



MAGNOLIA

COMMUNITY INITIATIVE LOS ANGELES CALIFORNIA

2017 CASE STUDY

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A PLACE-BASED INITIATIVE

Over the past decade, there has been a slow but steady increase in the number of “place-based population change initiatives.” The goal of a place-based initiative is to bring overall change to a particular geographic area. Rather than implementing a particular stand-alone program or project, the focus has been on identifying particular neighborhoods, and taking a holistic/comprehensive approach to change.

For example, an organization may create an after school program, a food program, a gardening project, a lead paint abatement project, a tutoring program, or any number of individual stand-alone initiatives. And these projects may very well achieve their goals and provide measurable help to participants. But even in success, they do not necessarily change the underlying environment, or the social or service networks. However, in communities across the nation, there have been an increasing number of initiatives that look to developing a comprehensive approach and are investing in a defined place/neighborhood in order to fundamentally transform the entire neighborhood and its residents.

POPULATION CHANGE LEARNING COMMUNITY

In 2014, representatives from Magnolia Community Initiative, Vital Village Network and Community Solutions gathered with a group of peers and colleagues for the first Population Change Learning Community meeting. This community of learners includes groups from areas across the US including the Brownsville Partnership – Brooklyn, NY; Brighter Futures – Hartford, CT; Community Studios – Sarasota and St. Petersburg, FL; Eastside Community - United Way of San Antonio, TX; Growing Together -

Tulsa, OK; Magnolia Community Initiative - Los Angeles, CA; the Amani Neighborhood – Milwaukee, WI; Thunder Valley Community Development Corporation – Pine Ridge Reservation, SD; Vital Village Network – Boston, MA; as well as Avenues of Change, Guildford West - Surrey, British Columbia, Canada.

Formed to create an exchange between practitioners, researchers, and funders, the Population Change Learning Community aims to assist site-based practitioners supporting place-based efforts. Members of the Learning Community also include the UCLA Center for Healthier Children, Families, and Communities, the Wisdom Exchange, Boston Medical Center, University of Wisconsin Extension of Milwaukee County, the Federal Reserve Bank of Boston Working Cities Challenge, The Hartford Foundation for Public Giving, the Community Foundation of North Texas, and the Doris Duke Charitable Foundation. UCLA Center for Healthier Children, Families, and Communities provides coordination and the Doris Duke Charitable Foundation provides the financial support for the Learning Community and provided funding for this case study.

It was through the Population Change Learning Community group exchanges, participating site based teams identified their common struggle

to understand what roles and functions are being used to support a community change process, assess how well they are actually performing these functions, and ultimately determine which of these functions are necessary to actually drive positive change. While much has been written about the need for support entities for multi-sector place based endeavors, whether called backbone organizations, integrators, intermediaries, or lead agencies, little has been captured as to how best to organize and deliver on this role.

THE CASE STUDY PURPOSE

It was determined by the Learning Community that efforts to improve outcomes in place-based efforts would be greatly enhanced by sharing the progress and challenges of those who have assumed the support role for place based endeavors. Site based members of the Learning Community self-selected into a case study design team and/or volunteered to administer the case study within their respective communities.

We recognize that the decision-making process in each place-based initiative is different; the demographics in each initiative are unique; and the range of the specific programs and projects for each initiative vary. However, the goal of this case study for each community is to better understand the practice of how best to respond to the on-going development and delivery of the support and services needed for multi-sector place based endeavors. And in each case, this study is informed by the collective experience of, and written by, those actually responsible for the place-based work in their community.

The case study was designed to better understand how, and what, the Learning Community members have determined to be the support roles and functions, and how each site has organized to accomplish their work. In order to best understand this, the Population Change Learning Community intended to answer these key questions:

- **What are the roles/functions necessary to support a multi-sector initiative trying to improve a place based population?**
- **What operating or management structures are the most promising for organizing and sustaining this work (delivering on the functions)?**
- **How do we know (assess) if we are effectively delivering on these functions?**
- **How do we effectively resource (human, financial, technical) this support?**

By relying on local stakeholders to share their experiences and perspectives, and make meaning of those insights, the aim was to strengthen our shared understanding of the elements of effectiveness for those supporting multi-sector place based endeavors.

Through our use of a guided exploration of what has happened and what has been learned from those responsible for supporting a place-based endeavor, the Population Change Learning Community has now generated 9 site-specific case studies.

What follows is a case study of Magnolia Community Initiative's efforts. Representatives from the Magnolia Community Initiative entered into this process with a commitment to ask questions and gather the perspectives of participating agencies, residents, and others, that would allow for a deeper level of understanding of the full range of functions and capacities of support entities for multi-sector place based efforts.

Significant effort was made to gather information from a diverse range of participants. Nevertheless, we acknowledge and recognize that it was not possible to speak with everyone, and as a result it is impossible to represent everyone's views and experiences in our local efforts. We recognize that there are many people within the Magnolia Community Initiative and throughout our community who contribute their time, effort, and resources to improve the Magnolia neighborhood and the lives of Magnolia Community residents.

MAGNOLIA COMMUNITY INITIATIVE STORY

Our Hope and Dream is that the 35,000 children and youth, especially the youngest ones, living in the neighborhoods within the 500 blocks of the Magnolia Catchment Area will break all records of success in their education, health, and the quality of nurturing care and economic stability they receive from their families and community. Magnolia Community Initiative “Hope and Dream” Statement, adopted in 2008.

In 2001, the Children’s Bureau of Southern California – a 100 year old foster care and child abuse prevention agency – embarked on a bold undertaking in which the organization’s senior leadership and board of directors asked: Given all of the investments made year after year by government, private and non-profit sectors, why weren’t conditions for young children and their families improving? With this question as a focal point, they began a research effort to define what makes a healthy and resilient family unit wherein children and their caregivers are supported in moving from surviving to thriving. Their exploration identified consensus around four key conditions necessary for the overall long-term success of children and families:

1. **Safe and Nurturing Environments**
2. **Health and Well-being**
3. **Economic Stability**
4. **Children are Successful in School**

Children’s Bureau analyzed their work in relationship to these conditions and determined that they were directly contributing to the issue of safe and nurturing environments, as well as early childhood education through their existing programming. At

the same time, they recognized a gap in the ways that they, and other like-minded organizations, were addressing “the community context in which children, youth and families were living.”

In 2002, Children’s Bureau began raising money to build a central building to serve as the hub to co-locate with other organizations and serve as a physical embodiment of a new way of working together. In 2005, community residents would choose to name this community landmark the Magnolia Place Family Center.

IN 2008, THE MAGNOLIA PLACE FAMILY CENTER FORMALLY OPENED AND THE MAGNOLIA COMMUNITY INITIATIVE WAS FORMALLY LAUNCHED WITH 35 PARTNER ORGANIZATIONS.

The Magnolia Community Initiative (MCI) Partners, along with the Children’s Council of Los Angeles and First 5 LA, developed a

community-level change model as a graphic representation of their theory of change. Informed by research, some key assumptions and years of implementing and learning from community-based prevention strategies, this community-level change model highlights the logic behind the building of resilience (at the individual, family and social level) and community-level changes sought by the initiative.

THEORY OF CHANGE

The theory of change describes the factors that the Magnolia Community Initiative set out to positively influence through the creation and on-going support of a complex adaptive system that fosters collective behavior for the actions of vast numbers of individuals – to produce and use information from both their internal and external environments – such that they change their behavior to improve their chance of success (Mitchell, 2008).

With the theory in place, the core working group led by the Children’s Bureau and with the support of independent consultants, and began to identify and engage organizations contributing to the four goal areas as described in the theory of change. More importantly, they sought those individuals and organizations that were willing to contribute their time and expertise in creating a shared learning environment and in working collectively towards achieving a population-level outcome.

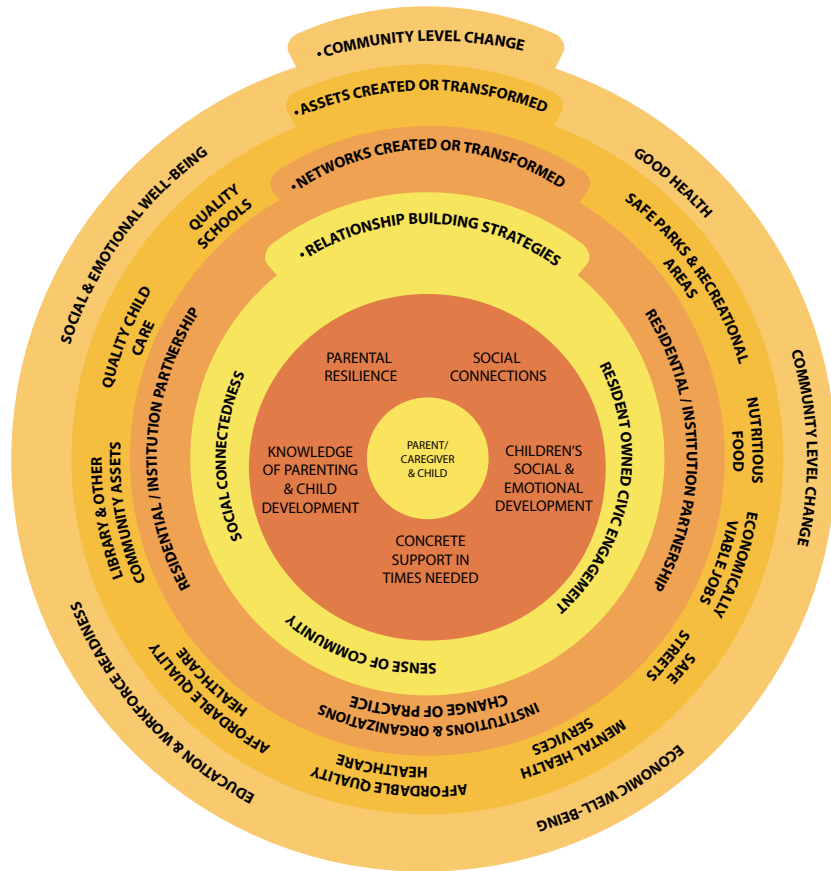
Within the Magnolia Community Initiative model, the foundation for achieving individual-, family- and community-level change is using strategies that support relationship building between residents, resident groups and individuals working within the community. Relationship-building strategies support members coming together to learn and grow as individuals, and to become more aware of and involved in improving their neighborhoods, ultimately creating the safe, nurturing and responsive environments critical to achieving well-being for individuals, families and the community as a whole.

WORKING ASSUMPTIONS

Individuals and organizations participating in the initiative laid out “working assumptions” to help guide their efforts. Participants in the Magnolia Community Initiative, in acknowledgement of the complex nature of the social conditions which they seek to change, commit to:

- **Accept the challenge to improve the lives of all of the children and families within the community.**
- **Acknowledge that while services may be necessary for everyone at various points in our lives, services themselves are not sufficient for achieving community-level change, no matter how well they are delivered.**
- **Be reflective and not repeat the things known not to have worked in the past by embracing a systems improvement approach.**
- **Honor the promising work happening in the community by supporting it and building on it, thus strengthening and amplifying everyone’s efforts.**
- **Do not plan for others but focus planning on those things that each has some control over.**

MAGNOLIA COMMUNITY INITIATIVE THEORY OF CHANGE



- RELATIONSHIP BUILDING STRATEGIES**
 INCREASING THE PROTECTIVE FACTORS THROUGH RELATIONSHIP BUILDING STRATEGIES BUILDS COMMUNITY BELONGING & CIVIC ENGAGEMENT. FOSTERING INTERACTION BETWEEN & AMONG INDIVIDUALS & ORGANIZATIONS.
- NETWORKS ARE CREATED OR TRANSFORMED**
 CREATING & STRENGTHENING NETWORKS OF INDIVIDUALS & ORGANIZATIONS WITH SHARED VALUES & NORMS LEADING TO COLLECTIVE EFFICACY

- ASSETS CREATED OR TRANSFORMED**
 IMPROVING COMMUNITY ASSETS & ACCESS WHICH CONTRIBUTES TO GOOD HEALTH, ECONOMIC WELL-BEING, EDUCATION & WORKFORCE READINESS, SOCIAL & EMOTIONAL WELL-BEING, & SAFETY & SURVIVAL.
- COMMUNITY LEVEL CHANGE**
 ACHIEVING OVERALL POPULATION HEALTH AND WELL-BEING

CASE STUDY EXPLORATION

MCI undertook the case study process with the goal of deepening our understanding about how the support function for the MCI network efforts have been fulfilled and to what extent this has been effective. Additionally, we sought to collect stakeholder feedback to assess the extent to which our network has held to our stated principles, strategies and approaches and how the effort has evolved overall. The interviews also offered an opportunity for stakeholders to reflect upon their experiences as part of the evolution of this complex adaptive system to date.

NOW IN ITS EIGHTH YEAR, THE MCI NETWORK HAS SHIFTED OVER TIME AND IN RESPONSE TO THE COLLECTIVE LEARNING OF NETWORK STAKEHOLDERS AND IN RESPONSE TO THE CHANGING COMMUNITY CONTEXT.

There have been several iterations of the roles and structure of the MCI network team – the staff members who support the Initiative. There have also been shifts in understanding and approaches of community belonging and

civic engagement, in evaluation, and in data collection tools and processes.

MCI's evolution has included several different strategies employed to engage and sustain the participation of partners, and to develop, document, and share the results of the network efforts for community-wide change. Insights shared by interviewees are presented below categorized according to the five domains explored in the interview tools. At times, contextual information has been provided to help frame stakeholder statements. Statements selected for inclusion were the most comprehensive responses and reflected the widest range of perspectives in each topic area. Where there were differing or contrasting views expressed on a particular topic or question, examples of each viewpoint have been included.

INCREASE THE ABILITY OF NETWORK PARTNERS TO IMPROVE OUTCOMES AND PRACTICE A SHARED VISION

Stakeholders provided reflections on the network's early stages, emphasizing how it created a shared vision and methods for improving outcomes as it worked on network coordination, recruitment, and integration of members.

One interviewee described the roles of the support organization and network partners in the beginning of the Initiative:

“... a small group came together to do the theory of change and how do you approach it - it had to be broader than just one organization.”



And we went through “the phase of engaging and trying to find the leadership within the community to also bring forward and activate the families in the community.”

During the planning phase, the community boundaries were defined through a negotiation process with key partners and Los Angeles County CEO’s office. This process resulted in a catchment area that was roughly 5 square miles, 500 blocks in size and home to 110,000 individuals. In part, the size of the catchment area was defined to provide an area large enough to ensure that Los Angeles County agencies and departments would participate in the Initiative. This decision allowed for a key network partner to join the effort:

“One of the most important successes of our partnership is the participation of three county departments physically in the building [Magnolia Place Family Center]. While other government partners are involved with the network, we have three government departments who experimented with us and came in physically to the center.”

In discussing how organizations joined, one interviewee described the “ask” made of those who considered joining the MCI network:

“Normally, in the past if you do collaboration, you were collaborating around a grant or fund or getting some money and here [MCI] was going a step beyond that to say this was a coming together with a shared vision. And creating that vision and passion for change was well beyond the realm of everyday thinking of running a non-profit.”

Stakeholders also shared that there were few barriers to becoming part of the network: “[I]f you want to be part of this, then you’re in! Just say yes. Because there was no monetary requirement or expectation and there is no minimum participation required of staff - everyone feels able and welcome to join and participate.”

One network partner recalled:

“From my perspective, at the beginning of the Network there was a lot of bringing people in and it seemed like a lot of meeting the partners, time consuming, but bring them in. We had ITC (It Takes a Community, an empathy-based approach) training meetings for new partners, so there was an engagement where we shared about the protective factors, and there was a process that was very alive about bringing partners in.”

In particular, the MCI lead staff member noted:

“In the beginning, there was a lot of emphasis that partners had a shared understanding of the vision, the mission, and the theory of change.”

One partner shared how their organization became involved:

“When we became aware of what MCI was doing, we felt that it was very aligned to the mission of our organization and the goals that we have to really improving the lives of children and families in this community. So, it was a natural fit from just a mission or strategic perspective.”

The effectiveness of MCI’s approach and in articulating its shared vision was commented upon by a former network partner:

“I think what I really felt, from day one, is that MCI understood what was going on in the catchment zone. They understood who they were serving. Certainly they understood the needs but also the potential. My career has been based on recognizing that there is so much potential in these neighborhoods but it needs to be cohesive in order to develop it. So MCI became that mechanism... consider single mothers raising sometimes three or four children, working two jobs, and all the needs right there. Then think of all the ways that that single mom can be empowered to take on those challenges and realize I can do this even better than I ever thought possible. So it’s saying, yes, there are needs, but look what we can do and then creating the scaffolding... this is how we are going to do it.”

Inasmuch as MCI was conceived as a community initiative focused on creating a sustainable approach for improving population well-being, a key component of MCI was a concerted effort to create space for shared learning and innovation. Essential to this was building a culture of reflection and improvement among participating organizations.

“We’ve had great partnerships. It’s been a learning community for us in terms of coming together figuring out how to do this better... and part of what I like about this process is that we are learning how to be better organizations, how to better service the community. This gives us the opportunity to try different methods and to not necessarily focus on the failures, but to focus on what’s been working. How do we take the next step?”

MEASURE AND SHARE DATA TO GUIDE THE EFFORT

Stakeholders shared their perspectives on how the network uses data for learning and improvement and feedback on the role data plays overall in the MCI network.

Network goals around data

Discussing network goals around data with interviewees generated as many questions as answers. One interviewee wondered if the focus in the most recent years of quantifying impact has “closed some doors to creative thinking in the name of, we’ve gotta get results, we’ve gotta create this change...the board is waiting...”

However, it was also noted that “there’s always a tension of like how do you make sure that your research and evaluation is not leading the way, but is being held and scaffolded by the agencies involved rather than the other way around?”

There also appears to be confusion between “data” as it refers to population level indicators that measure community change and data used

for learning and improvement. When asked about network goals around sharing data, one interviewee responded, “I don’t know. Where would I get that information?” while also noting that they receive data intended to inform action and decision-making within the workgroup they attend.

Using data for improvement

As already noted, stakeholders shared the importance and clear examples of how data was used to improve processes and practices. Referring to Carelinq (a web based participant referral and tracking system for MCI partners) a network partner commented:

“Partners who took on the tracking system... that seemed to be a really big shift for them. You’re allowed to track how well people are connected...and you’re able to see how committed they are to saying there is no wrong door. Access to services, ensuring there is a continuum to meet the [community’s] needs, gaps...all that is helpful and good data. It also helps in bringing people together, facilitates teaming.”

“We want organizations to participate in gathering data from their clients on how they experience using their services. We have a client experience form that we created that refers to the protective factors, [empathic care,] and things like that. We have a very few organizations, very few, under five probably, turning in their data. Of the five who are doing it, they should be looking at their data and see how they are doing and how they can do better. I don’t think the five are even working on how they can do better.”

One interviewee recounted how data shared at Move the Dot subgroup meetings guided the work of the collective:

“I remember we go to [these] meetings. We always would look at the different initiatives - which one was growing, which one was low on our chart. We would see all the ranges from what month, the year, how each network partner that was participating did in it.”



What data is missing?

Stakeholders easily identified where additional or different data would be useful, even if their perspectives were conflicting.

“The dashboard report itself has always been a bit daunting document or presentation to me. I’ve always enjoyed the data when it’s more of a narrative form, how it’s impacted a specific family or just statistics in general.”

“I think some of the successes we’re having are still very challenging to quantify. You can’t really measure when you influence someone’s behavior to want to make a better community – change community. We’re not asking parents to report what changes you made. . .but they are making those changes. They are talking to their neighbor, maybe they lent their neighbor bus tokens to go to work, we are not able to capture the transformation that is happening. We’re only tracking certain data sets.”

“The next big step for me is finding some proof point so we have something to go along with stories. Then, get help with the powerful words that let you message about success. You can have these proof points and show your charts, but you better quickly go to your story, but let them see the charts and they know there’s a reason to be inspired.”

Engaging residents with data

Responses to this topic revealed strong examples of MCI using data to engage the community and raised questions about how this might be enhanced.

“I think that one in particular is through the reading routines, the family routines. There is [one particular] program and even if you talk to [the staff member] she loves and is excited about data and how she uses it with her parents. I think that we, as an initiative, have made a commitment to bring data back to our residents. As we’ve collected

community surveys over the last few years, we now have these awesome data postcards and that we [are] mailing them out to our community residents. So, there is a commitment to share back data.”

“At the local level, in building community engagement, I think [our] organizers are trying to show the community some of the findings from the data that we get from their voice in surveys to engage them. Here’s how we’re doing. Here’s how life has changed in the past few years since we’ve taken these surveys. As a way of letting them know, motivating them, asking them for help.”

A resident also shared the value of this way of communicating around data:

“The community organizers have shared the data with us. It’s shared during our community meetings. After each meeting, we debrief and talk about it. I feel very informed when data is shared with me.”

A network partner raised questions about using technology to share data with the community: “How do you engage the residents in a digital presence? I’m assuming they want different data for different reasons. We still don’t know what residents want or need to know and we should ask. . .”

In addition, Initiative Director provided a further perspective:

“I would say that a lot [of residents] are interested but also disappointed in things that haven’t changed in the community and that it is not safe still. And it is not a great place to raise children and . . . that people still are not connected to their neighbors. . . so I think just at the basic level neighborhood improvements they’re interested in, when is that [going to] change?”

INNOVATE AND IMPROVE THROUGH ACTIVE PARTICIPATION IN THE CHANGE EFFORT

Stakeholder responses in this domain attested to the value of MCI’s approach of creating a learning community to support practice change among organizations and institutions. They described the significant changes, improvements and innovations that have happened throughout the lifespan of MCI and how those changes came about. In particular, the interviewees noted the training in the Plan-Do-Study-Act (PDSA) method – a quick and easy improvement science approach – as one of the learning opportunities that they valued the most. They also cited the MCI Fellowship, a series of workshops covering topics related to both personal and professional development and designed to engage mid-level managers of network partners in a process to deepen their knowledge of the network’s functions to support learning and practice change.

“The [Plan-Do-Study-Act] project from the fellowship helped [our staff member] talk to our executive director about possibly adding [something] to our. . . after school program.” This emerged from their participation, “that we will actually move forward with and pilot. That’s something I see as a direct impact.”

THE PLAN-DO-STUDY-ACT METHOD WAS INSTITUTED THROUGHOUT THE NETWORK’S WORK GROUPS AS A MEANS TO DEEPEN THE KNOWLEDGE AND PROVIDE THE STRUCTURE NEEDED TO CREATE CHANGE.

A network partner involved in the first phase of the effort described this process:

“During those meetings, folks would come up with specific projects where they wanted to move the dot” using MCI generated data. “It was really good. . . small pilots were done to tweak or test things in the community or in the network. Those were really helpful when we were able to get them off the ground. And sometimes they just crashed big-time because it was too broad or too narrow.” “. . . it was helpful to have [the MCI Senior Advisor] there to tell us how it would work.”

Another network partner described the differing roles of participating agencies in this process: “I think we had one partner do the PDSA . . . and we came up with a plan . . . and [agreed] to join together and unify to focus on this for this month.” The implementation was difficult for some agencies “because it was maybe too difficult in the way their business operates. So we tried to come up with ways each one could still participate . . . even if they could [just] refer” . . . “or give information.”

The innovation and improvement processes were continuously reinforced as one participant assessed:

“They were clear what they wanted to accomplish, they had data they were being fed regularly. They had regular meetings, and they had leaders. . . saying this is important. All the characteristics we need for improvement. They have made some change, they have put a good learning and testing process in place. . . and it has all the right elements to take off.”

Practice change at organization and institution level

One County staff member recounted how embracing the MCI vision, and working within the network, resulted in a greater sense of shared purpose among the County staff housed at the Magnolia Place Family Center, and transformed their interactions with residents.

“I would let the kids use the computer that I brought from home so they could load the games with reading [while I worked with their parents. . . so] we were advancing the [MCI] initiatives goal of reading and also providing the parents with different counseling.” She also remarked, “If a mother, for instance, came in for child support [and was] low on food . . . usually we send them to Department of Public Social Services or that was just it, we didn’t even deal with that. Now. . . we have a resource for each division of different food banks, of different things in our area that we can pass along to our participants. So we are going beyond the scope of just Child Support.”

Residents’ experience of change

Network partners also named changes in resident engagement as among the “most significant change” made by MCI.

“I recall sending parents [to Magnolia] not really knowing exactly what it was they needed except that they really had needs. The parents would come back at some point. . . we would be talking and I would see this confidence that had been missing and I would mention didn’t I send you to Magnolia Place. . . it really changed the trajectory. I am recalling specifically a mother. . . and the need was so deep, and then the confidence. . . it was a game changer for her. That is not an isolated case. I think it is really important to point that out.”

WHEN THERE IS AN INITIATIVE LIKE MCI THAT IS ABLE TO CONNECT PARENTS WITH THE SERVICES THEY NEED OVER TIME, THAT REALLY BUILDS A PERSON’S SELF-ESTEEM, THEIR CONFIDENCE, AND THEN THE INTEGRITY OF THE WHOLE NEIGHBORHOOD RISES AS WELL.

Residents also commented on how MCI and the Magnolia Place Family Center, increased their sense of being supported and socially connected and increased their leadership skills. As one resident shared:

“[Magnolia Place] feels like my second home. They all know who I am. Also, I became a leader in my neighborhood block which allowed me to know my neighbors a lot more.”

A parent talked about the personal transformation she experienced:

“[Before MCI], I was a very isolated and shy person, but meeting other residents from the community really motivated me to get involved. This group to this day is a safe space to come and share your feelings and frustrations you go through on a daily basis. We all support each other very strongly. But also the staff here at Magnolia have shown to be very supportive over the years.”

Each of the three residents interviewed also talked about the immense value of the:

“. . . the services and supports I have received. I have noticed a great development in the lives of my children because of all the support.”

“... The high emphasis on motivating kids how to read is amazing because I know that would benefit them in the future.”

“There’s no other place that I know that would offer you so much help to you personally and your entire family.”

In addition, during the interviews these residents shared their understanding of MCI’s vision shaped primarily by their direct experiences within the Magnolia Place Family Center and services and support received there. They highlighted the ways MCI has supported them as parents, as active community members, and as civic leaders, yet these were not the markers of MCI’s impact they most identified. Instead, when asked about “significant changes,” residents frequently pointed to the physical changes in the neighborhood like the lessening of graffiti, or cleaning up alleyways and streets, as the most notable changes in the community.

SUPPORT THE HUMAN ELEMENT OF CHANGE

In a complex initiative with over 70 partners, addressing the human element of working collectively has many facets. The interviewees emphasized the high level of interpersonal functioning and communication that was cultivated among network partners. As such, they counted on these relationships as a key resource that supported their engagement in the network’s efforts.

Relationships among network partners

One network partner stated that as a result of their participation in the MCI Fellowship series, they felt connected to, and more supportive of, the work of another network partner. The Fellowship, therefore, helped to foster his connection not only to MCI, but also to the particular agency’s work and how it supports community residents.

THE DIFFUSION OF AN EMPATHY-BASED APPROACH, AS MODELED AT MCI MEETINGS AND OTHER EVENTS, CREATED A SHIFT IN HOW NETWORK PARTNERS RELATED TO RESIDENTS, ONE ANOTHER, AND INTERACTED WITH OTHERS IN THEIR OWN AGENCY.

Those interviewed specifically named the workshops about this approach as one of the most valuable learning experiences from their participation in MCI. They shared examples of how this way of communicating influenced interactions among network partners.

“Even little things like the way [MCI] does their check-ins, how the facilitator runs the meetings, the subjects, the things they prioritize, the personal narrative impacting the larger narrative. [It helped frame how] I would bring a particular discussion topic to the management team [at my organization]... that was when I able to change our agency, hopefully in a positive way.”



“These in-depth conversations support where people are at. . . the network has created that level of support for members as crises come up, as challenges come up, as social issues are there. Whatever is going on in the world, [it] has really been a place of support. I think that’s one of the hooks that the people who come to [MCI] meetings say: we know we have two hours to check-in as an individual and an organization in terms of not only how many widgets we’re doing, but how healthy are we. . . It’s a really safe place.”

“So, I think that where we’ve grown the most is in really learning how to communicate with each other and learning how to relate and not just push our agenda, but also take another’s agenda with us and push it along also. . . .”

“In terms of the residents. . . we see them practicing empathy. They’re listening to their neighbors. . . they’re looking them in the eye. And we see that it’s working. When they are outside our facility, they are helping each other. . . sharing resources. . . so that’s how I see that it is working.”

Diversity within the Magnolia Community Initiative

Interviewees comments about diversity within the MCI network offered some specific examples of diversity among network partners:

“I would say the perfect example of that would be the Family Enrichment class where the mothers who were in that class became the leaders of the class. So, my recollection is that there was diversity and my vision would be that as much as possible the leaders who take on this work over time be the folks who live within the catchment zone.”

“I think right now we do have some sort of diversity in terms of the kinds of institutions we have, part of the network.”

Several stakeholders shared a different perspective:

“I don’t know who is all a part of this supportive network. So it is hard for me to say. I don’t know if I can answer that.”

“The answer is I don’t know because I don’t know the partners. I just know that it’s 70 plus (partners) . . . but I don’t know all 70.”

Also noted was the composition of the MCI Network team:

“. . . we brought in Korean speaking staff. That adds a lot of capacity to outreach to Korean families in the community. One thing I don’t see is a lot of African American staff.”

“I don’t think we have an African American organizer on staff. I think that we have always seen that as important, but I wouldn’t say that we are weak because of [this].”

A network partner gave the network high marks overall, highlighting another dimension of diversity:

“I don’t know if we really look at this, but it’s just there. Spiritually or religiously - I think those are diversities. We have Christians, Jewish, Islamic. We are very diverse in all areas of diversity. I think that’s something good, so whatever is going on we are able to put to the table those diversities so that we can show a united front.

Stakeholders shared views on what makes diversity possible within the network’s efforts. A few of the interviewees spoke about the importance of intentional diversity and local knowledge in creating the needed ethnic diversity for a given situation:

“First of all, I think it doesn’t just happen, it’s intentional. I think the whole team really has

to look at [and ask], who’s not here? Who needs to be here as a representation? Who is not and why? You [also] have to intentionally understand and study the community to know what diversity is needed at that time, or the priority of diversity. There never is enough diversity in anything. Is there a central dialogue going on about the need for diversity? Is there a dialogue about bringing in a diverse representation of organizations? I know there’s been tremendous outreach in the past to bring in organizations into the Network and into the community.”

Power and decision-making

The Initiative Director recalled how she understood her role:

“I think that when I first was hired on, it was very clear they wanted a new entity or person to help establish an infrastructure to this budding network and Children’s Bureau would be the main administrative support for this individual. It was really clear that they (Children’s Bureau) wanted me to understand that I worked for the network of partners, that I wasn’t holding any programming of the Children’s Bureau. That my identity really was around the Magnolia Community Initiative.”

The MCI Director described the early configuration of the network and how it changed over time:

“Because I have such a history, I’ve seen [all the] different phases of the initiative and I think we’re probably in our third or fourth phase. We went from a structure of workgroups that were around the four goal areas and a steering committee and we probably stayed in that structure . . . a little bit too long.” “We re-created the silos we were trying to break down. In the beginning, it was necessary because there was a lot of fragmentation even within your own sector [where people] didn’t really know each other and so [we

put] them into [sector] workgroup[s]... to build partnerships and relationships among your own sector. Then quickly we realized that I was going to every workgroup meeting, and I was saying a lot of the same things to every workgroup and it was becoming a capacity issue.”

Speaking about how power and decision-making has changed over the life of MCI, the Initiative Director stated:

“So, I would say over the last four years, the power dynamic has shifted to less what are the partners wants in terms of current efforts, to what is the Children’s Bureau’s priorities around this effort. That, I think I would say, takes a little bit more precedence.”

“I think people identify Children’s Bureau as the head of this initiative. [W]e don’t go out and ever say that, but it is an unspoken understanding and so power is different power. Because I don’t think any of the partners feel that they would ever really say ‘I don’t think you all should be doing...’ I don’t think that partners think to say that, or that they can. Now, that’s not getting into my opinions of whether that’s right or wrong. I think this is what it is.”

A comment from a network partner aligns with this statement. When asked if they knew how decisions are made about how the network will

move forward, they replied, “no. I just assume it’s Children’s Bureau.”

The President/CEO of the Children’s Bureau described the structure and underlying dynamics around decision-making thus:

“Even our decision making, we have what we call our Ambassador/Champion group. One would say that’s a higher level group of partners involved in an advisory capacity. I do not feel that’s where the decisions are made. They become the advisory group to the [Initiative] director. I feel she is responsible for making decisions. On the other hand, she is very much driven by the investors who give money. Children’s Bureau succeeded in getting a lot of investors. Even some of its own directors and trustees have made sizable donations. So, [the Initiative Director] is having to respond to the investors... with the advisory group as a feedback opportunity.”

Another network partner shared their understanding of how power and decision-making are distributed within the network:

“[With] Children’s Bureau Board giving a lot of money... that’s a lot of power dynamics right there. I don’t think we can say MCI doesn’t have one powerful lead organization. It definitely does. In terms of other issues, there is this tight

network of people who run the Initiative [the Director, Senior Advisor]. How power is shared and how dynamics are brought in there, I don’t know. I would like to see more of a dynamic about that, more of a conversation about that.”

USE NETWORK TO SUSTAIN, SCALE AND SPREAD

Engaging stakeholders

The interviewees shared their reflections on how the network can use communications, messaging, and dialogue to engage participants in the network efforts. We heard from many of them that the Magnolia Place Groupsite, the Initiative’s vehicle for centralized communication platform, was an important source of information to keep up with how those in the network are working together. Similarly, they mentioned the Belong Campaign and the Children’s Bureau Facebook pages as key channels through which the network communicates with the community at large. However, there were concerns about how to reach all the various audiences:

“The question that I would ask from a 30,000 foot communication and information perspective is: At what point do you and how do you engage the public there? Currently, the only engagement I think I see is the Belong Campaign’s social media, their Facebook presence and that engages the community. I don’t see much other



digital presence that engages the community and I think that is something that could be significantly improved or increased.”

“This work is very complex. I feel the initiative has struggled in having the capacity to talk about that to other people. The complexity of human life, the complexity of community and organizational systems, and change at a community scale; that is riddled with so much clinical, psycho-social, medical and political theories, strategies and everything, but when it gets down to wanting partners and wanting residents, it requires a skill level to synthesize and communicate for motivating and engaging people on a path.”

“I feel we continue to struggle. For a partner or parent, you need to find the language that will work.”

A few partners commented on the visibility and progress of the BELONG (community engagement) campaign:

“Block Leaders are helping to inform us to figure out how to make this effort more impactful and also giving us tactical ideas of how we can really implement this. I think that is key because we want to develop the community for the people who live in this community.”

“The Belong community organization seems to be further ahead, but we’re still trying to learn. It’s very tough work getting parents to volunteer given that they’re already so stressed and trying to solve those things. We’re working on those. Then, you have to find what measures will show that it has benefit.”

The challenge of communicating the complexity of the MCI network efforts may contribute to some residents’ perceptions of MCI’s function. Some residents expect MCI to fix reported needs in the community rather than building and supporting community members in fixing those issues themselves. This is evident as one resident specifically shared the response of a neighbor to her invitation to attend an MCI meeting, “I don’t want to go and waste my time. All they do is make promises and promises and after months pass, nothing gets done.”

Sustaining partner engagement over time

One interviewee reflected on how partners are integrated into the network, and the shift away from hosting a series of meetings to deepen their skills and knowledge:

“More recently, I don’t know what has happened about that. Those [meetings] certainly didn’t continue. I don’t know...I wonder about these pieces...the Ambassador/Champions is a relatively small group so where are [they] on this?”

Others suggested both ideas and concerns:

“You need an opportunity for people to congregate, but in a realistic, feasible way. I don’t know how you could work with what you have. It’s very popular. People show up. They are committed. I don’t know if that existing vehicle could be a way to organize information. I think they did highlight a couple things that made me like learn about [other organizations] because they featured it.”

“What is being offered there that’s inviting to people? What’s bringing people to those? How do we sustain even a couple of those organizations to continue to the next level? I don’t know where all those dialogues are happening. I am not privy to them. I’m not

sure what the bait is to get people in and how we sustain them.”

It was noted that organizational capacity and leadership transition help determine a partner’s ability to engage with the network.

“... the new leadership was very concerned that there was no money for involvement. How could they justify the time of any worker or employee who would spend time there? I think that that tension was a tension that most organizations had to really sort-out.”

Another participant explained that locating at the Magnolia Place Family Center facilitated their connection with the network efforts, despite limited capacity:

“I think the move-in is what facilitated the connection. If we didn’t move-in, we would have wanted to be connected but may not have been able to marshal the capacity. Being in the building, by going through the MCI Fellowship, by the introduction that [another community partner] helped us... Those things happened because we were here.”

Clarity of roles and expectations of partners

The interviewees shared a variety of thoughts about how network partners come to understand their role as participants in this organized change effort:

“...there’s different levels of partners. Part of the challenge is, even for myself, as an organization is that we’re fully committed to this Initiative, but sometimes I struggle with what it really looks like to be a really fully involved partner. What does that mean?”

“I would like to see a little more of a menu . . . you can be a partner who operates at this level which is a referral partner, or you can be a partner who will go and test out the new ways we want our organization to behave. Some kind of menu that has clean definitions and paths and expectations. I think we need to clearly articulate this.”

“I think that obviously getting people to participate in a voluntary effort is not easy, but in this field we run into a lot of people who have passion for the mission of their organizations and their work. To me, it’s less about being hard to find committed partners and more that we haven’t quite defined for them the path of what we want them to do. Until we do that, they run around in circles and kind of give up.”

“It was hard to see at first how [a] non-social services agency was going to be involved, but with a deep commitment to the vision and complete buy-in at the leadership level, they were able to become an incredible partner. So, although the network organization and roles of partners is not so linear or analytical, it’s also not so haphazard. If [this organization] hadn’t come into the group, a lot of great thinking would have been missed”.

The need to clearly convey changes within the network efforts, especially to provide more clarity around roles for network partners was noted:

“[W]e’re not doing this anymore, we’re going to do this. . . and people were confused about what their job descriptions were. I think some of those changes probably weren’t as smooth as they could’ve been. There’s an inherent tension in this. . . with MCI research and leadership committed to some outcomes and then there’s the process of doing the work.”

Sustaining the efforts

The Initiative Director shared her thoughts on the resources needed to sustain MCI:

“I would say, over time, that as the Magnolia initiative infrastructure staff has grown the budget, clearly, has grown. The need for additional resources has grown and that has put another layer of stress and anxiety on the support organization. Now my role doesn’t have to fundraise. I would say the Children’s Bureau has taken on the role of fundraising and that has created huge anxiety to see if they can sustain its current efforts or even the potential for growth at the cost that it is now. That burden doesn’t fall on any other network partner. Children’s Bureau are supporting the efforts the initiative now at \$1 million a year because President/CEO holds the vision very, very strongly and was the spark of this initiative.”

Another interviewee stated openly at one point; “If Children’s Bureau wasn’t here, I’m not sure that somebody would take it over.”

Spreading the efforts

Network partners shared specific instances of how they have shared their learning from MCI in other locations outside of the network; “The learning and the dynamics of what we’ve seen and how we have conversations . . . about how to look at systems changes and how we’re learning, trying things, evaluating it and redirecting how things are being done. I think that way of thinking is transforming into other networks . . . at the local . . . and national level. I think it’s going beyond these 500 blocks and really beginning to have the conversation at a national level.”

“I think the work that I did with MCI being the principal of a hub school certainly has informed my vision for this school where I am now and also the work, the nuts and bolts work that we are doing on this campus. So, I am trying to put together the partnerships that will benefit the parents and students at this school.”

“I think the key to the spread is to continue to evidence the success of what we’re trying to do here at MCI. We’re running to second base, but the way the organizations and partners are working together I would say is only a weak alignment of the organizations and the way they really need to be working together to be the system that we’re having them stretched to. I feel the evidencing of the building of the proof points of any of it is really the key to being able to spread it. We’ve gone about as far as we can.”

SUMMARY

By collecting input from a broad set of stakeholders, this case study created the opportunity for us to probe more deeply into their distinct experiences from across the spectrum of initiative participants. As might be expected when examining a complex initiative over time, the experiences and insights gathered varied according to the specific vantage point of the person interviewed, the length of their involvement, and the specific efforts in which they were involved. In the midst of this mix of passionate and practiced opinions, there were some commonly identified strengths and challenges highlighted. These are discussed under each domain.

Increase the ability of network partners to improve outcomes and practice a shared vision

There was strong agreement among those interviewed that the MCI effort has succeeded in creating a learning community which helped to bring stakeholders together in new ways to work toward population based change. The clarity of the shared vision and the guiding framework articulated through the Theory of Change were cited as key elements in attracting the right partners to the network, which was not structured around a source of funding, as is common within the non-profit sector.

Measure and Share data to guide the effort

Stakeholder responses to questions about data reveal both successes and room for improvement related to “data” as it refers to both population level indicators that measure community change and data used for learning and improvement. Network partner organizations involved in several sub-groups named specific examples of data used for driving practice change and other improvements.

It is hoped that recommendations in an evaluation plan completed in 2017 will create a stronger distinction among the two, which will allow for more targeted efforts to measure and share the appropriate data for each purpose. Those interviewed also called for more data that captures MCI impacts but can be easily understood by a general audience.

Innovate and Improve through active participation in the change effort

The MCI approach to creating and sustaining a learning community was highlighted as the key factor that has supported practice change and progress toward initiative goals. The use of the Plan-Do-Study-Act cycle, especially as part of part-

ner meetings, was cited as a key tool for engaging partners in testing innovative practices. With the departure of key coaching staff in 2016, the question of how to properly support this practice will need to be addressed.

The Fellowship program and resident engagement efforts were also cited as influential resources for supporting new ways of interacting that support change among partners and community members.

Support the Human Element of Change

Stakeholders praised empathic communication and care as foundational to building network relationships and enabling practice change at partner organizations. They also expressed a need for greater clarity around roles and expectations of network partners.

Questions about diversity were most often met with positive assessments of the MCI Network team composition. When asked about diversity of network partners, those interviewed either commented positively about those involved or remarked that they did not know the range of network partners so could not comment.

The influx of supportive financial resources from the Children’s Bureau was identified as a major force shaping the power dynamics and decision-making roles within the initiative. The comments point to a need for more dialogue to call out this dynamic and consider how to manage it as the initiative moves ahead.

Use network to sustain, scale and spread

Concern about the on-boarding of new partners and sustaining engagement of existing partners arose as key concerns from those interviewed. The nature of MCI as a voluntary network that operates outside of the non-profit sector’s conventional practices of collaboration centered on funding opportunities may continue to be a challenge to be managed. Careful attention to contextual factors in the current environment, and timely adjustments to the MCI support structure, can allow for continued success in this area.

Significant questions about the sustainability of the support function that makes the work of the MCI network support team possible were raised. These questions, along with the power dynamic created by reliance upon one organization for funding should be addressed. While Children’s Bureau has been a consistent source of support for this effort, the current stage of the initiative may require a more explicit discussion about how this impacts decision-making and goal-setting.

CONCLUSION

As the case study process began in March 2016, MCI was involved in several simultaneous efforts to deepen its capacity to support the network, including an evaluation planning process and a communications plan. These processes were undertaken with the recognition that the initiative, after 8 years of development, was entering a new stage that required a robust examination of some key processes and frameworks. Also during the middle of the case study interviews, a search for a new director began in response to the resignation of the Initiative Director. As such, the case study process provided a timely opportunity for perspective-taking among a broad group of stakeholders.

As might be expected during a time of transition, the interviews captured stakeholders' views on how the current iteration of the initiative has changed since the early days, their questions about the "how" and "why" of this evolution, and their assessment of what is working and possibilities for ongoing improvement. Stakeholders highlighted the value of the learning community approach and other key structures for learning and improvement that support the collective work, including the theory of change, the MCI Fellowship, the Plan-Do-Study-Act methodology and the diffusion of empathy based care and relationships across the network.

While interviewee comments reveal the importance of learning and improvement processes, their questions point to a need for discussions about the larger dynamics shaping the initiative such as decision-making and funding, and communications to both network partners and the larger community. Stakeholder comments point to a need for more explicit communication with a broader group of stakeholders to ensure that everyone has the information they need to be engaged. They also suggest a need for more clear communications when changes in network actions and processes are made, the reasons for those changes, and new actions and processes put into place, which may also provide clarification around network partner roles and expectations.

The case study findings document a strong endorsement of key tools that have supported practice change and network development and provide a strong foundation for the continued strengthening of the initiative as a complex adaptive system that can realize the Hope and Dream statement within the Magnolia catchment area.

ACKNOWLEDGMENTS

We thank our network partners, especially those organizations that continue to persevere with us in realizing our Hope and Dream statement. We recognize and thank the community members who put their trust in the work we do together and consistently bring their best efforts to creating a community that reflects their love and hopes for their families. We extend a very heartfelt thank you to the individuals who contributed their time and shared their feedback through the case study interviews. Magnolia Community Initiative gratefully acknowledges the Doris Duke Charitable Foundation for supporting the case study and providing an opportunity for further reflection among all of those involved in the network.



METHODOLOGY

To gather and understand the perspectives of our network partners, community residents and others, we interviewed 17 individuals/stakeholders to tell the story of the MCI multi-sector effort toward population change. An interview tool created by the Population Change Learning Community was designed to ask questions of each interviewee according to their role within the MCI effort. Three people within each stakeholder category were interviewed: support organization or members of the MCI support team, network partners or individuals who participate and contribute to the Initiatives efforts, and out of network partners or individuals that work within the community but do not identify as a Magnolia Network partner, and community residents (interviewed in Spanish).

A consultant was engaged - a former staff member of a network partner - to conduct interviews with key stakeholders that had some knowledge and experience of MCI throughout its history and could offer a range of perspectives about the network's strengths and challenges. While most were interviewed at the Magnolia Place Family Center, three interviews occurred off-site at the respective work places of the interviewees. In an informal and open manner, those interviewed were asked to share their insights, understanding, and expert opinions of the work of the Initiative, as well as their ideas for future efforts of the MCI Network.

Every attempt was made to capture the diverse perspective of the participants and, yet, it is recognized that the relatively small group of people interviewed may not fully represent the entire range of views and experiences of all of those who participate in MCI's efforts. However, this study shares unique viewpoints of its participants and provides the foundation for further reflection and learning that can strengthen the network efforts toward its shared Hope and Dream for the community.

POPULATION CHANGE LEARNING COMMUNITY

Purpose

- Create a learning environment that accelerates learning and progress, and builds camaraderie and shared purpose, across various sites and communities working to improve population outcomes within their respective geographies.
- Connect Community/Initiative Teams with researchers, innovators and problem solvers (from various sectors) to further inform the learning process, overcome barriers and improve local actions.
- Identify and improve the necessary capacities to be successful in this work - including the organizing strategies, operational structures and measurement system needed to achieve population level success.

Learning Areas

- How did we create the conditions that lead to positive change?
- Are we getting better results?

Case Study Design Process and Approach

The goal of the case study is to better understand the practice of how best to respond to the on-going development and delivery of the support needed for multi-sector place based endeavors, informed by the collective experience of those actually responsible for the place based work. Local teams entered into this process with a commitment to ask questions and gather the perspectives of participating agencies, residents and others, that would allow for a deeper level

of understanding of the full range of functions and capacities of support entities for multi-sector place based efforts.

While what was learned through the sharing of our experience in this role, and from the stories of those involved with us, is intended to benefit each local effort, we believe the case studies can also contribute to other's collective efforts on behalf of children, youth, families and communities. To that end, the Population Change Learning Community has adopted a two-phase approach for the case study process.

In phase one, we sought to document the collective experience of those actually responsible for and involved in the local place-based work. Each case study is intended to be a feedback source for those sites participating in the Population Change Learning Community. The process provided the opportunity for those involved to reflect on and make sense of their individual and collective action. The findings from each locale allow us to articulate the on-the-ground experiences of the support entity, or entities, that provides one or more support functions. By relying on local stakeholders to share their experiences and perspectives, and make meaning of those insights, the aim is to strengthen our shared understanding of the elements of effectiveness for those supporting multi-sector place based endeavors. Through our use of a guided exploration of what has happened and what has been learned from those responsible for supporting a place-based endeavor, the Population Change Learning Community has now generated 9 site-specific case studies.

In phase two, these 9 site-specific case studies serve as source documents with which to collectively analyze place based work. Sites within the Population Change Learning Community participate in other well recognized place based efforts such as Promise Neighborhoods, StriveTogether, Working Cities Challenge, IHI SCALE initiative, Purpose Built Neighborhoods, United Way, Avenues of Change in British Columbia, Mobilizing Action for Resilient Communities (MARC), among others. Each of these endeavors have been informed or influenced by at least one, if not many more, theories or frameworks on how to change at a neighborhood or community level. By applying some of these different theories or frameworks on how to drive community or systems change, this subsequent analysis of the collective work of the 9 sites will provide new perspectives for the sites within the Population Change Learning Community to deepen their learning, as well as provide information and insight on the support role to the larger field of population based community initiatives.

For more information regarding this Case Study or the Population Change Learning Community, please contact Alexis Moreno, Case Study Coordinator at alexisgeemoreno@gmail.com or Patricia Bowie, Population Change Learning Community Project Lead at patriciabowie@me.com.

DOMAINS EXPLORED WITHIN THE CASE STUDY

INCREASE THE ABILITY OF NETWORK PARTNERS TO IMPROVE OUTCOMES AND PRACTICE A SHARED VISION

Information was gathered about:

- Impetus for working together
- Initial goals
- Membership criteria and member roles/responsibilities
- Network coordination
- Development of a shared vision and guiding principles
- Necessary knowledge and skill sets
- Decision making processes

MEASURE AND SHARE DATA TO GUIDE THE EFFORT

Information was gathered about:

- Local insights generated through data
- Motivations for using data
- Data sharing processes
- Use of data
- Additional data needed
- Resident involvement in data-related efforts

INNOVATE AND IMPROVE THROUGH ACTIVE PARTICIPATION IN THE CHANGE EFFORT

Information was gathered about:

Information was sought about how and what changes, improvements and innovations happened throughout the effort:

- Major phases and developments
- Most significant changes
- Detecting a need for change
- Taking initiative to make a change
- Moving through a change process
- Roles of partners and missing partners
- Results of change efforts
- Inventions and innovations
- Enablers and inhibitors of change

SUPPORT THE HUMAN ELEMENT OF CHANGE

Information was gathered about:

Information was asked about the different aspects of working collectively and the various resources and tools used to support the effort:

- Relationships
- Diversity
- Asset vs. problem orientation
- Conflict Resolution

- Managing emotions
- Leadership
- Funding
- Technology

USE NETWORKS TO SUSTAIN, SCALE, AND SPREAD

Information was gathered about:

Information was sought about the ways the effort has been sustained and the ideas or actions scaled or spread throughout the network and the community:

- Spreading the vision
- Scaling the efforts
- Spreading the efforts
- Sustaining or perpetuating the efforts
- Specific role of the support/operating entity in scaling, spreading, and sustaining
- Functioning as a Learning Community
- Networking beyond the local community