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Funding the Long Game in Collective Impact

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By Paul Schmitz

One of the primary findings in the 2018 [research study on the effectiveness of collective impact](#) was that “collective impact is a long-term proposition, take time to lay a strong foundation.” The evaluators go on to suggest that it is important to take the time up front to define the problem and target population, identify and develop effective backbone staff, and create a strong common agenda using an inclusive process. One of the challenges many coalition or collective efforts face is having the financial support over a long enough period to build the agenda, the backbone staff capacities, and the runway to support and adapt strategies to achieve their stated results. The Advancing a Healthier Wisconsin Endowment (AHW) at the Medical College of Wisconsin (MCW) has developed a promising new model for investing in the development of the agenda, capacities, and engagement necessary to achieve collective impact: eight year long grants.

Funding for collective impact has often come from a collective of funders who are at the table helping design and deliver the collective impact project in their community. In other cases, a single funder has sponsored or even housed the backbone staff. Another model is a cohort model where a funder supports multiple collective impact efforts across cities or regions bundling financial support with capacity building and cohort learning. Cohort programs have become more common on a national or regional level with funders supporting a learning community with capacity building over a two-three year term. Examples include Strong Prosperous and Resilient Community Challenge ([SPARCC](#)), [Connect Capital](#), [Working Cities](#), and networks supported by the Annie E. Casey Foundation’s [Results Count™](#) framework. Similarly, the Advancing a Healthier Wisconsin Endowment has created a learning and capacity-building cohort for grantee coalitions working to move population change, but boldly chose to make this investment of dollars and capacity-building resources over an eight-year term.

The AHW program focuses on moving population level change on behavioral health. As they sought to [shift their role from a traditional grant maker to an innovative changemaker](#), they have explored how to move sustainable system-level change on long-standing health needs in the state. In Wisconsin, 1 in 4 adults and 1 in 5 children experience mental health disorders in a given year. Behavioral health conditions are negatively associated with higher incidence of high blood pressure, smoking, heart disease, diabetes, obesity, asthma, and early death. AHW decided to make an eight-year, \$20 million investment in improving behavioral health in 10 Wisconsin communities, and chose to pursue a new model of partnership and engagement with grantees.

“We recognize that addressing a complex health issue like mental and behavioral health across entire communities is a monumental task that required us to approach our work not as just a

funder but as a long-term partner,” said Christina Ellis, AHW program director. “There was concern on our board over making such a long-term commitment of substantial funds, and the tradeoffs involved. So we had to demonstrate there would be rigor and accountability throughout the process. We also wanted to have a more collaborative relationship with grantees to support success with the investment, so we added non-funding resources like partnership development, funded time for planning, and additional capacity-building resources. This is the first time we’ve funded an entire year just devoted to the project development, learning, and skill-building for our partners, and the results exceeded expectations.”

AHW invited community coalitions working on behavioral health to participate in an eight-year-long grant program to support both local impact and statewide field building. More than 20 community coalitions applied for the program, and 10 were chosen that represented very different parts of the state ranging from the Lac du Flambeau Band of Lake Superior Chippewa reservation in northcentral Wisconsin with around 3,500 residents, to Milwaukee in southeastern Wisconsin with over 600,000 city residents, along with a variety of rural counties and smaller cities across the state. The final 10 community coalitions were chosen based on a community-identified behavioral health need, the demonstrated expertise and commitment of community partners to work on behavioral health outcomes, and interest to build capacity and design their initiatives in a cohort. Importantly, AHW sought coalitions that were not firmly fixed on implementing pre-identified project strategies, but ones that had promise and were committed to designing strategies and building capacities as part of a learning community.

The innovation of the AHW model comes from five factors. First, the term of the award is eight years, which offers a substantial runway for funded projects to develop, implement, and adapt strategies to achieve their population-level goals. Second, during a planning year the groups received funding, extensive capacity-building support, and intensive technical assistance to complete their implementation strategies. Third, the groups are part of a 10-community learning cohort where they regularly build new capacities and share effective practices, lessons, and expertise with each other. Fourth, they have continual access to technical assistance resources to support research, evaluation, and other capacities necessary for their success. Fifth, they organize an annual conference to help build the field and support system change. While other initiatives have combinations of these factors, the five together offer a powerful model for funders seeking to move population-level change.

1. Grant Term. At the outset, AHW committed to investing in this model over eight years—one year for planning, five years for implementation, and two years to develop sustainable transformation models. The three-phase approach, the rigor of the strategy process, the engaged partnership, and capacity building were important to the board’s willingness to make such an investment. Foundation staff are in touch with grantees monthly, and make periodic site visits for coaching and support, not grant compliance. The funding per community is approximately \$200,000 per year, which represents substantial support from a funder outside their communities. Groups were invited to participate in the first-year learning community with the expectation that if they fully participated and crafted a solid plan and proposal that they would receive multi-year funding for implementation. All groups received the implementation grant. If one of the key lessons about collective impact is the importance of longevity, this amount of runway is very helpful.

2. Planning Year and Proposal Development. The first planning year included a monthly learning community when two- or three-member teams from each coalition (the coordinator, an evaluator, and a third member) participated in community building, capacity building, and planning to develop their proposals. The capacity-building curriculum included a results-based accountability model to develop strategies; community engagement; racial equity to address disparities in results and representation; adaptive leadership; research and evaluation; system change and advocacy; and tools for building cultures that support inclusion, collaboration, continuous learning, and accountability. The curriculum was presented in practical ways, allowing groups to apply the lessons and tools to local work and share experience across the cohort. The groups also assessed data together and developed their results, strategies, and proposals with peer support and feedback from staff over multiple months before submitting their final plans/proposals for the next seven years.

“I feel our community would not have gotten this far or be this prepared to continue our work if it wasn’t for the planning year and learning communities. The learning year allowed us to take the time to create a plan/project that is very well thought out and put together. This time has allowed us to start building trust among others within our community as well as truly figure out the needs and wants of the community. Without the planning year, I feel our community would not have been able to put together a project that has as much support, knowledge, drive, interest, or purpose behind it as it does now. I can’t say enough about the benefits of the learning year and the learning communities.”¹

“We built a strong coalition, received amazing leadership training, learned from a national expert, used the model to build an incredible project with which we will produce population-level change, offered and received support through a learning community of dedicated, passionate professionals across the state, and used all of these things to benefit our local community and drive quality improvement in how our coalition engaged in systems-level work for mental health.”

¹ The quotes are pulled from AHW’s Quarterly Pulse Survey administered in May 2017.

3. Learning Community Cohort and Capacity Building. Important to this model is that there are 10 community coalitions across the state working in a similar field, and the relationships and peer support built during the program has been another key ingredient of the model. Participants regularly reach out to each other across communities for ideas and support. After the first year, the cohort continues to meet quarterly, rotating among the regions. The cohort gets a deep dive into each community's innovations, resources, and lessons, better understanding the context and content of their local work. The curriculum is directed more by the local hosts who also survey the cohort to identify knowledge and capacities they wish to share or build.

“Building the cohort is invaluable especially since there aren't a lot of models for doing this type of work around behavioral health. They improved immensely as we go later in the year because of the sharing, feedback, and sharing sessions.”

“The ability to work with other communities during the learning sessions as well as the contact we have had outside the learning sessions has been phenomenal. We are all linked together in some way and to be able to share our knowledge, resources, stories, successes, struggles, and so much more has truly made this grant project unique and amazing.”

4. Capacity Building, Research, and Evaluation Support. As part of the grant, AHW granted funds to a team of faculty with extensive community engagement experience from the MCW Department of Psychiatry and Behavioral Medicine's Center for AIDS Intervention Research (CAIR) to provide research, evaluation, and capacity building support to the community coalitions. Each site has a faculty member from CAIR who meets with them by phone monthly and conducts site visits when necessary and helpful. The faculty members have researched behavioral health data, helped groups design surveys and evaluation frameworks, identified promising and evidence-based models in other communities, and supported other capacity needs. In addition, AHW has a pool of funds for capacity building that coalitions can access for other needs like community engagement, sustainability, advocacy, and other technical skills. The 10 projects also work with their program officer on the AHW staff who not only serves as a coach but also participates in monthly calls and quarterly site visits to provide coaching and assistance. The role of the program officer is more as a thought partner and support than a traditional program officer role oriented toward compliance.

“I am grateful to the learning community for an amazing year of learning, professional and personal growth, and the camaraderie of such a wonderful group of people. This has been the best year of my professional career and I am grateful to have been part of this special journey, getting to know [the faculty] and all the individuals in our coalitions. I look forward to continuing to learn alongside the group over the next seven years.”

5. Annual Conference for Field. The final component of this design is the annual conference. Each year, the cohort identifies a theme and knowledge and practices they would like to learn or share with the broader behavioral health field in Wisconsin. Having attended many boring conferences, the process began by identifying the things that make conferences bad and then establishing design principles to prevent these things from happening. The group identified national speakers, developed workshops on topics identified as important by the cohort, and developed a process to ensure that the design of the day and the workshops would meet these principles and be highly engaging and productive. AHW sponsored the full cost of the conference, providing free attendance to participants (they had to pay travel and lodging; it was in the center of the state), and the conference reached its capacity of 200 with a waiting list, which was commendable for a first-time conference with only five months of planning. Evaluations demonstrated that the conference met its goals: 97% of participants agreed it was well organized, 85% agreed it had the appropriate balance of presentation and discussion, and 88% found the conference relevant to their work. 95% reported that they would attend future AHW behavioral health conferences, and 93% said they would refer others. This year's conference will focus on engaging the field to work together on system changes in behavioral health.

By using this approach, AHW will be able to identify promising practices for moving population results in behavioral health from the varied approaches and strategies of the communities. Each community identified its own behavioral health result, indicator, strategies, and performance measures. Six of the communities are focused on youth by reducing teen depression, increasing social and emotional development of children, or reducing disciplinary referrals in schools. Other sites have focused on stigma reduction in rural communities, reducing crisis calls, decreasing excessive drinking among young adults, and reducing the number of poor mental health days reported by adult residents. AHW recognizes that these varied approaches will allow them to learn which types of approaches and strategies lead to the most measurable change in behavioral health. They anticipate that some of the approaches may be replicable and scalable for other communities in and outside of Wisconsin.

“As a result of the year of funded learning and planning, the implementation plans proposed by the applicants were stronger, defined clear measurable results and strategies, and truly engaged communities,” said Tim Meister, AHW program officer. “We have heard from several of our partners that their implementation plans would not have come together without the dedicated year of planning, the extensive capacity building opportunities offered through this experience, and the support offered through the Learning Community.”

There have also been challenges and lessons learned as AHW has implemented this model.

Applying a result-based strategy model to behavioral health was challenged by the lack of good data to establish reliable indicators—even proxy indicators—that could be used to measure performance in real time and drive real-time decision-making and adjustment of strategies. The group spent many more months than intended gathering and analyzing data and making a compelling case for various indicators. Unlike some health issues such as infant mortality, teen pregnancy, emergency room visits, or gun violence, where data can be regularly gathered and used to drive decisions, tools like the Youth Risk Behavior Survey, distributed in schools, and the Behavioral Risk Factor Surveillance System are not readily available or disaggregated sufficiently to measure change in real time among populations in their communities.

It seemed at times that communities were trying to put square pegs in round holes, and some felt that organizing data-driven strategies in this way was the strategic equivalent of teaching to the test. In hindsight, AHW believes it may have worked better to offer a menu of results and indicators with accompanying research and data to back them up, and invite communities to choose one or propose an alternate that was at the same standard of rigor. At the same time, many groups found the result-based model useful in disrupting traditional assumptions and using data and tools to think anew about their work. Several reported applying the model to other coalitions and projects in their communities.

A second challenge came from applying these models in the context of a sovereign tribe, the Ojibwe nation's Lac du Flambeau Band of Lake Superior Chippewa. The participants felt that the models and approaches to strategy and coalition building were not culturally aligned to their practices and traditional ways. They felt an equity approach should have acknowledged that they begin in a very different place from other communities, and allow them to adapt the tools and models much more to their environment. The challenge in adapting the approach and model in one community could become a slippery slope for others, but the distinct culture and traditions of the tribe required AHW to adapt some of its grant, capacity, and process requirements. AHW believed this was important to building a partnership with the tribe, supporting its impact, and would provide AHW itself a chance to learn how to better support tribal communities in the state.

The third challenge was that the orientation and monthly planning-year gatherings began before many groups had hired coordinators; therefore the opening retreat that set the culture, framework, and models for the cohort was missed by half of the group, some of whom did not join until months later. This was disruptive as subsequent orientations could not replace the foundation set at the beginning. More lead time between the grant decisions and the beginning of the learning community would have allowed the teams to fully form before launching into the planning year.

The fourth challenge was that some in the group resisted the structure and imposition of models, whether result-based strategy or the process of the learning community itself. The evaluations of the experience have overall been quite positive, but there were a few strong dissenting voices. This is always a challenge for any group, not to let the minority negative opinion outweigh the majority positive, and it is difficult to make everyone happy. However, this feedback has proved helpful in identifying mistakes and lessons, especially as this was the first time using this approach, and it was the first time AHW, the academic partner, and the facilitator had worked together. Another challenge here is that the approach and curriculum were developed after the coalitions were accepted in the program. Development and clear articulation of the approach and curriculum beforehand may have prepared participants better for the expectations of the experience and some may even have opted out.

The project is in its third year. There will be many more lessons between now and 2024 when the project wraps up. Of course the ultimate success of this approach will be measured by whether these coalitions achieve their goals of measurably improving behavioral health at the population level in their regions. It requires courage, foresight, and trust for donors to commit this much financial and technical support over an eight-year time period. AHW, however, is not just putting money into the field and waiting for grant reports and longitudinal evaluation to measure success. The engaged partnership with the grantees, the continued capacity building, the rigor of the strategy process, and the annual performance measures enable AHW to view progress, successes, mistakes, and lessons learned in real time. This type of partnership between funder and collective impact is a promising practice the field should be exploring more, especially as evaluations demonstrate the importance of the long game in collective impact, taking the time to build the common agenda and the backbone capacities necessary to support success.

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For more information about this report

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About the Author

Paul Schmitz builds the collective leadership of organizations and communities to achieve greater social impact through his roles as Senior Advisor at The Collective Impact Forum and CEO of Leading Inside Out. He is also the author of *Everyone Leads: Building Leadership from the Community Up*, and the former CEO of Public Allies, where he helped more than 5,000 diverse young adults begin careers working for community and social change. Paul is a faculty member of The Asset-Based Community Development Institute, was a social innovation advisor to the Obama White House, and has been named three separate years to The Nonprofit Times list of the 50 most influential nonprofit leaders in America. He lives in Milwaukee, Wisconsin, with his wife and five children.

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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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