidelity to the 100% New Mexico model, it may be valuable to assess participant "readiness" to make certain implementation commitments (for example, hours per month that can be dedicated to supporting Action Team work, successful completion of CQI training). Providing explicit training on the model and differentiating it more clearly from the work led by Resilience Leaders will also clarify the overlap in priorities but the difference in approach between the two county-led initiatives.

Second, the county has significant geographical and socioeconomic divides. The county's rural areas have historically been under-resourced, in line with national trends of rural and partially rural areas being more likely than nonrural areas to be designated a Health Professional Shortage Area (Health Resources and Services Administration, 2020). Efforts to implement 100% New Mexico have already been influenced by the interest of participants in ensuring outreach and investment in these regions. At the same time, the county is home to resource-rich institutions, such as the university, that have not traditionally been leveraged by community providers as thought and action partners to address issues affecting children and families. There is a critical opportunity to look to new and external partnerships as part of building capacity for strategies planned by the Action Teams for Doña Ana County. Cross-Action Team collaborations also have the potential to yield innovative approaches to addressing priority issues that the participants select.

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[3] As reported by 100% Community developers.

RECOMMENDATIONS

We offer the following recommendations to support implementation of pilot work in Doña Ana, scaling AAEI's collective impact framework in new communities, and further evaluative work.

Recommendations for Supporting Ongoing Pilot Work

1. **Clarify organizational and accountability structures for Core and Action Teams.** Findings highlight the value of local support to guide implementation and support momentum. We recommend that the pilot's leadership work with AAEI to further differentiate roles within Action Teams and the Core Team in steering and providing overall leadership. In addition, those in leadership roles should be provided with clear expectations for driving action items and organizational responsibilities.

2. **Build the project management capacity of Action Teams.** Varied progress among the Action Teams highlights the importance of practical resources, such as project management experience and collaboration tools, that can extend the capacity and skills of Action Team members. This may include identifying tools for archiving and documenting purposes, such as meeting minutes and agenda templates, that better meet the needs of Action Team members. It could also include internal assessment tools, such as After-Action Reports, to evaluate successes and areas of improvement.

3. **Enhance communication channels among and beyond Resilience Leaders participants**. Regularly assess and adjust internal communications practices to support continuous improvement. Identify new opportunities to support cross-sector and community-oriented communications through events, digital presence, and advocacy efforts.

4. **Clearly articulate the continuous connection to evaluation and assessment.** Participants consistently reported that they were eager to leverage the results of the needs assessment to guide next steps but were unclear about their specific goals. With the needs assessment now complete, we recommend that pilot leadership collaborate closely with AAEI to support the Action Teams to translate needs assessment findings into overall and individual Action Team metrics. These measurement decisions should build on the CQI training and align with AAEI's theory of change.

Recommendations for Scaling to New Communities

1. **Cultivate a shared vision and understanding of issues driven by community values.** Findings demonstrated the power of 100% New Mexico's local value-driven approach to the buy-in and commitment of local public and private agency stakeholders. Ensure that communities dedicate time and resources to articulating the common agenda that will guide their work. Highlight community-specific concerns and incorporate community strengths into the vision.

2. **Create space and structures to foster cross-agency relationships and networks that align with the goals of 100% Community.** Findings illustrated the power of the networking and relationship-building facilitated by Resilience Leaders to foster local conditions that supported implementation of the needs assessment. For communities beginning the 100% New Mexico initiative, creating these foundational relationships and networks may be a necessary first step prior to, or simultaneous to, launching the needs assessment. In addition, the Core Team structure will play a critical role in identifying how best to support the communication and event planning capacity that is critical to the success of 100% New Mexico.

3. **Actively build connections between action and assessment, starting with the launch of 100% Community.** Findings suggested the importance of integrating 100% New Mexico's CQI lens into the work of the Core and Action Teams from the beginning. This would elevate how the initiative leverages data, collaboration, and technology to shape the development of local innovations to promote family safety, health, and resilience. We recommend that AAEI articulate a more detailed framework to support the development of shared and individual Action Team metrics and clearly describe expectations for how the results of the needs assessment and other sources of information about community strengths and needs should drive these metrics.

4. **Further define 100% New Mexico's "backbone infrastructure" at the local and state levels.** Participants reported that they valued the leadership and support provided by Resilience Leaders but wanted greater clarity about expectations and accountability for their systems change efforts. We anticipate that this need will increase as additional communities launch this systems change work. We suggest that future communities further differentiate roles of AAEI, local Core Teams, and Action Teams to provide crucial leadership and support. In particular, it will be important to clarify expectations of support and responsibility between state-level backbone infrastructure and local initiatives as progress continues.

Recommendations for Future Evaluation

5. **Expand the logic model for 100% New Mexico.** Findings highlighted the high and diverse expectations that participants have for the Resilience Leaders pilot, including ideas about priority levers for change. We recommend that the Core Team partner with 100% New Mexico developers to build upon the logic model for the overall initiative in Doña Ana. They can support the Action Teams in developing their own logic models that align with the overall logic model. In addition to goals and activities incorporated into the existing logic model, it will be important to articulate the steps anticipated at the work group and community level to lead to these changes, such as increased knowledge about and normalization of trauma experiences and policy, practice, and behavioral changes at agencies that provide services to families.

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