Thank you for joining today’s webinar. Your line will be unmuted unless you mute yourself. We will start at 2pm EST.
Today’s Team

Robert Albright
Director of Programs
Collective Impact Forum, FSG

Jennifer Juster
Executive Director
Collective Impact Forum, FSG
HANDS ON SUPPORT

- Juvenile justice in NY State
- Childhood obesity in Dallas
- Substance abuse on Staten Island
- Cradle to career in King County
- Pre-term birth in Fresno
- Health in the Rio Grande Valley
- Diabetes in Minnesota

THOUGHT LEADERSHIP

LEARNING COMMUNITY

www.collectiveimpactforum.org

The Collective Impact Forum is a community of practice designed to help curate and disseminate knowledge, tools, and best practices that support effective collective impact.
Please Introduce Yourself: We’ll Start on the East Coast and Then Move to the West

• Your **name**

• Your **organization**

• Your **city/state**

• Your **level of familiarity with collective impact:**
  - Not at all familiar with collective impact
  - I have heard the term “collective impact” but am not really sure how it differs from other forms of partnership
  - I know about the collective impact approach but am not currently involved in a collective impact collaboration
  - I am involved in a collective impact collaboration
Agenda

1. Collective impact refresher

2. Creating a Common Agenda

3. NVI Example
Agenda

1. Collective impact refresher

2. Creating a Common Agenda

3. NVI Example
Collective Impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem at scale.

Achieving Large-Scale Change through Collective Impact Involves Five Key Elements

<table>
<thead>
<tr>
<th>Common Agenda</th>
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<tr>
<td>• Common understanding of the problem</td>
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<td>• Shared vision for change</td>
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<tr>
<th>Shared Measurement</th>
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<tr>
<td>• Collecting data and measuring results</td>
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<td>• Focus on performance management</td>
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<td>• Shared accountability</td>
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<th>Mutually Reinforcing Activities</th>
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<tr>
<td>• Differentiated approaches</td>
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<td>• Willingness to adapt individual activities</td>
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<td>• Coordination through joint plan of action</td>
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<tr>
<th>Continuous Communication</th>
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<td>• Consistent and open communication</td>
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<td>• Focus on building trust</td>
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<tr>
<th>Backbone Support</th>
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<tr>
<td>• Dedicated staff</td>
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<td>• Resources and skills to convene and coordinate participating organizations</td>
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Source: Channeling Change: Making Collective Impact Work, 2012; FSG Interviews
Eight Principles of Practice Are the “How” of Collective Impact

1. Design and implement the initiative with a priority placed on equity
2. Include community members in the collaborative
3. Recruit and co-create with cross-sector partners
4. Use data to continuously learn, adapt, and improve
5. Cultivate leaders with unique system leadership skills
6. Focus on program and system strategies
7. Build a culture that fosters relationships, trust, and respect across participants
8. Customize for local context
Collective Impact Infrastructure

Common Agenda and Shared Metrics

strategic guidance and support

partner-driven action

Ecosystem of Community Partners

Steering Committee

Backbone Support
(single or set of organizations that collectively play backbone function)

Work Group
Chair
Chair
Chair

Work Group
Chair
Chair

Work Group
Chair
Chair

Work Group
Chair
Chair

= community partner (e.g., nonprofit, funder, business, public agency, resident)

* Adapted from Listening to the Stars: The Constellation Model of Collaborative Social Change, by Tonya Surman and Mark Surman, 2008.
• If you are currently participating in a collective impact initiative, what role do you play? (Check all that apply)
  • Backbone
  • Steering committee member
  • Working group member
  • Involved in some other capacity
Agenda

1. Collective impact refresher

2. Creating a Common Agenda

3. NVI Example
COLLABORATING TO CREATE A COMMON AGENDA
three key questions

What is a common agenda?
What does it contain?
How do I create one?
WHAT IS A COMMON AGENDA?
your common agenda should answer:

1. **HOW YOU ARE GOING TO WORK TOGETHER** *(guiding principles)*

2. **WHAT IS IN AND WHAT IS OUT** *(boundaries and problem definition)*

3. **HOW YOU WILL DEFINE SUCCESS** *(goal)*

4. **HOW YOU ARE GOING TO SPLIT UP THE WORK AND PRIORITIZE** *(framework for change)*

5. **HOW YOU WILL TRACK PROGRESS AND LEARN** *(plan for learning)*
several elements make up a common agenda

PRINCIPLES

PROBLEM DEFINITION

GOAL

FRAMEWORK FOR CHANGE

PLAN FOR LEARNING

Icons by Blake Thompson and Jack & Steve Laing from the Noun Project
how long does this take?

0
Scope & readiness
~3 months
(see previous webinar: “How do you know if collective impact is right for you?”)

1
Initiate action
~4-6 months

2
Organize for impact
~4-6 months
Organizing for impact

3
Develop strategies & sustain impact
~6 months + ongoing

Revise as necessary
Group Poll #2

- Where are you in the development of your common agenda?
  a) Have completed a common agenda
  b) Currently developing a common agenda
  c) Have not yet started our common agenda
How do you set guiding principles?
setting guiding principles

• Promote your shared values

• Set the “rules of engagement”

• Draw on best practices for collaboration in your community
Unidos Contra Diabetes
guiding principles

Serve the whole community through a systems oriented approach

Take an asset-based approach

This is everyone’s responsibility

Empower people and families
Working in Neighborhoods
Strategically guiding principles

- Respectful communication
- Sustainable Relationships
- Resident-Led and Community-Owed
- Diversity
- Transparency
- Strong Families, Strong Faith
- Forward
- Excellence
How do you define boundaries?
defining the problem

- Set boundaries
- Use quality data to inform thinking
- Allow to change over time
Unidos Contra Diabetes’ work will focus on preventing diabetes by targeting people at risk for diabetes and those with prediabetes.
Health and Wellness Alliance for Children’s problem definition

- Personal power
- Sense of self
- Connected knowledge
- Balanced outlook
- System of support

- Strengthen asthma management
- Build a foundation for wellness
- Reduce asthma triggers

- Healthcare providers
- School nurses
- Health educators
- Caregivers

- Diagnosis
- AAP action plan
- Medication
- Asthma management
- Share info
- Insurance

- Truck emissions
- Dust
- Pet dander
- Smoke
- Factory emissions
- Mold
- Asthma triggers
- Allergens

- landlord
- Environmental regulators
How do you set your goal?
setting a goal

- Choose a population goal that can be measured
- Make it audacious and inspiring
- Add considerations for issues of equity
the goal of Unidos Contra Diabetes is...

to reduce the number of new cases of type II diabetes...

... in 5 years

...such that we cause a 10% reduction* in the prevalence of diabetes by 2030.

We are committed to doing this by integrating primary and behavioral health for people at risk for diabetes in our community, with a particular emphasis of meeting the needs of low-income and underserved populations.
The goal of the Road Map Project is to...

to double...

...the number of students in South King County and South Seattle who are on track to graduate from college or earn a career credential...

...by 2020.

...We are committed to nothing less than closing the unacceptable achievement gaps for low-income students and children of color, and increasing achievement for all students from cradle to college and career.
Questions on the guiding principles, problem definition, or goal?
How do you build your framework for change?
building your working group structure

- Prioritize the strategies you want to work on first
- Build your groups for action
- Respect that this is an art and a science
Unidos Contra Diabetes framework for change

Steering Committee

Working Groups

Use media to engage the community broadly to raise awareness of diabetes and create a culture of health

Increase screening and testing of diabetes, and connect those at risk to prevention programs

Provide more diabetes education and lifestyle change programs for prediabetic/at-risk individuals and their families

Advance and integrate the medical system to better serve at risk individuals and families

Data Task Force

Research, compile, interpret, and share important data

Backbone

Partners & Community Members
BIG GOAL: Every child with asthma achieves their fullest health, well-being, and potential.

Working groups

- Asthma-Healthy Physical Environments
- Improved Access to Health Care
- High Quality Health Care
- Equipping Children and Families For Asthma Wellness

Governing Bodies
- Steering Committee
- Advisory Council

Staff Support
- Backbone Organization

Connecting Groups
- Policy Group
- Data Group
How do you plan for learning and evaluation?
planning for learning and evaluation

• Incorporate early thoughts on shared measures

• Note change on different scales

• Strongly emphasize learning
Unidos Contra Diabetes
plan for learning and evaluation

Working Groups

1. Awareness
2. Screening
3. Programs
4. Integration

Healthy Community

Health Behaviors

Risk Factors

Diabetes
In summary, your **common agenda** should answer:

1. HOW YOU ARE GOING TO WORK TOGETHER *(guiding principles)*

2. WHAT IS IN AND WHAT IS OUT *(boundaries and problem definition)*

3. HOW YOU WILL DEFINE SUCCESS *(goal)*

4. HOW YOU ARE GOING TO SPLIT UP THE WORK AND PRIORITIZE *(framework for change)*

5. HOW YOU WILL TRACK PROGRESS AND LEARN *(plan for learning)*
Common Agenda Challenges for the NVI Community

• **Breadth of social issues** that veterans collaboratives are addressing (e.g., homelessness, housing, workforce)

• **Wide range of population ages of focus** (multiple generations of veterans and their families)

• **Wide range of geographic centers of focus** (including urban, suburban, metropolitan region, rural)

• **Balancing top-down and bottom-up development of the common agenda** (including the extent to which a few vs. many organizations and individuals are jointly developing shared priorities)
Which of the 1-2 challenges on the previous page resonate with you the most, and why?

- Breadth of social issues that veterans collaboratives are addressing
- Wide range of population ages of focus
- Wide range of geographic centers of focus
- Balancing top-down and bottom-up development of the common agenda
- Other?
Agenda

1. Collective impact refresher

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Questions?
Collective Impact Webinars for NVI Partners

- **Wednesday, May 22: 3-4:30pm EST:** Backbone Roles

- **Thursday, June 20: 2-3:30pm EST:** Evaluating Collective Impact

- **Thursday, July 15: 2-3:30pm EST**
  *When Collective Impact Has an Impact*

Collective Impact Office Hours with Robert Albright and Jennifer Juster

- **Thursday, April 25: 1-2pm EST**

- **Thursday, May 23: 4-5pm EST**

- **Tuesday, June 25: 4-5pm EST**

- **Thursday, July 25: 2-3pm EST**

- **Tuesday, August 20: 4-5pm EST**

*We will record all webinars for you to access afterward, if you are not able to join real-time*
Peak Military Care Network (PMCN)

Connecting people to resources
PMCN’s Mission

PMCN connects service members, veterans and their families to the highest quality resources, provided by our trusted community partners.
The Pikes Peak Region Landscape (2007-2010)

<table>
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<th>Multiple Military/Community Stressors:</th>
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<tr>
<td>• Significant installation growth</td>
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<tr>
<td>• Multiple wars; multiple deployments</td>
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<td>• Impacts on people, infrastructure and social services</td>
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<th>Regional Planning:</th>
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<tr>
<td>• DoD funding supported regional planning re: installation growth; primarily infrastructure focused</td>
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<tr>
<td>• In Colorado, state/local governments play limited role in service provision</td>
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<th>Role of Nonprofit Community:</th>
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<tr>
<td>• Nonprofit service providers fill the gaps; strong community support for military and veterans</td>
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<tr>
<td>• Proliferation of non-profits was undisciplined and uncoordinated, leading to confusion among service members, veterans, families and providers</td>
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<th>Initial Attempts at Collaboration Not Sustainable</th>
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<tr>
<td>• Early collaboration attempts lacked neutral convener</td>
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<tr>
<td>• Lack of trust among/between military, VA and community providers</td>
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Community Assessment & Strategic Planning (2010-2012)

**Community Challenges/Gaps:**

- Increasing needs of service members, veterans and family members – impacts to military, VA and community
- Lack of communication/coordination leading to duplication/fragmentation of services
- Lack of awareness of/ability to access services
- Lack of trust; competition for limited resources
- Lack of military/veteran cultural competence

**Community Strengths:**

- Strong local support for military and veteran community
- Many wanted to help
- Real interest in cross-sector collaboration; no one sector can do it all
- Shared goals

Opportunities:
• Build on trust developed through strategic planning
• System change – cross-sector collaboration to help better assist service members, veterans and their families AND the communities in which they live
• Core values

Assets:
• People – leadership, subject matter experts, passion
• Robust nonprofit sector
• Network of Care website; 2-1-1
• Local, national funding support

CORE VALUES
- Integrity
- Trust
- Excellence
- Cultural Competence
- Culture of Collaboration
Where We Are Today

**Governance**

- PMCN is a 501(c)(3); board and advisory board set policy direction
- Collaboration/partner network developed through MOU
- PMCN as trusted source for information/communication, even as military and community leadership changes
Where We Are Today

Operations

Umbrella collective impact organization

- Participation is voluntary; roles/responsibilities outlined in MOU
- Commitment to collaboration, trainings, data sharing
- “No wrong door approach”

Direct support programs

- Information & Assistance
- Navigation (Case Management)
- Education & Outreach
  - Trainings for partners (military/veteran culture; key trends; specific topics)
  - Outreach to those who need/may need assistance
Where We Are Today – PMCN Partner Agency Network
Where We Are Today – PMCN’s Impact

PMCN’s Network has served more than 250,000 service members, veterans and their families since 2016

In 2018, PMCN partners reported more than 5,600 referrals to and from other PMCN partners
Nearly 1,400 partners, VA and DoD staff have been trained on military and veteran culture and community resources since 2014; in 2018:

- 94% of trainees indicated increased awareness of culture and unique challenges of service members, veterans and their families
- 97% of service providers said trainings will help meet military and veteran needs
Where We Are Today – PMCN’s Impact

PMCN has served more than 3,700 service members, veterans and their families since 2016.
Where We Are Today – PMCN’s Impact

2018 employment and housing stability before and after PMCN assistance:

With navigation capabilities implemented in 2016, PMCN has increased utility of referrals:

Percentage of callers who said referrals met their needs:

- **Homeless/Unstable Housing**
  - Before: 17%
  - After: 2%

- **Unemployed**
  - Before: 27%
  - After: 4%

- **2016**: 63%
- **2017**: 88%
- **2018**: 93%
Progress toward PMCN Goals

1. Increase awareness of community resources, access to resources, and connection to resources for military service members, veterans, and their families in the Pikes Peak region
   - Tweets were viewed by more than 50,000 people
   - Facebook posts reached more than 125,000 people
   - The Network of Care website reached more than 100,000

2. Increase understanding of military and veteran culture, challenges, and needs in the community
   - 97% of trainees said they learned information that will help them meet the needs of service members, veterans, and their families
   - 93% of trainees said that their awareness of the resources available to service members, veterans, and their families increased as a result of the training
   - Understanding of training topics increased significantly after the workshops
3. **Build a collaborative network of community service providers to increase system efficiencies, decrease duplication of services & leverage resources**
   - PMCN now includes 45 partner agencies, an increase of 67% since 2015
   - 80% of partners shared data on services they provided to service members, veterans, and their families
   - Partners reported that they made more than 2,100 referrals to others
   - Partners reported that they received more than 3,500 referrals from others
   - 95% of partners said that they would collaborate with other partners because of PMCN professional development training workshops
Progress toward PMCN Goals

4. Provide military service members, veterans, and their families with centralized resources to meet needs, bridge gaps, and provide connection and linkage to services
   • PMCN received more than 3,200 total calls for assistance in 2018
   • Callers received 1,268 connections to services from PMCN
   • 100% of Follow-up survey respondents said that their awareness of the resources available to service members, veterans, and their families in the Pikes Peak region had increased since the initial call
   • 100% of Follow-up survey respondents said their opinions about support have improved since the initial call
   • 91% of Follow-up survey respondents said that they were “satisfied” or “very satisfied” with assistance they received

5. Provide broad-based leadership and become the go-to source for community commitment to meeting needs of service members, veterans, and their families
   • PMCN reached more than 4,110 service members, veterans, and their families at 91 total outreach events in 2018
   • Over 5 years, PMCN has provided training to more than 1,400 partners and community members