

Using Collective Impact to Leverage Philanthropy and Community Organizations to address Social Determinants of Health

Martha Maksym, Deputy Secretary, Vermont Agency of Human Services

Vermont Blueprint Annual Meeting

April 11, 2017

Collective impact brings people together,
in a structured way, to achieve social change.



It starts with a common agenda.

That means coming together to collectively define the problem and create a shared vision to solve it.



It establishes shared measurement.

That means agreeing to track progress in the same way, which allows for continuous improvement.



It fosters mutually reinforcing activities.

That means coordinating collective efforts to maximize the end result.



It encourages continuous communication.

That means building trust and relationships among all participants.



And it has a strong backbone.

That means having a team dedicated to orchestrating the work of the group.

Principles of Practice

Design and implement the initiative with a priority placed on **equity**.

Include **community members** in the collaborative.

Recruit and co-create with **cross-sector** partners.

Use data to continuously **learn, adapt, and improve**.

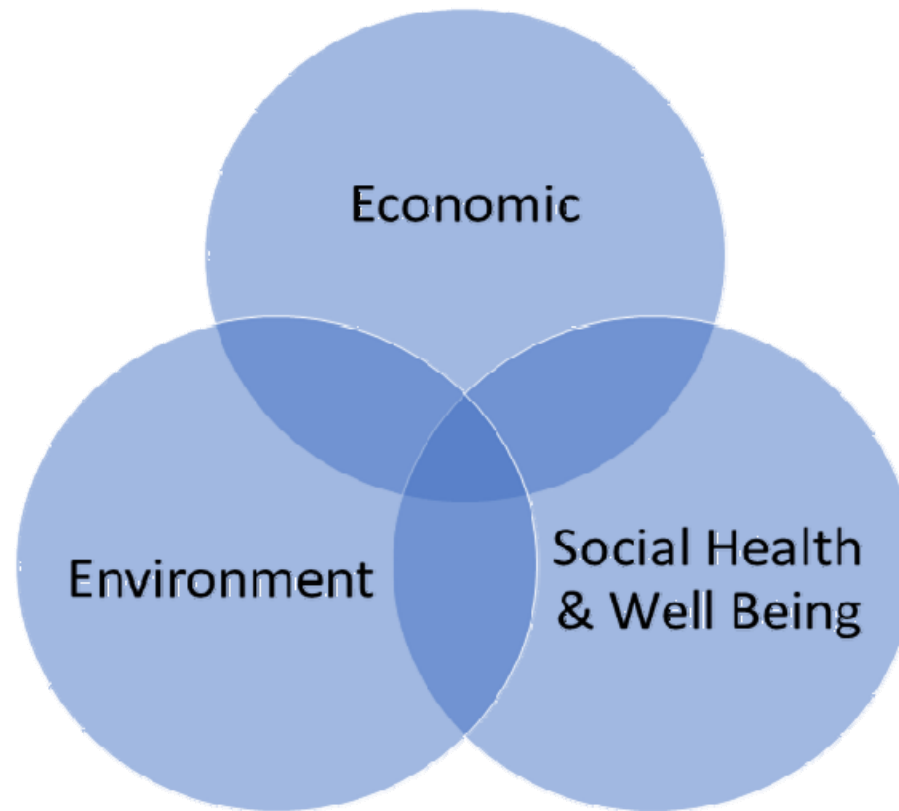
Cultivate leaders with unique **system leadership** skills.

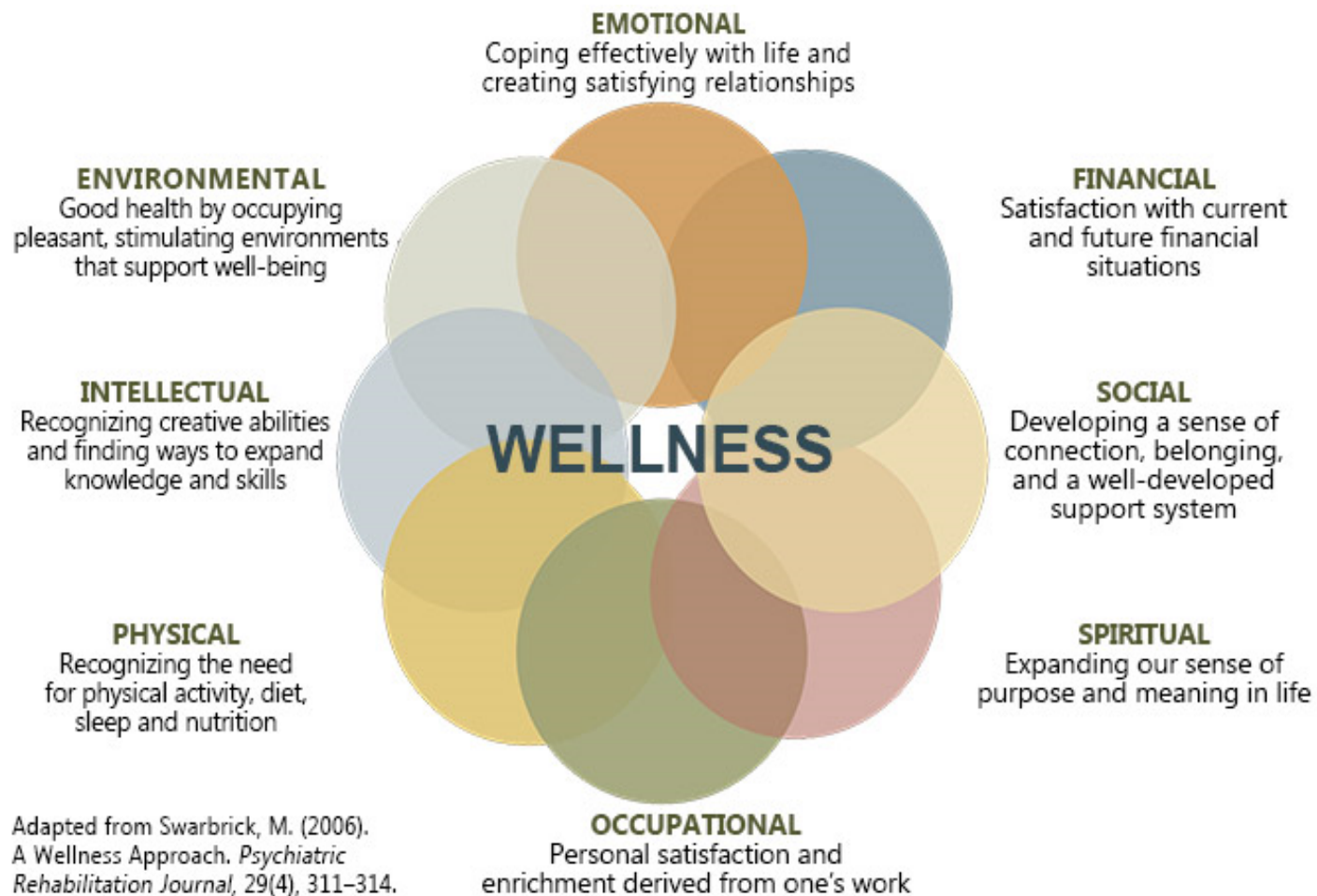
Focus on program and **system strategies**.

Build a culture that fosters **relationships, trust, and respect** across participants.

Customize for **local context**.

What creates health?





Reducing Homelessness
through
Collaborative Investment

Engaging funders

Chittenden County Funders Collaborative

*We are a group of funders
and community leaders working together
to develop opportunities and a framework
to maximize impact through collaborative
investment toward common priorities.*

We are:

United Way of Northwest Vermont

Vermont Community Foundation

University of Vermont and UVM Medical Center

Fanny Allen Foundation

Vermont Agency of Human Services

Chittenden County Regional Planning Commission

City of Burlington, Community & Economic Development
Office

5 Conditions of Collective Impact

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Organization

Transformation

Old idea

Funders Collaborative

Entity

Create



New idea

Collaborative Funding



Process



Prototype

Human Centered Design

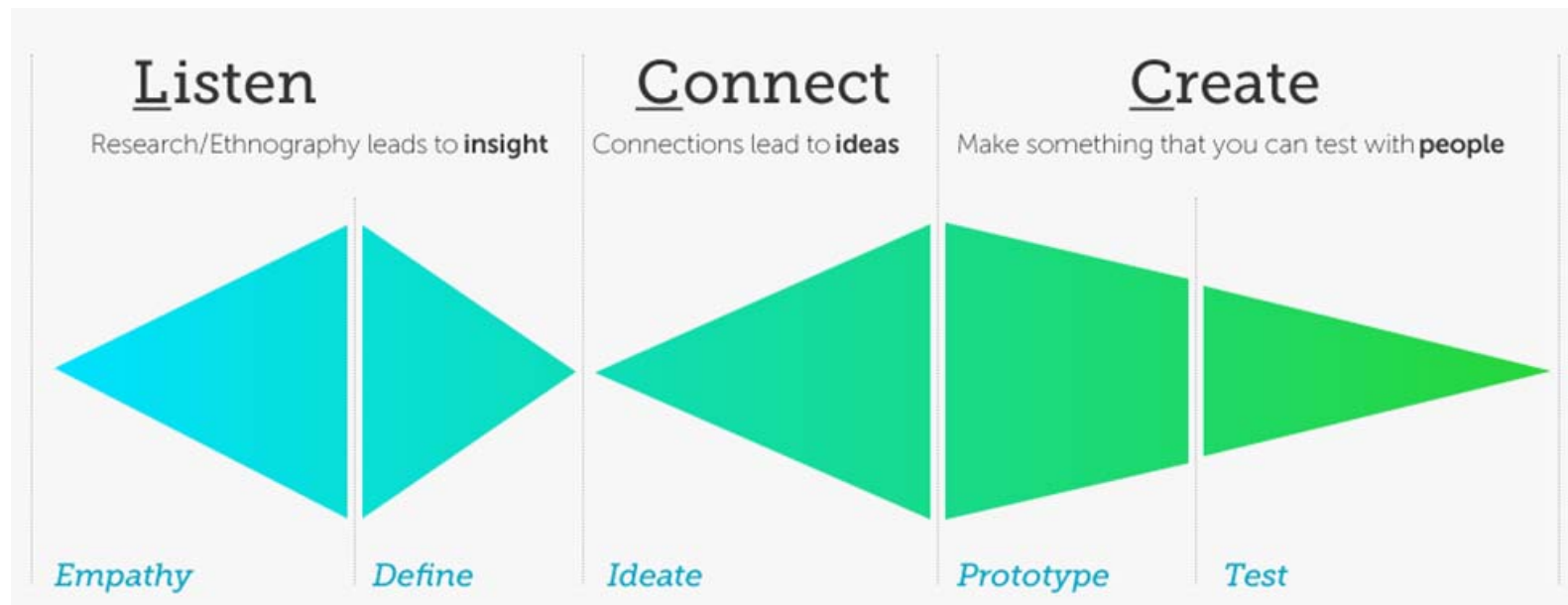
Design *process*

Innovation & Creativity

Empathy & On-going Input

Prototype, Test, Revise

Our Process (*in process*)



WHAT IF...

2/13/2017

Apple-Icious Oat Bars | ChopChop

CHOPCHOP

Apple-icious Oat Bars

Apple-icious Oat Bars | ChopChop

Description

You've tried applesauce and apple pie, but we bet you've never tasted this yummy treat!

Hands-on time: 10 minutes

Total time: 30 minutes

Makes: 9 Servings

Kitchen Gear:

Cutting board

Sharp knife

Measuring cups

Measuring spoons

2 mixing bowls

Square 8 x 8 inch baking pan: glass, ceramic or metal

Wooden or metal spoon or rubber spatula

Metal spatula

Potholder



Ingredients

3/4 cups old-fashioned rolled oats

1 tablespoon all-purpose flour

1/4 cup whole-wheat flour

1/2 cup lightly toasted almonds or pecans

1/2 cup light-brown sugar

1/2 cup all-purpose flour (for crust)

1/2 teaspoon ground cinnamon

1 pinch baking powder

3 tablespoons canola oil

4 granny smith apples (peeled, cored and chopped)

1/4 cup dried cranberries, or raisins

2 tablespoons honey, maple syrup, or light-brown sugar

3 tablespoons unsalted butter, melted

Instructions

Wash your hands with soap and water, then gather all your equipment and ingredients and put them on a counter.

1. With the help of your adult, turn the oven on and set it to 350 degrees.
2. TO MAKE THE CRUST: Put the oats, flours, nuts, sugar, cinnamon, salt, and baking powder in a small bowl. Using your clean hands or a spoon, mix well. Add the butter and oil and mix again, until the topping is crumbly and looks like little pebbles. Pat down half of the crust mixture into the bottom of the baking pan. Leave the rest of the crust mixture in the bowl while you make the filling.
3. TO MAKE THE FILLING: put the apples, cranberries, honey, and flour in a small bowl and mix well. Pour the apple mixture on top of the crust in the baking pan. Using the back of a spatula, press the mixture down until the top is flat and even.
4. Top the apple mixture with the topping left from the bowl and pat it down.
5. With the help of your adult, put the baking pan in the oven and bake until the top of the apple mixture is lightly browned and the apples are soft, 40–45 minutes.
6. When the pan comes out of the oven, pat down the mixture again with the spatula. 7. Set aside to cool and cut into 9 pieces.

Test Issue

**Reducing
Homelessness**

What we've done so far

- Shared understanding
- Stakeholder interviews
- Identifying ideas
- Prioritize ideas
- Test ideas
 - Chittenden Homeless Alliance Quarterly Meeting
 - Conference participants
 - Other funders

BIG SIX IDEAS- *Our Ingredients?*

1. Information Hub
2. Subsidies
3. On-Going Supports
4. Streamline The System
5. Collaborate & Learn
6. Include People Who Have experienced Homelessness

Insight

ON-GOING SUPPORT

CHALLENGE
Assumptions that when you help someone finally get housed they will no longer need assistance. For many it is the just the beginning of service & support needed.

Providing Ongoing supports (long term in some cases!) continue to be a barrier, and some case managers are

seeing the same families over and over again.

People need other people in their lives who can provide social support and peer learning.

Clients don't always get in touch when things go wrong.

Our system is so complex, navigating successfully includes extensive handholding.

Case management and support means different things to different people including agencies and consumers.

OPPORTUNITY
Teaming approach to help individual sort out what their needs are, what the map of their life looks like, this is where the intense works comes in.

Solutions need to be customized and managed by a point person/team who is helping to customize the supports and approach.

Using Recovery Coaching model, opportunity for employment for people who have been homeless to coach/mentor people who are homeless/trying.

Get data and input from the Retention Team (through BHA) (and others, like Safe Harbor Homeless Clinic) about what they are doing and if/how it's working.

"Being homeless is a full time job. You need to carry everything everywhere. If you are in a shelter downtown you need to leave at 7:00 and walk across town to the foodshelf breakfast but that is far, especially in cold weather. You cannot go to the Day Station until 9:00 in the summer and the meals there on the weekend are often leftover PB&J sandwiches. The Salvation Army closes often without announcement because of the drug issue they have there and they don't allow us to use their bathrooms anymore; that is harsh after you have had supper...that is why camping is so appealing - it allows you to have more freedom and you form a community with the other campers. If you don't like something, you can pick up your tent and move it".

Homeless Person

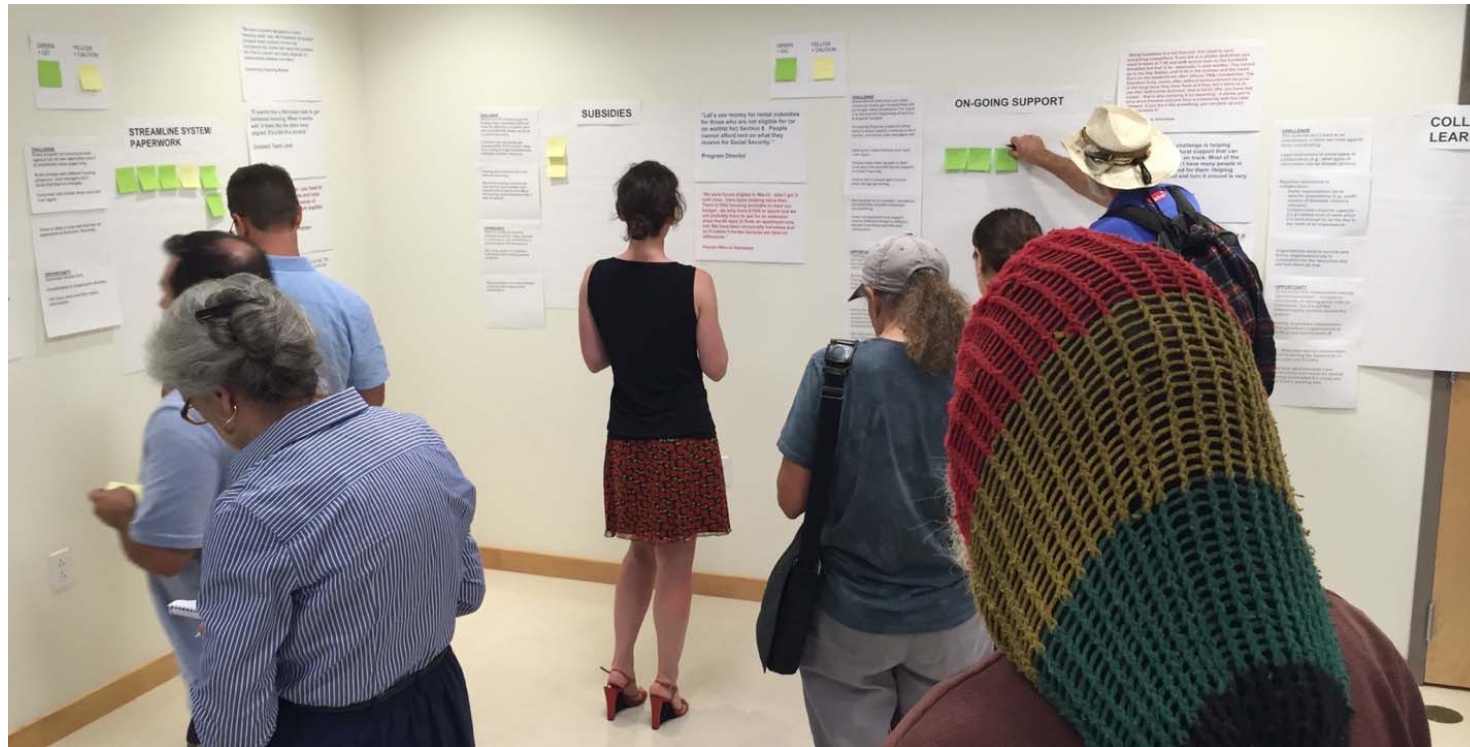
"The most common challenge is helping people to generate natural support that can help them get and stay on track. Most of the people I work with don't have many people in their lives who are good for them. Helping people figure this out and turn it around is very hard."

Community Housing Worker

"I looked for housing on my own for a long time. Once I connect with Pathways and a case manager who acted as a liaison, I was housed in two weeks."

Formerly homeless

Validation & Feedback



BIGGEST LESSONS SO FAR

- Funders must work with and through community in all stages
- Engage with people who have lived experience – the ones intended to benefit from the work

Where we are now

Homelessness

- Testing Six Ideas

Collaborative Funding Model

- Opportunities to test the model
- Process Guide

Our Next Steps

Finalize The Plan

What will it take?

Ingredients & prices

Resource The Plan

Who will do what?

Evaluate Investment in The Plan

So what does this mean?

- Power of cross sector partnerships, including funders/philanthropists and people with lived experiences
- Broad definition of health
- Shared ownership of the solutions
- Data to track how we are doing
- Making the case for upstream prevention and early intervention services to prevent more acute, costly care later on

Questions?