Collective Impact Case Study:
Franklin County
Communities that Care Coalition

FSG

Discovering better ways
to solve social problems

This case study accompanies a video interview with Kat Allen, the co-backbone leader of the Communities that Care Coalition serving Franklin County and the North Quabbin region.

Summary

The Communities that Care Coalition is a collective impact initiative reducing substance abuse and improving well-being for teens in 30 towns in rural Western Massachusetts.

Key Facts

Initiative / backbone name: Communities that Care Coalition

Year initiative formed: 2002

Mission: Bring Franklin County schools, parents, youth, and the community together to promote protective factors, reduce risk factors, prevent substance use and other risky behaviors, and improve young people's ability to reach their full potential and thrive

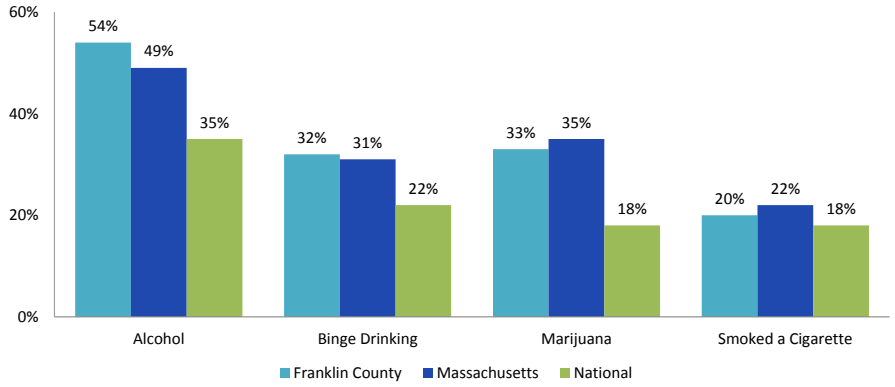
Geography: Rural Franklin County, MA

Impact area(s): Health – Substance Abuse, Education and Youth

Problem

In the early 2000s, substance abuse rates in Franklin County, Mass., were higher than regional and national averages, spurring concern among community leaders about the health and well-being of the young people their communities. The below diagram illustrates the severity of this problem:

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



Even more, social service were not working in coordination to help young people realize their full potential and thrive.

[1] Communities that Care Coalition, *Community Action Plan 2005*. Accessed June, 2013. https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OjY5ZTBhYjFkZDkzNDFmYzc

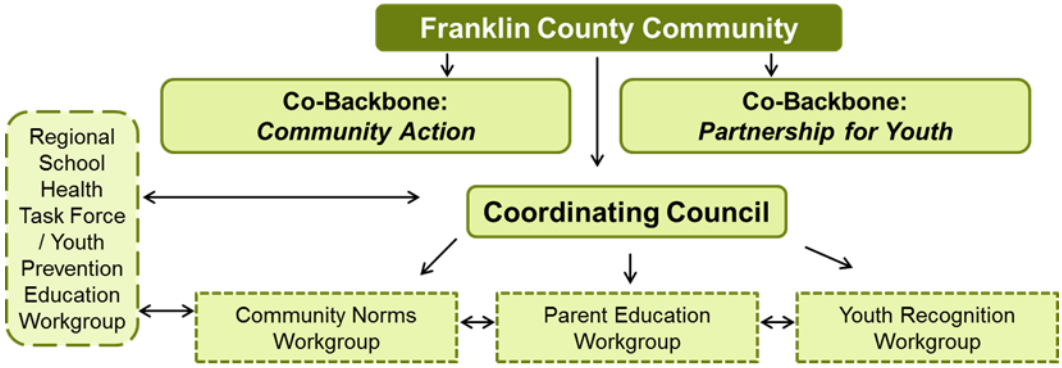
Getting Started

In 2002, a series of funding opportunities catalyzed action in Franklin County. Two separate social service organizations were approached by corporate and government actors who jointly offered more than $100,000 in funding per year for up to ten years for the planning and implementation of programs to address substance abuse and 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 developed by researchers at the Seattle Social Development Research Group. This formally launched the CTCC collective impact effort, and gave the coalition its name.

Structure

Two social service organizations, Community Action and the Partnership for Youth, jointly administer the initiative and serve as co-backbone organizations. These organizations work alongside a coordinating council of 15 cross-sector leaders that guides the work and serves as the decision-making body for the initiative. The initiative's strategy is outlined in a community action plan and the day-to-day work is implemented by four action-oriented workgroups, each focused on a prioritized lever for change: community norms, parent education, youth recognition, and youth prevention education. The below organizational chart illustrates the initiative's structure:

Organizational Structure of the Communities that Care Coalition



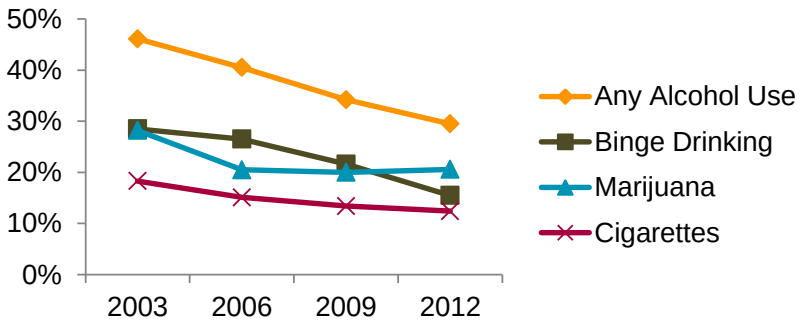
CTCC also serves as a hub for three other district and local-level coalitions that address substance abuse concerns in the community. Each of these district and local-level coalitions turns to CTCC for information,

training, and technical assistance. This enables CTCC's impact to stretch far beyond the direct reach of its staff and programming.

Results

By 2012, Franklin County began to see impressive changes in teen behavior. The below image summarizes these shifts:[2]

Percent of Youth (8th – 12th graders) that Reported Use at Least Once in the Past 30 Days[3]



- Alcohol use decreased 37%
- Binge drinking decreased 50%
- Cigarette smoking decreased 45%
- Marijuana use decreased about 31%

Additionally, CTCC mobilized over $5 million in new funding over its first decade to support strategic planning, marketing, and the implementation of activities to reduce substance abuse.[4]

Five Conditions of Collective Impact

Common Agenda

The community action plan focuses on the coalition's vision to be "a place where young people are able to reach their full potential and thrive with ongoing support from schools, parents and the community."[5]

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[2] Allen, Kat. *Making Collective Impact Work: Discipline, Accountability, and Sitting Down to Family Dinner.* Printed June, 2012, Viewed May, 2013. http://www.fsg.org/KnowledgeExchange/Blogs/CollectiveImpact/PostID/310.aspx
[3] 2012 Massachusetts Prevention Needs Assessment Survey. Accessed June, 2013. http://www.communitiesthatcarecoalition.org/surveys
[4] Communities that Care Coalition, *Community Action Plan 2008*. Accessed June 2013. https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OmVhZWM3OWYxYWMyZGRkNQ

A two-year strategic planning process informed the plan and led CTCC and its partners to focus on reducing alcohol and drug use in Franklin County and North Quabbin, Mass., by reducing several "risk factors" including community laws and norms favorable to substance use, parental attitudes favorable to substance use, and poor family management, while increasing the "protective factors" of community, school, and family rewards for positive behaviors. CTCC considers the plan a living document and has updated it twice since it was first published in 2005.

Shared Measurement

While strategies to achieve the coalition's goals shift based on available resources, community synergies, and program evaluation data, the desired outcomes – reductions in alcohol, tobacco use, marijuana use, and binge drinking, as well as improvements in the risk and protective factors listed above – are consistent and shared across all partners in the coalition. To gather data, CTCC works with rural school districts to conduct a series of annual surveys that examine student behaviors and asses risk and protective factors. The coalition also gathers publicly available quantitative data, including arrest records, court data, and hospital records of substance-related injuries. Aggregated data is publicly available on CTCC's website and used by partners to measure progress towards shared outcomes and to continuously improve strategies.

Mutually Reinforcing Activities

Each workgroup developed a set of distinct strategies and activities that feed into the coalition's shared goal of reducing substance abuse. For example, the community norms workgroup runs compliance checks to ensure alcohol vendors check the identification of customers, to create change in the legal and community culture, while the parent education workgroup develops marketing campaigns for parents.

Continuous Communication

Regular meetings and publications ensure a consistent flow of information among CTCC stakeholders. The workgroups and coordinating council each meet monthly and the full coalition meets twice annually. Members of the Regional School Health Task Force rotate attendance at leadership council meetings to stay informed and be able to serve as liaisons between the coalition and local schools. Additionally, the CTCC website is regularly updated with workgroup highlights, progress towards goals, and revised community action plans.

Backbone Support

The Partnership for Youth and Community Action of the Franklin, Hampshire and North Quabbin Regions are two distinct organizations, one a 501(c)(3) and the other a program of the regional council of governments. Each dedicates at least four hours staff time per week to support CTCC. 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

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[5] Communities that Care Coalition, *Community Action Plan 2008*. Accessed June 2013. https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OjNkZDlkNjc2MWRiYjgwZQ

community co-chairs. They keep the coordinating council and coalition informed about relevant policy issues and help mobilize resources to support initiative partners' work towards the common agenda.

Lessons Learned

The "meat and potatoes" of the work can happen at the workgroup level: CTCC's lean backbone structure requires that work be owned by all participants in the initiative. Having the cross-sectoral, volunteer-staffed workgroups own the bulk of the work allows for effective work distribution and fosters deep understanding of community needs. To encourage broad ownership of the work, CTCC emphasizes each partner's role in creating change and each partner's ownership of successes. CTCC has found that creating "collective" ownership of successes instead of "individual successes" helps to keep their effort aligned.[6]

Be rigid in vision and goals, but flexible in strategy: Kat Allen, a CTCC co-chair, notes the "need for collective impact to be simultaneously rigorous and disciplined as well as organic, adaptive and flexible."[7] For example, CTCC initially aimed to change family practices by training parents about youth substance abuse, but the data showed no shift in parental practices or attitudes towards substance abuse. Then, after coming across a study indicating that youth nationally who regularly ate dinner with their families were at lower risk for substance abuse, CTCC revised their strategy and started a public-awareness campaign to impact family dinners. As a result of working adaptively, from 2008 to 2012, the number of youth eating dinner regularly with family increased from 54% to 61%, and outcomes also started to move for key parental indicators.[8]

Leverage relationships to secure CI resources in the rural context: CTCC's rural context presents a number of unique challenges related to funding, including the lack of prominent foundations, distance from state policymaking, and a lack of access to other funding opportunities. To navigate those challenges, CTCC has built community relationships to attract in-kind support, human resources, staff support, and funding for program implementation and evaluation. Overall, CTCC has been quite successful, mobilizing over $5 million, including federal substance abuse and mental health services administration (SAMHSA) funding. Additionally, the creative dual backbone structure provides a "safety net" for the coalition when funding fluctuates for each organization.[9]

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[6] FSG Interviews and Analysis
[7] Allen, Kat. *Making Collective Impact Work: Discipline, Adaptability, and Sitting Down to Family Dinner*. Posted June, 2012. Accessed May, 2013.
[8] Kania, John and Mark Kramer. *Embracing Emergence: How Collective Impact Addresses Complexity*; Allen, Kat. Interview with FSG, March 2013. Accessed May, 2013.
[9] Iyer, Lakshmi. *How Do Rural Communities in the U.S. Implement Collective Impact?* Published Nov., 2012, Accessed May 2013.

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