

Trauma Prevention Coalition
Panel Presentation
Available Tools/Frameworks for Coalition Development

Since 2007, VCUHS has supported the Bridging the Gap program which focused on providing services to youth ages 10-24 who had been admitted to our medical center for violence-related injuries. This evidence-based program was effective in reducing the rate of re-injury and costs of care by providing services to youth and their families focused on breaking the cycle of violence.

In 2015, the CEO of our health system challenged the Trauma Center team to “go upstream” and look at developing primary prevention strategies in collaboration with community-based organizations. We partnered with several community organizations including the local Boys and Girls’ club to develop the Emerging Leaders program, a year round program that provides social support, educational assistance, mentorship, internships, and career guidance to teens.

An opportunity arose in 2016 to expand our model to develop a formal partnership with the local police department which had been running an evidence-based diversion program in collaboration with the local Juvenile Justice Department and School system. This partnership allowed us to create a comprehensive model for at-risk youth in the Richmond area. What became apparent early in the discussions was the need for a framework to guide our efforts. After exploring several models, the planning team agreed to adopt the “Collective Impact” model. This model was introduced in 2011 in the Stanford Social Innovation Review written by on Collective Impact by John Kania and Mark Kramer. Collective impact is built on the premise that **a group of important actors from different sectors is committed to a common agenda for solving a specific complex social problem at scale.**

The Components include:

1. Common agenda: there must be a shared vision, which results from the understanding of the problem, and an agreed agenda for its solution.
2. Shared measurement system: a set of key indicators to measure performance.

3. Mutually reinforcing activities: each expertise is leveraged as a part of the whole; organization's activities of a set of coordinated activities defined in a joint plan of action.
4. Continuous communication: necessary to keep all stakeholders informed.
5. Identification of a Backbone organization which takes on the role of managing the collaboration. Its role is to provide vision and strategy, support activities, create a shared measurement system, build public will for the project, advance policy, and obtain the necessary funds.

Using this framework, we established the RVA Alternative Pathways model that is supported by a coalition of 6 community partners that are focused on the Collective vision of creating a seamless community system of partners that support at-risk youth

- Build a coordinated system or "Pathway" for youth
- Establish a common referral process that identifies and addresses the needs of youth and families
- Data is shared between partners
- Youth successfully navigate through the Pathway model
- The Pathway model process is documented and shared with other communities

This framework has helped us to successfully obtain funding to support the evaluation and guide the process by which our Advisory Group functions. It is also assisting in defining the sustainability plan for the model.

During this process, we identified that there are a host of tools that can be utilized to support the development of coalitions. It is important to start with the idea that a coalition as "a form of problem solving", that is supported by core characteristics. One of the competencies is the acknowledgement that each member of the coalition brings knowledge and skills that when taken together, makes a more effective model for solving the problem.

When exploring other frameworks, it was clear there are a host of core competencies that are common across models including:

1. Defined Organizational structure: Thinking about who needs to be at the table
2. Assessment of the issue: what areas that need to be addressed

3. Capacity: does the community and partners have the capacity and competencies to complete the work
4. Specific outputs: SMART goals, implementation plans,
5. Sustainability plan
6. Evaluation

Examples:

Strategic Prevention Framework (Center for Community Health Advancement, Wisconsin)

SAMHSA – Published on the Steps to an Effective Coalition

Community Coalition Action Theory (Butterfoss and Kegler)