Collective Impact: Working Together to Support Individuals with Serious Mental Illness and Serious Emotional Disturbance and Their Families

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The Collective Impact Forum

Moderated by: Lynda Gargan, Ph.D.

Executive Director, National Federation of Families

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SAMHSA
Substance Abuse and Mental Health
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Learning Objectives

Attendees will

- Learn the approach of collective impact to move larger population and systems changes for people;

- Incorporate the best practices in building the strategy, structure, and collaborative leadership that support effective collective impact;

- Consider ways that collective approaches can be used to improve outcomes of individuals with serious mental illness or serious emotional disturbance.

Presenter

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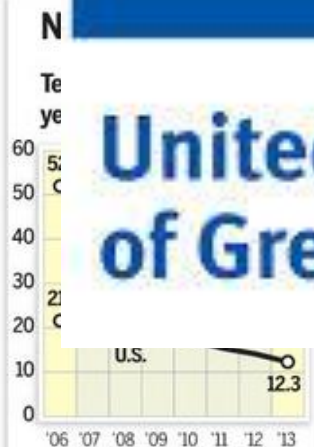Supporting People with Serious Mental Illness and Serious Emotional Disturbance and Their Families

(NFF, 2025)

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GET UP,

's efforts paying off
ee's teen birthrate reached a historic low in 2015.

of births to teens 17 and younger

00 — Annual total
00 = 15 to 17 years old
00 = 15 and younger

701
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Journal Sentinel

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Source: City of Milwaukee   Journal
Health Department   Sentinel
Click to enlarge

"Last year, we celebrated a m
meeting our goal of reducing
2015, but surpassing that goa
the initiative's oversight comm

"This year we are saying, 'Let
made significant progress, bu

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INNOVATION REVIEW

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STANFORD SOCIAL INNOVATION REVIEW

The Dragonfly Effect | Collective Impact | Disseminating Orphan Innovations | Microfinance Needs Regulation

The
Dragonfly
Effect

How to use social media for social good.
By Jennifer Aaker & Andy Smith
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Collective Impact
By John Kania &
Mark Kramer
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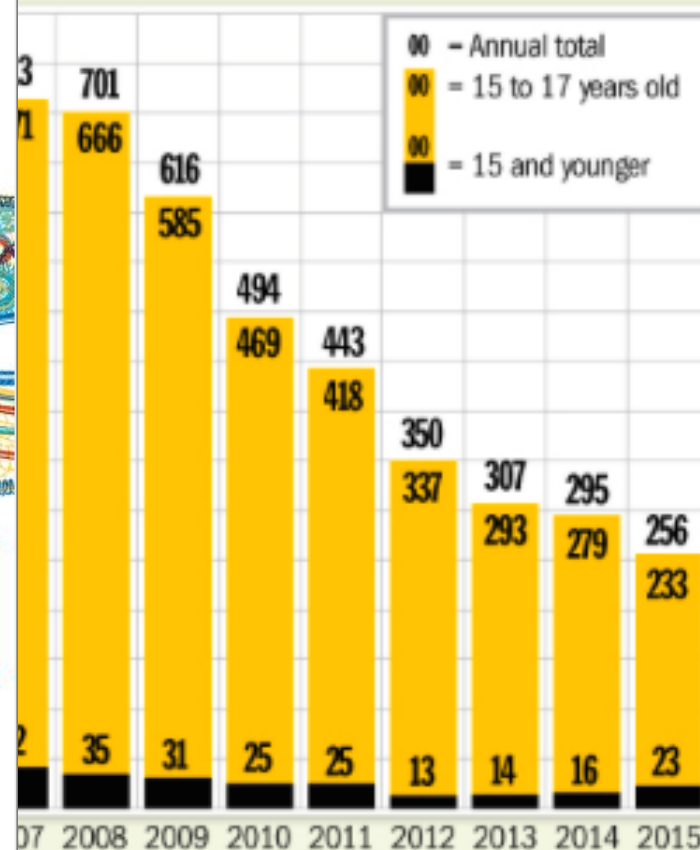
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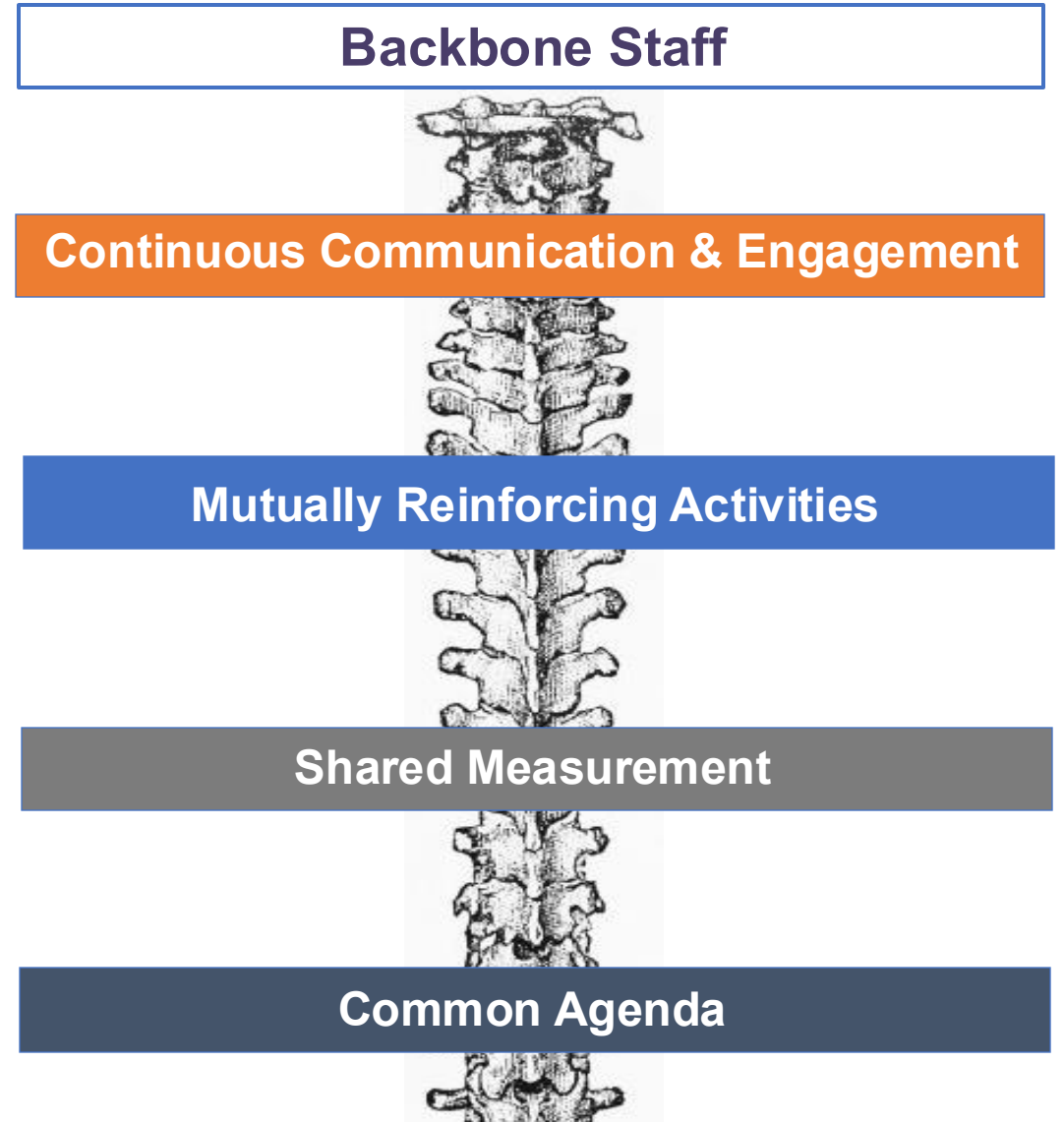
Defining Collective Impact

Collective impact
is a network of community members, organizations, and institutions that learn together, align, and integrate their actions to achieve greater population-level outcomes for all.

Backbone Staff

Continuous Communication & Engagement

Mutually Reinforcing Activities

Shared Measurement

Common Agenda

"Collective Impact" by John Kania and Mark Kramer, *Stanford Social Innovation Review*, 2012

Appleton, WI Coordinated Health Systems

Systems that had always competed were adapted to create a single entry point for teens with mental health needs.

A common entrance and collaboration for the different systems meant that regardless of insurance carrier or network, there was a path to support. They worked together as one system to do this.

Continuous Communication requires a lot of meetings, community engagement of people with lived experience, and one on ones to do right. And a lot of communication to keep everyone—including people with SMI/SED—rowing together and feel trust.

What's different

From leader sets the vision ➡ **To** stewarding the network's agreed upon vision & agenda

From focusing on program-level results ➡ **To** pursuing population-level outcomes

From the backbone does the work with advice and feedback from partners ➡ **To** aligning, motivating, and managing a network to act together

Collective Impact is Change

- We are adopting a new approach because our **present efforts are not moving the needle** – building a common agenda and coalition is change;

- Most coalitions exist to protect members' existing programs and interests; **collective impact initiatives exist to change** members' programs and interests;

- **Partners will need to change** outcomes, expectations, practices, protocols, and work styles to align with the common agenda

Change Activation, 2015 adapted cartoon by Lute, Hoje em Dia 2012

Advancing Behavioral Health WI

We do collective impact, because our best efforts produce positive results for people with SMI/SED and their families.

Resistance in the ABH-WI project occurred when organizations focused more on making their partners happy, keeping them at the table, and being agreeable, rather than about making the ultimate change they sought.

Advancing Behavioral Health WI

Change requires difficult choices, but it is about building a coalition of those who share the vision and the willingness to change in support of moving the needle on that issue in your community.

ABH-WI goals to support people with SMI/SED included:

• Reducing crisis calls

• Reducing suicide attempts

• Increasing school belonging

• Decreasing alcohol and drug abuse

Clear Strategy Guides Clear Commitments

Form Follows Function

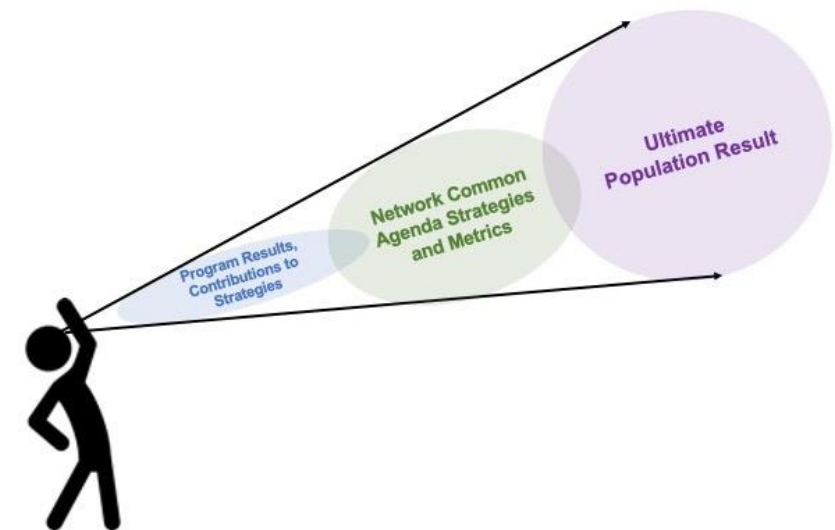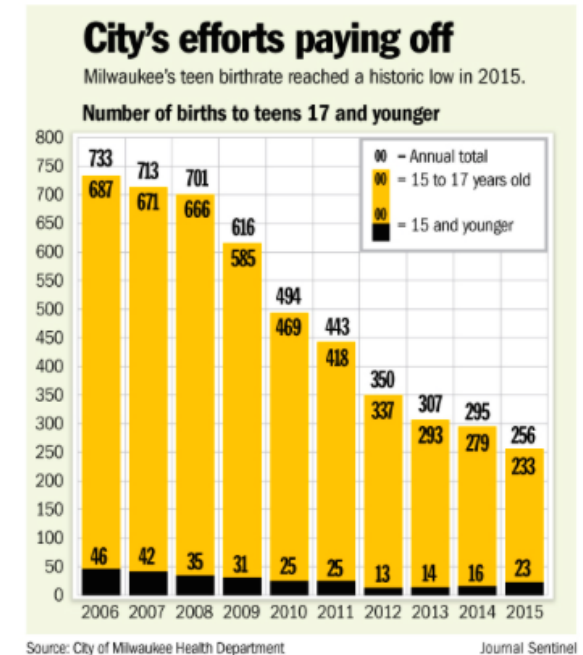# Culture Eats Strategy for Breakfast

Clear Strategy Guides Clear Commitments
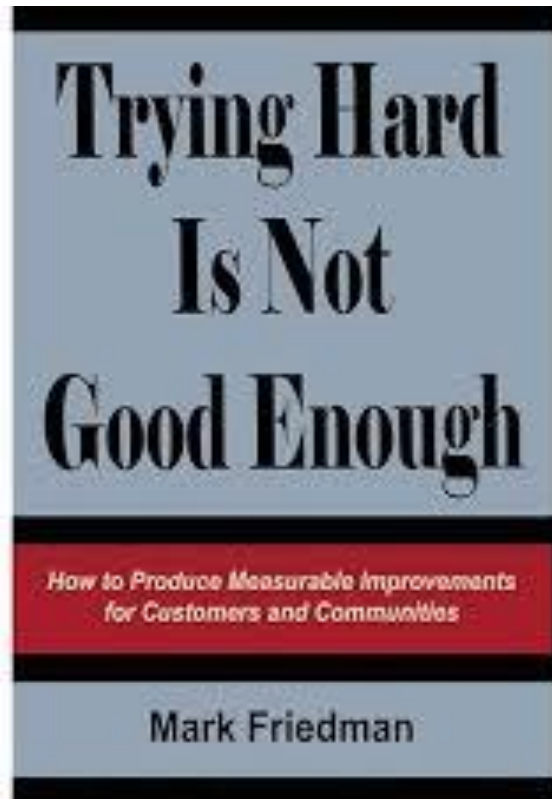
Form Follows Function

Culture Eats Strategy for Breakfast

Clear Strategy

- Clear bold results that people care about with indicators that are regularly assessed

- Strategies add up aligning partners with metrics that give partners line of sight from contributions to results

- Workplan sequences partners' implementation of strategies and supports accountability

City's efforts paying off
Milwaukee's teen birthrate reached a historic low in 2015.
Number of births to teens 17 and younger

Source: City of Milwaukee Health Department — Journal Sentinel

Program Results, Contributions to Strategies

Network Common Agenda Strategies and Metrics

Ultimate Population Result

Results-Based Resources

Trying Hard Is Not Good Enough

How to Produce Measurable Improvements for Customers and Communities
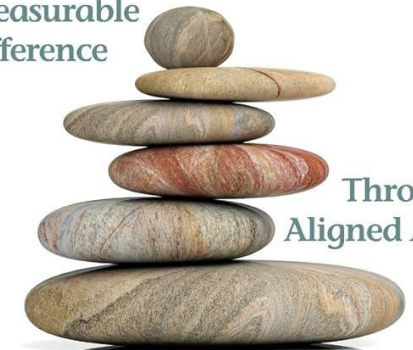
Mark Friedman

THE ANNIE E. CASEY FOUNDATION

RESULTS COUNT

CLEAR IMPACT

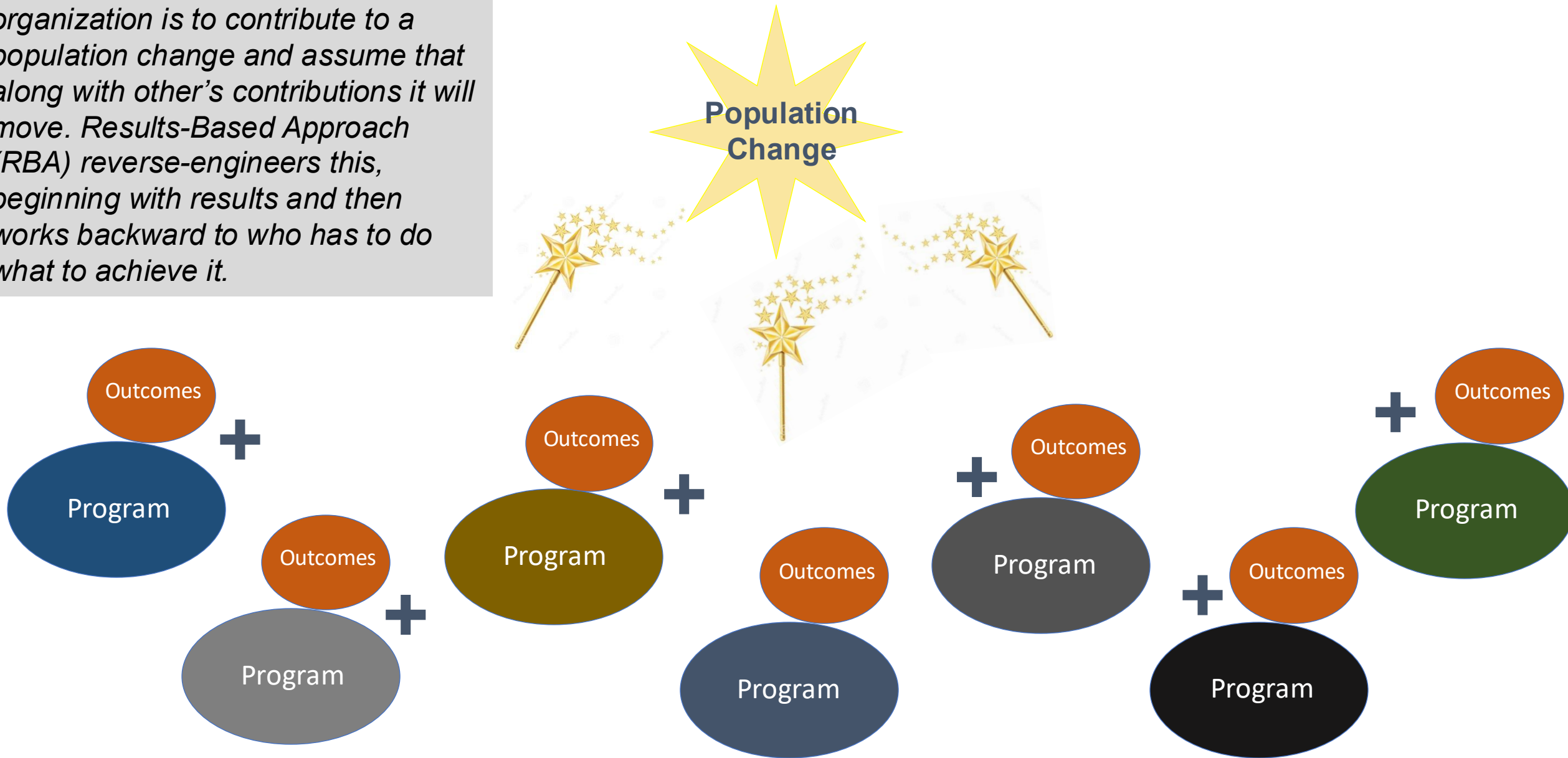Choose Results!

Make a Measurable Difference

Through Aligned Action

Raj Chawla, The OCL Group

We have learned and adapted our process from these resources

Program Based Strategies

The typical logic model for an organization is to contribute to a population change and assume that along with other's contributions it will move. Results-Based Approach (RBA) reverse-engineers this, beginning with results and then works backward to who has to do what to achieve it.

Population Change

Outcomes + Program

Outcomes + Program

Outcomes + Program

Outcomes + Program

Outcomes + Program

Outcomes + Program

Outcomes + Program

Outcomes + Program

Results-Based Strategies

RBA begins with the end result and the specific population(s) we serve, then analyzes and prioritizes the factors we need to address in order to achieve that result. We build strategies around priority factors that are sufficient to move result.

Who will benefit? How? By when?

Clear Result, Population Indicator(s)

Identify priorities

Who are sub-populations most affected

Test and Confirm

What are factors that support or impede result?

Target factors to develop clear strategies

Where do we have best chance of having impact?

Performance measures:
How and when will you know?

How much? How well? What difference?

Who all is needed to implement strategies

Form follows function

Result

What is the change or result you are trying to contribute to (condition of well-being for families, children, or communities)?

Is there a sense of urgency about this result?

Who will be better off?

How will you know they are better off?
- What measures can you use to track progress?
- Is that data available and easy to collect in a timely fashion?
- Can you disaggregate the data?

Good Results and indicators have:

Communications Power
- Clear to broad set of stakeholders in non-technical language
- Is there broad and even urgent sense this is important?
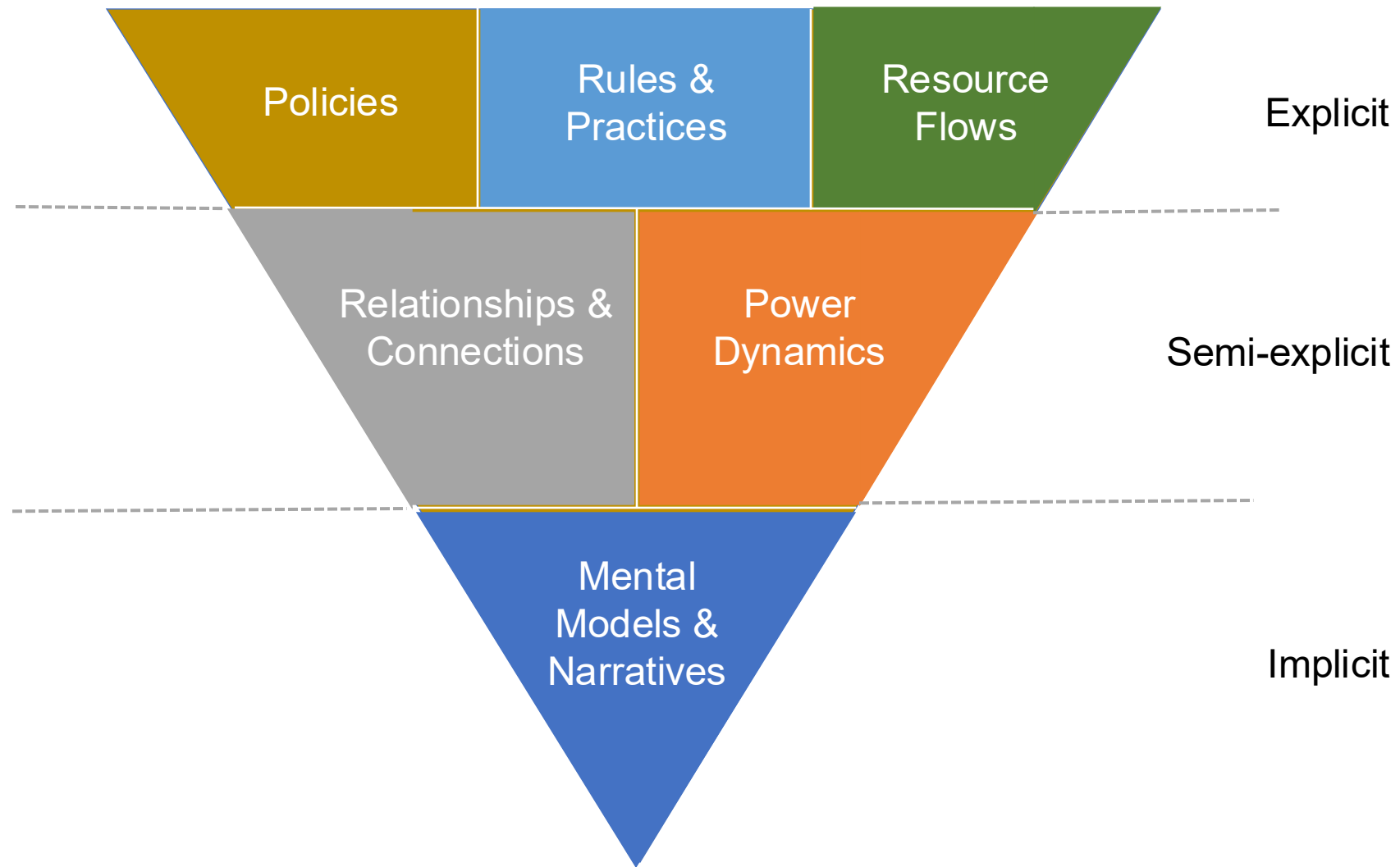
Proxy Power
- Data tends to run in a herd; pick one that would logically indicate others are moving, too

Data Power
- Able to access and collect quality data regularly to assess progress

Factors: Systems Change Pyramid

Systems Change: *Changing the conditions that hold the problem in place*

Mental Models and Narrative

A rural mental health initiative addresses stigma to increase acceptance for people with SMI/SED and their families.

Relationships and Connections

Ashland, WI created Community Safety Plans for people with acute mental health issues that could be accessed by medical professionals, police, and others to reduce crisis interventions and increase collaborate to support individuals in crisis.

Power Dynamics

People with SMI/SED often experience housing insecurity. One initiative engaged residents to identify how their needs were different than those the city/non-profits identified.

Resource Flow

Two grant makers in one city released RFPs on the same issue, dividing the coalition that formed around a common agenda. Together, steering committees helped them align.

Policies and Practices

In an effort to reduce child abuse—which can be a contributing factor to SMI/SED, a rapidly growing region that did not have enough youth programming analyzed policies to determine how to better support parents in accessing youth programs. They determined that most parents could not sign up for programs since the enrollment process was only available during normal business hours when parents worked—an easy fix!

Building Strategies

What are your **priority factors?** What set of factors together will give you the greatest lift on your result?

Build strategies for your priority factors. Are there **best practices or evidence-based solutions** from other communities that can be deployed?

What strategies are **targeted** at specific factors to ensure that there are no differences in outcome achievement?

Is **anyone currently doing or well aligned with these strategies** in our community? Who is already contributing to result? Who could we collaborate with to contribute to result?

Do we really believe this **set of strategies** if deployed together is **sufficient** to achieve these results?

Performance Measures

How much?
- *How many are reached or served? How often?*

How well?
- *How do we measure quality of our interventions?*
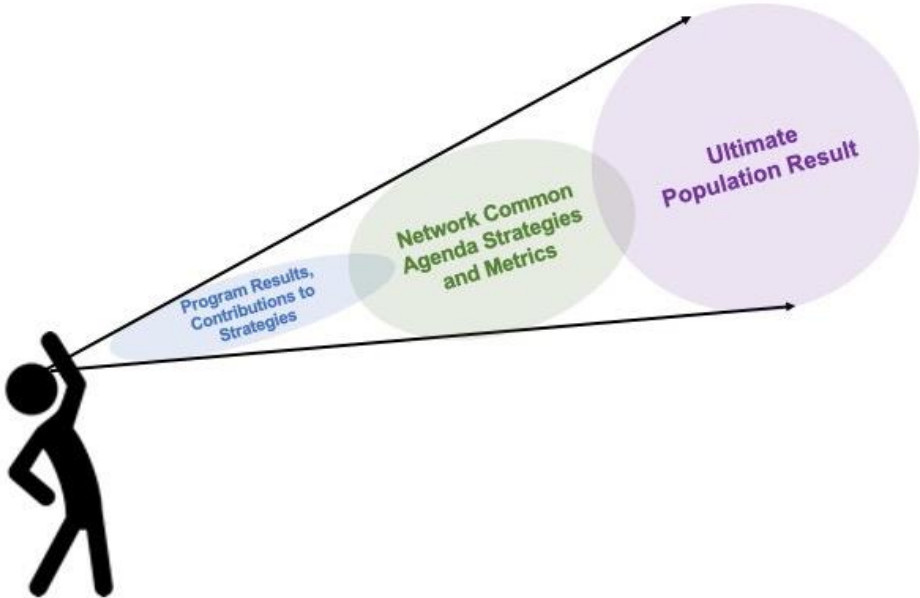
What Difference?
- *What is contribution to result?*

Managing Strategy

Dashboards and Workplans make it clear who needs to do what with whom by when

2025 Workplan: Strategy 1

Strategy #1: Expand affordable access to high-quality early care and education programs by reducing the cost and removing barriers for families

Target	Baseline	Goal 6/30/26	Progress 12/31/25	Notes
Increase number of children zero to five in publicly subsidized seats to 18,000.	11,173	12,000		WPA, CCS, EHS, 3's Project, HS, Equicare Grant, County's Community-based Pre-K grant, MCPS Pre-K Baseline data point is based on the most recently available data (as of 4/25/25). This means it includes FY24 and FY25 data.
Increase the number of licensed child care providers at EXCELS level 3 or higher in Maryland's quality rating system to 50%.	29%	35%		Baseline data point is from data shared from MFN on 3/28/25.

Intermediate Metrics	Baseline	Goal 6/30/26	Progress 12/31/25	Notes
Increase in the number of licensed child care seats for children birth to five	44,483	46,000		Baseline data point is as of March 2025 (see MSDE Division of Early Childhood)
Increase in the number of licensed child care seats for infants and toddlers	4,344	5,200		WPA, CCS, EHS, 3's Project, HS, Equicare Grant, County's Community-based Pre-K grant, MCPS Pre-K

Program Results, Contributions to Strategies → Network Common Agenda Strategies and Metrics → Ultimate Population Result

Key Action #3: Ensure and stabilize successful expansion of a mixed-delivery Pre-K system (MCPS and community-based) that includes Head Start and serves priority populations that are most in need, particularly by building capacity of community-based child care providers to provide high quality programming; including moving more licensed providers to higher levels in the EXCELS quality rating system

Increase in the number of community-based Pre-K seats

Increase in the number of MCPS Pre-K seats

Increase in the number of child care providers at level 3 or higher

| Implementation steps	Responsible	Contributors	Deadline	Indicator/ Milestone	Progress	Notes
Set annual goals for Pre-K expansion with an outlined plan for expansion in both public and private settings	Kim	BHCS, CCSS, MPS	6/30/26	Outlined plan written		
Determine a plan for local outreach to child care providers about the State Pre-K for the SY27 grant	Kim, Laura	CCSS Blueprint Coordinator	8/31/25	Outreach plan written		
Map the current landscape of supports for specific capacity building services, included EXCELS and accreditation	Kim	Sara C, Marta Q, Olivia P, Georgia J, Laura R	10/15/25	Landscape written		

Clear Strategy Guides Clear Commitments

==Form Follows Function==

Culture Eats Strategy for Breakfast

Form Follows Function

1. Build tables around strategies, not strategies around tables

2. Define & document purpose, membership, authority, responsibilities of each role

3. Distributed leadership with backbone facilitation, support, and management

4. Tables have both formal and informal authority, credibility across ecosystem

5. Workgroups meet to plan, assess, coordinate, learn, and improve

6. Governing a network, not an organization
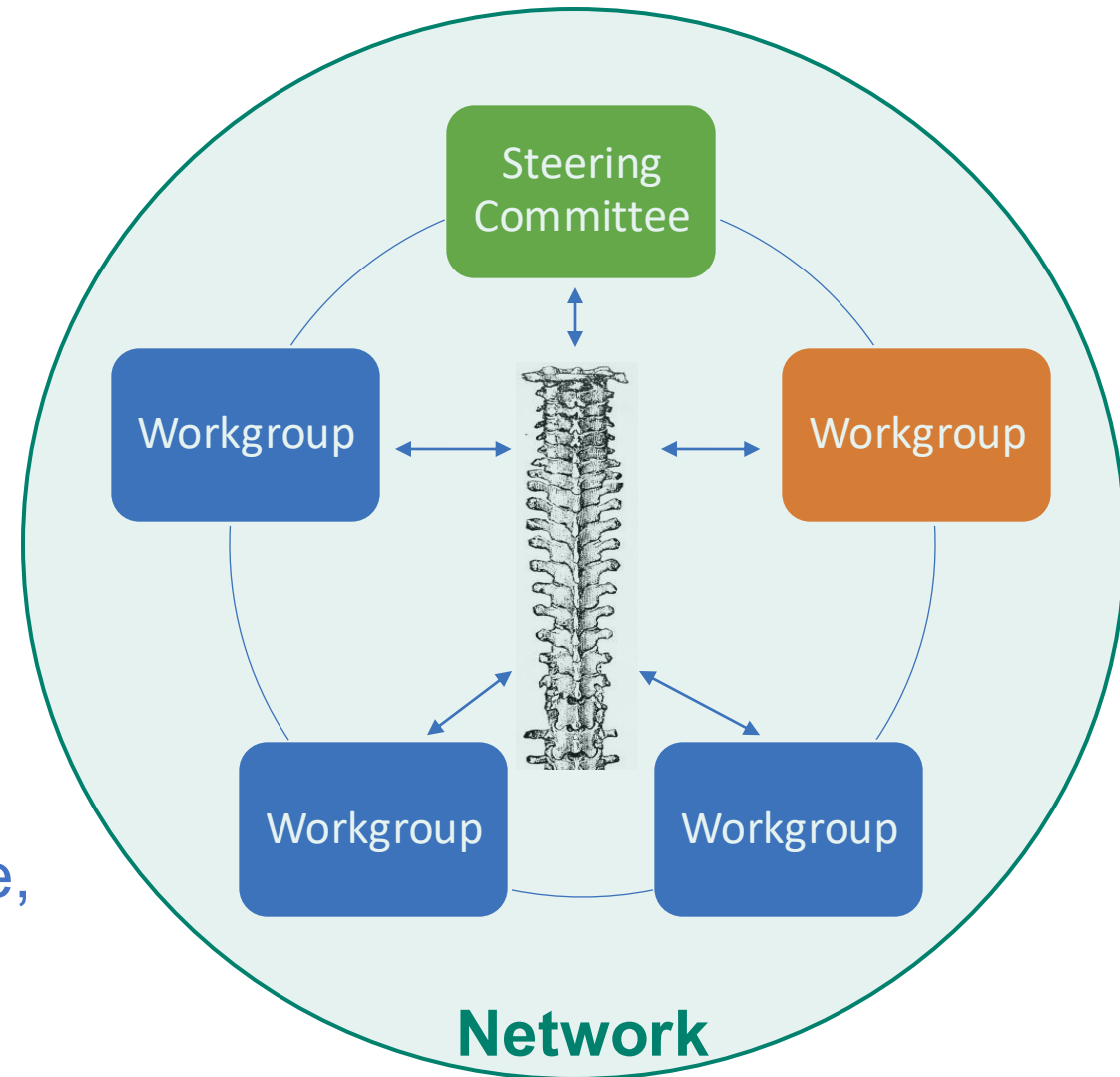
Clear Strategy Guides Clear Commitments

Form Follows Function

Culture Eats Strategy for Breakfast

Backbone Leadership

Backbone leadership is different & difficult

Backbone Leadership Is Different

The Skills and Mindset Shifts Needed for Collective Impact

Dominique Samari, JD, and Paul Schmitz
August 2024

- Must keep everyone aiming at and making progress on a big result

- Must align organizations with different approaches, relationships, and competing interests

- Must guide leaders and groups to change beliefs, actions, programs

- Must create both belonging and accountability

- Systems are critical, but this work is relational

This Work is Relational

Our Experienced Backbones:

- Visit and tour partners' organizations, programs

- Break bread with a new member before they attend their first meeting

- Check in with partners on progress weekly

- Show up at partners' events to support them and even volunteer

- Champion and celebrate partners' work continually in meetings and communications

Building Collaboration

- Keep everyone focused on result

- Core values or ground rules agreed to by group, kept in front of group

- Build relationships and foster relationships

- Routines, consistent meeting agendas and processes, celebrations

- Hospitality: welcome, snacks and beverages, service

Build and Repair Trust

- Authenticity/Sincerity (self-aware)

- Recognize assets

- Empathy (center others)

- Agreements

- Reliability

- Consultation

- Transparency

- Take Responsibility (own mistakes, failures, lessons)

Medical College of Wisconsin's Advancing Behavioral Health Initiative

10 community coalitions found that the trust building took more time than anticipated. The inclusion of people with lived experience of SMI/SED was important to build trust and credibility within their coalitions and to shed some of their organizational interests/identities.

Getting hospital administrators and people with lived experience required relationship building, an acknowledgment of what each group brought to the table, clear ground rules, continual checking in to make sure the work was making sense and being translated well across groups, ensuring that no one felt there was a meeting before the meeting that was the real meeting, and some difficult conversations about what was and was not done in the past.

Community Engagement Spectrum

Shifting Power →

INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Orient community members to the decisions we have made and changes that are coming	Invite community members to provide feedback on our plans before we make final decisions	Community members are engaged at every step of the process from developing a shared vision or priorities, to exploring options and giving input on decisions	Community members are full partners in our effort, have decision making authority, and are partners in implementing solutions	Community members are sole decision makers. They decide our role and how we can best support.
We will keep you informed	We will listen to your feedback, and let you know how it shaped our decisions	You will walk with us and advise us at every step of our process.	We will co-create and co-produce solutions with you.	We will follow your lead.
Fliers, newsletters, websites, open houses	Surveys, focus groups, meetings, and forums	Community organizing, facilitated workshops and meetings	Advisory boards, seats on governing boards, contract community members	Support and follow leadership and governance

Community Engagement Spectrum for SMI/SED

Shifting Power →

INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Systems staff inform individuals with SMI/SED and their families that new support services they have created are available through newsletters, flyers, and websites.	Systems staff survey individuals with SMI/SED and their families that have tried new support services and debate internally about which pieces of feedback to consider when making changes to the services.	Systems staff recruit individuals with SMI/SED and their families to co-develop new support services, find others in the community to participate in the services, and provide continual feedback for improvement.	Systems staff form an advisory board of individuals with SMI/SED and their families to learn what services they want and need, how those services would best be delivered, and how to get the services to those who need them most.	Systems staff work with a peer-led family-run organization that supports individuals with SMI/SED and their families to provide them with the funding and access that allows the individuals/ families to create the services they want and need.

Holding Tensions

- Balancing partner interests;

- Holding the pace (too fast and too slow);

- Top-down and Bottom up;

- Right-sizing process and engagement;

- Holding the agenda, enabling innovation

DANGER

1. Strategy drift
2. Culture drift
3. Treating workgroups like committees
4. Wrong people at the table
5. Lack of inclusive transparency
6. Lack of accountability
7. Funder and political hijacking
8. Managing a network like an organization
9. Insufficient time frames
10. Lack Adaptive Leadership

Stanford SOCIAL INNOVATION Review
Informing and inspiring leaders of social change

Collaboration

10 Dangers to Collective Impact

A look at the worst practices in using the collective impact approach for social change and lessons on how to avoid them.

By Paul Schmitz

(Illustration by Hugo Herrera)

After seven years visiting and consulting with more than 100 collective impact efforts around the world, I've drawn one main conclusion: Collective impact is really, really hard. On one hand, the approach makes common sense—of course it takes a variety of leaders and groups working together to address complex social challenges that no one person or entity can solve on their own. On the other hand, it runs contrary to traditional organization-centric approaches leaders have learned and been incented to follow for decades.

Thousands of collective impact efforts have sprung up over the past decade, but many have struggled to achieve intended outcomes, and I have found some common barriers prevent success. On the flip side, my work under the hood of dozens of initiatives has also illuminated three particular lessons learned that can help groups avoid these dangers.

Questions
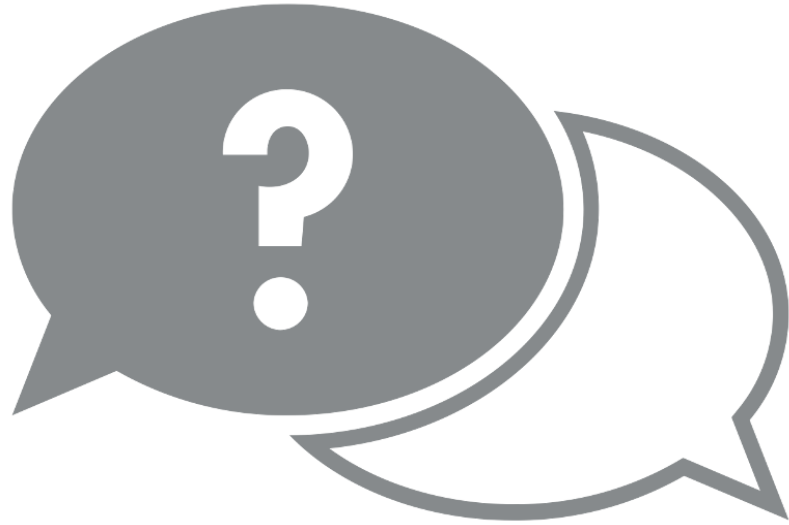
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Collective Impact: Working Together to Support Individuals with SMI and SED and Their Families

Presenter: Paul Schmitz

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2:.30 - 4:00 pm ET

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Presenter: Kimberly Ewing

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Presenters: Muriel Jones Banks, Lieutenant Steven Thomas, and Madonna Greer

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