

Rural County Has Proven Track Record With Cross-Sector Collaboration

By RACHEL STOLER

In Western Massachusetts, in the state's most rural county, a coalition of town and regional governments, social service agencies, local governments, schools, law enforcement, and the business and faith communities have been working together for more than a decade on some of society's most challenging issues, such as youth drinking and substance abuse, dropout rates, obesity and physical activity, and youth self-esteem. The vision of the Communities That Care Coalition is that Franklin County, and the North Quabbin Region, become a place where young people are able to reach their full potential and thrive with ongoing support from schools, parents and the community.

The Franklin Community Action Corporation (now Community Action of the Franklin, Hampshire and North Quabbin Regions) was approached in 2002 by Channing Bete, a Deerfield-based company that franchised the Communities That Care prevention-planning model (www.communitiesthatcare.net), to coordinate a local effort to use its system. Channing Bete offered to underwrite a percentage of the cost and a local business

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leader involved in numerous community projects pledged the additional amount needed to begin the process.

Around this time, the Franklin Regional Council of Governments' Community Coalition for Teens (now Partnership for Youth) was awarded the Office of Juvenile Justice and Delinquency Prevention's Drug Free Communities Grant to collaborate with the region's school districts to more effectively address regional substance abuse prevention. The Franklin Community Action Corporation and the Community Coalition for Teens agreed to collaborate on this initiative and bring it to the community for their

involvement and support, following the national Communities That Care model that encourages the coordination of efforts and resources around specific priorities. The model attempts to get as many sectors of the community as possible talking the same language and sharing the same goals with respect to preventing youth problem behaviors.

Nearly fifty representatives from local governments, businesses, schools, community organizations, clergy, parents and teens met in the summer of 2002 to start working together as a Community Planning Board. A number of work-groups were formed to address specific



Greenfield parents and volunteers join students for Federal Street School Walk to School Days.



PHOTO BY PAUL FRANZ, COURTESY OF THE RECORDER

components of the process and to help create a plan to promote the positive development of children and youth in Franklin County.

The following spring, the Community Coalition for Teens coordinated a survey of all eighth, tenth and twelfth graders in five Franklin County school districts. In addition to the survey report, the coalition used archival data (including police, school and hospital reports) that has been shown to be a valid and reliable measure of certain risk and protective factors not measured in the survey, such as teen pregnancy rates, school dropout rates, and alcohol outlet density.

After analyzing the survey results and other available data, the coalition prioritized the following risk and protective factors. (Risk factors are circumstances that predict a problem behavior, and protective factors are those that reduce the likelihood that a problem behavior will occur.)

PRIORITY RISK FACTORS:

- Laws and norms favorable to drug and alcohol use in the community, schools and family
- Poor family management and parental attitudes favorable to alcohol, tobacco, or other drug use

Franklin County Demographics

26 towns covering 725 square miles
Total population: 71,400
Largest: Greenfield, 18,000
Smallest: Monroe, 110

North Quabbin Region

5 towns in Franklin County (Erving, Orange, New Salem, Warwick and Wendell)
4 towns in Worcester County (Athol, Petersham, Phillipston and Royalston—with population of 12,400)

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PRIORITY PROTECTIVE FACTORS:

- Rewards for positive involvement in community, schools and family

The CTC then surveyed local agencies to identify existing resources related to the priority risk factors, gathered more information on these resources, assessed these programs and resources, and identified gaps in services addressing the priority risk and protective factors. Then the CTC formulated an action plan to address these gaps using evidence-based programs and approaches, and created an evaluation plan to measure progress.

The action plan included the following goals:

- Decrease regular alcohol use among eighth graders by 10 percent by 2008
- Decrease regular marijuana use among eighth graders by 10 percent by 2008
- Decrease binge drinking (five or more drinks in a row) among twelfth graders by 10 percent by 2012

The CTC formed the following workgroups to address each risk and protective factor: Community Laws and Norms, Parent Education, and Youth Recognition. It also formed a Regional School Health Task Force comprised of representatives from each participating school district to plan the survey and promote evidence-based prevention in the schools.

Evolution of the Program

Over the years, the CTC has evolved as needs and realities in the community have

changed. The coalition has continued to implement the Teen Health Survey each year. Every three years, the CTC implements the equivalent of the Communities That Care Youth Survey (more recently the Prevention Needs Assessment Survey) to get risk and protective factor data. The following year, the CTC conducts the Massachusetts Youth Risk Behavior Survey, and the next year it does a custom survey that incorporates the core measures of the original survey but also provides a way to incorporate other topics of interest to the schools and community partners, such as mental health, school climate, out-of-school activities and nutrition.

After a few years, the remaining four school districts in the region joined the survey, so for the past decade the CTC has surveyed all nine middle and high school districts in the region.

The coalition structure has evolved as well. In 2011, with extensive data-gathering and planning, the CTC broadened its scope to include nutrition and physical activity. In 2012, the CTC received a Mass in Motion grant from the Department of Public Health on behalf of Franklin County. Joining Mass in Motion as a region rather than an individual municipality allowed the CTC to have an impact across the region and to work more closely with towns that comprise it. The CTC set goals to increase the percentage of youth who eat three or more fruits and vegetables a day, and to increase the percentage of youth who get at least one hour of physical activity a day.

The CTC collaborates closely with a variety of local partners to achieve regional outcomes. It has a particularly strong relationship with local coalitions that address prevention and community health issues. It has mentored the Gill-Montague Community School Partnership, the North Quabbin Community Coalition, and the Greenfield Safe Schools Safe Streets Coalition.

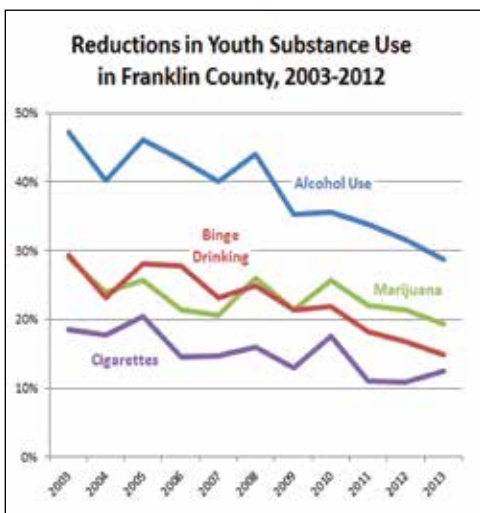
Strategies

The CTC's workgroups have overseen the strategies designed to address the identified risk and protective factors.

The Community Laws and Norms Workgroup has supported strategies to

address the availability of alcohol to young people and has promoted messages that indicate that our community does not want young people to drink alcohol. Alcohol compliance checks are done in sixteen towns (per a memorandum of understanding signed by each town's select board, which also serves as the alcohol licensing board). The towns agreed to do compliance checks twice a year in collaboration with the Partnership for Youth, and to institute a common penalty structure for violations. Compliance checks are done by local police departments, often collaboratively among two or more towns, since there are only a handful of licensees in most of the smaller towns. The Partnership for Youth also implements Alcohol Purchase Surveys quarterly in all towns with licensees. These visits do not involve police or penalties; they are simply intended to reinforce the practice of asking for identification from all customers who appear to be under age thirty. These two types of licensee visits are complemented by annual trainings for staff of alcohol-licensed establishments, including package stores, grocery and convenience stores, and bars and restaurants. The towns encourage their licensees to send staff to these trainings.

The Parent Education Workgroup has promoted the implementation of evidence-based parent education programs among social service agencies that serve parents. It organized a training of trainers in the Guiding Good Choices program, and provided small grants for implementation, resulting in the training being provided to at least 150 families. The workgroup has also promoted the Nurturing Families program, championed by several CTC member agencies, and provided space for the training of trainers. (More than 200 families have benefited from the Nurturing Families program.) The workgroup has provided mini-grants, with funding from the Massachusetts Women's Home Missionary Union and more recently the Women's Fund, to support Family Day events that promote the value of family time and family dinner in prevention efforts. For nearly a decade, the Parent Education Workgroup has organized and provided articles for an annual supplement to two



Source: Communities That Care Coalition



The Communities That Care Coalition presents the Sara Cummings Coalition Leadership Award to Jana McClure and the office of District Attorney David Sullivan for their dedication to substance abuse prevention and collaboration.

local newspapers that provides information about various parenting topics and resources in the community. Over the years, the workgroup has also done social norm and social marketing campaigns for parents and provided information about the value of family dinners. The workgroup has collaborated with towns, schools and businesses to disseminate these materials.

The Youth Recognition Workgroup developed flyers for parents and for community members to promote the concept of youth recognition in the context of prevention and positive youth development. It distributed parent flyers through schools and community groups, and the community flyers through town and community groups. The workgroup also worked through the Regional School Health Task Force to promote youth recognition in the schools. The schools responded by significantly increasing the ways they recognized their students for positive involvement in the school community, and Teen Health Survey results over the years have indicated an increase in students reporting recognition. The workgroup was able to award mini-grants for youth recognition activities in the community for several years, with funding from the Massachusetts Women's Home Missionary Union (which later supported the Parent Education Workgroup). Mini-grant recipients included many local youth-serving agencies for youth recognition events and activities, many of which have been embedded into the regular programming of these agencies. One town used a mini-grant to create a youth recognition bulletin board at town hall, and several schools used the awards to recognize particular student groups. The Youth Recognition Workgroup promoted two regional youth recognition efforts: the annual Peacemaker Awards, organized by the Interfaith Council and Traprock Peace Center, and the Youth Citizen of the Year Award, organized by the Greenfield Recorder newspaper.

In the past few years, the workgroup itself has become less active, as youth recognition has been integrated into the policies and systems in schools and organizations. Meanwhile, a small collaborative organized by Dial/Self, one of

the region's youth-service agencies, is working to develop a Positive Youth Development Community certification program through which towns can demonstrate publicly the ways they support and encourage youth and recognize their value as community members. This effort is still in development.

The Regional School Health Task Force brings together representatives of all middle and high school districts in the region. The Task Force has worked to get schools to implement evidence-based programs that prevent substance abuse and other risky behaviors. With its support, schools have implemented All Stars, Life Skills, Signs of Suicide, and Lifelines. The task force has provided a place for school staff to learn about best practices and to bring these back to their districts, along with local data to support implementation. Each district receives its own Teen Health Survey results and is responsible for sharing its own data. (The CTC shares only aggregated regional data.) The CTC provides support to the districts in understanding and using their data.

The CTC has met or exceeded its substance-use reduction goals (see chart, page 24). The coalition will begin reporting outcomes related to nutrition and physical activity after the 2015 survey, but preliminary data indicate progress toward those measures.

Collective Impact

In 2007, the CTC was recognized with a Got Outcomes Award from Community Anti-Drug Coalitions of America, a membership association of substance abuse prevention coalitions. More recently, the CTC has been featured in three articles in the *Stanford Social Innovation Review* for its "collective impact approach." According to a 2012 article in the *Review*, collective impact is the commitment of a

group of important actors from different sectors to a common agenda for solving a specific social problem.

The CTC manifests the following five conditions of collective impact:

- 1. Common Agenda:** Every few years, the CTC updates and publicizes its Community Action Plan, which describes its vision, goals, objectives and strategies. This document is developed collaboratively by coalition leaders and members and is subject to the approval of coalition members at one of the biannual full coalition meetings. This plan is publicized through local media and posted on the CTC website (www.communitiesthatcarecoalition.org).
- 2. Shared Measurement:** The CTC measures its outcomes using the annual Teen Health Survey, as well as other data available. Once a year, at one of the full CTC coalition meetings, coalition leaders share the survey results publicly, report areas of progress and challenge, and invite press coverage. Survey results are posted on the CTC website, and the Partnership for Youth evaluation coordinator, who serves as the evaluator for the CTC, is available to help anyone in the community use the data to meet their needs for program planning, advocacy and funding requests.
- 3. 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 and improving nutrition and physical activity. These strategies are implemented by a variety of community entities representing a broad range of sectors. The CTC is always inviting new membership. Rather than telling the community what strategies it should be pursuing, the CTC invites new participants to

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look at what they are already doing and see how that supports CTC goals. New members identify for themselves how they fit into the CTC puzzle and how they can coordinate with and support its initiatives.

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

5. 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 of staff time per week to support the CTC. Jointly, the organizations serve as administrators, conveners and advocates for the initiative. The backbone agencies facilitate

the Coordinating Council and coalition meetings, and they run workgroups in the absence of community co-chairs. They keep the Coordinating Council and coalition informed about relevant policy issues, and they help mobilize resources to support the work of initiative partners toward the common agenda.

Structure and Emerging Priorities

The CTC is guided by its Coordinating Council, which meets monthly for decision-making and direction-setting. The co-chairs are Kat Allen from the Franklin Regional Council of Government’s Partnership for Youth and Lev Ben-Ezra from Community Action Youth Programs. A Funding and Strategy Team, a subset of the Coordinating Council, meets monthly for ongoing strategy planning and discussion of particular strategies and structures. The Regional School Health Task Force meets monthly to plan the Teen Health Survey and to identify and promote school-based prevention strategies. The Parent Education Workgroup meets monthly to plan and support new and ongoing parent education efforts and to produce a yearly parent guide insert for the local newspaper. The Community Laws and Norms Workgroup meets quarterly to oversee environmental strategies related to access to substances.

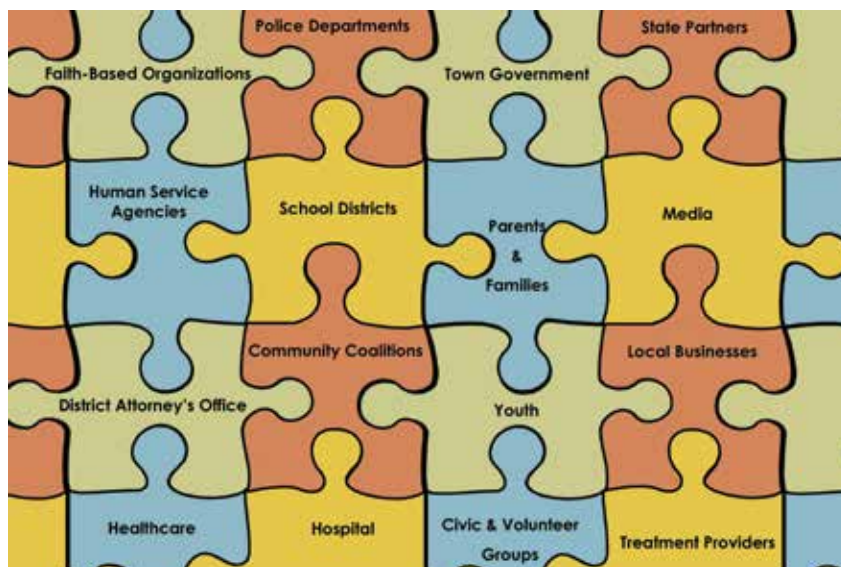
The CTC continues to hold two full

coalition meetings a year, which regularly draw sixty to seventy participants. These meetings provide an opportunity to update the community on data and outcomes, to present progress on strategies, and to gather input for planning purposes. The meetings also serve as a venue for networking among people from different sectors, information sharing, and planning new collaborations.

While celebrating positive outcomes, the CTC understands there is more work to do. Over the past few years, the coalition has paid more attention to marijuana, “other tobacco products,” and opioids. The Opioid Task Force of Franklin County and the North Quabbin was created last year to address the need for a broad range of services to address the consequences of opioid addiction. The CTC and the Opioid Task Force work closely to complement and mutually reinforce each other’s initiatives. The CTC and partners such as the Northwestern District Attorney’s Office have collaborated to promote and support school programs for suicide prevention, mental health support and improving school climate.

Individual towns have been an important part of the CTC since its inception, and the coalition is working to collaborate with them in new ways. For more than seven years, the CTC has had agreements with fifteen towns to implement compliance checks of all alcohol licensees to ensure they are not selling to minors and to establish a common penalty structure for violations. In the past few years, towns have passed new tobacco regulations with technical support from local tobacco programs funded by the Department of Public Health. The CTC has promoted and supported this work. Many towns have been working on increasing physical activity among their residents by making infrastructure improvements that facilitate cycling and walking; improving recreational facilities such as parks and river access; and improving access to and consumption of healthy foods. The CTC is interested in doing more to encourage and publicize this work, and to provide support to towns interested in incorporating health considerations into broad aspects of policy. ❁

COURTESY OF COMMUNITIES THAT CARE COALITION



A puzzle represents the various stakeholders that work together through the Communities That Care Coalition.