



Collective Impact Case Study:

Communities That Care Coalition of Franklin County and the North Quabbin Region



The Collective Impact Forum, an initiative of FSG and the Aspen Institute Forum for Community Solutions, is a resource for people and organizations using the collective impact approach to address large-scale social and environmental problems. We aim to increase the effectiveness and adoption of collective impact by providing practitioners with access to the tools, training opportunities, and peer networks they need to be successful in their work. The Collective Impact Forum includes communities of practice, in-person convenings, and an online community and resource center launched in early 2014.

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This data from this study draws primarily on the research study "<u>When Collective Impact Has an Impact,</u>" conducted through collaborative effort between Spark Policy Institute of Denver, CO and ORS Impact of Seattle, WA.

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Summary

The <u>Communities That Care Coalition</u> (CTC) brings together youth, parents, schools, community agencies, and local governments to promote the health and well-being of young people in Franklin County and the North Quabbin region of Massachusetts.¹

Problem

According to data from the 2003 CTC Youth Survey, alcohol, tobacco, and marijuana were the "drugs of choice" for youth in Franklin County. Franklin County alcohol use and binge

Key Facts

Initiative/backbone name: Communities That Care Coalition

Year initiative was formed: 2002

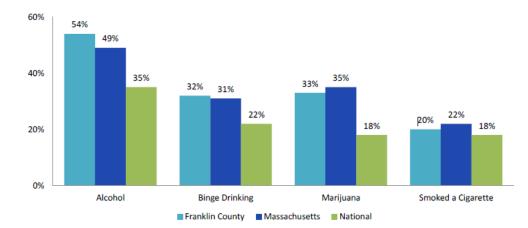
Mission: The Communities That Care Coalition's mission is to bring together schools, families, youth, and the community to promote protective factors, reduce risk factors, prevent substance use and other risky behaviors, and increase healthy eating and active living to improve young people's ability to reach their full potential and thrive.

Geographic scope: Franklin County and the North Quabbin Region, Massachusetts

drinking rates were substantially higher than state and national rates. Franklin County marijuana use rates, while comparable to state rates, were also substantially higher than national rates.²

¹ Communities that Care Coalition: Home. Accessed Dec 2018. http://www.communitiesthatcarecoalition.org/

² Featured Story: Franklin County Communities that Care. Accessed Dec 2018. http://collectiveimpactforum.org/resources/featured-story-franklin-county-communities-care



Percent of 10th Graders that Reported Use at Least Once within the Past 30 Days (2003)¹

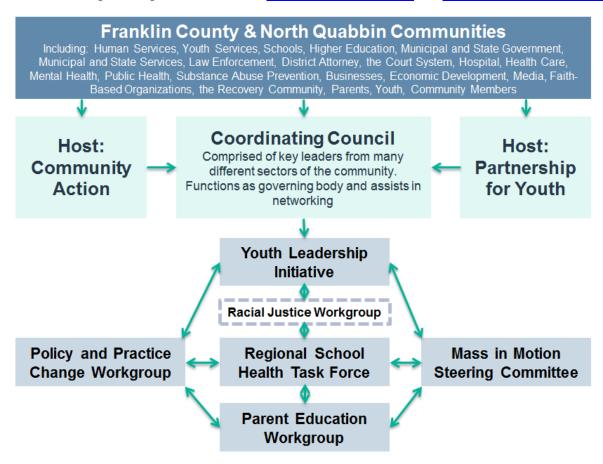
Getting Started

The Communities That Care Coalition of Franklin County and the North Quabbin Region (CTC) started in 2002 as a community-wide effort to address alcohol, tobacco, and other drug use among youth in Franklin County and the North Quabbin areas of Massachusetts. Two separate social service organizations received funding from corporate and government sources that jointly provided more than \$100,000 in funding per year for up to ten years for the planning and implementation of programs to address youth substance use and healthy youth development. The organizations decided to collaborate and called an initial meeting of community leaders to discuss teenage drinking and drug use. Sixty cross-sector leaders showed up for this initial meeting, confirming the community's eagerness for change and support for the collaboration. From there, the group participated in a series of five trainings and working sessions offered by the national Communities That Care program and developed by researchers at the Seattle Social Development Research Group.³ This formally launched the CTCC collective impact effort and gave the coalition its name.

³ Featured Story: Franklin County Communities that Care. Accessed Dec 2018. http://collectiveimpactforum.org/resources/featured-story-franklin-county-communities-care

Structure

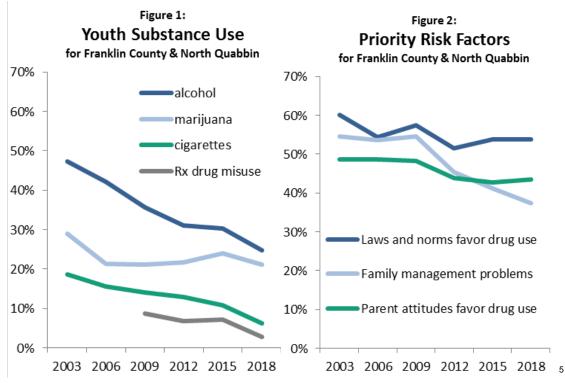
CTC is co-hosted by the <u>Partnership for Youth</u> (a program of the <u>Franklin Regional Council of Governments</u>) and <u>Community Action Pioneer Valley</u> and has representation from local government, businesses, schools, law enforcement, faith-based organizations, media, hospitals, service providers, parents, and youth. CTC's Coordinating Council, which functions as the decision-making body for the coalition, includes leaders from each of these sectors of the community. The day-to-day work of the coalition is guided by <u>five workgroups</u> and <u>committees</u>—the Policy and Practice Change Workgroup, the Parent Education Workgroup, the Regional School Health Task Force, the Mass in Motion Steering Committee, and the Youth Leadership Initiative—and they are currently in the process of forming a Racial Justice Workgroup. For further detail on the coalition's governing structure, see the CTC Organizational Chart and CTC Principles of Operation. ⁴



⁴ Communities that Care Coalition: Workgroups and Committees. Accessed Dec 2019. http://www.communitiesthatcarecoalition.org/workgroups

Results

The coalition fostered a range of early and systems changes, which resulted in the **population change** of decreased self-reported youth substance use (see Figure 1 for more details). The most important **early changes** cited by the coalition include increased data use and availability; increased awareness of the importance of social-emotional development; increased outreach to parents through targeted communications; reduced social system risk factors (see Figure 2 below); increased focus on school, family, and community climate and connectedness; an increased number of youth leaders; and new and strengthened local substance use prevention coalitions. The most important **systems change** cited by the coalition was increased use and alignment of evidence-based substance use prevention programming throughout the community. See the Snapshot of Change in Appendix 1 for more details.



⁵ Featured Story: Franklin County Communities that Care. Accessed Dec 2018.

http://collectiveimpactforum.org/resources/featured-story-franklin-county-communities-care

Five Conditions of Collective Impact

Common Agenda

The coalition established a shared vision that Franklin County and the North Quabbin Region will be a place where young people are able to reach their full potential and thrive with ongoing and coordinated support from schools, families, and the community. The overarching mission is to bring schools, families, youth, and the community together to promote protective factors, reduce risk factors, prevent substance use and other risky behaviors, and increase healthy eating and active living. The purpose is to improve young people's ability to reach their full potential and thrive. In 2016, CTC and partners developed a community action plan that outlines specific strategies to achieve their vision and mission. When appropriate, they have adapted identified strategies and protective factors in the face of emerging issues; for example, the coalition has intentionally increased focus on addressing the opioid epidemic over the last couple of years. The Coalition also expanded in 2011 to address youth nutrition and physical activity.

Shared Measurement

The coalition developed a strong shared measurement system to track key long-term indicators. The coalition collects local data to understand community needs, resources, and culture through <u>an annual</u> <u>Teen Health Survey</u> of 8th, 10th, and 12th grade students in all area schools. Through the survey, the Coalition measures the prevalence of health attitudes and behaviors and assesses the underlying factors that contribute to those behaviors. Their key shared indicators are alcohol use, binge drinking, cigarette use, and marijuana use, as well as amount of physical activity and fruit and vegetable consumption. Schools support data collection and an evaluator on the backbone team analyzes and shares results with workgroups, schools, and community. The results are then integrated into strategy development to improve program implementation.

Mutually Reinforcing Activities

Collaboration between partners on mutually reinforcing activities is a strength of CTC. The Coalition has five action-oriented workgroups made up of individuals and organizations from a variety of sectors. The workgroups select and implement the strategies outlined in the community action plan to address identified priority risk and protective factors. These have included engaging parents as partners in resilience support; implementing social marketing campaigns; working with town government and law enforcement to improve local enforcement as well as local and state policies; and expanding networks of youth leadership across the region to identify further challenges and implement evidence-based solutions. CTC has also strengthened partnerships with schools, human service agencies, and nonprofits to provide training and continue to track data. Additionally, CTC partners with other coalitions who have aligned their action plans with the CTC action plan. CTC also adapts its action plan based on partner issues that emerge.

Continuous Communication

CTC developed a number of processes and structures for communication. The coalition uses a variety of strategies to foster internal communication, including monthly workgroup and Coordinating Council meetings, as well as regular attendance of the backbone organization at these meetings to foster internal communication flow and collaboration between workgroups and the Coordinating Council. Additionally,

CTC sends out a quarterly email newsletter and provides other communications via their website, while informal communications also occur regularly between partners. The coalition also holds a semi-annual meeting—which includes the coordinating council, workgroups, and interested community members—that serves as a platform for recognizing achievements, reviewing data, reaffirming partner and coalition efforts, and building connections. In addition to the semi-annual meeting, newsletter, and website, the coalition engages in other external communications, such as regular press releases, radio appearances, letters to the editor, a Community Builder Award to recognize engaged community members, and an annual 16-page supplement in the newspaper for parents.

Backbone Support

The coalition's backbone is a strength of their CI approach. Two organizations, Community Action and Partnership for Youth, co-chair CTC. Having co-backbone organizations has helped the initiative to be received as a true community endeavor.⁶ Jointly, the organizations serve as administrators, conveners, and advocates for the initiative. The backbone agencies facilitate the coordinating council and coalition meetings and run workgroups in the absence of community co-chairs. They keep the coalition informed about relevant policy issues and help mobilize resources to support initiative partners' work towards the common agenda.⁷ The backbone also establishes and maintains relationships with schools and makes progress in shifting norms.

⁶ Practitioner Insights: Communities that Care Coalition. Accessed Dec 2018. http://collectiveimpactforum.org/resources/practitioner-insights-communities-care-coalition

⁷ Featured Story: Franklin County Communities that Care. Accessed Dec 2018. http://collectiveimpactforum.org/resources/featured-story-franklin-county-communities-care

Adoption of Principles of Collective Impact

Cross-Sector Collaboration

CTC has strong representation from a variety of sectors. The Coalition has a 16-year track record of sustained and meaningful relationships with stakeholders from a broad range of sectors—including law enforcement, community organizations, city government, the faith community, philanthropic organizations, and schools. These relationships help to bring diverse perspectives, solutions, and resources to address a multi-faceted problem.

Data Use

The coalition values using data to continuously inform strategy and direct initiative activities. CTC has a consistent and responsive approach to data collection. By allowing partners to include specific questions related to their work and by expanding their data collection to other youth healthrelated topics (e.g. behavioral health, school climate, etc.), CTC generates relevant and actionable data that partners and the coalition can use to guide strategies. Survey data can be disaggregated by school district, age, race/ethnicity, income,

The Eight Principles of Collective Impact

- Design and implement the initiative with priority on equity
- Include community members in the collaborative
- Recruit and co-create with crosssector partners
- Use data to continuously learn, adapt, and improve
- Cultivate leaders with unique system leadership skills
- Focus on program and system strategies
- Build a culture that fosters relationships, trust, and respect across participants
- Customize for local context

gender, and sexual orientation to better understand health inequities. The coalition uses standardized national survey tools for the three surveys (the Youth Risk Behavior Survey, the Prevention Needs Assessment, and the Department of Education School Climate Survey) they conduct on a three-year cycle. This allows them to compare local data to state- and national-level data, track long-term trends, and collect both a breadth and depth of information on youth health and the underlying factors that contribute to health.

Looking Ahead: Areas of Future Focus

Equity

The coalition's approach to equity is largely being implemented but is still emerging. After reviewing disaggregated data at a recent annual meeting, CTC added racial equity explicitly to their health work. They recently built their capacity to engage in equity work by hiring a racial justice consultant and technical assistance provider. They also hosted a racial justice retreat, led conversations, and made disaggregated data available to partner organizations to begin applying an equity lens to their work. The coalition also prioritized several equity-focused actions over the last year. They formally added a health equity goal, conducted geographically-based community mapping assessments to identify issue areas, disaggregated data to identify disparities (e.g. by race/ethnicity, sexual orientation, and income), and engaged youth in leadership opportunities. The coalition also is working to be more inclusive of all community members and to more intentionally leverage community voices (e.g. by refining outreach methods to be more welcoming to priority populations, particularly people of color and people with low household incomes, in coalition workgroups, activities, and leadership roles). The coalition seeks to continue to have explicit conversations about identifying and addressing the root causes of inequity in the region.

Leadership

The coalition has a strong leadership body that contributes significantly to moving the work forward, and there are opportunities to engage more diverse stakeholders to drive the work. The backbone organizations play an important leadership role by facilitating meetings, developing youth leaders, recognizing leaders in the community, and accepting feedback from and collaborating with partners. As the initiative began largely with an emphasis on bringing together leaders of established community institutions—a group that cannot claim to be representative of the population of the region as a whole—the coalition continues to seek opportunities to engage more people from the community at large and to include people from priority populations in coalition activities, workgroups, and leadership positions.

Appendix 1: Snapshot of Change

Collective Impact Conditions	Strategies	Early Changes	Systems Changes	Population Changes	
 Common Agenda Overarching goal/vision to provide supportive environment for youth Common understanding of the problem Partners are committed to two focus areas—substance abuse and healthy living—and to increasing equity in both Mutually Reinforcing Activities Community Action Plan (updated 2016) Five workgroups that align with the overarching plan Partners are implementing strategies designed/driven by workgroups and align with the Community Action Plan 	 a. Support evidence- based policies and practices in substance use prevention in schools b. Actively engage parents as partners to provide resilient support for children c. Use data to track progress and support improvement d. Implement social marketing campaigns to change norms around substance use e. Work with town 	 a. Increased data use and availability b. Increased community commitment to evidence-based practices and data- driven solutions c. Increased collaboration among partners (e.g., schools, human service agencies, non- profits) d. Increased issue visibility among 	 a. Increased consistency in measurement and progress tracking across all nine districts through collective administration of regionwide survey of substance use and protective risk factors b. Increased alignment in programming across all nine districts through collective implementation of a shared regionwide, evidence-based substance use prevention curriculum c. Increased consistency in risk screening criteria/processes across all nine districts through collective implementation of region-wide 	Decreased self- reported youth substance use, including decreased alcohol use, binge drinking, cigarette use, and marijuana use.	
 Continuous Communication Workgroups meet monthly Coordinating Council meets monthly Full coalition (workgroups, coordinating council and interested community members) meets twice annually Quarterly newsletters Website 	 government and law enforcement to improve policies and enforcement on youth substance use issues f. Advocate for state policies that support 	school leaders and local politicians e. Increased awareness of the importance of social-emotional development f. More outreach to parents through	 screening program Increased evidence-based parent education through grant making and at public housing complexes, schools, community agencies, etc. Increased opportunities for youth recognition through collaborative AmeriCorps pilot with human 		

Shared Measurement System - Track several key indicators for substance use prevention and healthy eating/active living, and reducing gaps in these two areas - substance use prevention targeted services organizations and schools - Teen Health Survey conducted annually, including survey of risk/ protective factors every three years progress/goals Strengthen province agencies, and nonprofits Backbone Infrastructure Expand youth Expand youth substance use identifying challenges and implementing and implementime and implementing andimplementing and implementing and implementi							
 Partnership for Youth and Community Action Pioneer Valley are the backbones—Community Action takes the lead on the Youth Leadership Initiative and Partnership for Youth takes the lead on all other matters. The backbones coordinate meetings, provide evaluation/data assistance, facilitate communication between partners, assist in strategy implementation, and support grant-writing Coordinating Council functions as the governing body and assists in networking We wand assists in networking Ke wand assists in networking Ke wand assistance use coalition New and assistance use coalition New and assistance use coalitions 	 Track several key indicators for substance use prevention and healthy eating/active living, and reducing gaps in these two areas Teen Health Survey conducted annually, including survey of risk/ protective factors every three years Data used to define problem and determine progress/goals Partnership for Youth and Community Action Pioneer Valley are the backbones—Community Action takes the lead on the Youth Leadership Initiative and Partnership for Youth takes the lead on all other matters. The backbones coordinate meetings, provide evaluation/data assistance, facilitate communication between partners, assist in strategy implementation, and support grant-writing Coordinating Council functions as the governing 	g. S g. S h. E h. E ic ic i. E g j. P s e s	prevention Strengthen partnerships among schools, human service agencies, and nonprofits Expand youth eadership in dentifying challenges and implementing evidence-based solutions Expand networking between youth groups across the region Provide training for school personnel in evidence-based substance use	h. j.	communications Reduced social system risk factors such as family management skills, parental attitudes, community laws/norms toward substance use Increased focus on school, family and community climate and connectedness as protective factors Increased coalition power/influence to catalyze change Increased number of youth leaders Decreased stigma/blame for substance use New and strengthened substance use	around youth recognition Increased reach and number of youth-led substance use prevention coalitions and social norm campaigns within schools Increased regulatory alignment through all nine communities adopting T21 best practices in tobacco regulation Influenced adoption of state-level policies on marijuana and alcohol use and curriculum Increased alcoholic beverage compliance checks of local businesses by police Improved town policies to require	

*This snapshot of change represents the work of the coalition through 2018

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The Collective Impact Forum exists to meet the demands of those who are practicing collective impact in the field. While the rewards of collective impact can be great, the work is often demanding. Those who practice it must keep themselves and their teams motivated and moving forward.

The Collective Impact Forum is the place they can find the tools and training that can help them to be successful. It's an expanding network of like-minded individuals coming together from across sectors to share useful experience and knowledge and thereby accelerating the effectiveness, and further adoption, of the collective impact approach as a whole.

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