



# City of Cambridge Community Benefits Fund

Partnership Level Evaluation Findings  
Implementation Years 1 – 4

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Submitted by: Health Resources in Action

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*Advancing Public Health and Medical Research*

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## Introduction

The City of Cambridge Community Benefits Advisory Committee (CBAC or the Committee) engaged Health Resources in Action (HRIA) to conduct a comprehensive evaluation of the Community Benefits Fund Implementation Phase grants that were allocated in Spring 2020. The overarching evaluation was co-designed with the Committee and funded partnerships during the Planning Phase to provide answers to a set of questions set forth by the Committee for the Implementation Phase (**Appendix A**). The evaluation sought to document implementation activities, understand program reach, and assess the progress achieved towards outputs and outcomes at the system, partnership, and family levels.

This report describes the findings from the overarching system and partnership-level evaluation undertaken during implementation Years 1 through 4 (March 2020 through March 2024). It represents the final culminating findings related to impact on the grantee organizations and partnerships, the City of Cambridge, as well as the non-profit and social service provider network across Cambridge. It includes a summary of key themes and a set of recommendations, based on the partnership-level findings, that the Committee and funded partnerships can consider for future funding or implementation efforts.

## Summary of Key Findings

This section provides a high-level summary of key themes that emerged from the overarching analyses of the partnership and system-level evaluation data. Data collection activities included: a series of qualitative interviews and focus groups conducted with partnerships; a series of qualitative interviews with Committee members; and the quantitative PARTNER tool and Organizational Capacity Surveys which were completed online by the organizations within each partnership.

**Throughout implementation, the impact of the COVID-19 pandemic on city agencies and non-profit organizations in Cambridge persisted and the implications to grantees and the implementation of their model(s) were far reaching. The established collaborations within partner organizations improved organizational ability to respond. The Committee provided flexibility to partnerships around timelines and expectations, and ultimately provided a fourth year of funding to account for disruptions and allow more transition towards future efforts.**

- The COVID-19 pandemic coincided with the start of Year 1 and the planned implementation of programming for the four partnerships. At the outset of funding partnerships needed to adapt, modify, and delay (to varying lengths of time) their planned intervention due to the challenges and evolving circumstances brought on by the pandemic.
- Beyond the immediate impact in Year 1, organizations continued to deal with impacts of the pandemic through all four years. Nearly two-thirds (62%) of organizations noted that they were still dealing with the challenges of the pandemic ‘to a great extent’ in Year 4.
- Despite these enormous challenges, by Year 2 nearly all organizations (94%) conveyed that that their need to pivot or adapt programming to meet emerging needs was made easier because of their connections as a funded partnership. The fact that the pandemic emerged after collaborations had been well established in the planning phase was a key factor with a grantee explaining the value of collaboration in response to the pandemic, *“It’s the worst and best time for a collaboration. Did we know there would be a pandemic? No, but this is the best time to collaborate. We needed to be even more creative than before.”*

**Building upon the work of the planning phase, the strength of the collaborative partnerships was high in Year 1 and remained so throughout the implementation period. Organizations were optimistic about their work together and they felt less siloed or isolated in their ongoing work with vulnerable**

**families due to these collaborative relationships. However, silos were perceived to persist in Cambridge with sectors or organizations external to partnerships or those more entrenched in policy.**

- Throughout the implementation period, organizations remained optimistic that the goals related to partnership development would be accomplished. This included the goals of establishing and practicing effective approaches to communication and coordination of services, having strong working relationships, and being less siloed in serving families and more efficient with resources.
- All four partnerships continued to have high network scores throughout the period: PARTNER tool scores of 'Trust' between organizational partners were consistently very high for each partnership and across each year (92%-100% aggregate 4-year average) and the scores of 'value' were also consistently high for each partnership and across each year (76%-99% aggregate 4-year average). These findings indicate that the strong partnerships formed during planning were maintained and that there was robust collaboration, strong communication channels, and a shared commitment to mutual goals among partner organizations during implementation.
- Beginning in Year 1 and throughout implementation, all partnerships either 'Agreed' or 'Strongly Agreed' that their work together had led them to feel less isolated in their work with families. They perceived that the work undertaken to effectively breakdown silos within their partnerships and their referral networks in Cambridge had been successful. A few organizations credited the grant program in establishing new connections to organizations across partnerships that could serve as referrals to their families.
- However, in discussion with partnerships, most highlighted that silos persisted between their partnership and other sectors within Cambridge, particularly housing and the broader service systems outside of non-profit social services. Robust, widespread coordination and integration between non-profits, service providers, and other partners was an element of systems-change which was anticipated to occur through this initiative. The limited progress in this area was attributed to lack of capacity on the part of partnerships (in terms of both time and resources) and pandemic-related constraints.

**Partnerships increased their ability to coordinate and collaborate with one another in addressing the top-tier needs (defined as housing, behavioral health, and economic needs) of vulnerable families in Cambridge over the four years of implementation. Progress towards project goals was driven by effective cross organizational communication and the regular sharing or exchange of information and resources. Success with families was achieved through an effective case management approach.**

- Overall, each partnership recognized that they had made progress towards their project goals over the course of implementation. By Year 4, one organization felt their partnership had 'Achieved All' of their goals with the remaining 11 organizations reporting their partnership had made 'A Lot of Progress' towards their goals. Importantly, these data were collected prior to the conclusion of Year 4, leaving room for continued progress by the partnerships.
- Key factors associated with progress towards program goals within the partnerships included a variety of shared activities and actions, such as meeting regularly, having a shared mission and shared goals, exchanging information and knowledge, engaging members of the community, and sharing resources.
- Partnerships agreed that cross-organizational communication undertaken in a meaningful and intentional way was most effective and helped to ensure that all team members were working towards that same goal. Furthermore, effective communication helped partnerships mitigate the challenges of very high levels of turnover among staff which was experienced by some partnerships.

- Between Years 2 and 4, partnerships successfully expanded their use of case management when working with enrolled families. The overall rating trended upward from Year 1 (which aligned with ‘Some Families’) and moved closer towards the level of ‘All Families’ by Year 4. Additionally, the overall percentage reporting the use of case management with ‘All Families’ reached 54% in Year 4 and the perceived effectiveness of their case management work rose and was closer to ‘Very Effective’ across all partnerships in Year 4.
- Partnerships commented that as relationships between families and case managers grew stronger and built more trust, the families were better able to share the full range of needs that existed within their family. This trust-building was not quick. Rather, it required *“consistency”* and regular checking in to let the family know *“that you are thinking about them, and that they can trust you – that is when work happens.”*

**Partnerships remained steadfast in their understanding and intention to address the top-tier needs of families over the course of implementation. The overall perceptions of staff ability to effectively work with families on each of the top-tier needs increased over the course of implementation and were generally higher by Year 4. Several entrenched policy and systems level barriers were identified as hindering the progress and pace of partnerships success with families.**

- Nearly all partnerships ‘Strongly Agreed’ that a common understanding of the top-tier needs was in place between organizations, starting in Year 1 and persisting through Year 4. And the use of a shared or common set of practices to identify or address the needs of families was used ‘Often’ by nearly all partnerships to further ensure their work together was consistent.
- Partnerships’ perceived ability to work with families around each of the top tier needs varied by need and partnership; however, the ratings were generally increasing by Year 4 with the overall average rating reaching or near ‘High’ for housing, economics, and behavioral health.
- Across all three top-tier needs, partnerships also increased the effectiveness of their referral networks, with all identifying their network as ‘Moderately’ to ‘Extremely’ effective by Year 4.
- A key aspect of the referral process was the use of ‘warm’ handoffs to connect families with the organizations and resources within their networks. The use of warm referrals increased in frequency across most partnerships - moving from scores between ‘Sometimes’ and ‘Often’ in Year 2 towards scores closer to ‘Always’ in Year 4. With the increase in use of referrals, the perceived success of them did vary by partnership, but overall remained ‘Moderately’ to ‘Very Successful.’
- Over the course of funding, organizations consistently identified gaps in their ability to meet all needs (either within the partnership or through referral networks), these included the lack of available housing options and clinical mental health supports, as well as the very real need for direct cash assistance to families. These gaps persisted throughout the implementation period.

**Perceptions of leadership and system-level goals for the initiative varied greatly. Progress towards system-level change during implementation was challenging for a variety of factors and the findings highlight the importance of having a common definition and feasible expectations of change between a funder and grantees. An understanding that progress will be limited due to entrenched barriers and limitations of the larger systems and policies is also important.**

- Most organizations in Year 4 were in greater agreement that each of the leadership and systems-level goals could realistically be met by the initiative. Their perceived capacity for collective action around the needs of vulnerable families in Cambridge also improved. However, from Year 1 onward, partnerships pointed out that the broader goals around system-level change through this funding effort were ambitious given the funding structure, amount of funding, and time duration. And partnerships emphasized that the pandemic had made these goals even more difficult to achieve.

- Partnerships largely agreed with the general tenets of how more local system-level change could occur in Cambridge (e.g., increased funding, collaboration across organizations, and innovative ways of thinking about the issues in communities). But there was persistent concern with what partnerships perceived as a disconnect between the Committee and the partnerships' definitions of what systems-level change was and the expectations of what could be achieved. At times this led to frustration as expectations were not based in the reality of what was happening on the ground, *"this romantic and unrealistic expectation that they will change their lives in just a few years."*
- Concern was also raised about how the initiative put pressure on partnerships to achieve system-level change that was well beyond their essential work of helping individual families. One partnership questioned why their work as a *"safety net"* program that provided support and guidance to deal with the systems that exist was not sufficient or must happen alongside efforts to change these systems. As another stated, *"Sometimes it is ok to be a safety net and not be accomplishing these systems level changes."*
- Partnerships also discussed the seemingly unmovable barriers and limitations of the larger systems and policies in place that impacted the families they worked with and their ability to address their top-tier needs. This persisted throughout implementation and as one organization pointed out, true system-level change would require fundamental change to a system where food, housing and healthcare are privatized for-profit industries. This often led grantees to perceive their work as *"providing band-aid solutions to systemic problems"* that may temporarily help one family but are not improving the long-term outlook for that family nor the population.

**Throughout the course of this pilot initiative, Committee members perceived that the Committee was generally very successful in their ability to fulfill its various responsibilities and roles. The Committee was able to distribute and oversee Community Benefits funding over four years of implementation, while also remaining flexible and responsive during COVID-19. Furthermore, the Committee worked hard to improve their relationships with the funded partnerships during implementation. Some key challenges included the ongoing turnover of members and the variable capacity to engage in Committee work among members.**

- Interviewed committee members noted their largest and most obvious success was the distribution of funds throughout the Cambridge community for the benefit of Cambridge non-profits and families. Additionally, growth in the Committee's relationships with each partnership and ability to communicate more effectively with partnerships were viewed as successes in Years 2 and 3.
- In response to the concerns voiced by the partnerships, the Committee shifted their expectations and adapted the approach to the ongoing funding in several ways. Key examples include the elimination of family level data collection in Year 1 and the extension of implementation for a fourth year to help the partnerships complete the work with families as originally envisioned.
- Despite much progress, several members did report that there was confusion among the Committee regarding the oversight role of the Committee as well as the focus and purpose of the evaluation. This was attributed in part to a lack of a formal and comprehensive onboarding process for new members to the Committee (more than half (eight) of the Committee seats turned over at least once during funding) and to the varied capacities of individual members to engage in work outside of the standing meeting structure (volunteer members vs. City employees).
- While not explicitly mentioned as a challenge, it appeared that a lack of a dedicated staff person to manage the committee's inner workings (e.g., documenting and understanding evaluation processes, maintaining relationships with grantees, and keeping committee members abreast of the decisions on a regular basis) hindered the efficiency of the Committee's work.

## Background

The Community Benefits Funds (CBF) refer to monies offered to and received by the City of Cambridge, from developers from zoning-related activities or agreements entered, to be expended for community benefits or related purposes. Between 2010 and 2018, mitigation funds designated for community benefits purposes were pledged to the City through these amendments and agreements. While over \$20 million has been pledged to this fund, approximately \$7.5 million was received by the City and was available for distributions benefiting the community. Upon completion of various stages of development, additional monies will be deposited into the Fund to further assist in the expansion of services to better meet the needs of Cambridge residents.

The Community Benefits Advisory Committee (CBAC, or the Committee) was charged with identifying needs of Cambridge residents based on the priorities established by the City Council, soliciting, and evaluating applications from local non-profit organizations for the provision of services to residents, and establishing rules, regulations, and guidelines for the proper administration and implementation of the Fund. The City Manager appointed 13 members to form the Committee; members included representatives from the City, the non-profit and business communities, and community residents. A sub-set of Committee members, called the core team, was comprised of members who were City staff as well as one supporting non-member City staff person. The core team met on a regular basis to plan Committee meeting agendas, operationalize decisions made by the full Committee, and to streamline discussions and decisions for future Committee meetings.

The Committee developed a framework for distributing Community Benefits Funds to address the unmet needs of Cambridge residents and solicited proposals from non-profit partnerships to disseminate the first round of funding from the Fund. In this first round of funding, the Committee sought to fund innovative approaches to the provision of services that prioritized partnership and coordination between two or more organizations, an integration of services to support all three top-tier needs (as identified and defined in the 2017 Community Needs Assessment), and a commitment to broader engagement of the community and available resources. The goals of the funding, as articulated in the planning grant request for proposal, or RFP, are summarized in **Table 1**.

**Table 1. Goals for First Round of Community Benefits Funding**

Goals for Families of the Priority Population <sup>1</sup> in Cambridge	Goals for the Social Services System in Cambridge
<ul style="list-style-type: none"><li>• Enhance housing stability, including enhanced connections to appropriate services that provide housing support.</li><li>• Enhance economic stability, including enhanced connections to appropriate services that provide financial support.</li><li>• Enhance family well-being, including improved access to provision of mental and behavioral health supports and counseling services.</li><li>• Increase family housing stability and family economic stability.</li><li>• Enhance child and adult resiliency.</li></ul>	<ul style="list-style-type: none"><li>• Increase capacity to support families around top-tier needs.</li><li>• Advance coordination and integration among nonprofits, service providers, and other partners to deliver services.</li></ul>

<sup>1</sup>Priority population was defined as Cambridge families with children that are low-income or in poverty, particularly families headed by a single woman

The City of Cambridge hired an external facilitator, Daniel Michaud Weinstock, to assist with planning and running Committee meetings. Additionally, the City hired an external evaluator, Health Resources in Action (HRIA), to conduct a comprehensive overarching evaluation of this first round of Community Benefits funding, including evaluations of the planning grant RFP, the funded Planning Phase, and the subsequent Implementation Phase. An evaluation subcommittee was staffed by two Committee members and one City staff member to discuss the evaluation work in detail and to monitor the scope and progress of the evaluation throughout the funding period.

The start of the funded implementation coincided with the start of the COVID-19 pandemic (**Table 2**). As a result, partnerships programmatic efforts were delayed and the ability to work with families as originally intended was altered. To allow partnerships to fully complete three full years of engagement with families, the Committee opted to provide partnerships with a fourth year of funding (i.e., a funding extension). This extension was intended to provide additional time for partnerships to collect follow-up family-level data, work with families to transition to other services or different providers and maximize learning within and across partnerships. This was also intended to serve as an opportunity for the Committee to work with partnerships to determine ways to continue their models after Year 4.

**Table 2. Overview of Funding Timeline**

Phase	Length	Date Range
Planning	8 months	May 2019 – December 2019
Funding deliberations	2 months	January 2020 – February 2020
Implementation Year 1	12 months	March 2020 – March 2021
Implementation Year 2	12 months	March 2021 – March 2022
Implementation Year 3	12 months	March 2022 – March 2023
Implementation Year 4	12 months	March 2023 – March 2024

## Funded Programs

The Committee held a competitive process to solicit proposals from non-profit partnerships across Cambridge, with four partnerships receiving funding for the planning phase (May 2019 – December 2019). Committee members with direct or indirect relationships with applicants recused themselves from these funding decisions. The planning grants gave funding to partnerships to build and strengthen the partnership and hone their proposed approach, culminating in the development of a final implementation plan proposal that would be ready to launch at the start of the Implementation Phase in March 2020. All four funded partnerships applied for and received funding for the Implementation Phase. Descriptions of the four funded partnerships can be found in **Table 3**.

**Table 3. Overview of Funded Partnerships**

Partnership Name and Partner Organizations	Program Model	Program Description
<b>Families Moving Forward</b>		
<ul style="list-style-type: none"> <li>Bridges Homeward</li> <li>Cambridge Health Alliance</li> <li>Cambridge Housing Authority</li> </ul>	Cohort	One-on-one coaching model, cohort of 25 families participate over 3 years to achieve individualized goals, improve self-sufficiency, health, housing stability, and economic independence. Partners in this program will

<ul style="list-style-type: none"> <li>Community Action Agency of Somerville</li> <li>Institute for Health and Recovery</li> <li><b>Just-a-Start</b></li> </ul>		operate more seamlessly, better integrating services, warm referrals will improve access and reduce barriers around service navigation. “Front-door” approach.
<b>Family Stability Project</b>		
<ul style="list-style-type: none"> <li>Cambridge Economic Opportunity Committee</li> <li><b>De Novo</b></li> <li>Transition House</li> </ul>	Ongoing/rolling	Comprehensive, wraparound direct services and targeted training to improve housing stability, financial security, and overall well-being of families. Partners have a broader goal to coordinate, expand, and integrate direct services and outreach with co-location and inter-partnership referrals; will also leverage networks of partners to expand the depth and breadth of support available to families. “No wrong door” approach.
<b>Port Arise</b>		
<ul style="list-style-type: none"> <li><b>Community Art Center</b></li> <li>Margaret Fuller Neighborhood House</li> <li>Tutoring Plus of Cambridge</li> </ul>	Cohort	Multi-year training and community building program in the Port neighborhood to provide case management support, referrals, coaching, and training to families. Focus is on social capital, early childhood development, postsecondary/employment pathways, economic assets, and health/well-being. Partnership will streamline services and provide a stronger safety net for families by providing both proactive and responsive support.
<b>Strengthening Families Together</b>		
<ul style="list-style-type: none"> <li>Maria L. Baldwin Community Center (formerly Agassiz Baldwin Community Center)</li> <li><b>Cambridge Community Center</b></li> <li>East End House</li> </ul>	Ongoing/rolling	Fostering the five protective factors for families – parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social-emotional competence of children. Using case management and leveraging strong relationships with families seek to increased engagement, targeted interventions, and co-creation of strategies with families to build capacity and greater resilience. Intensity correlated with family need.

Note: Organizations listed in **bold** are the lead organization for each partnership.

## Evaluation Planning

The six-month planning grants were intended to give partnerships time to work directly with the evaluator, build and strengthen their partnerships, and hone their proposed approach prior to the start of the Implementation Phase. Detailed information about the activities and findings from the process evaluation of the Planning Phase are reflected in the **Planning Phase Process Evaluation Report<sup>1</sup>**.

<sup>1</sup> Deliverable/Report produced by Health Resources in Action as part of the overarching evaluation efforts, for more information reach out to: [communitybenefits@cambridgema.gov](mailto:communitybenefits@cambridgema.gov) or (617) 349-9164.

The Planning Phase culminated in the development of final implementation plans by each partnership and the final overarching evaluation plan by the evaluator, HRiA. The overarching evaluation plan was based on the ***Overarching Logic Model***<sup>1</sup> that was developed in collaboration with the Committee and all four funded partnerships early in the Planning Phase and reflected the set of evaluation questions set forth by the Committee for the Implementation Phase (**Appendix A**). The overarching evaluation plan identified and defined all project activities, evaluation measures, methods of data collection, timing of data collection activities, and level of data collection (i.e., family level or partnership/systems level) for the process and outcome evaluations of the Implementation Phase. Additionally, the plan encompassed the common vision and outcomes of this funding initiative and considered the details from each partnerships' proposed implementation models. The final evaluation plan was fully documented and described in the ***Community Benefit Fund Process and Outcome Evaluation Plan***.<sup>1</sup>

### Partnership and Systems-Level Outcomes of Interest

The guiding aim of the partnership and systems-level evaluation was to document the changes in the funded partnerships' ability to coordinate and collaborate to meet the needs of vulnerable families in Cambridge. From a *process perspective*, the Committee was interested in understanding how partnerships worked together to accomplish project goals, how partnerships changed and developed over time, and whether this approach to funding was effective. From an *outcome perspective*, the Committee was interested in understanding which collaborative approaches and strategies best supported families around top tier needs, how the partnerships impacted the broader non-profit and service sector in Cambridge, and whether the complex and inter-related needs of families are better understood at the system/City level. Additionally, the Committee sought to examine the process and impact of their own activities through the evaluation. This included gaining an understanding of the effectiveness in the Committees oversight and communication with partnerships, its decision-making processes, and areas of improvement for future rounds of fundings. See **Appendix B** for a table detailing the key partnership/system-level and Committee focused process measures and outcome indicators that were operationalized for data collection during the three-year Implementation Phase and fourth year extension of funding.

### Partnership and Systems -Level Evaluation Activities and Methods

The evaluation activities conducted to identify partnership and systems-level outcomes used a mixed methods approach (i.e., both qualitative and quantitative methods) to best capture and reflect the perspectives and feedback of funded partnerships and Committee members over the four years of implementation. The following section details each of these evaluation methods.

#### Qualitative Data Collection

##### *Interviews and Focus Groups with Partnerships*

Partnerships participated in key informant interviews and/or focus groups to share their experiences at the conclusion of implementation Years 1, 2 and 3 and again in the middle of Year 4. This qualitative data collection was conducted after partnerships had been informed of their successful funding extension for the following year of the Implementation Phase. Discussion guides were developed by HRiA to capture partnership perspectives on what went well during the year, what could have been improved, and any concerns heading into the subsequent year. During discussions, partnerships provided their perceptions on a wide variety of topics including communication with the Committee and evaluator, as well as inter-partnership communication and dynamics. They also spoke in-depth about the implementation of their program, participant recruitment and engagement, coordination of service delivery, and the impact of their implementation efforts on families enrolled to date.

Interviews and focus groups were conducted virtually with each of the four partnerships by members of the HRiA evaluation project team. Typically, the interviews were conducted with one individual from the lead non-profit organization of each partnership, while the focus groups included representatives from all, or most, of the organizations in each partnership and included the key/front-line staff who had been working directly with enrolled families. All participants were able to provide insight into the day-to-day programming operations and speak broadly about the short and long-term impact of programming on participants.

#### *Key Informant Interviews with Committee Members*

To capture the perspective of the Committee, semi-structured interviews were conducted with a subset of individual Committee members. These interviews occurred near the end of implementation Years 1, 2, and 3. A total of 13 interviews occurred with Committee members across the years, representing a variety of roles and tenure on the Committee. All had been full committee members for at least the full year prior to their interview. Some interviewees had been involved since the inception of the Committee and the design of this funding opportunity. Members described their overall Committee involvement in varying capacities, but all indicated that they currently had a good understanding of the work of the Committee and funded partnerships. The interview guide was developed by the evaluator to specifically capture Committee member perspectives on what went well during each year of implementation, what could have been improved, perceptions of communication between the Committee, grantees, and the evaluator, and any concerns that Committee members had regarding grantees' implementation efforts.

#### *Qualitative Analysis*

Notes from the interviews and focus group discussions were analyzed thematically. Frequency and intensity of discussion on a specific topic were used as key indicators of themes. Selected paraphrased quotes, with identifying information removed, are presented in the narrative of this report. To help visually distinguish between quotes from partnerships and quotes from Committee members throughout this report, different font colors have been used – *'orange'* font indicating partnerships, and *'blue'* font indicating Committee members.

#### *Quantitative Data Collection*

##### *The PARTNER Tool*

To assess, map, and track the grantee partnerships over the course of the implementation phase, the PARTNER Tool (Program to Analyze, Record, and Track Networks to Enhance Relationships from Visible Network Lab, CO) was utilized. The PARTNER tool is a social network analysis tool designed for use by collaboratives/coalitions to understand how members are connected and how resources are leveraged and exchanged. This tool is a web-based data collection instrument is comprised questions about implementation and organizational contributions, partnership progress towards its goals, self-ratings of consistency, frequency, and quality of communications and collaborations between each organization within the partnership.

The PARTNER Tool generates specific network scores that are related to partnership perceptions of 'trust' (dimensions of reliability, mission alignment, and openness to discussion) and 'value' (dimensions of power/influence, level of involvement, and resource contribution). Organizational respondents rated each dimension on a scale of 1 to 4 (1=not at all, 2=a small amount, 3=a fair amount, 4=a great deal). Network scores are reported as a percentage and scores of 75% or higher are considered good scores for that dimension.

The PARTNER tool was completed by the 'lead' staff person of each organization in the partnership, and they were asked to consult their colleagues to contribute any additional perspective. A total of 15

organizational responses were received in each of Years 1, 2 and 3 across the four partnerships. In Year 4, responses were received from 12 organizations.

#### *Organizational Capacity Survey*

To assess more specific aspects of partnerships' implementation efforts, a web-based Organizational Capacity Survey was developed to capture details about program implementation and delivery by partnerships. The survey included questions regarding policies and practices, staffing capacities, referral network composition and adequacy, referral processes, utilization of case-management and warm handoffs, organizational understanding of vulnerable populations, and perceptions of successes in their work. The survey was completed annually by the 'lead' staff person of each organization within each of the partnerships. Across the four partnerships, 15 organization-level responses were received in each of Years 1, 2 and 3. For Year 4, responses were received from 13 organizations.

#### *Quantitative Analysis*

Data from both the PARTNER Tool and the Organizational Capacity Survey were compiled and summarized annually to track changes in the key indicators over the course of implementation. Items using categorical scaled responses were quantified and averaged across the number of organizational responses received. Across all scored indicators, higher numbers indicate more positive/affirmative responses. Some indicators were treated as simple categorical variables and reported as the percentage or count of organizations reporting that specific response or category. For most indicators and when possible, results were reported as the trend over time for both the overall initiative (i.e., all 15 organizations) and each partnership. Open ended responses collected from these surveys were treated qualitatively and summarized to highlight the key themes across responses received.

#### *Evaluation Limitations*

As with all evaluation efforts, there are limitations related to the methods that should be acknowledged. One challenge, common to most overarching evaluations of separate and distinct program models, is that the evaluation methods and outcome indicators common to all the programs may not reflect the unique elements of collaboration that were taking place or capture more specific areas of partnerships' work together within an individual program. While the overarching logic model and subsequent evaluation process and outcome indicators were developed and defined collaboratively with all four funded partnerships, the final evaluation may not fully represent their unique effort or impacts.

Additionally, partnership quantitative data collection relied on the input of a single representative of each organization. While the relevant program staff were consistently selected for participation, and while each was encouraged to seek input from others in their organizations when responding, survey responses and ratings remain reliant on one individual's perception of the group's work. And for partnerships with significant staffing changes during implementation, this likely contributed additional variability as different/new individuals were characterizing the work of the organization each year.

Qualitative data collection also has some limitations, particularly due to respondents who may over- or under-report their organizational or partnership's work together based on fear, social desirability, recall bias, or simply misunderstanding the question being asked. Despite best efforts to encourage interview and focus group participants to provide candid and detailed responses to the facilitator, there is still a possibility that they did not feel comfortable sharing all perceptions and feedback with HRiA staff who were conducting qualitative data collection.

## Partnership and Systems-Level Evaluation Findings

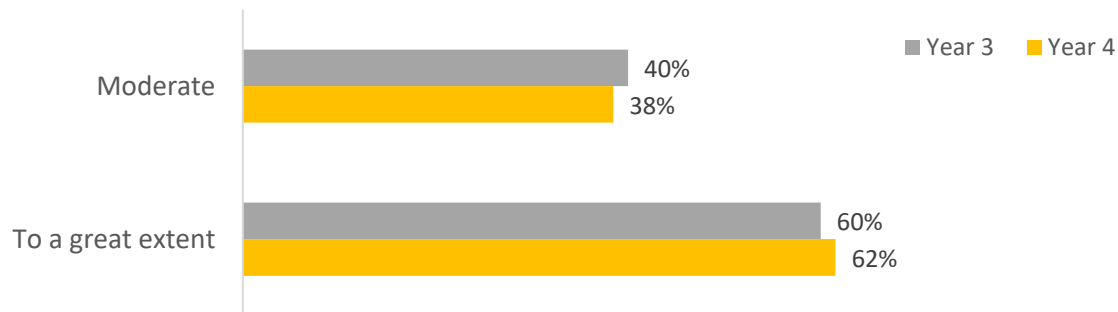
### Impact of COVID-19

The timing of the COVID-19 pandemic coincided almost exactly with Implementation Year 1 and the launch of programming. The impact on City agencies, non-profit organizations, and families in Cambridge was substantial and cannot be overstated. Work in Cambridge came to an abrupt halt with the statewide closure of all non-essential businesses beginning on March 24, 2020. Though a phased re-opening began in May 2020, and continued through the Spring of 2021, the process slowed and was briefly reversed in November and December 2020. For partnerships, the closures forced them to halt much of their initial focus on planned interventions as they made substantial shifts to their organizational policies and operations to support remote work and employee health, while pivoting to focus on basic needs and emergency service provision for the families they served.

Survey data collected in Year 1 (fall of 2020) showed that 40% of organizations felt the COVID-19 pandemic was ‘Very impactful’ on their partnership’s ability to provide services to families in Cambridge (OCS survey, data not shown). When asked to describe these impacts, most highlighted the need to move to virtual platforms for service delivery, challenges of capacity limits and contact mitigation to their limited in-person work, and for some, a complete halt or disruption to implementation because of the need to redeploy staff to address new/crises needs. Many also noted their organizations were experiencing cash flow/revenue challenges and loss of staff in general.

Throughout implementation, partnerships continued to adapt, modify, and, in some cases, delay their planned intervention activities. Even in Years 3 and 4, many organizations (≈60%) continued to report that they were still dealing with the challenges of the pandemic ‘To a Great Extent’ (**Figure 1**).

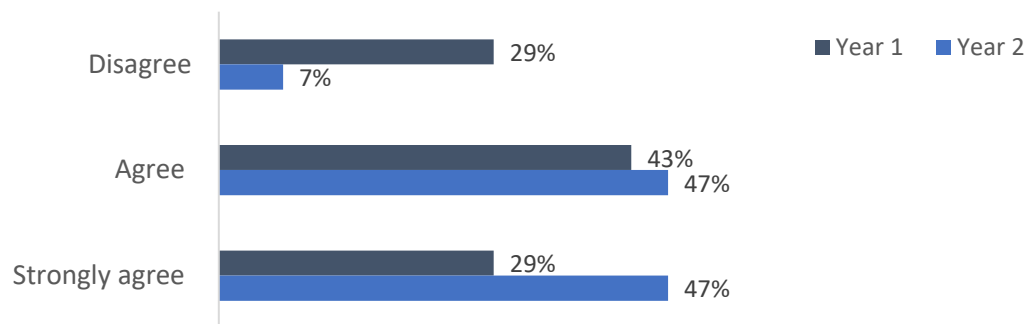
**Figure 1. Perceived Extent to which Organization is Still Dealing with Challenges that Arose from the COVID-19 pandemic, Percent of all Organizations**



Data Source: Organizational Capacity Survey; percentages based on 15 organizations responding Y3 and 13 in Y4; survey question was only asked in Y3 and 4

Additional data from Year 1 (Fall 2020) also clearly established the impact on Cambridge families, 79% of organizations reported that the pandemic had impacted the needs of families in Cambridge ‘A lot’ and to the extent that families had many new or additional needs/challenges beyond what their programs were originally designed to address (OCS Survey, data not shown). These needs pertained to food insecurity, access to other basic needs, stress of isolation and fear of illness or death, disruption to school/education/childcare, and having insufficient technology to engage remotely with work/school. And through to Year 4, the ripple effects of the financial impacts on employment and income were still being felt. Importantly, the collaborative partnerships which had been established prior to the pandemic were perceived to have helped the individual organizations navigate these many challenges by nearly all organizations in Year 2 (94% either agreed or strongly agreed) (**Figure 2**).

**Figure 2. Perception that the Challenges of COVID Pandemic have been Easier to Navigate because of the Partnership, Percent of all Organizations**



Data Source: Organizational Capacity Survey; percentages based on 15 organizations responding Y1 and Y2; survey question was only asked in Y1 and 2

Conversations with partnerships supported these findings. Partnerships noted that the issues they were seeing among their families already existed prior to the pandemic but were worsened because of the pandemic. And while the citywide closures and restrictions on in-person events had ended before Year 4, partnerships noted that most of the issues that were caused or worsened by the pandemic (e.g., housing affordability, rising food costs, etc.) persisted as concerns for many families.

When reflecting upon the full funding period in interviews, Committee members agreed that the pandemic created a need for many changes to their initial vision for implementation and evaluation. This included changes in timelines and expectations around data collection by partnerships. Committee members described this “**scaling back**” of requirements as a “**moving target**” because it required regular re-evaluation to be realistic and respectful of the burden on grantees at the height of the pandemic.

By Year 4, partnerships described how the impacts of the COVID-19 pandemic had become more integrated into how they were carrying out their day-to-day operations as individual organizations and as a partnership. In their reflections on the effects of the pandemic in Year 4, partnerships continued to highlight the need to pivot their programming or develop new approaches to meet emerging needs among their families. Each did note that their funded connections as a partnership had made the pivoting process slightly easier because of their established relationships.

## Committee-Level Process Outputs

### Operational Oversight, Communication, and Decision-Making

*The CBF funding initiative was overseen and managed by the Committee. As the funder, the Committee held a range of responsibilities that together helped ensure progress toward program goals was maintained over the implementation phase. These responsibilities included communicating with grantees (i.e., partnerships), overseeing and managing contracts, providing oversight and feedback to grantees around progress and performance, leading grant related decision-making processes, engaging with and directing the work of the external evaluator, and ensuring that grantees had the support and resources they needed to be successful in their efforts.*

Throughout implementation, committee members who participated in interviews perceived that the Committee was generally very successful in their ability to fulfill its responsibilities and roles, though they also shared some critiques regarding the effectiveness and consistency of this effort over the multiple years of the implementation.

Overall, members identified the key Committee responsibilities as managing the process for and distribution of funding, providing funding to grantees to develop creative and innovative ways of working with the community, and evaluating grantees' plans. Multiple interviewees clarified that there was confusion among some Committee members regarding the role of the Committee as well as the purpose of the evaluation. In teasing out some of the nuances of this confusion, one member identified less contextual knowledge among newer Committee members as an issue. This included a lack of understanding of the funding history (e.g., the community needs assessment and the top tier needs) and how it informed the request for proposal (RFP), the planning phase, and subsequent evaluation plan.

Some attributed this lack of knowledge to the lack of a formal or comprehensive onboarding process for new Committee members. The current process was described as simply receiving the series of background documents and reports available at the time they joined, to be read in the new members' own time. However, some members also indicated there was confusion regarding how the partnerships were functioning and how some specific elements of the evaluation were occurring among Committee members who were involved earlier in the funding period. This observation was attributed to the varied capacities of individual members to engage in work outside of the standing meeting structure. The ability and capacity for an individual to maintain a comprehensive and in-depth understanding of the initiative over multiple years was greatly hindered for those participating in a volunteer capacity compared to those serving more formally or as a requirement of their employment with the City.

***"I think it's hard when a small group is doing the planning for a larger group. Asking volunteers to spend more time on things is hard, so it is the city people doing more. It's awkward but it's done out of necessity due to time and the responsibility of their job to find the time."*** – Interview participant, Committee

In anticipation of this challenge, the Committee created the evaluation subcommittee at the outset of the initiative, staffed by members with more capacity and led by a City employee, to engage regularly with the evaluator and to keep the evaluative-related work moving forward in between Committee meetings. However, this may have created more confusion among the broader Committee membership due to a perceived lack of communication between the evaluation subcommittee and the full Committee. Additionally, there was a core team, staffed only with City employee members of the Committee to oversee the more administrative functions of the Committee, which added another level of complexity and challenge to communication with the evaluator, the full Committee, and partnerships.

***"I think there could have been more or better integration between the core team, the committee, and HRiA. There are times when I have no idea what HRiA and the core team are working on or what the dialogue has been."*** – Interview participant, Committee

***"I often feel like some of the more important work is happening with the core team and there's not a lot of transparency there. I would like more transparency."*** – Interview participant, Committee

From the partnership perspective, communication was reported to have improved over the years. Unfortunately, focus group participants across all partnerships did not feel the Committee fully addressed their original sentiments indicated in Year 1. While the Committee eventually clarified that their expectation is *not* that the needs of families will substantially change over the years, partnerships still considered the funding expectations and framing of to reflect their initial perceptions. That is, there continued to be a perception from the grantees that the Committee expected them to "solve" the top-

tier needs outlined in the RFP. For example, one partner organization referred to the expectations that non-profit partnerships will change the lives of families in a few years as naïve.

**“This romantic and unrealistic expectation that they will change their lives in just a few years – that is what sometimes angers me. There is this expectation that we as a partnership can help people change their lives in just 3 years to triple their income, be able to independently be able to afford to live in Massachusetts let alone Cambridge – we can’t do that for ourselves.”** – Focus group participant, Partnership

Staff from this partnership also suggested the City apply a more conscious effort to actively include the voice of the community in the RFP process, adding that, **“We often felt like they were a little out of touch from the people we are serving.”**

One major decision point for the Committee was the extension of the Implementation into a fourth year. Throughout the funding period, committee members recognized the difficulties experienced by the grantees due to the pandemic. Citing the delays and challenges in Year 1, Committee members agreed that adding a fourth year would help the partnerships work with their families closer to the that had been originally envisioned and would help support their efforts to “off-board” those who were enrolled in the program specifically funded through this initiative.

Overall, Committee members who were interviewed expressed satisfaction with the fact that they were able to continue funding for grantees for a fourth year. However, when thinking about the process to approve and distribute this fourth year of funding, members shared mixed perceptions about the efficiency and effectiveness of decision making. Specifically, some interviewees initially saw the proposals for the fourth year of funding as something that would be reviewed and discussed with the same level of scrutiny as in Years 1-3. And to this end, much Committee time was spent discussing and honing the requirements for funding. Year 4 proposals ended up being seen as more of a formality for approving grantees for more funding without regard for formal requirements. The lack of communication about the purpose of Year 4 created perceptions of confusion and inefficiency.

**“It seemed like we were always going to give the 4th year funding to the grantees and yet we spent a lot of time talking about the requirements. I think there were some challenging questions asked but I don’t think there was ever any doubt that the funding would be continued. I didn’t feel like a decisionmaker. It was not efficient.”** – Interview participant, Committee

### Role of the External Evaluator

*The external evaluator was hired by the Committee to plan and conduct an overarching evaluation of the CBF initiative. To this end, the Committee and evaluator sought to work collaboratively with each partnership to design an evaluation plan that could feasibly be implemented by all member organizations. The external evaluator was also responsible for providing evaluation technical assistance to partnerships and supporting the use of data collected throughout the implementation phase.*

In Implementation Year 1, there was a lack of clarity around the role of the external evaluator and the evaluation methods among Committee members and grantees (despite starting implementation with a fully developed overarching logic model, evaluation plan, and a full draft of the Family-level survey). For example, in interviews, Committee members varied in their descriptions of what the role of the external evaluator was during the first year of implementation. Similarly, grantees described the work of the evaluator as different from what they originally expected. Much of the variation centered around whether and how the evaluator’s support of grantees extended beyond the realm of evaluation and

data collection. This confusion continued into Year 2 and was attributed to the abrupt and lengthy disruption caused by COVID-19 along with communication challenges noted in previous reports.

Relative to discussions in previous years, committee members expressed more of an understanding of the role of the external evaluator during Year 3 interviews, though not a full and complete understanding of the evaluation methodologies or findings to date. In earlier years, Committee members experienced and voiced challenges around the clarity of expectations for partnerships to collect evaluation-related data. By Year 3, this issue was less frequently cited; the greater challenge was determining how the committee could better understand the evaluation data, its implications, and how to utilize it for future efforts.

***“I think the committee struggled with how to make sure we fully understood and remembered what the evaluation was. There was incredibly interesting data, but it was just hard to get the committee to understand what the data we had. This might have been inevitable in a committee [structured] like that, but I wonder if we could do better. I worry that at the end of the day, the members don’t fully get what data we have.”*** – Interview participant, Committee

As noted earlier, some of this challenge can likely be attributed to the varying capacities of individual Committee members to engage with materials and reports outside of standing meetings, and to the separate structure of the evaluation subcommittee which caused communication challenges. However, multiple Committee members also pointed to the lack of time given to evaluation in full Committee meetings as a barrier to understanding the evaluation and available data. With full Committee meetings generally occurring monthly, agendas tended to be quite dense with the core team needing to prioritize the topics that could be included. Often, time for the evaluators to share detailed updates was limited. For example, in response to the pandemic, the Committee spent a span of months discussing the logistics of an emergency round of funding to various organizations in Cambridge. In later years, the Committee spent time discussing parameters and expectations for subsequent funding years, collaborating with partnerships to build relationships, developing guidance for the Year 4 extension, and general Committee updates.

***“Regular times in our committee meetings for HRiA to give updates would have been helpful if done from the very beginning. That would have helped our understanding of what was going on, challenges, successes around evaluation. Those topics were not really covered in committee meetings.”*** – Interview participant, Committee

### Committee Successes

Interviewed Committee members noted several successes throughout the funding period, with the largest, most obvious success being the distribution of funds throughout the Cambridge community for the benefit of Cambridge nonprofits and families.

***“Partnerships in general are able to implement their model and are working with clients and are adapting to the needs of clients. That has come through more than in prior years.”*** – Interview participant, Committee

Another frequently named success was increasing and expanding the Committee’s conversations with grantees. Stemming from a recommendation in Year 1’s evaluation findings, the Committee endeavored to improve their relationship and communication with partnerships. In that first year of funding, some partnerships perceived the first several meetings with the Committee (to discuss COVID-19 changes and challenges) to be a ***“an onslaught of questions”*** and a ***“firing squad.”*** Partnerships did not feel the

Committee was understanding of the barriers to collecting data from program participants. This perception had shifted slightly by Year 2. One partnership noted that the change in year-end reporting was a much-appreciated change (in Year 2 conversations between the Committee and grantees were held rather than the submission of lengthy reports or presentations). The approach was perceived as **“more effective”** and more respectful of grantees’ time.

Specifically, this allowed Committee members to gain a stronger and more complete understanding of the work that partnerships were doing and how the needs of families were being met. Committee members were also better able to understand the impact of the pandemic on organizations and families in Cambridge, which enabled them to better understand the need for shifting expectations with regard to project performance and data collection as well as the value of extending funding into a fourth year.

***“I think this year the conversations we had with grantees were more frequent and more conversational and interactive – they felt less formal and less pressured. Things were much better in Year 3 and more information and feedback surfaced [as a result].”*** – Interview participant, Committee

***“The committee was much more conscious of trying to be in better communication with the partnerships, like smaller group meetings, bringing the partners together – there was a great effort made. The Committee made considerable effort to be responsive.”*** – Interview participant, Committee

Throughout implementation and into Year 4, partnerships continued to express the importance of transparency and timely communication from the Committee. And they emphasized the importance of requesting information that is **“intentional and purposeful,”** but acknowledge the challenge of balancing the information needs of the Committee and the evaluator.

### Committee Challenges

Committee members were also asked to provide their perspectives on the challenges experienced during the funding period. One challenge that arose in Year 3 involved a perceived decline in the level of Committee member engagement. While interviews attributed this to the absence of COVID-era restrictions and the increase in the public (including committee members) ability to go back to “a normal life,” it is also likely that this is due to the turnover in Committee membership. As noted earlier, new members did not have a formal or comprehensive onboarding process to get them up to speed and many may not have had the capacity to engage with the work in the same way prior members had. It is important to note that as of Year 4, more than half (eight) of the Committee seats turned over at least once during the course of funding. In total, nine members joined the Committee after the start of funding, creating different levels of understanding about the goals and history of the funding initiative and grantees.

Another challenge noted by interviewees was that some members of the Committee were also current grant recipients. Though all interview participants agreed that having a strong non-profit perspective was important during their decision-making processes and overall conversations about the funding initiative, this dual role created a dynamic that **“has inhibited some committee work”** by reducing some of the more candid conversations around project performance. Even though these Committee members were recused from voting or approving their own partnerships for funding each year, it did leave open a perception that some Committee decisions were not as strict as they could have been.

Beginning in Year 1, both partnerships and Committee members commented on the overall power dynamic that existed throughout the funding. While interviewed Committee members agreed that their

communication with grantees improved over the years, they noted that the relationships were not yet as strong as they could be. Members perceived that the level of trust between the Committee and grantees influenced what grantees chose to share about their challenges during implementation which then impacted the Committee's ability to fully understand and respond to the realities of what partnerships were experiencing. Furthermore, several Committee members noted that the grant requirements and expectations did convey the Committee's role was more about "oversight" than relationship-building. As one member suggested, if partnerships felt their interactions with the committee were meant "to watch over them", then naturally they would not be as open about their experiences and the work would feel less collaborative.

***"The fact that I couldn't fully understand the programs says a lot. I feel like the structure of this has been holding nonprofit organizations accountable rather than working to understand the challenges. It seems like the nonprofits are holding back from sharing the challenges for that reason."*** – Interview participant, Committee

A few Committee members also noted a challenge around the Committee's overall capacity to fully understand and react to the particulars of how their work is done. This challenge manifested in several different ways, challenges around communication between the core team and the Committee, challenges in maintaining an open and trusting relationship with grantees, and the ongoing challenges of understanding the role of the evaluator as well as the ongoing evaluation data. Further, one Committee member interviewed noted that the effort to manage the Committee's work can be "**taxing**" for City staff who also must tend to other work responsibilities. While not explicitly mentioned as a challenge, it appeared that a lack of a dedicated staff person to manage the Committee's inner workings (e.g., documenting and understanding evaluation processes, maintaining relationships with grantees, and keeping Committee members abreast of the decisions that are made on a regular basis) hinders some of the work that the Committee was tasked with.

When thinking about suggestions for how to build more trust between non-profit organizations and the Committee in future iterations of funding, interview participants provided several suggestions, including providing more clarity about communication and evaluation expectations in future RFPs, and hosting more in-person events with Committee members and non-profits organizations throughout the implementation.

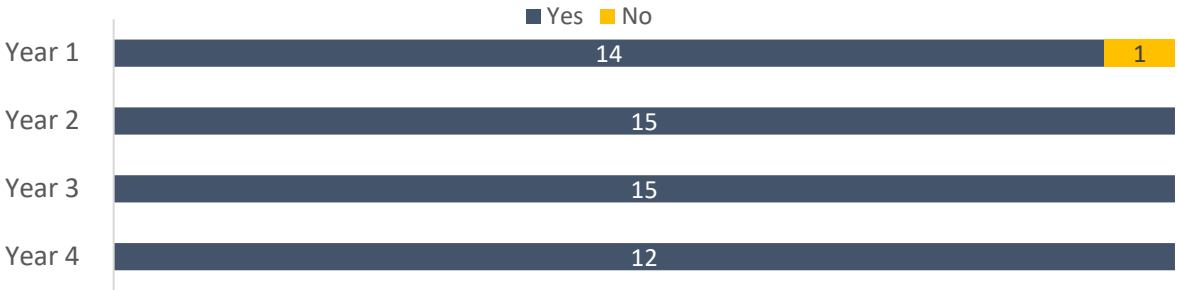
## Partnership-Level Process Indicators and Outcomes

### Partnership Communication and Coordination

*In requiring grantees to collaborate as a partnership, the CBF and Committee intended for organizations to be more efficient in their use of resources and that would develop programming that provides more seamless and complimentary cross-sectoral services to vulnerable families.*

The overarching goal that partnerships would establish and practice effective approaches to communication and coordination of services was universally identified as achievable from Year 2 onward (**Figure 3**).

**Figure 3. Agreement that Goal of Establishing and Practicing Effective Approaches to Communication and Coordination of Service Delivery will be Achieved, Count of Organizations**



Data Source: PARTNER Tool; counts based on 15 organizations responding Y1-Y3 and 12 in Y4

In discussions, partnerships described much of their work together was accomplished through virtual meetings for much of the funding period due to the mandated closures driven by the COVID-19 pandemic. As city restrictions eased up, partnerships were able to resume some level of in-person meetings.

*“The pandemic really changed everything. We really started thinking about this in 2018. For two years, we were meeting in-person a lot just to have planning meetings, and then with COVID we had to switch to Zoom.”* – Focus group, Partner organization

The frequency of meetings between partnering organizations ranged from weekly to monthly, depending on the level of the staff member and their responsibilities. For example, staff with a high-level oversight of their programs met less frequently than the day-to-day support staff who needed to meet with one another regularly to further adapt to and address the needs of the families they served. Meetings with the entire partnership also varied, with some partnerships meeting more frequently than others. While partnerships all collaborated through regularly scheduled meetings, they also added that they could, and frequently did, connect on an ad hoc basis, depending on the urgency of the needs of the families they were working with.

In reflecting on the funding period, two partnerships specifically pointed out that having a single organization within their partnership serving as a *“convener”* or *“connector”* helped them to maintain consistent communication and contact with one another. As one partner organization said of their convener, they have *“been extraordinary in keeping us moving forward and maintaining communications.”*

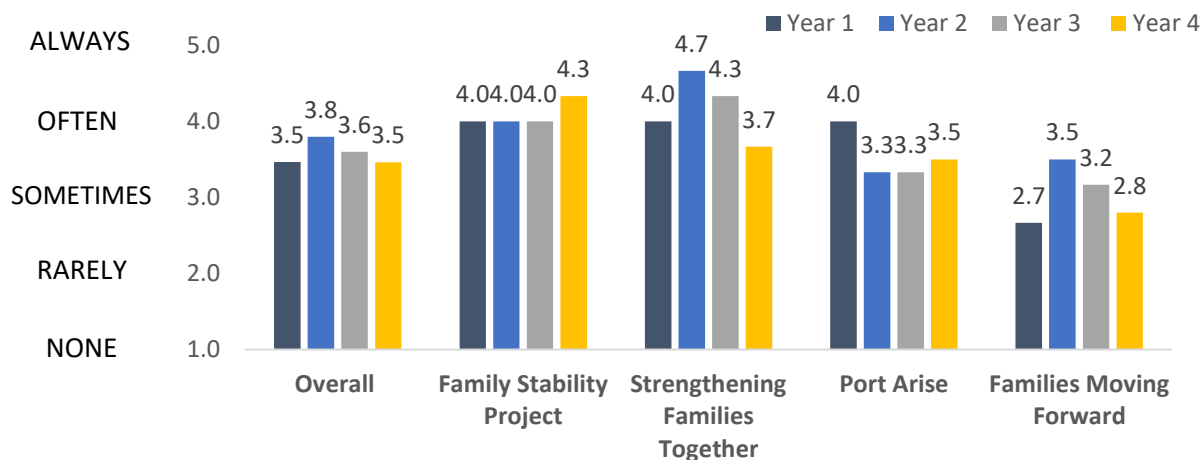
When thinking about the long-term impact of their successful inter-organizational communication, partnerships agreed that communication in a meaningful and intentional way helped to ensure that all team members were on the same page. And as one partnership pointed out, good communication helped to mitigate very high levels of turnover among staff they experienced during implementation.

*“There’s turnover in frontline, part-time, and seasonal roles. But our approach was to mitigate the impact of that turnover. Get people onboard as quickly as possible and embed [them] into the culture. Turnover is mitigated as byproduct of our communication and professional development plan.”* – Focus group participant, Partner organization

In service of their collaborative work, Partnerships were actively pooling or sharing resources between their partnering organizations beginning in Year 1. Across all partnerships, average frequency scores ranged between the categories of ‘Sometimes’ and ‘Often’ fairly consistently from Years 1 through Year

4 (**Figure 4**). Scores for individual partnerships were more variable with resource pooling being more frequent among the Family Stability Project and the Strengthening Families Together partnerships.

**Figure 4. Frequency of Resource Pooling Within the Partnership, Average Rating Across Organizations**

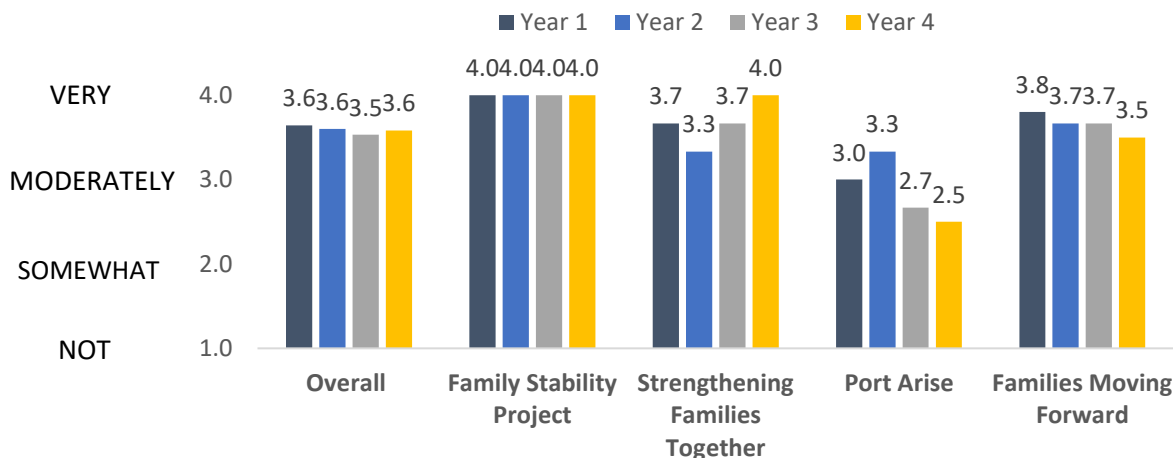


Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y1-Y3 and 13 in Y4

The types of resources that were pooled or shared between organizations also varied between partnerships and over time. Most commonly identified resources from the Organizational Capacity Survey included subject matter expertise, training/professional development opportunities, staff, financial resources, physical/co-located space, and shared case-management efforts. Most also identified their referral networks as a major resource that was pooled or shared.

Most partnerships rated the effectiveness of their resource pooling highly throughout the implementation phase. The overall average effectiveness score was consistently between the categories of ‘Moderately’ and ‘Very’ from Years 1 through Year 4 (**Figure 5**). However, effectiveness was rated much lower among the Port Arise partnership compared to other partnerships. Importantly, the Port Arises partnership experienced the most staffing and leadership turnover over implementation. This turnover and subsequent fluctuations in knowledge of the project or evaluation plan may have influenced leadership perceptions regarding the effectiveness of resource pooling and other areas of measurement.

**Figure 5. Effectiveness of Resource Pooling Within the Partnership, Average Rating across Organizations**

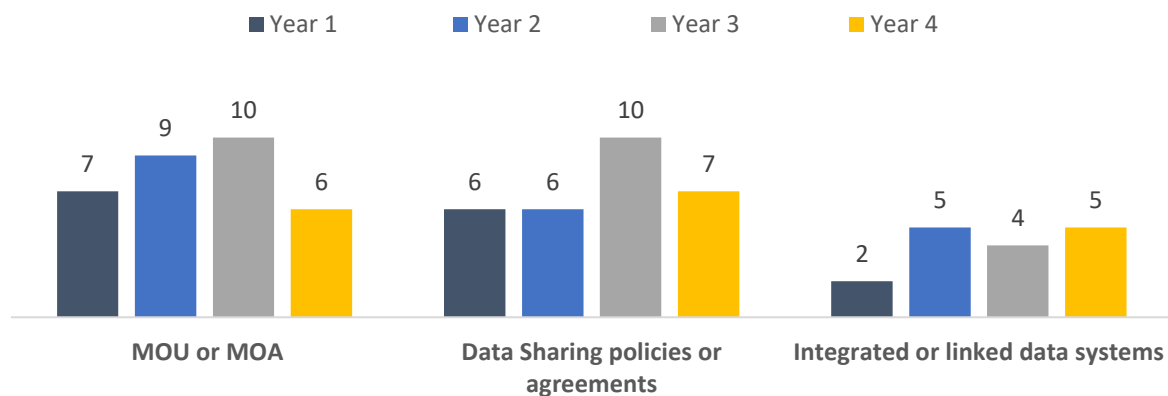


Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y1-Y3 and 13 in Y4

Ultimately, partnerships undertook their collaborative work with a variety of approaches and mechanisms for communication and data sharing. The establishment of formal data sharing policies or practices is a strong indicator that more collaborative and transparent relationships are being developed. Based on organizational self-report, the number reporting that an MOU/MOA, data sharing policies/agreements, or integrated or linked data systems were in place increased between Year 1 through Year 3 (**Figure 6**).

While some of these mechanisms subsequently declined in Year 4, this may be due to a shift in the focus of partnerships' work between implementation Year 3 and Year 4, as partnerships focused more specifically on “**off-boarding**” families who were enrolled in their CBAC-funded programs. This looked slightly different for each partnership, though there was a common theme of working closely with families to ensure they connect/remain connected to any resources or services that may change at the end of funding. This shift may have meant that partnerships were spending less time combining and/or sharing needed assets, equipment, personnel, training, etc.

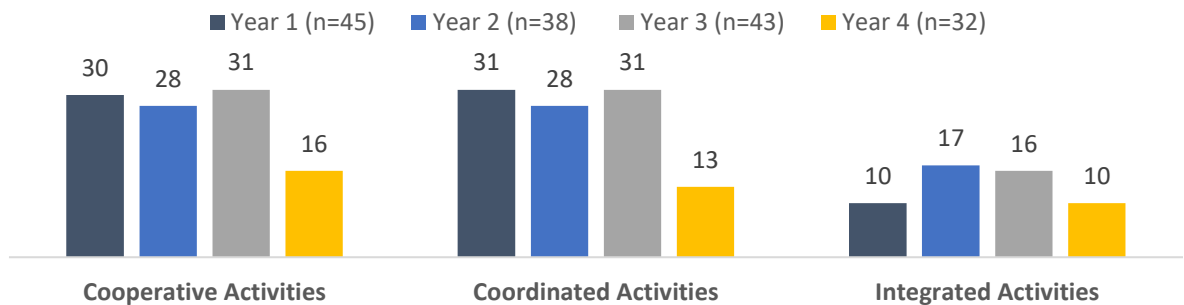
**Figure 6. Data Sharing Policies and/or Practices Currently in Place, Count of Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y1-Y3 and 13 in Y4

The type or level of collaboration that is undertaken by a partnership provides insight into how the partner organizations are choosing to work together in their efforts. The PARTNER tool organizes collaboration into three levels – cooperative, coordinated, and integrated. Integrated activities reflect the highest level of collaboration in that they are taking place with more synergy and interdependence of the organizations. Based on data from the PARTNER Tool, which captures all possible organizational pair relationships (i.e., there are a total of 45 possible pairs across the four partnerships), activities remained steady and consistent between Years 1 through 3 and were more often happening in a coordinated or cooperative manner (**Figure 7**). There was a marked drop off in both cooperative and coordinated activities in Year 4. This may reflect the shift towards post-grant efforts and less intensive ongoing work between all organizations. Integrated activities were more often reported among partners of the Family Stability Project and Strengthening Families Together projects which is consistent with their reports of resource pooling above.

Figure 7. Number of Organizational Relationships Pairs, by Level of Collaboration



Data Source: PARTNER Tool; counts based on the 45 total organizational relationship pairs possible across the four partnerships – not all organizations answered this question in Years 2, 3, 4.

Note: Collaboration activity levels are defined as follows: “Cooperative” involves exchanging information, attending meetings together, and offering resources to partners. “Coordinated” involves cooperative activities in addition to intentional efforts to enhance each other’s programs and services. “Integrated” involves using commonalities to create a unified center of knowledge and programming that supports work in related content areas (in addition to cooperative and coordinated activities).

As previously mentioned, a large part of how partnerships engaged with one another was by simply calling one another on an ad hoc basis. This was also the chief strategy applied by partner organizations when trying to connect to and coordinate services for their families over the years. Partnerships highlighted the importance of establishing a “point person” within each partner organization to aid in their ability to coordinate services across and between the organizations in their partnership. Often, this point person served as the case manager (or equivalent title/role) for the families. There was also agreement that the approach to coordination of services could depend upon the “urgency” of the needs of families served. This triage-like approach allows partnerships to understand whether they could address the needs within their partnership or needed to refer out for additional services and support.

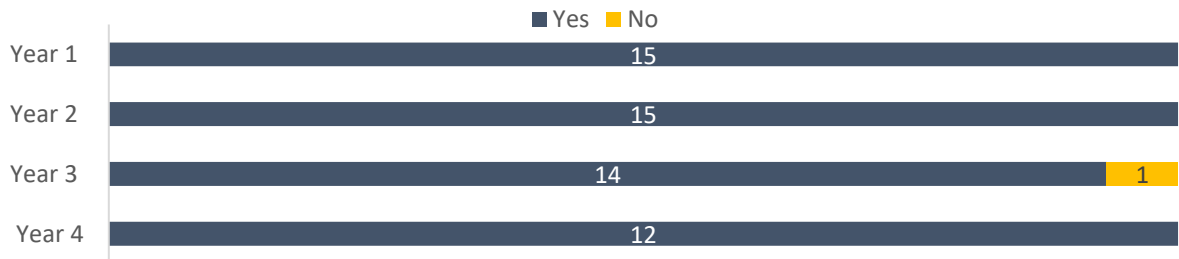
*“Cambridge is a place that is very unique in that orgs work to find ways to collaborate and know we are stronger together.”* – Focus group participant, Partner organization

Strength of Partnership

*Key indicators of a partnership’s strength include the level of trust and demonstrated value between the collaborating organizations. Strong partnerships lead to organizations and staff with greater overall capacity and that feel more supported and less isolated in their work.*

There was strong agreement across nearly all organizations and during each implementation year that that partnerships would achieve the goal of having strong working relationships (Figure 8).

Figure 8. Agreement that Goal of Having Strong Working Relationships will be Achieved, Count of Organizations



Data Source: PARTNER Tool; counts based on 15 organizations responding Y1-Y3 and 12 in Y4

Below are the network scores obtained from the PARTNER Tool for each partnership over time. This provides insight into the strength and effectiveness of the collaborative relationships built within each partnership. Detailed in **Table 4** are the results for the organizational ‘Trust’ construct and its associated dimensions. These scores were consistently very high for each partnership and across each year, with the aggregate 4-year average ranging from 92% to 100%. These findings demonstrate an exceptionally high level of trust and confidence within partnerships. This suggests there is robust collaboration, strong communication channels, and a shared commitment to mutual goals among partner organizations.

**Table 4. Partnership Network Scores for the Organizational Trust Construct**

		Year 1	Year 2	Year 3	Year 4	4-Year average
<b>Overall Trust</b> <i>Demonstrates the members’ overall combined view of trust in other organizations in terms of the three factors detailed below.</i>	<b>All</b>	<b>98%</b>	<b>95%</b>	<b>96%</b>	<b>99%</b>	<b>97%</b>
	<b>FMF</b>	99%	95%	95%	98%	97%
	<b>FSP</b>	97%	98%	99%	99%	98%
	<b>PA</b>	97%	85%	94%	--	92%
	<b>SFT</b>	100%	100%	97%	100%	99%
<b>Reliability</b> <i>Demonstrates the member’s combined view of other organization’s reliability in terms of following through on commitments or obligations.</i>	<b>All</b>	<b>97%</b>	<b>97%</b>	<b>93%</b>	<b>99%</b>	<b>97%</b>
	<b>FMF</b>	98%	95%	95%	100%	97%
	<b>FSP</b>	92%	100%	96%	96%	96%
	<b>PA</b>	100%	94%	88%	--	94%
	<b>SFT</b>	100%	100%	92%	100%	98%
<b>In Support of Mission</b> <i>Demonstrates the member’s combined view of other organization’s support of mission in that it shares a common vision of the end goal of what the collaborative should accomplish.</i>	<b>All</b>	<b>99%</b>	<b>94%</b>	<b>97%</b>	<b>98%</b>	<b>97%</b>
	<b>FMF</b>	100%	95%	95%	94%	96%
	<b>FSP</b>	100%	95%	100%	100%	99%
	<b>PA</b>	96%	88%	94%	--	92%
	<b>SFT</b>	100%	100%	100%	100%	100%
<b>Open to Discussion</b> <i>Demonstrates the member’s combined view of other organization’s openness to discussion in that it is willing to engage in frank, open, and civil discussion; can communicate with other organizations in an open, trusting manner.</i>	<b>All</b>	<b>99%</b>	<b>93%</b>	<b>99%</b>	<b>100%</b>	<b>98%</b>
	<b>FMF</b>	100%	95%	95%	100%	98%
	<b>FSP</b>	100%	100%	100%	100%	100%
	<b>PA</b>	96%	75%	100%	--	90%
	<b>SFT</b>	100%	100%	100%	100%	100%

**Note:** FMF=Families Moving Forward, FSP=Family Stability Project; PA=Port Arise, SFT=Strengthening Families Together; Data Source: PARTNER Tool; estimates were computed based on the responses completed by each organization within a given partnership and required at least 2 organizations to have data in order to calculate a value for the partnership; due to missing data, scores were not computed for Port Arise in Y4 and therefore were not included in Y4 or 4-year average calculations

Similarly, in **Table 5** are the results for the organizational ‘Value’ construct and its associated dimensions. These scores were consistently 75% or higher for each partnership and across each year, with the aggregate 4-year average ranging from 75% to 100%. These findings indicate a solid level of perceived value within the partnerships, albeit with some variability across different relationships. While the majority of organizations have a considerable degree of value and mutual benefit, some opportunities remain for targeted improvements to further strengthen the partnership's effectiveness

and impact. Most notably, value scores were lower across the Families Moving Forward Partnership, which is not unexpected as that is the largest of the four partnerships and is more likely to have partner organizations that are less engaged with one another.

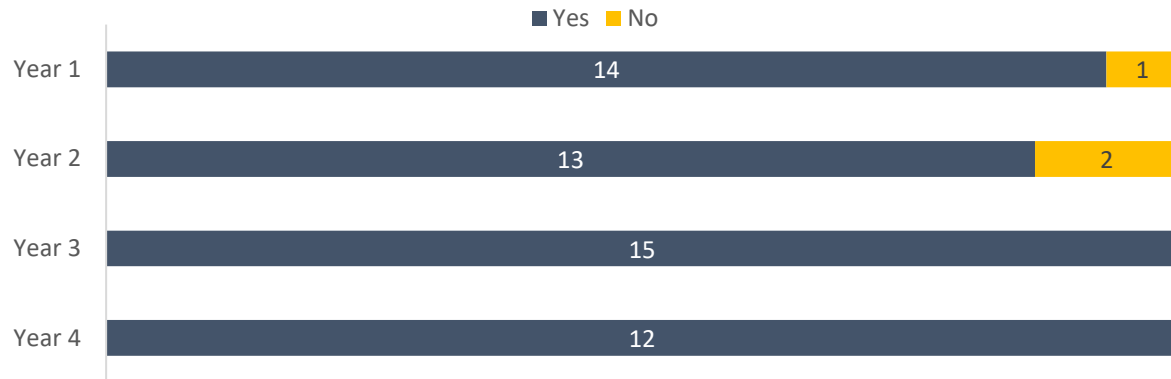
**Table 5. Partnership Network Scores for the Organizational Value Construct**

		Year 1	Year 2	Year 3	Year 4	4-Year average
<b>Overall Value</b> <i>Demonstrates the members' overall combined view of other organization's value in terms of the three factors detailed below.</i>	<b>All</b>	<b>92%</b>	<b>93%</b>	<b>90%</b>	<b>90%</b>	<b>91%</b>
	<b>FMF</b>	75%	77%	75%	79%	76%
	<b>FSP</b>	94%	95%	94%	96%	95%
	<b>PA</b>	97%	100%	90%	--	96%
	<b>SFT</b>	100%	100%	100%	96%	99%
<b>Power/Influence</b> <i>Demonstrates the members' combined view of other organization's value in terms of power and influence (organization holding a prominent position in the partnership by showing leadership, having decision making power, directing implementation efforts, acting as a convener, etc.)</i>	<b>All</b>	<b>93%</b>	<b>94%</b>	<b>90%</b>	<b>92%</b>	<b>92%</b>
	<b>FMF</b>	77%	80%	78%	82%	79%
	<b>FSP</b>	96%	95%	96%	96%	96%
	<b>PA</b>	100%	100%	88%	--	96%
	<b>SFT</b>	100%	100%	100%	100%	100%
<b>Level of Involvement</b> <i>Demonstrates the members' combined view of other organization's value in terms of level of involvement in the collaborative (organization is directly involved in day-to-day implementation efforts, is strongly committed and active in the partnership to gets things done).</i>	<b>All</b>	<b>92%</b>	<b>93%</b>	<b>90%</b>	<b>93%</b>	<b>92%</b>
	<b>FMF</b>	74%	77%	69%	82%	76%
	<b>FSP</b>	96%	95%	96%	96%	96%
	<b>PA</b>	100%	100%	94%	--	98%
	<b>SFT</b>	100%	100%	100%	100%	100%
<b>Resource Contribution</b> <i>Demonstrates the members' combined view of other organization's value in terms of the number of resources it brings to the collaborative (organization brings essential resources to the partnership like implementation staff, administrative support, meeting space, data support, or other resources).</i>	<b>All</b>	<b>89%</b>	<b>93%</b>	<b>89%</b>	<b>85%</b>	<b>89%</b>
	<b>FMF</b>	73%	75%	78%	73%	75%
	<b>FSP</b>	92%	95%	92%	96%	94%
	<b>PA</b>	92%	100%	88%	--	93%
	<b>SFT</b>	100%	100%	100%	88%	97%

**Note:** FMF=Families Moving Forward, FSP=Family Stability Project; PA=Port Arise, SFT=Strengthening Families Together; Data Source: PARTNER Tool; estimates were computed based on the responses completed by each organization within a given partnership and required at least 2 organizations to have data in order to calculate a value for the partnership; due to missing data, scores were not computed for Port Arise in Y4 and therefore were not included in Y4 or 4-year average calculations

There was strong agreement across nearly all organizations, that partnerships would achieve the goal of being less siloed in serving families and more efficient in their use of resources, particularly in Years 3 and 4 (**Figure 9**).

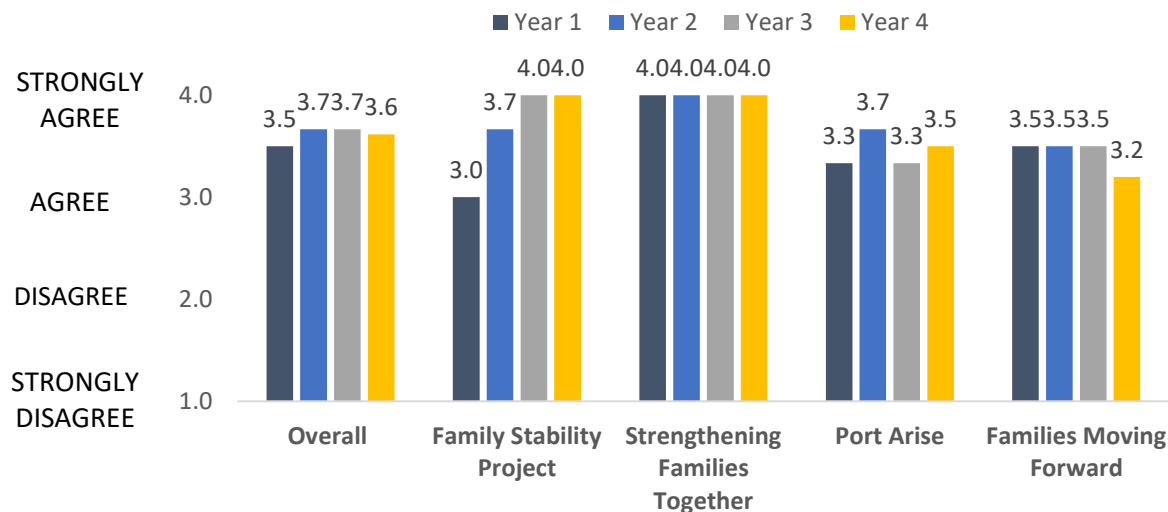
**Figure 9. Agreement that Goal of Being Less Siloed in Serving Families and More Efficient in Use of Resources will be Achieved, Count of Organizations**



Data Source: PARTNER Tool; counts based on 15 organizations responding Y1-Y3 and 12 in Y4

Similarly, all partnerships either ‘Agreed’ or ‘Strongly Agreed’ that their work together has led them to feel less isolated in their work with families beginning in Year 1 (**Figure 10**). Two partnerships, Family Stability Project and Strengthening Families Together, were particularly likely to ‘Strongly Agree’ in both Year 3 and Year 4.

**Figure 10. Feels Less Isolated in Work with Families, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y1-Y3 and 13 in Y4

*“It’s the worst and best time for a collaboration. Did we know there would be a pandemic? No, but this is the best time to collaborate. We needed to be even more creative than before.”* – Focus group participant, Partnership

During qualitative discussions, partnerships shared mixed sentiments on whether the CBAC funding helped to breakdown silos, but they also provided much more context to the issue. Partnerships noted that the broader systems – especially policies and systems larger than the City – were too challenging to

instill change in. However, they perceived the work to breakdown silos within their partnerships and the networks in Cambridge to be successful. They reasoned that because the issues partnerships were attempting to address with families were complicated and rooted in several decades of policy making, breaking down systems-level silos in four years was not a realistic outcome. That said, there was general agreement that the funding allowed more opportunities for non-profits in Cambridge to connect with one another more often. However, one partner clarified that among non-profits in Cambridge, *“there is a real emphasis on partnerships to start”* so there may have been fewer organizational-level silos at the start of funding as compared to other communities.

One additional hope of the Committee for this funding structure was that relationships would develop across partnerships in addition to those between organizations within each partnership. In the end there were limited Committee sponsored events that leveraged this opportunity to share information and form connections across partnerships. That paired with the limitations and challenges of the COVID-19 pandemic (e.g., no meeting in person, expanded family needs, etc.), work between partnerships did not materialize as quickly nor in depth as initially hypothesized.

*“One thing I can say about Cambridge: there are a lot of nonprofits and they all like to collaborate – so we would welcome that in the future. We are all working with the same people – we all specialize in what we do, so there is no need for others to duplicate.”* – Focus group, Partner organization

Partnership perceptions about their level of collaboration and connectedness with the three other partnerships over the four years did vary. Most noted that while they connected informally through City-hosted convenings and shared information with one another, there had not yet been any formal agreements (e.g., MOUs, MOAs, linked data systems, etc.) established across partnerships. That said, two organizations within one partnership cited instances of referrals for legal assistance and financial coaching to an organization in a separate partnership. This was described as a successful connection simply because the organizations were not connected *“in this way prior to this funding.”* And two partner organizations from separate partnerships also noted that they were working together to start a youth program in the future. While formal efforts to collaborate were relatively limited at the current time, the partnerships all stressed that some form of connecting with one another is *“a big part”* of their work within Cambridge.

### Identification and Response to Identified Needs

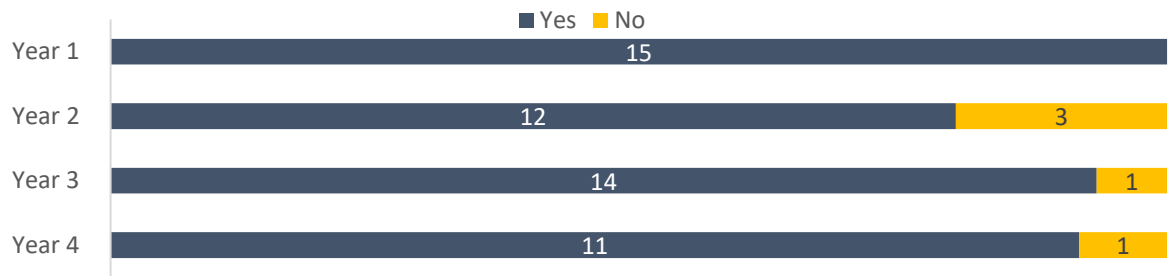
*Central to the success of partnerships’ programmatic work with families, is their ability to effectively identify, respond to, and meet the needs they identify among Cambridge families. To be most impactful, collaborative programming requires organizations to have a common understanding of the needs of vulnerable families they serve and effective mechanisms or processes through which partnerships identify and respond strategically to those needs.*

When asked whether the goal of identifying, responding to, and meeting the top-tier needs of families would be achieved during implementation, there was full agreement in Year 1 that it would be (**Figure 11**). However, in Year 2 a few organizations indicated that they did not agree, likely due to the enormous impact of the COVID-19 pandemic on family needs and their own stretched capacities. By Years 3 and 4, agreement had improved with only one organization disagreeing.

In qualitative discussions, partnerships also pointed out that *“short term,”* as defined in the original project plan and logic model, was now too short of a time to measure substantial change for the families they serve, given the many challenges in their lives. Further, once the effects of the pandemic are

considered, short- and long-term effects were especially difficult to observe in families who are still just getting back on their feet.

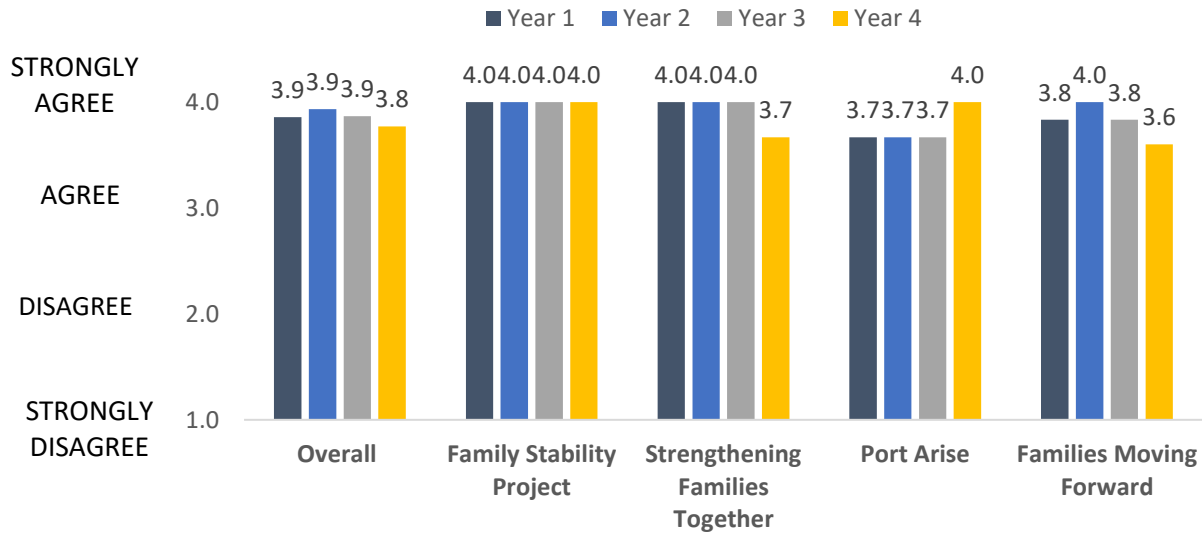
**Figure 11. Agreement that Goal of Effectively identifying, Responding to, and Meeting the Top Tier and Related Needs of Families will be Achieved, Count of Organizations**



Data Source: PARTNER Tool; counts based on 15 organizations responding Y1-Y3 and 12 in Y4

To better understand how partnerships worked together to effectively identify the needs of families, a number of more specific questions were asked. First, they were asked whether the organizations within their partnership shared a common understanding of the needs of families (Figure 12). Nearly all partnerships ‘Strongly Agreed’ that a common understanding was in place between organizations, starting in Year 1 and persisting through Year 4.

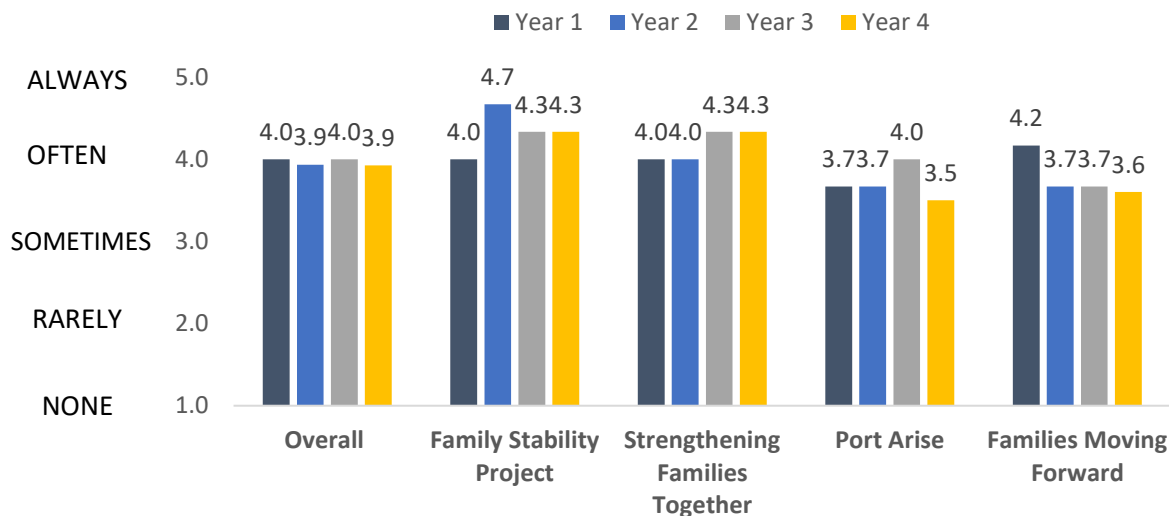
**Figure 12. Share a Common Understanding of the Top Tier and Related Needs of Families, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y1-Y3 and 13 in Y4

Organizations were then asked how often organizations within the partnership used a shared or common set of practices to identify or address the needs of families (Figure 13). Responses were most consistently ‘Often’ across Years 1 through 4, with some partnerships having an individual year where responses were closer to the ‘Always’ category.

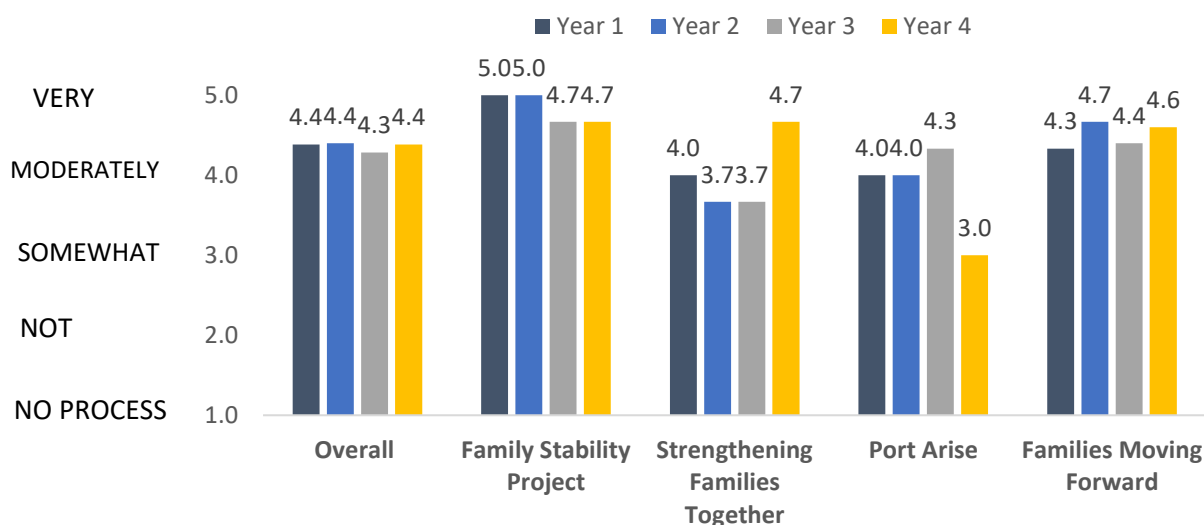
**Figure 13. Frequency of Using Shared or Common Practices to Identify or Address Top Tier Needs, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y1-Y3 and 13 in Y4

To understand the perceived effectiveness of processes organizations were using to screen for or identify needs among families, partnerships were also asked to rate their effectiveness. Overall, ratings were consistently between ‘Moderately’ and ‘Very Effective’ in Years 1 through 4 (**Figure 14**). However, some differences were observed by partnership. Ratings for Family Stability Project and Families Moving Forward were consistently high through implementation suggesting solid effectiveness, while ratings for Strengthening Families Together and Port Arise were slightly lower and more variable year to year. These latter two partnerships were more likely to report staffing challenges at different points of the implementation phase which likely impacted their consistency in this area.

**Figure 14. Effectiveness of Screening or Needs Identification Process, Average Rating across Organizations**

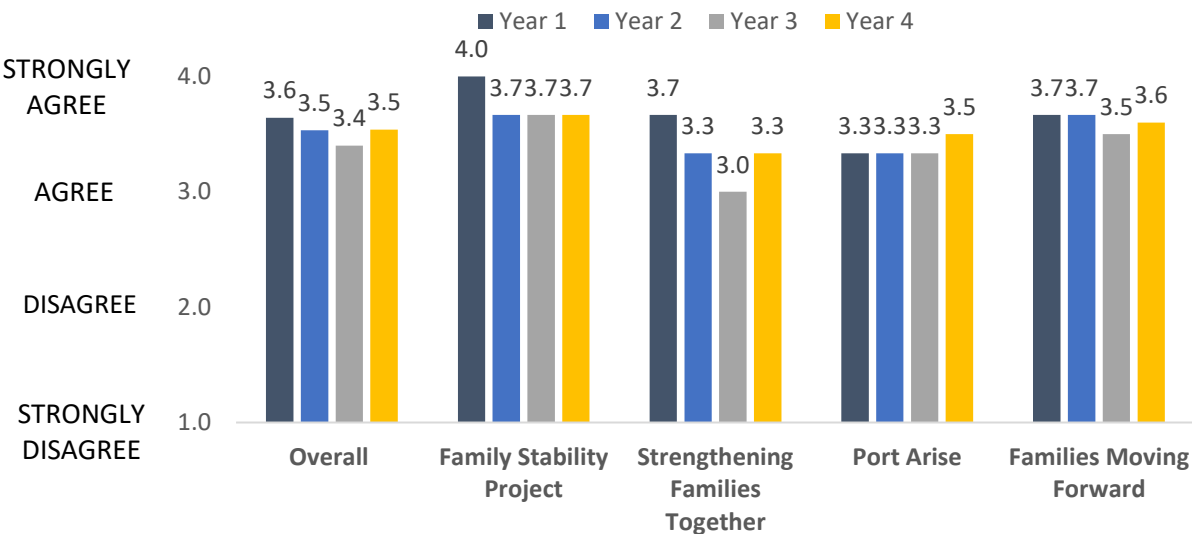


Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y1-Y3 and 13 in Y4

Finally, partnerships were asked about their ability to respond to the changing needs of families they worked with. Overall, agreement that the partnership had such capacity was mid-point between ‘Agree’

and ‘Strongly Agreed’ for Years 1 through 4 (Figure 15). Similar to the finding for effectiveness above, agreement was slightly lower for the Strengthening Families Together and Port Arise partnerships.

**Figure 15. Capable of Responding to the Changing Needs of Families, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y1-Y3 and 13 in Y4

Partnerships, and even partner organizations within each partnership, agreed that the approach to identifying the needs of families was “unique” and “flexible” for each family because “different families have different relationships with different people in the organization.” Further, the timeline for identifying needs was not immediate or linear, as some families may not have initially realized that they had needs beyond what they were initially requesting. For example, a family might present with a housing-specific need without fully recognizing needs for behavioral health services for themselves or for their children.

*“Initially when someone comes in, they know exactly what their issue is. But then they see we have more than one benefit to offer, so they might see that they need more. Or the case worker might help to open doors to other benefits.”* – Focus group, Partnership

*“It may take more visits to get more details on other services/needs and what referrals might be needed, but building trust by addressing what they came to us for allows them to open up.”* – Focus group, Partnership

Partnerships also commented that as the relationship between families and staff grew stronger and more trust was established, the families shared more with staff about the needs that existed within their family. This is a theme that emerged throughout each year of data collection. Partnerships emphasized that trust-building is not something that happens quickly. Rather, it happens through “consistency” and regular checking in to let the family know “that you are thinking about them, and that they can trust you – that is when work happens.” One partnership stated that they “embedded” one of their social workers into the enrollment process to create a situation where, from the start, families knew that a social worker was available for them.

*“That nontangible aspect of trust formed in part because of consistent and persistent engagement by the staff – participants know they have access to resources or knowledge. The trust is so important when you have so many folks experiencing*

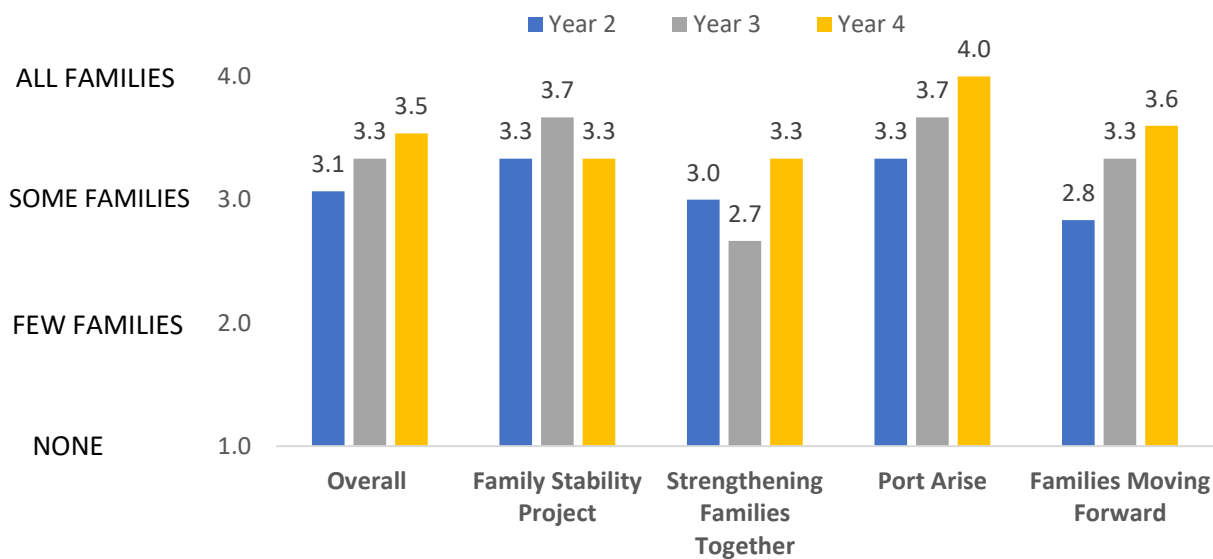
*trauma and folks who haven't had organizations work alongside them before."* –  
Focus group, Partnership

### Utilization of Case Management

*Common to all four partnerships was the utilization of case management in their program delivery. Case managers worked individually with participating families to identify their top-tier and related needs and supported families when engaging with or seeking resources and services. Case managers served as connectors between partner organization and with the external referral network. The case managers were essential to the trusted relationships that were identified as having the greatest impact on family outcomes in the family-level evaluation.*

Between Years 2 and 4, partnerships had expanded their use of case management when working with enrolled families (**Figure 16**). The overall rating trended upward from Year 1 (which aligned with 'Some Families') and moved closer towards the level of 'All Families' by Year 4. Case management was utilized a bit less extensively for the Strengthening Families Together project up until Year 3 due to capacity and staffing challenges. Looking at this data as percent of all organizations, the overall percentage reporting the use of case management with 'All Families' increased from 33% in Year 2 to 54% in Year 4 (data not shown).

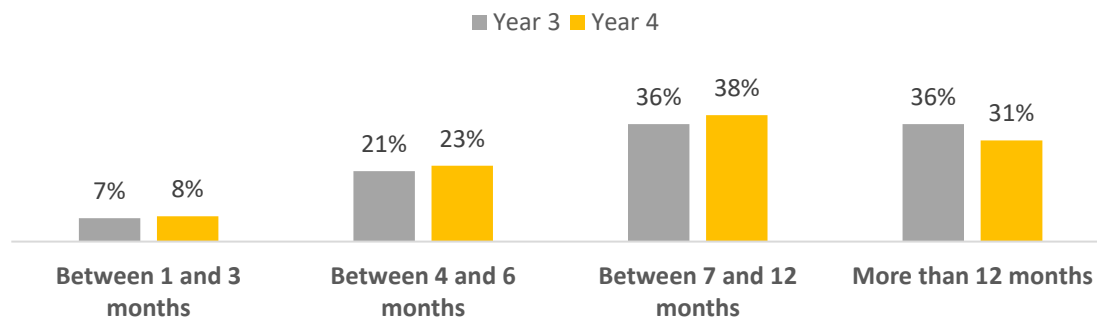
**Figure 16. Utilization of Case Management with Target Families, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y2 and Y3 and 13 in Y4; survey item was not asked in Y1

Data also illustrates the depth of partnerships' case management efforts. In both Year 3 and Year 4, case managers were working with families for extensive periods of time - more than two thirds were actively working with families for at least seven months (**Figure 17**). When examined by partnership, this length of engagement was true for at least two of the reporting organizations within each partnership, including both cohort- and ongoing/rolling enrollment models (data not shown).

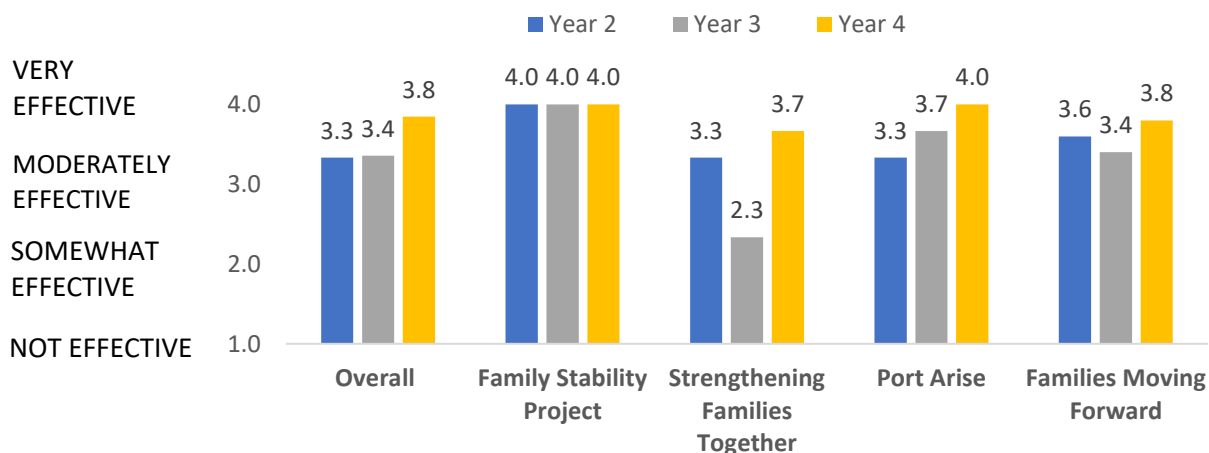
**Figure 17. Average Length of Time Case Managers were Actively Working with Families**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding in Y3 and 13 in Y4; survey item was not asked in Y1

Overall, the perceived effectiveness of their case management work, regardless of the extent to which it was being implemented, was just above ‘Moderately Effective’ in Year 2 and 3, but closer to ‘Very Effective’ in Year 4 (**Figure 18**). Some variation was observed by partnership, most notably for the Strengthening Families Together project which had a sharp decline in perceived effectiveness in Year 3.

**Figure 18. Perceived Effectiveness of Case Management with Target Families, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y2 and Y3 and 13 in Y4; survey item was not asked in Y1

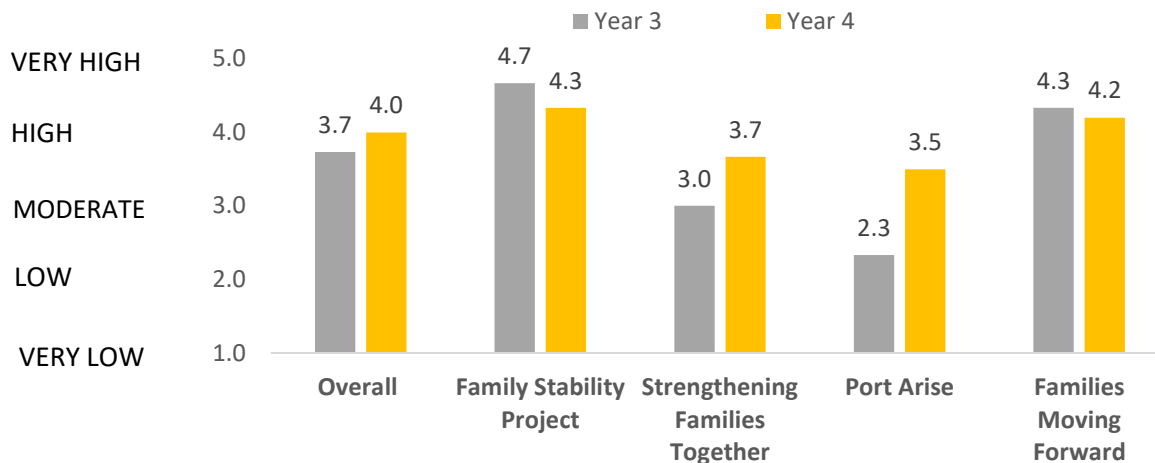
### Meeting Top Tier Needs

*The overarching aim of each partnerships’ program model was to effectively address the top-tier needs as identified in the City of Cambridge Community Needs Assessment. Specifically, partnerships aimed to address needs around housing, behavioral health, and economic needs among participating families. These needs were prioritized by the Committee as core areas of instability for vulnerable families in Cambridge and areas that if addressed by grantees, would dramatically improve family resilience over time.*

In Years 3 and 4, organizations were asked to rate the ability of their program staff to effectively work with families around each of these top-tier needs. For housing needs (**Figure 19**), overall scores aligned with the response of ‘High’ ability in both years. Scores were generally higher and consistent over time for the Family Stability Project and Families Moving Forward projects. In contrast, scores were lower in Year 3 for both Strengthening Families Together and Port Arise, but a marked increase was observed in

Year 4 for both of these partnerships. In focus groups, there was general agreement that housing continued to be an issue, even through Year 4. These consistent challenges with housing were attributed to the increase in cost of housing, as well as waivers and benefits running out as the pandemic began to wind down.

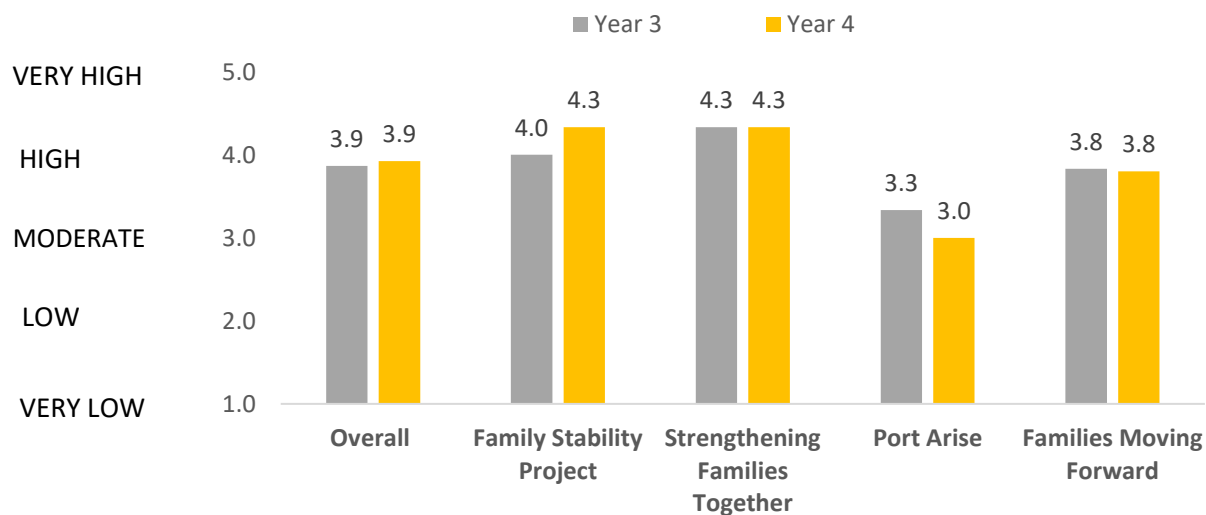
**Figure 19. Perceived Ability of Staff to Effectively Work with Target Families on Housing Needs, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y3 and 13 in Y4; survey item was not asked in Y1 and Y2

For behavioral health needs (**Figure 20**), overall scores aligned with the response of ‘High’ ability in both years. Scores were generally higher and consistent over time for all partnerships except for Port Arise which had scores aligning with ‘Moderate’ ability in both years.

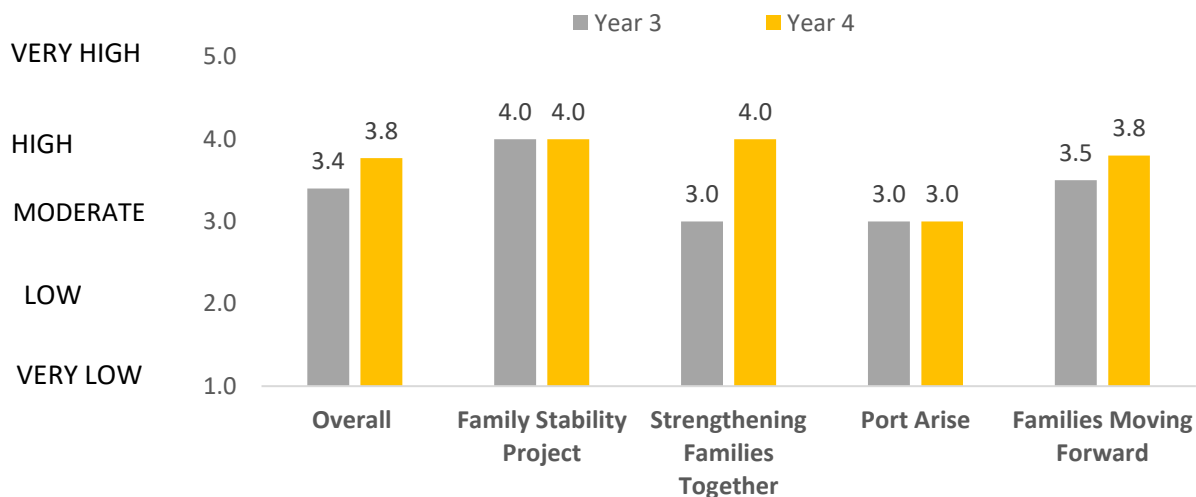
**Figure 20. Perceived Ability of Staff to Effectively Work with Target Families on Behavioral Health Needs, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y3 and 13 in Y4; survey item was not asked in Y1 and Y2

For economic needs (**Figure 21**), overall scores aligned between ‘Moderate’ and ‘High’ ability in both years and trended upward for most partnerships. However, perceived ability to work with families around economic needs remained at the ‘Moderate’ level for Port Arise in both years.

**Figure 21. Perceived Ability of Staff to Effectively Work with Target Families on Economic Needs, Average Rating across Organizations**



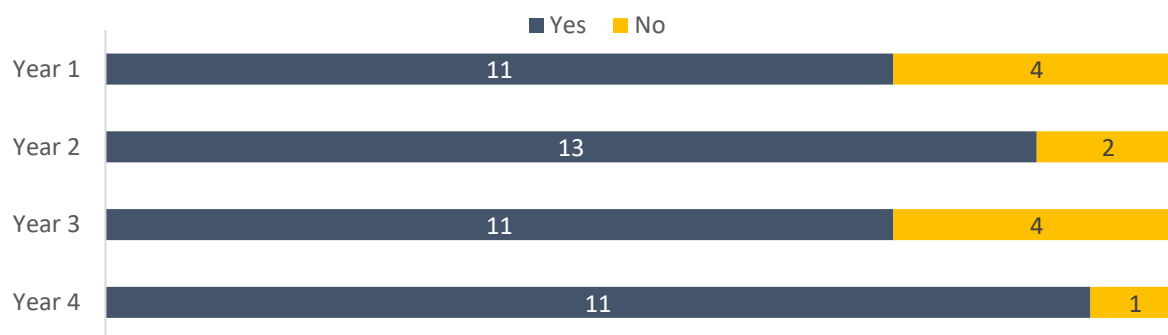
Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y3 and 13 in Y4; survey item was not asked in Y1 and Y2

### Social Service Network and Referrals

*Partnerships sought to develop robust networks of service providers and other external resources through which they could better meet the identified needs of the families they worked with. Such networks would ensure organizations had the ability to meet more of the needs of vulnerable families in Cambridge leaving fewer gaps and improving family-level outcomes.*

When asked whether the goal of having a robust network of partners would be achieved during implementation, there was some disagreement in Years 1 through 3 (Figure 22). However, in Year 4 the agreement was more universal with only one organization not selecting this goal as being achievable.

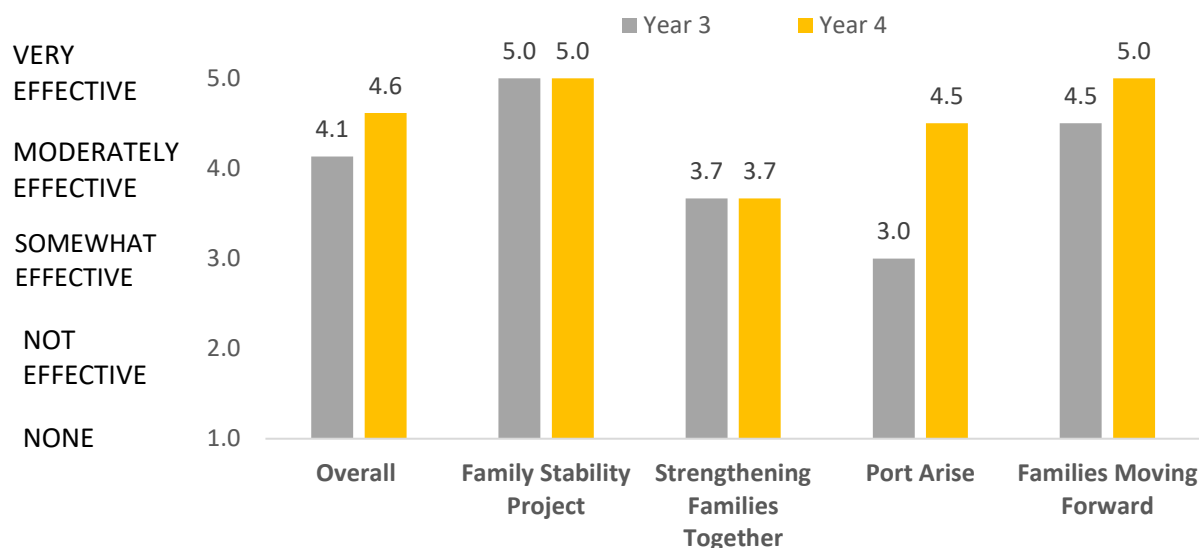
**Figure 22. Agreement that Goal of a Robust Network of External Partners will be Realistically Achieved, Count of Organizations**



Data Source: PARTNER Tool; counts based on 15 organizations responding Y1-Y3 and 12 in Y4

To better understand how well referral networks were working within partnerships, the perceived effectiveness of their current referral networks was assessed separately by top-tier need in Years 3 and 4. For housing needs, overall scores aligned between 'Moderately' and 'Very' effective in both years and trended upward for most partnerships (Figure 23). However, the effectiveness of the referral network for housing needs remained at the 'Moderate' level for Strengthening Families Together in both years.

**Figure 23. Effectiveness of Partnership’s Current Referral Network to Address Housing Needs, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding in Y3 and 13 in Y4; survey item was not asked in Y1 and Y2

Scores for the effectiveness of referral networks for behavioral health needs were generally higher and more consistent across all four partnerships (**Figure 24**). Responses generally aligned with ‘Moderately Effective’ in Year 3 and were moving towards ‘Very Effective’ in Year 4, overall and by partnership.

**Figure 24. Effectiveness of Partnership’s Current Referral Network to Address Behavioral Health Needs, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding in Y3 and 13 in Y4; survey item was not asked in Y1 and Y2

Similarly, scores for the effectiveness of referral networks for economic needs generally aligned with ‘Moderately Effective’ in Year 3 and were moving towards ‘Very Effective’ in Year 4, overall and by partnership (**Figure 25**).

**Figure 25. Effectiveness of Partnership’s Current Referral Network to Address Economic Needs, Average Rating across Organizations**



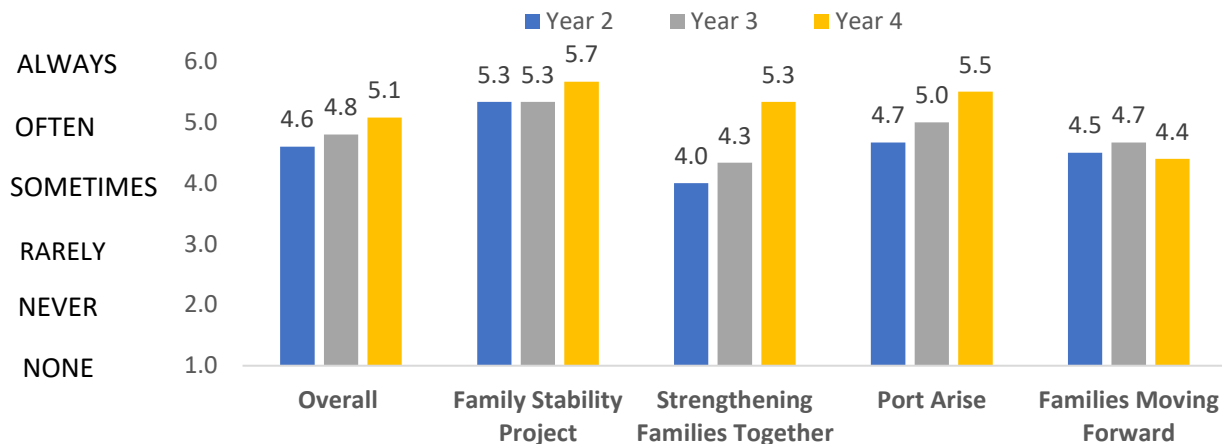
Data Source: Organizational Capacity Survey; counts based on 15 organizations responding in Y3 and 13 in Y4; survey item was not asked in Y1 and Y2

Throughout implementation, partnerships agreed that as part of their wraparound services approach, they sought to help families access external services to **“everything”** they may need which frequently extended beyond the top-tier needs. Examples included childcare, early intervention programming, education, clothing, food, and health care. As one partner organization said, the services they refer families to are a **“wide range and depend on the family”** they are working with.

In the Organizational Capacity Survey open ended responses, organizations were able to note the areas in which partnerships were seeking to expand their partnership or referral network or needs for which they had identified gaps in their ability to meet family’s needs. In Year 2, most responses indicated partnerships were seeking additional connections to housing resources or mental health supports, while gaps identified related to the need for cash assistance and food. In Year 3, partnerships were continuing to seek affordable housing resources along with workforce and employment services. Gaps continued to align with basic needs and worsening financial stability due to the rise in inflation. And in Year 4, responses suggested many of these new relationships and resources were in place but the stark gap in available housing options, clinical mental health support, and direct cash assistance to families persisted.

Another key component of each partnerships’ program model was to utilize ‘warm’ handoffs or referrals when connecting families to other organizations and agencies within their partnerships or referral networks. From Year 2 onward, the use of warm referrals increased in frequency across most partnerships - moving from scores between ‘Sometimes’ and ‘Often’ in Year 2 towards scores closer to ‘Always’ in Year 4 (**Figure 26**). Most dramatic increases over time were observed for the Strengthening Families Together and Port Arise partnerships.

**Figure 26. Utilization of Warm Referrals with Target Families to Partnerships or Referral Network, Average Rating across Organizations**

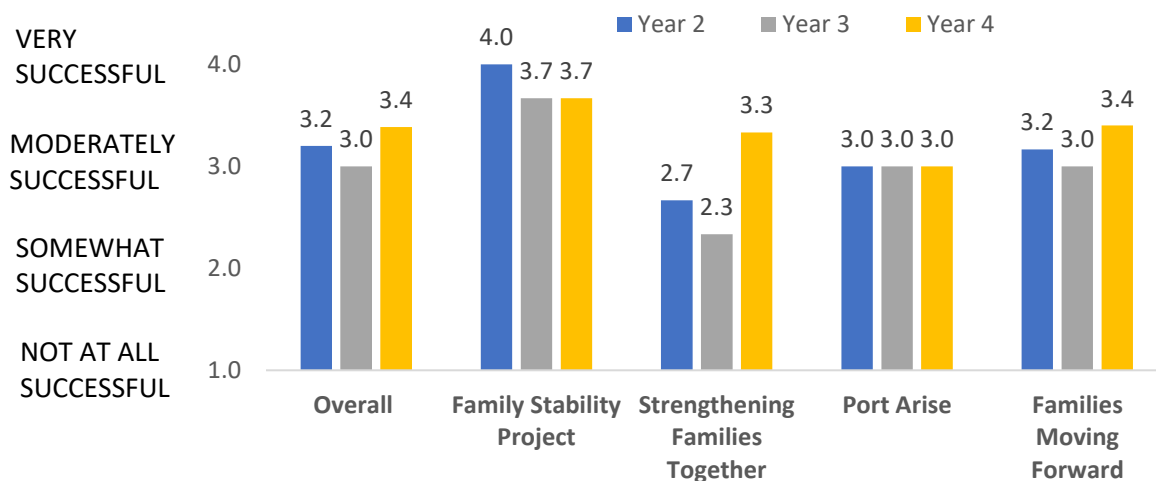


Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y2 and Y3 and 13 in Y4; survey item was not asked in Y1

Partnerships confirmed in discussions that they would often use warm handoffs to ensure more successful connection between the family and the needed organization or resource. This was shown to be particularly effective and easy for organizations when the resource was close, but even when warm handoffs were more challenging, partnerships still agreed that the effort was worth it. All endeavored to put full effort to connect families with resources and ensure that families were empowered to reach out. Partnerships also highlighted the time-consuming nature of helping families. As they pointed out, the process to complete a warm handoff – **“even just to sit on hold, waiting for someone from SSI to answer the phone”** – can require a substantial amount of time.

The perceived success of referrals, regardless of the extent to which they were occurring, varied a bit by partnership. Overall scores were consistently just above ‘Moderately Successful’ for Years 2 through 4, however this pattern was only observed for the Port Arise and Families Moving Forward partnerships (Figure 27). In contrast, Family Stability Project had a higher perception of success with their family referrals (ratings closer to ‘Very Successful’ Years 2 through 4), and Strengthening Families Together started out with lower perceptions of success in Years 2 and 3, but higher in Year 4.

**Figure 27. Perceived Success of Referrals with Target Families, Average Rating across Organizations**



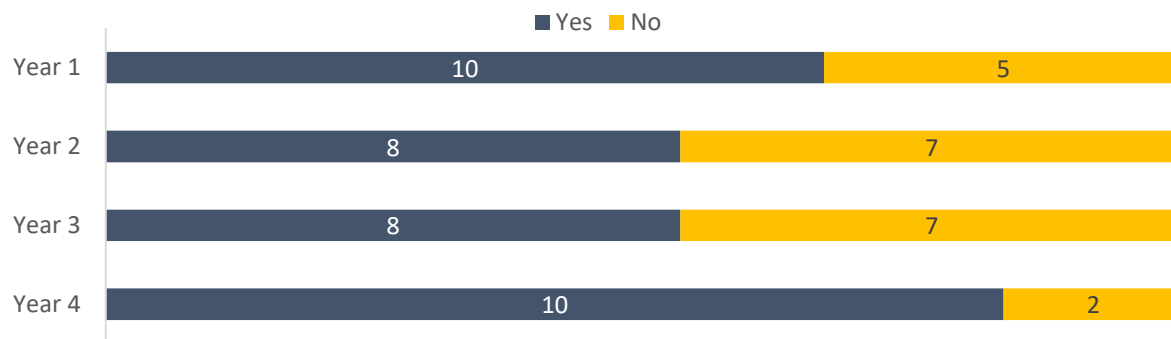
Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y2 and Y3 and 13 in Y4; survey item was not asked in Y1

## Leadership and Systems Change

*The CBF approach to funding sought to foster collaboration and coordination within partnerships and across external referral networks, with grantees' efforts creating seed change in the City. The aim was to expand opportunities for partnerships to promote and share their approach and successes with other organizations and agencies, stimulate dialogue within the City, and lead advocacy and coalition building around the needs of vulnerable families.*

When asked whether the goal of being an effective leader of innovation and change in Cambridge would be realistically achieved during implementation, partnerships did not agree during most of the implementation phase – a third of organizations did not agree in Year 1 and nearly half did not agree in Years 2 and 3 (**Figure 28**). However, the Year 4 extension provided additional time for partnerships to reflect on their work together and begin planning for future efforts or sustainability, thus agreement improved greatly with all but two organizations agreeing the goal would be achieved.

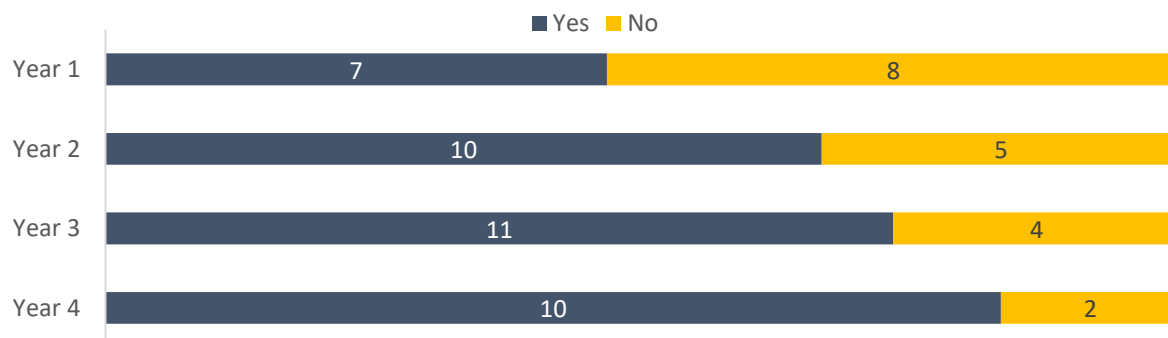
**Figure 28. Agreement that Goal of a Being Effective Leaders of Innovation and Change within the Non-Profit and Service Sector in Cambridge will be Realistically Achieved, Count of Organizations**



Data Source: PARTNER Tool; counts based on 15 organizations responding Y1-Y3 and 12 in Y4

Other goals related to advocacy and broader impacts across the Cambridge social services sector also improved over the course of implementation and into Year 4. For the goal of ensuring the collaborative non-profit voice would be broadly represented and valued in Cambridge, fewer than half of organizations in Year 1 agreed it would be achieved, while all but two agreed it Year 4 (**Figure 29**).

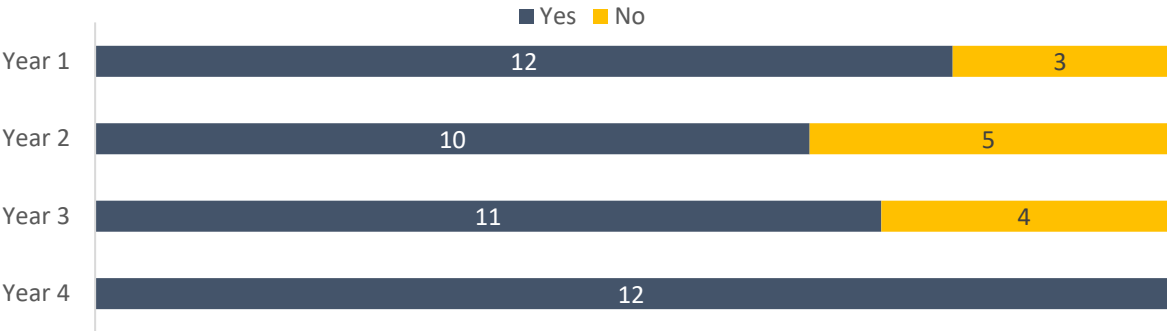
**Figure 29. Agreement that goal of Ensuring the Collaborative Non-Profit Voice is Broadly Represented, and Valued in Cambridge will be Realistically Achieved, Count of Organizations**



Data Source: PARTNER Tool; counts based on 15 organizations responding Y1-Y3 and 12 in Y4

And for the goal that the non-profit and survey sector in Cambridge would have a shared vision of holistically supporting families, agreement varied in Years 1 through 3, but all organizations identified it as realistically being achievable when asked in Year 4 (**Figure 30**).

**Figure 30. Agreement that Goal of a Shared Vision of Holistically Supporting Vulnerable Families across Non-Profit and Service Sectors in Cambridge will be Realistically Achieved, Count of Organizations**

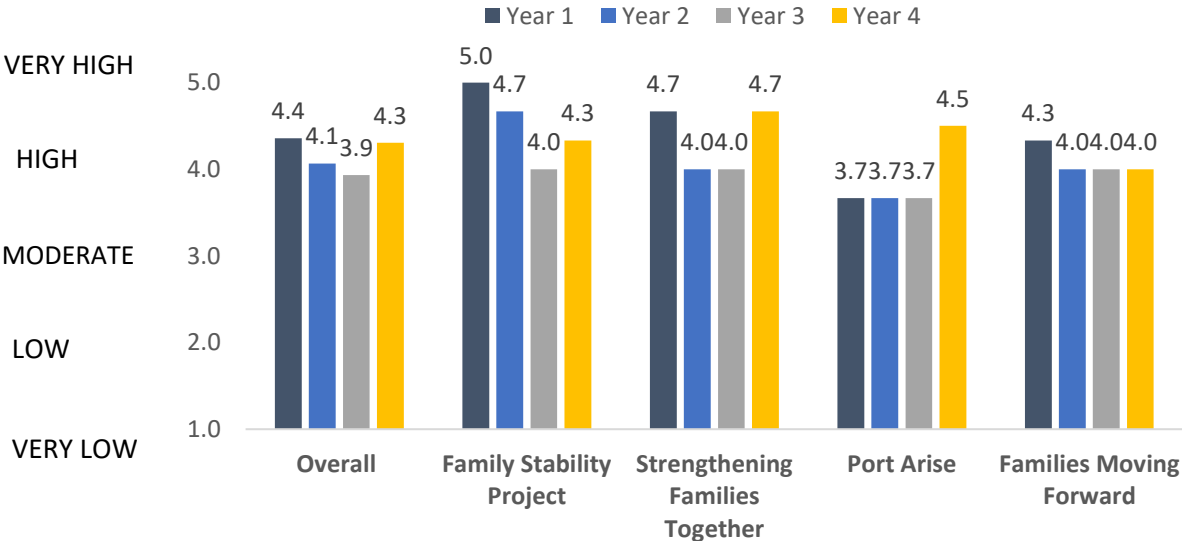


Data Source: PARTNER Tool; counts based on 15 organizations responding Y1-Y3 and 12 in Y4

These increases in optimism around the goals of leadership around change, the voice of the non-profit sector, and a shared vision across Cambridge observed in Year 4 all mirror an increase in partnerships’ perceived capacity to engage in collective action in Year 4 after some decline in the measure after Year 1 (Figure 31).

From the Organizational Capacity Survey open ended responses, the types of collective actions most often cited during implementation included the collaborative work of the partnerships themselves which was designed to foster collective action at the local level and the fact that many partner organizations participated in or held leadership positions within the Cambridge Non-Profit Coalition which serves as a space for sharing across the Cambridge service sector. Additionally, some partnerships mentioned they had engaged in broader advocacy efforts around resources, housing subsidies, and law and policy changes that would benefit vulnerable families in Cambridge. In Year 4, some organizations also mentioned their engagement with the Cambridge Rise Up initiative.

**Figure 31. Capacity for Collective Action around Needs of Vulnerable Families in Cambridge, Average Rating across Organizations**



Data Source: Organizational Capacity Survey; counts based on 15 organizations responding Y2-Y3 and 13 in Y4

When reflecting on the alignment between Committee expectations and partnerships' vision of success during qualitative discussions, partnerships shared many ideas on what meaningful system-level change could look like in Cambridge. However, all descriptions emphasized the understanding that true systems change is a slow-moving process and would require a lot of work and effort on many levels. The primary points of contention were around the time required before a system-level change could be observed and the amount of funding that would be required to achieve it.

Referencing the original goals of the funding initiative, partnerships largely agreed with the general tenets of how system-level change can occur in Cambridge (e.g., increased funding, collaboration across organizations, and innovative ways of thinking about the issues in communities). As one organization pointed out, the funding helped in a key manner, which was to **"envision new possibilities and more collaboration."** However, this organization, along with others, also pointed out that the initial goals around system level change through this funding effort were ambitious given the structure (e.g., reimbursement grant) and amount of funding per organization over three years. Grantees also emphasized that the pandemic had made these goals much more difficult to achieve.

In addition to the structure of the grant program and the impacts of the pandemic, partnerships identified other barriers and challenges to achieving systems change. In particular, they shared their concerns around the perceived disconnect between the Committee and the partnerships' definitions of what systems-level change is and the expectations of what can be achieved within the funded period. At times this led to frustration as the expectations of the Committee were not based in the reality on what it takes to make change, **"this romantic and unrealistic expectation that they will change their lives in just a few years."** And two grantees noted that the process for transforming systems is about the relationships that organizations build with one another more than large public events and **"buzz words."**

Concern was also raised regarding the pressure on partnerships to achieve system change beyond their essential work impacting the lives of individual families. One partnership questioned why their work as a **"safety net"** program that provided support and guidance to deal with the systems that exist as best as they can was not sufficient or must happen alongside efforts to change how the systems that the families they work with— like the Department of Children and Families (DCF), federal/state affordable housing programs, etc. – and the bureaucratic challenges and limited capacity of these systems.

***"Sometimes it is ok to be a safety net and not be accomplishing these systems level changes."*** – Focus group, Partnership

Further, the fundamental structures of the city and how it generally functions were viewed as **"inherently flawed"** which limits its ability and effectiveness in making change within the City. Specifically, references to the monthly meeting structure combined with the need for a quorum prior to making formal decisions were seen as barriers to creating more robust and rapid change. Extending well beyond the boundaries of Cambridge, as another organization pointed out, true system-level change would require fundamentally changing an environment where food, housing and healthcare are privatized for-profit industries.

***"I think there has been high-level changes in terms of how the city wants to partner with nonprofit providers like us. I think that is what is going to require continued movement, so they don't just snapback. I am a little worried we'll go back to the city isolating themselves, thinking they're doing what's right, and [nonprofits] being an afterthought. If you want system-level change, it has to be authentic partnership. We have a lot of resources in the city of Cambridge, but they're not coordinated. That is an***

*opportunity for systems to change. I believe it starts at city level. I hope this project shows what nonprofits can do when there is city support and structure, that allows authentic relationships.”* – Focus group, Partnership

Partnerships also discussed the seemingly unmovable barriers and limitations of the larger systems and policies, beyond Cambridge, that impact the families they work with and their ability to address top-tier needs. For example, one grantee discussed the impacts of the *“financial cliff”* that program participants face, and that often when they are working to improve an individual’s job and economic situation, they have to balance those gains with the potential loss of supports (e.g., affordable housing vouchers, health insurance, food stamps, etc.) and that it can create perverse incentives. When discussing community resources to connect participants to affordable housing and mental health services, partnerships shared that there were, *“waitlists no matter where you try to connect people.”*

*“I feel like we’ve found some band aids. A struggle to feel like we can really move the needle when the needs are so deep.”* – Focus group, Partnership

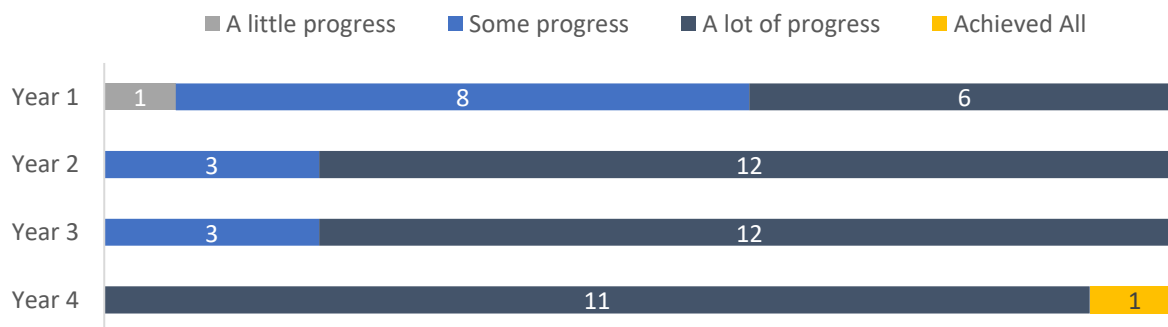
To further the goals around systems-level change, multiple partnerships brought up the need for policy and fundamental/functional change to systems and hoped that the Committee and the City of Cambridge recognize and take action at that level. Committee members reiterated the importance of capacity building, particularly because they recognized the importance of partnerships working together to address the top tier needs in the community.

*“Our initial thinking was that [the top tier needs] are problems no single entity can solve.”* – Interview, Committee member

## Partnership Successes

Despite the delays and program adaptations necessitated by the COVID pandemic, all partnerships did implement their programs and achieved many of their original project goals. Survey data that captured partnerships’ perceived progress towards goals and objectives shows that in Year 1 less than half of organizations felt ‘A lot of progress’ had been made, but by Year 4 all organizations were reporting at least ‘A lot of progress’ (Figure 32).

**Figure 32. Perceived Progress Achieved Towards Partnership Goals and Objectives to Date, Count of Organizations**



Data Source: PARTNER Tool; counts based on 15 organizations responding Y1-Y3 and 12 in Y4

Factors contributing to the partnership progress were identified each year and the aggregate ranks of these factors are detailed in **Table 6**. Most of the leading factors pertained directly to aspects of the collaborative relationships the organizations had built, including meeting regularly, sharing a mission and set of goals, exchanging information and knowledge, sharing resources, and engaging in collective

decision-making. Also ranked highly was engaging members of the community or priority population in their efforts.

**Table 6. Overall Ranking of Factors Perceived to have Contributed to Partnerships' Progress**

Aggregate Rank Across 4-Years	Contributing Factor
1	Meeting regularly
2	Having a shared mission and shared goals
3	Exchanging information and knowledge
4	Engaging members of the community / priority population
5	Sharing resources (e.g., staff time, meeting space)
6	Engaging in collective decision-making
7	Having dedicated funding for collaborative work
8	Developing informal relationships with partners
9	Formalizing existing relationships with partners with whom you had prior experience working
10	Establishing new relationships with partners with whom you had not previously worked
11	Having a dedicated coordinator / facilitator of collaboration
12	Bringing together diverse stakeholders

Data Source: PARTNER Tool; aggregate rank is based on the annual rankings of each factor as selected by the 15 organizations responding in Y1-Y3 and 12 in Y4

While many of these factors ranked similarly over each of the four years of implementation, some factors dropped in importance over time while others rose in importance, providing insight into how partnerships were growing and changing in their work together. These factors are detailed in **Table 7**. The factors that declined in importance, dropping in rankings between Year 1 and 4, included having a shared mission and goals, engaging in collective decision-making, and exchanging information and knowledge. In contrast, the factors that grew in importance between Years 1 and 4 were the development of informal relationships, having dedicated funding for collaborative work, and engaging members of the community or priority population in their efforts.

**Table 7. Contributing Factors that Changed Most in Rank between Y1 and Y4**

Contributing Factor	Year 1 Rank	Year 4 Rank	Rank Change
Having a shared mission and shared goals	3	5	-2
Engaging in collective decision-making	6	8	-2
Exchanging information and knowledge	2	7	-5
Developing informal relationships with partners	10	3	+7
Having dedicated funding for collaborative work	7	4	+3
Engaging members of the community / priority population	4	2	+2

Data Source: PARTNER Tool; annual rankings of each factor as selected by the 15 organizations responding in Y1-Y3 and 12 in Y4

During focus groups, partnerships cited a wide range of success which have been outlined throughout this report (e.g., remaining connected as a partnership, connecting families to services, etc.). And they recognized that their successes have primarily revolved around their ability to continue to serve the dynamic and challenging needs of the families in their community. Much of the success in these areas was attributed to the consistent and deliberate efforts of their staff who worked daily with the families (e.g., the case managers).

*“Our high need families needed a lot of help. There were a few families that I felt were stuck and I think having someone with a social work background has helped families move forward with their issues. It’s pretty amazing how someone with that expertise can help families move forward. The steps don’t seem huge, but it can have a huge impact for people.”* – Focus group participant, Partnership

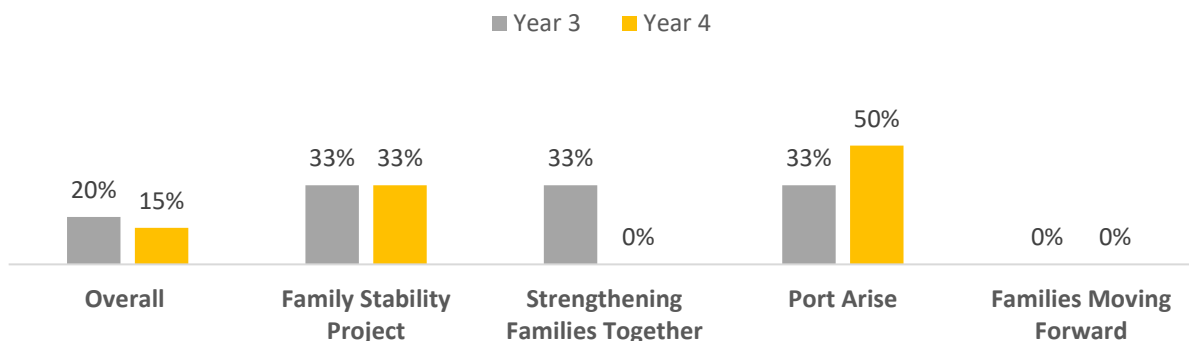
*“Once [our staff] took care of the basic needs of the people, I saw their energy change so they can take the next step. I had a young woman come in, complete our program and now she makes \$55,000 a year. It’s really life changing, they have tutors, they have a dinner every night, it’s tailored it to the needs of people in our program.”* – Focus group participant, Partnership

## Partnership Challenges

Throughout the funding period, partnerships were asked during qualitative discussions to reflect on the challenges they were facing. In Year 1, partnerships’ primary concerns were related to general program operations (i.e., ensuring that program staff are hired and fully supported in their work) and how the evaluation process was going to unfold (i.e., understanding the purpose and use of the data being collected, having capacity to collect data, how methods would capture the uniqueness of their individual model, etc.). Into Year 2, challenges around communication between the partnerships, the Committee, and the external evaluator were raised, though partnerships and the Committee noted that new approaches did show promise for improving these relationships. While progress was noted, partnerships shared that some challenges around transparency and timeliness of communication with the Committee continued and confusion on the role of the evaluator and focus of the evaluation persisted.

Early in implementation it became clear that family-level evaluation data collection was a major challenge encountered by most partnerships. Implementation was delayed until Year 2 due to the COVID-19 pandemic in Spring 2020, but most partnerships were still not operating at full staff capacity until further into implementation Year 2. For some, this led to significant delays and challenges in collecting surveys or qualitative data from participating families. The organizational capacity survey sought to document these capacity issues in Years 3 and 4. As illustrated in **Figure 33**, three of four partnerships had at least one organization reporting that they did NOT have sufficient capacity to collect family-level data in either Year 3 or 4.

**Figure 33. Organizations reporting that they did NOT have sufficient capacity collect family-level evaluation data, Percentage by Partnership**



Data Source: Organizational Capacity Survey; percentages based on 15 organizations responding Y3 and 13 in Y4  
 Note: Evaluation capacity was defined as having the staff, time, resources, and technology needed to successfully collect data from participating families; survey question was only asked in Years 3 and 4

Most consistently, capacity issues were occurring with the Family Stability Project and Port Arise. It should be noted that these data likely represent improvements over what would have been reported by most partnerships had the survey question been asked in Year 1 or 2.

Open-ended survey responses provide insight into these data. Specifically for Family Stability Project, organizations reported that *“the family-level survey requirement has added considerably to our administrative workload at a time when resources are already stretched thin”* and further noted that the overall grant related expectations for data/information, including regular reporting to the Committee and participation in evaluation activities required a level of administrative resources that were beyond what had been factored into their budget. Somewhat differently, Port Arise pointed to the high staff and leadership turnover rates within each of their partnering organizations during implementation as the major barrier to their engagement with family-level evaluation activities. *“Our partnership of three agencies and a dedicated case-worker has seen the change-over in leadership at all three partner organizations, as well as the case-worker position.”* Additionally, several partnerships pointed to the burden of data collection on participating families as a common barrier to family-level evaluation data collection.

By the end of Years 3 and 4, the staffing challenges cited at the start of implementation had generally been alleviated and organizations that experienced delays in implementation were starting to collect family-level data more consistently. Importantly, partnerships also perceived an increase in their ability to coordinate and collaborate. Many of the indicators discussed in the prior sections of this report showed marked improvements by Year 4, underscoring this progress.

Partnerships also spent more time during qualitative discussions in the latter half of the funding period reflecting upon the larger/higher-level challenges they had experienced. These generally centered around the perceived silos that persisted between organizations and sectors in Cambridge and their partnerships’ limited ability to impact the lives of families due to broader policy systems and environmental structures in place. This reflection is part of what led to partnerships perceiving the Committee’s definition of success and partnership definitions of success to be somewhat out of alignment – partnerships perceived the top-tier needs to stem from larger systemic issues that would never be fully addressed by non-profits in Cambridge alone.

Related, while partnerships appreciated the Committee’s encouragement of, and commitment to, innovative ways of thinking, there was a shared frustration with funders who request new ways of providing services when the current methods are working and simply need to be sustained or replicated. Partnerships reasoned that rather than focusing so much on innovation, funders should provide more funding to organizations and approaches that are already proven to work well in the community. Partnerships felt strongly that scaling up their work or having to modify their approaches were not necessarily beneficial to how their staff work with families in the community (unless otherwise necessary to better serve families).

*“There is no need to constantly re-invent. I love innovation and new ways of thinking, but sometimes it feels forced and inorganic. [The committee should] look for collaboration that feels organic instead of forcing new initiatives and projects on people and organizations.”* – Focus group, Partnership

## Recommendations Based on Evaluation Findings

The evaluation findings highlight both progress made and areas for further growth. They serve as a valuable roadmap for future initiatives, guiding strategic actions to maximize impact, sustainability, and inclusivity. By promoting transparent communication, prioritizing community engagement, and fostering collaborative partnerships, these recommendations aim to advance the collective goal of improving residents' well-being and fostering upward mobility in Cambridge. The following recommendations are derived from key findings, themes, and insights gleaned from the Partner Level Evaluation. These suggestions offer tangible pathways for the City, the Community Benefits Advisory Committee, and various direct service organizations in Cambridge to positively impact residents' well-being and foster upward mobility.

### **1. Develop and communicate clear roles and responsibilities for all stakeholders – the funder, grantees, the external evaluator, etc. to enhance transparency and success.**

Clarity around roles and responsibilities fosters transparency and lays a solid foundation for success among all who are engaged in the funding initiative. It is recommended that this be articulated clearly within the Request for Proposals (RFP) to lay the foundation for working together from the outset. This recommendation stems from observations during the evaluation process, where multiple interviewees highlighted confusion around the roles of the Committee as well as the purpose of the evaluation. Furthermore, resources and staff time should be allocated in the form of a dedicated City staff member to better support grant communications, management, and grantee dynamics. This role was not well-defined during the current pilot funding and led to some inefficiencies and communication gaps or delays. Communication around roles and responsibilities can additionally be enhanced using a robust onboarding process that helps new Committee members to seamlessly integrate into the work and contribute from the outset.

### **2. Promote timely communication and full transparency for all funding-related expectations and requirements to ensure grantees can effectively plan their use of staff time and resources.**

To ensure the success of community-based funding initiatives, it is crucial to communicate and uphold transparency of all expectations and requirements of grantees. Doing so will support grantee success as they will be better positioned to understand the staff capacity and resources needed to meet those expectations and requirements. Many of the early relational challenges experienced between the Committee and grantees likely stemmed from the disconnect between how each group understood progress or performance would be judged. As the grant went on, this manifested in a perceived disconnect by the grantees with the Committee on the meaning and expectations of systems change as a goal.

Establishing clear decision-making processes regarding project performance and how continued funding would be determined in advance is essential, as it sets the stage for effective relationship building throughout the implementation period. Additionally, during the evaluation process it became evident that the staff time required to collect evaluation data from families posed a significant obstacle to most partnerships. Notably, grantees were not mandated to allocate funds for data collection or participation in evaluation activities within their submitted budgets and so grantees had not understood or accounted for the time and resources that would be needed. A best practice to address this issue involves specifying a percentage of the total award that grantees should allocate for evaluation purposes, including staff time spent collecting data or participating in data collection. Ideally, these expectations and requirements should be transparent, reasonable,

and informed by the actual experiences and challenges encountered on the ground, enhancing the likelihood of successful project outcomes.

**3. Facilitate knowledge sharing between stakeholders and sectors for enhanced impact and systems-level change within Cambridge.**

To capitalize on the insights gained from this pilot funding initiative and further advance leadership and systems change at the local level, it is imperative to create opportunities for sharing learnings and outcomes across and between the many stakeholders and sectors in Cambridge. This would include grantees, participating families, the nonprofit community, the private sector, the City of Cambridge, as well as other potential funders. All engaged in this work continued to identify and acknowledge the seemingly insurmountable systemic barriers that hindered their ability to address the needs of families effectively. Importantly, these barriers are beyond the capacity of any one group or municipality alone to solve. Still, the evaluation highlights notable successes within the funded partnerships, such as the breaking down of intra-organizational siloes, increased collaboration and resource sharing, and feeling better supported in their work with vulnerable families. Expanding such collaborative efforts among and between organizations and service sectors within Cambridge could be a foundational step towards systems change at the local level. While proactive efforts to foster broader conversations, leverage the collective voice for advocacy, and collective problem-solving to generate feasible ideas or approaches could position Cambridge to achieve more extensive systems change in the future.

**4. Leverage successes and learnings from collaborative partnerships to inform and strengthen future collaborations.**

To propel and enhance future collaborations between organizations, it is advised to build on the successes of this pilot funding initiative and emphasize the core elements of having a clear shared vision and set of goals, employing consistent and meaningful communication strategies, and incorporating community feedback or involvement. As observed throughout the evaluation, effective cross-organizational communication and a structured case management approach were perceived as key to achieving project goals; while high trust and perceived value among partner organizations underscored that strong collaboration had been established prior to implementation during the planning phase. Designating a central ‘convener’ organization within partnerships was also described as instrumental in maintaining alignment and clarity regarding roles and responsibilities, fostering efficiency in project execution. Over time, factors contributing to partnership success evolved, with a growing emphasis on informal relationships with a broader set of organizations and community engagement. By leveraging these elements of success, future collaborations can maximize impact and drive sustainable change within communities.

**5. Work towards transitioning from discrete partnerships to a broader collaborative network.**

To achieve a more sustained and broader impact within the community, it is recommended to shift focus from individual or discrete partnerships to the development of more comprehensive networks of organizations. This will help dismantle silos between sectors and organizations in Cambridge and will allow organizations to maintain specialization while avoiding redundant efforts. As described by grantees and the Committee, the vision would be to create a network/system where Cambridge families have seamless access without encountering barriers—a “no wrong door” approach. It's crucial to acknowledge that the partnerships developed through this pilot initiative were intentionally supported through the funding; and grantees were clear that having dedicated funding

for this collaborate work was a key factor in their success. Therefore, sustaining and expanding such efforts may require additional resources, whether from organizational, municipal, or philanthropic sources, to cover staff time adequately.

#### **6. Prioritize community engagement throughout the grant program lifecycle.**

To maximize the impact and relevance of grant programs being implemented within a community, it is essential to engage members of the community at every stage, from planning through implementation and the dissemination of findings. The evaluation revealed room to improve community involvement, particularly in decision-making processes regarding the allocation of funding and in the sharing of findings throughout implementation. While grantees, all of whom were direct service providers with a long history of working with community members in Cambridge, were able to represent the concerns, needs, and experiences of their program participants throughout the pilot initiative, including the voices of community members in these discussions can help ensure that initiatives address genuine community needs. Ongoing program improvement efforts are also more effective when changes are made based upon the input and experience of participants and community members. It is important to acknowledge that this pilot funding initiative took place during the challenging circumstances of the COVID-19 pandemic, which impacted the ability of the Committee and grantees to engage community members effectively. Future efforts should aim to prioritize engagement throughout the grant program lifecycle so that initiatives are not only responsive to community needs but also empower community members to shape the programs and services that directly impact their lives

## Appendix A

### City of Cambridge Community Benefits Advisory Committee Aims and Questions for Implementation Phase

AIM	QUESTION / OBJECTIVE
Describe the core elements of each project, who was served, and what was delivered	<ul style="list-style-type: none"> <li>○ 3.1 How feasible are the plans for implementation?</li> <li>○ 3.2 Which families were served? What services were delivered?</li> <li>○ 3.3 What does it take for partnerships to collaborate effectively? Are partners invested and attending? Is there consensus around the problem/solution? Strength of partnerships? How do partnerships change over time?</li> <li>○ 3.4 What does it take to be an effective lead organization? What does leadership look like? Are some organizations more successful than others? What is required of partner organizations? What staff were used for what roles?</li> <li>○ 3.5 Did projects achieve their intended outcomes? Why or why not?</li> </ul>
Document accomplishments and outcomes of funded projects (community-level, family-level)	<ul style="list-style-type: none"> <li>○ 3.6 What has changed for families and for the community? How does change compare across partnerships? How did change impact relationships between organizations?</li> <li>○ 3.7 What are the strategies that work for families? What drove the outcomes for certain families?</li> <li>○ 3.8 To what degree have the short-term goals been met or enhanced?</li> <li>○ 3.9 To what degree have the long-term goals been met or enhanced? Did short-term goals lead to long-term changes?</li> <li>○ 4.1 To what degree has the landscape or relationships among nonprofits and service providers changed?</li> <li>○ 4.2 What can we learn about the interrelatedness of the top-tier needs and about the theory of change?</li> <li>○ 4.3 Was the amount of funding sufficient to support grantees and their plans for implementation? Was the approach to funding effective? Was funding structured to maximize impact and outcomes?</li> <li>○ 4.4 What are the possible challenges/barriers to success that are beyond the scope for this process?</li> </ul>

## Appendix B

### Key Outcomes Operationalized for Data Collection – Partnership, System, and Committee-Levels

OUTPUTS/OUTCOMES	INDICATORS
<b><i>Partnership/System-Level</i></b>	
Partnerships establish and practice effective approaches to communication and coordination of service delivery.	<p>Partnering organizations are more consistent and/or frequent in their communication with one another.</p> <p>Partnering organizations have improved data sharing policies and practices.</p> <p>Partnering organizations are more consistent in their common/shared use of 'best practices'.</p> <p>Partnering organizations experience more frequent and/or effective pooling of resources (i.e., staff development, space, administrative support, knowledge, etc.).</p>
Partnerships are less siloed in serving vulnerable families and more efficient in their use of resources	<p>Partnerships have integrated the successful components of their model into ongoing collaborative and sustainable operations.</p> <p>Partnerships have cultivated more seamless/complimentary cross-sectoral models of service provision to vulnerable families.</p> <p>Partnerships have an increased capacity to serve vulnerable families.</p>
Partnerships have strong working relationships that support and reinforce their work with vulnerable families.	<p>Partnering organizations approach their work with a common understanding of the needs of vulnerable families.</p> <p>Partnering organizations have greater ability to respond strategically to the changing needs of vulnerable families.</p> <p>Partnering organizations feel more supported and less isolated in their work with vulnerable families.</p>
Partnerships effectively identify and respond to the top tier and related needs of vulnerable families.	<p>Partnering organizations use client intake or screening processes that are better able to identify the complex and inter-related needs of vulnerable families.</p> <p>Partnering organizations' referral networks are more robust and reflective of the top tier needs of vulnerable families.</p> <p>Partnering organizations more frequently use warm referrals to facilitate connections to partners, programs, or services.</p> <p>Partnering organizations more frequently use case management in their work with vulnerable families.</p>
Partnerships effectively meet the top tier and related needs of vulnerable families.	<p>Staff of partnering organizations have greater capacity to work with vulnerable families (i.e., improved skills, knowledge, competence, experience).</p> <p>Partnering organizations identify fewer program/service gaps in their ability to meet the needs of vulnerable families.</p>

	<p>Partnering organizations more frequently use case management to monitor and follow-up on the needs of vulnerable families.</p> <p>Vulnerable families served by partnering organizations have fewer unmet needs.</p>
Partnerships use data for program monitoring and program improvement.	<p>Partnering organizations are more consistent in their discussion of evaluation and programmatic data during operational meetings.</p> <p>Partnering organizations more frequently use evaluation and programmatic data to inform decision-making.</p> <p>Partnering organizations have increased capacity to employ continuous quality improvement processes to inform programmatic decision-making.</p>
Partnerships are effective leaders of innovation and change within the non-profit and service sector in Cambridge.	<p>Partnering organizations have greater capacity to engage in collective action and advocacy at the city level.</p> <p>Partnering organizations are more active in promoting the broader implementation of successful or promising strategies in Cambridge.</p>
A vision of holistically supporting vulnerable families is broadly shared across the non-profit and service sectors in Cambridge.	<p>The non-profit and service sectors have a stronger understanding of how to support the inter-related needs of vulnerable families and approaches to meeting them.</p> <p>Collaboration and dialogue are more frequent within and between the non-profit and service sectors in Cambridge.</p>
The collaborative non-profit voice is broadly represented and valued in Cambridge.	<p>More effective systems-level coalition building takes place in Cambridge.</p> <p>The non-profit and service sectors are better understood and valued by public and corporate sectors.</p> <p>Awareness of the value of the community's voice (i.e., vulnerable families and residents) is increased among policy makers in Cambridge.</p>
<b>Committee-Level</b>	
<p>Operational oversight, communication, and decision making is maintained:</p> <ul style="list-style-type: none"> <li>• Regular public-meetings of the Committee occur.</li> <li>• Regular meetings of the Core team occur.</li> <li>• Regular meetings between Committee/Core team and HRiA occur.</li> <li>• Regular communication between Committee/Core team and grantees takes place.</li> </ul>	<p>Oversight and decision making by the Committee are efficient and expedient.</p> <p>Timelines, budgets, and expectations are managed effectively.</p> <p>Acceptable progress towards program goals is maintained.</p> <p>Communication between Committee/Core team and grantees is perceived as timely, valuable, and effective.</p>

<p>An effective Implementation Phase grant application, review, and awards process is developed and used:</p> <ul style="list-style-type: none"> <li>• Clear selection criteria to be used in review of submitted implementation plans are developed and utilized.</li> <li>• Implementation plans meeting selection criteria are awarded implementation funds.</li> </ul>	<p>Promising and innovative models are identified, developed, and supported through implementation phase.</p> <p>Strengths-based approaches that build on existing capital are fostered within/between partnering organizations and their collaborating service providers.</p>
<p>Training or capacity building resources are provided to CBF Grantees, partner agencies, and others Cambridge non-profits as needed during implementation phase:</p> <ul style="list-style-type: none"> <li>• Evaluation-related training and capacity building provided to CBF grantees by an independent evaluator (HRiA).</li> <li>• Other training and capacity building provided to CBF grantees by others engaged by Committee and Core team.</li> </ul>	<p>CBF Grantees have the resources and technical capacity they need to support their activities through the implementation phase.</p> <p>Training and capacity building resources/opportunities are shared beyond just the named CBF Grantee partners.</p>
<p>Effective and timely monitoring and evaluation of CBF Grantees takes place during the Implementation Phase:</p> <ul style="list-style-type: none"> <li>• Progress reports are submitted to the Committee by CBF grantees.</li> <li>• Regular convenings of CBF grantees during the implementation phase are held.</li> <li>• A comprehensive process and outcomes evaluation plan is developed and effectively implemented by HRiA during the implementation phase.</li> <li>• Timely and effective technical assistance around evaluation is provided to CBF grantees by HRiA during the implementation phase.</li> </ul>	<p>Committee and HRiA are able to recognize and respond to CBF grantee successes, challenges, and technical assistance needs in a timely and effective way.</p> <p>Grantees understand the overarching goals of the CBF and how their individual models align with those goals.</p> <p>Grantees are accurate and timely in their collection/reporting of evaluation-related data.</p> <p>Ongoing process evaluation activities generate feedback on how program and grantee activities are being implemented.</p> <p>Ongoing outcome evaluation activities generate feedback on the impact of program and grantee activities as implemented.</p> <p>Evaluation findings are used by Committee and Grantees for ongoing program-improvement activities.</p>