CASE FOR COLLABORATION HANDBOOK
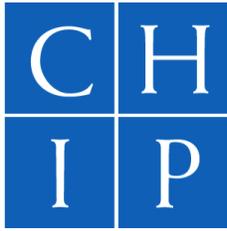
February 2012

Report prepared by
FISH+LEWIS Consulting
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Nonprofit **I** Community **I** Philanthropy

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Introduction

In 2011 Community Health Improvement Partners (CHIP) achieved a new milestone and became an independent 501 (c)(3) nonprofit organization. This transition has created an opportunity to reflect on a distinguished 17-year history with the Hospital Association of San Diego and Imperial Counties (HASDIC) as its parent organization and on what has been accomplished through this unique collaborative partnership. It also creates the opportunity to define a new future that begins today.

In December 2011, Kristin Garrett, CEO and Steve O'Kane, Chair of the Board of Directors led the volunteers and staff in a strategic planning process to celebrate their past and to define, for the first time, its potential as an independent nonprofit. Their goal is to develop a plan that further positions CHIP as the recognized leader in collaboration in the region and builds a national presence for the organization.

One of the early steps in preparing for this strategic process is the compilation of a *Case for Collaboration* **Handbook** that documents

CHIP collaboration from inception to the present. This *Handbook* further defines what collaboration is in the nonprofit sector and produces a CHIP Model of Collaboration based on their experience in the field.

This *Handbook* is written to be a resource for the development of a case for philanthropic support, future articles, conference presentations, workshops and team strategic discussions. Most importantly, it is designed to provide a fresh perspective on the untapped potential of CHIP as a master consultant and resource of collaboration in the region and nationally.

CASE FOR COLLABORATON HANDBOOK

Executive Summary

The *Case for Collaboration Handbook* is organized to take the reader from the past to the present so that whatever has been learned can be applied today.

The *Handbook* documents the **CHIP History** of collaboration providing an overview of the original purpose of the organization. Although it began in response to a mandate to convene, it quickly transformed into a real collaboration and first-of-its-kind partnership made up of 25 of the region's hospital and community health leaders. This foundation of support and the efforts of a small handful of unsung heroes who worked diligently to build the collaborative structure of CHIP were instrumental in establishing the values and principles that guide the organization.

The *Handbook* also provides an overview of the collaborative programs that are in operation at **CHIP Today.** It provides a description of the board and committee infrastructure that will effectively support its new independent status policy and advocacy issues and result in strong outreach into the community.

The concept of collaboration is so widely used and over time, we forget or never agreed upon in the first place, exactly what collaboration means in the public sector. The section on **Defining Collaboration** emphasizes the "specialized usage" of the term that refers to a more formal or semi-permanent structure that supports individuals and organizations working together to help solve community problems.

The *Handbook* tells us that not all problems are the same and distinguishes between t*echnical problems* and *adaptive problems* to help decide when collaboration is needed to solve community issues.

The concept of Real Collaboration is introduced that distinguishes the difference between a "marriage of convenience" and the more rare and sustainable model where partners genuinely are committed to solving a problem together. This model can save money, be more efficient and produce greater results.

The *Handbook* describes the Collaborative Prize, a distinguished recognition that is offered through the Lodestar Foundation to all collaborations. The Prize provides a list of more than two dozen characteristics funders look for in defining a successful collaboration, something to keep in mind as collaborations seek to evaluate their success. It also outlines a few examples of the types of collaborations that are in use in communities throughout the country that help further define collaboration in action.

Building on the background provided by the early sections of the *Handbook*, the **CHIP Model of Collaboration** begins by defining the stakeholders who have the greatest "stake" in the existence of collaboration and the role of staff to guide the process. We might refer to the stakeholders as the "customers" of CHIP. The stakeholders have their own set of priority needs that are organized as the *Ten Principles of Sustainable Engagement*. The staff has their

own *Six Pillars of Excellence* that support and guide the stakeholders as community issues are addressed. The formalizing of the CHIP Model of Collaboration is one of the most important steps for helping to shape CHIP today.

In conclusion, CHIP has just celebrated its "first year anniversary" as an independent nonprofit organization. During this time of transition, the CEO, staff and collaboration members have galvanized together and renewed their commitment to the future of CHIP. This is a significant period for CHIP where a new office, new governance structure and new vision are shaping the organization. Decisions such as scheduling a year-end strategic planning process, commissioning this *Case for Collaboration Handbook* and making a commitment to formalize the CHIP Model of Collaboration are all essential steps for building a strong and exciting future for CHIP that begins today.
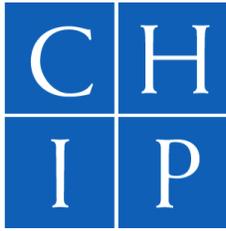
Methodology

The *Case for Collaboration Handbook* was commissioned by Kristin Garrett, CEO and the Board of Directors of Community Health Improvement Partners (CHIP) with the firm of **FISH+LEWIS** Consulting to help inform a strategic planning process in December 2011. The strategic planning process maps the future expansion of the CHIP program over the next 5-10 years. The purpose of the *Handbook* was to assess the CHIP Model of Collaboration currently in use and to help determine potential for future growth and opportunities. The *Handbook* was also charged with helping CHIP assess and define distinctive organizational characteristics that would position it as a collaboration consultant leader locally and nationally.

The *Handbook* was commissioned in June and completed December 2011. It includes a review of articles, case studies and research in the field of collaboration, review of current models of collaboration and interviews with staff and leadership volunteers. It also includes the Consultant's participation in CHIP community collaboration meetings.

A questionnaire was developed and used to conduct five interviews with CHIP staff and two interviews with CHIP board members. Additionally, the Consultant attended four CHIP community collaboration meetings to observe first-hand the collaborative process.

This *Case for Collaboration Handbook* is not a feasibility study intended to test the potential for community support of a future initiative. Its purpose rather is to review the field of collaboration, to document CHIP history and practices related to collaboration and to provide a foundation of ideas and language to help maximize the potential of CHIP.
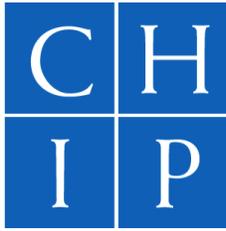
Below is a listing of the interviews and meetings attended by the Consultant in preparation for this Report.

Board Interviews

- **Michael Bardin**
  Former Chair, Founding Member
  Board of Directors

- **James Beaubeaux**
  Executive Partners, Chair
  Ex-Officio Board of Directors

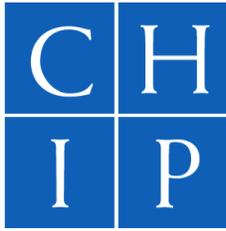*CHIP Community Collaboration Meetings*

- Access to Care Committee
- Health Literacy San Diego Committee
- Suicide Prevention Action Plan Committee
- Public Policy Committee

"We did things differently in this community. There was no public hospital to take the lead in directing healthcare projects. We had to do a lot more projects with multiple partners just to get things done. We had to become the safety net for the community"

Kristin Garrett, CEO

Staff Interviews

- **Kristin Garrett**
  President and CEO

- **Cheryl Moder**
  Director
  San Diego County Childhood Obesity
  Initiative

- **Beth Ruland**
  Manager
  Access to Care and Health Literacy

- **Holly Salazar**
  Director
  Strategic Outcomes

- **Tyler Wagner**
  Manager
  Business and Community Relationships,
  ICANSANDIEGO

FISH+LEWIS Consulting Background

Carole A. Fish, M.Ed., CFRE, Principal Consultant of FISH+LEWIS Consulting conducted the study and produced this report. The Consultant has more than 25 years of professional experience in community, nonprofit and philanthropic fields and was voted San Diego's Outstanding Development Professional for 2011. The Consultant is a professor with the University of San Diego's SOLES (School of Leadership and Education Studies) program through its Nonprofit Institute. She teaches Campaigns and Feasibility Studies and Strategic Planning in its Masters graduate program. FISH+LEWIS Consulting have produced numerous studies that include the Boys and Girls Club of San Diego and Imperial Counties, Ocean Discovery Institute, University of San Diego and Mama's Kitchen.
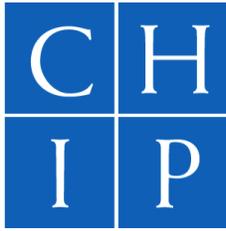
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CHIP History

For the first time a collaboration of 25 San Diego County's nonprofit hospitals and community partners convened together in response to legislation that was passed in October 1994 and signed into law (Senate Bill 697) by California Governor Pete Wilson mandating that nonprofit hospitals engage in and document their community benefit activities.

The law required that they:

1. **Mission** - Reaffirm the hospitals mission statement to include serving the community (one time requirement)
2. **Needs Assessment** - Conduct a health needs assessment of its community every three years
3. **Benefit Plan** - Prepare a community benefit plan and report annually
4. **Report** - Submit the benefit plan to the Office of Statewide Health Planning and Development annually

The SB697 Coalition as they called themselves held its first meeting in June 1995. Representatives voluntarily came together, most of who had no legal obligation to comply with the needs assessment mandate.

Three directors from neutral organizations – Bill Moseley, Hospital Council of San Diego and Imperial Counties (now Hospital Association of San Diego and Imperial Counties- HASDIC), Robert Ross MD, County of San Diego Department of Health Services and Dean Douglas Scutchfield, MD, Graduate School of Public Health at San Diego State University convened the group with the purpose of discussing the benefits of a collaborative approach to completing the health needs assessment requirement of SB697.

> *"This was a first. Everyone wanted to be there. Surveys have been done in the past but never anything like this. This involved the whole healthcare network. It brought everyone together who wanted to work on this important project."*
>
> Michael Bardin,
> Senior Director of Public and Government Affairs at Scripps Health
> Former Board Chair

Working on the needs assessment together tells an inspiring story of cooperation, sharing of resources and resolving issues that rarely occur in the healthcare and nonprofit sectors of any community. Directors and program managers of smaller organizations were working alongside senior hospital administrators; task force teams formed to access data from resources in the county; and staff generously provided in-kind support. The *Charting the Course Report* was completed in less than nine months.

This was a milestone event that marked the earliest beginnings of the formation of CHIP and the CHIP Model of Collaboration. Shortly after completion of the first needs assessment, CHIP was formed to provide oversight and direction to the Charting the Course process.

> *"After we produced the report, we recognized the collegiality and benefits in working and wanted to keep the collaboration going"*
> Ruth Covell, MD

Work groups were formed to address issues that had been identified in the Needs Assessment. Twelve work teams were organized to address some aspect of each of the top five priorities identified in the Needs Assessment process. Collaborative groups that formed from that early work are still in operation today and include:

- Charting the Course Needs Assessment
- Project Dulce
- Access to Care Collaboration

> *"The needs assessment identified community priorities – which then 'drove' the focus of the work groups and their initiatives. It was our job to organize ourselves to find solutions through our collaborative approach. "*
>
> Nick Macchione, MPH
> Director, County of San Diego Health & Human Services Agency
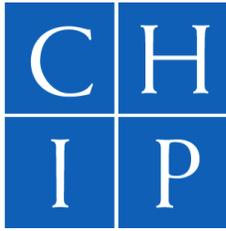
CHIP did not form its own nonprofit but rather affiliated with the Hospital Association of San Diego and Imperial Counties (HASDIC) and shared their offices. HASDIC staff member Karma Bass became the first director of CHIP.

With limited staff support, the volunteers formed and managed their own work groups, did much of their own fundraising and produced reports and programs. In 1998, there was a transition in staff. Kristin Garrett was recruited by Mike Bardin from Scripps and hired by Judith Yates at HASDIC, to fill the role of program coordinator.

"Collaborations are very challenging without staffing. There was true leadership among these volunteers. Some of the key founders of CHIP were Michael Bardin, Ken Colling (founding board chair), Dr. Ruth Covell, Dr. Bud Beck and Diane Strum."

Kristin Garrett, CEO

During this early period Ken Colling served as the Executive Partners founding chair and Bud Beck, MD was the first elected Chairman serving from 1999-2000. In 1999, CHIP developed its first dues model for its Executive Partners generating revenue for the CHIP programs. It also gave out some small grants.

In these early years, a small handful of founder volunteers guided CHIP and its workgroups as it continued its work and became more formalized. Dr. Bud Beck with Scripps Health is fondly called the "father" of CHIP. To this day, he reminds coalition partners to "check your guns (and egos) at the door."

"CHIP is not about any one of us. It is not about any one of our organizations. CHIP is about how we measure the health needs for the community and work together to meet as many of them as possible."

Bud Beck, MD
Former Board Chair

Over the next 10 years, more than 20 collaborative work teams and projects were formed to examine and address key issues identified by the needs assessment.
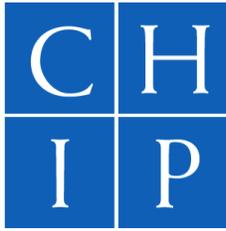
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In 2002, CHIP received approval for 501 (c)(3) status as a supporting organization of the HASDIC and the Executive Partners formed into the Board of Directors. The steering committee provided oversight of the collaborative projects of CHIP. New opportunities were coming to CHIP, some through the HASDIC that provided in-kind

support. New collaborations provided the need to formalize operations.

In 1998, Mission and Vision statements were developed to preserve the collaborative mission of CHIP and an annual strategic planning process helped to guide the strategic focus of the organization each year.

"In healthcare, there are always fads and popular trends driven by funders or some movement in the sector. We try to stay ahead of this and follow what the needs assessment tells us. There are natural cycles to issues and we choose to use the expertise and experience of our collaborative members to help guide the direction of the work as much as possible."

Cheri Fidler
Director, Center for Healthier
Communities at Rady
Children's Hospital

"In most communities, the County is the traditional safety net for healthcare services for those who lack access to care. In San Diego County, a public/private partnership developed over time as specific needs were identified or funding became available. All providers have played a role, but for CHIP, collaboration became a core value and subsequently, their driving mission. Today, that mission still serves the larger community and guides CHIP's public/private partners in work selection."

Judith Yates
Sr. Vice President, Hospital
Association of San Diego & Imperial
Counties
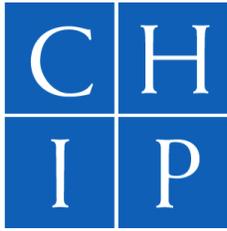
![CHIP Community Health Improvement Partners — making a difference together](logo)

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CHIP Today

CHIP is a powerhouse of projects built on a 17-year history of collaboration that was created by the unsung heroes of the early years. It possesses the same core values that have guided the program as it has expanded its reach to meet the needs of the community. These values, its mission and vision provide the foundational elements for the CHIP Model of Collaboration.

Vision: We envision communities where everyone achieves optimal health.

Mission: The CHIP mission is to assess and address priority health needs through collaboration.

Core Values: As CHIP grows as a nonprofit business, it has become increasingly important to explicitly define the core values from which we develop our culture, our identity, and our business strategies. These are the core values that we live by:

Work Collaboratively
Complex community problems are best solved when people work together. CHIP drives successful outcomes by building multi-sector partnerships to create the most effective solutions to identified community health needs. We do this by providing a neutral and inclusive venue in which diverse partners work together to realize shared goals. Collaboration is core to our mission and is the essence of who we are.

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Be Strategic and Smart
Health is in everything. We are strategic, thoughtful, and resourceful in the way we come together to create change and opportunities for better health in the communities we serve. At CHIP, we are forward thinking, knowledgeable, and smart about how we work to achieve our goals.

Be Innovative and Nimble
We believe in innovation with a purpose. We inspire bold thinking to tackle seemingly unsolvable health problems, and take risks as needed, but will also use well-established best practices when we know they will lead to the desired solution. We capitalize on change and view challenges from new angles to effectively meet the changing needs of our community. At CHIP, we are ready to respond and can modify our approach as environments, systems, and needs change. We are willing to take on different roles and learn new tools and techniques in order to best serve our community.

Exude Passion and Optimism
Our passion is contagious and drives the dedication of our partners. We are empowered with a can-do attitude and the freedom to think forward to bring vision to reality. We *believe* that we can make a change in the health of the community, and are compelled to do so.

Have Fun with Flair
We do our work with flair, generating fun and enthusiasm for the cause. CHIP believes that a positive and energetic culture leads to better outcomes. As the master collaborator, we create a welcoming team spirit that encourages the full participation of all our partners.

Promote Integrity
CHIP emphasizes integrity in every aspect of our business, resulting in an organization that is trusted. We treat our staff, partners, funders, and the community with esteem, value and respect.

Create Meaningful Impact
At CHIP, we strive toward accomplishing positive, measurable improvements to community health, when and where change is needed. We don't just get things done, we do things that are meaningful, measurable and valuable.

CHIP Board of Directors, members, partners and staff provide the foundational elements of its model of collaboration. They direct and support the organization and its collaboration groups ensuring strong linkages between the community and the organization.

Board of Directors

CHIP staff report to the Board of Directors that is chaired by Steve O'Kane, CEO of the Council of Community Clinics and has 12 board members.

The Board has ultimate responsibility for the establishment of strategic plans and policies, and for the oversight of policies, procedures and programs that are consistent with the CHIP Bylaws, Articles of Incorporation and all legal requirements. The Board appoints the CEO, provides direction, and evaluates performance annually.

2011 Board of Directors:

- **Stephen R. O'Kane** *CHAIR*
  Chief Executive Officer
  Council of Community Clinics

- **Michael Bardin, APR**
  Senior Director, Public & Government Relations
  ScrippsHealth

- **Susan Bantz**
  Chief Executive Officer
  Children's Physicians Medical Group

- **James Beaubeaux**, *Ex-Officio*
  Chief Operations Officer/Chief Financial Officer
  San Diego County Medical Society

- **Michael Carr**
  Executive Director
  SAY San Diego

- **Laura Cyphert**
  Senior Audit Manager
  Moss Adams, LLP

- **Marcia Faller, PhD, RN**
  Chief Clinical Officer & Executive Vice President
  AMN Healthcare

- **Ben Marcantonio**
  Southern Regional Director
  San Diego Hospice and The Institute for Palliative Medicine

- **Jack Monger**
  President
  The Monger Company

- **Leslie Pels-Beck**
  Vice President, Chief Operations Officer
  Sharp Health Plan

- **John Sansone**
  Law Professor
  University of San Diego

- **Chris Searles, M.D.**
  Associate Clinical Professor
  UCSD Department of Family and Preventive Medicine
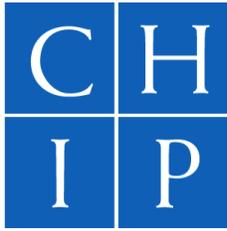
The Board is comprised primarily of individuals who do not have a relationship to the organization, thus excluding member organizations and those organizations that provide grants or receive funding through CHIP that may create a conflict of interest.

As CHIP finalized its independent status as a 501 (c)(3) nonprofit organization in 2011, its members reorganized and established a new structure of committees that report to the Board of Directors and better prepare the organization for a new chapter in CHIP.

*San Diego Roots and Victory Gardens, a collaborative partner of CHIP*

Executive Partners Committee:

The Executive Partners Committee consists of 15 members whose organizations pay dues and represent many of the major health organizations in the region. The Executive Partners Committee is chaired by James Beaubeaux who is an ex-officio member of the Board of Directors. The EPC serves as the voice within CHIP representing the needs and interest of CHIP's members. The EPC works in partnership with the CHIP Board to advise the Board on key issues, such as selection of new members, vetting public policy decisions, and programmatic and quality Improvement oversight.

Public Policy Committee:

The Public Policy Committee reports to the Executive Partner Committee and is co-chaired by Kamal Mullenburg and Gary Rotto. It consists of 15-25 representatives from government, business and the nonprofit sectors. The Public Policy Committee weighs in on policy and political issues, potential trends and sources of funding on a federal, state and local level and potential future health-related opportunities for the sector. The CHIP policy agenda puts into action the five priority issues identified by the CHIP Needs Assessment.
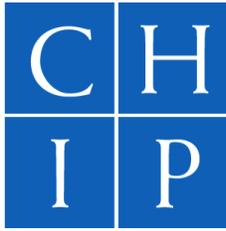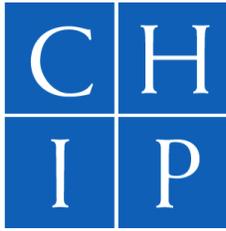
CHIP Staff for 2011

CHIP staff has expanded to 12 highly qualified professionals who manage initiatives and affiliate projects. Its staff includes the President and Chief Executive Office, Kristin Garrett, M.P.H., FACHE, and an executive team overseeing collaborative projects, marketing, strategic growth and business development.

Below are the staff of CHIP that are integral to the CHIP Model of Collaboration:

- Kristin Garrett, M.P.H., FACHE
  President and Chief Executive Officer

- Tracey Stevens
  Executive Coordinator

- Dana Richardson
  Healthy Eating, Active Communities

- JuliAnna Arnett
  Communities Putting Prevention
  to Work/San Diego County Childhood
  Obesity Initiative

- Melanie Cohn
  San Diego County Childhood Obesity
  Initiative

- Cheryl Moder
  San Diego County Childhood Obesity
  Initiative

- Yeni Palomino
  Health Eating, Active Communities

- Beth Ruland
  Health Literacy San Diego/ Strategic
  Outcomes

- Holly Salazar
  Strategic Outcomes

- Erica Salcuni
  San Diego County Childhood Obesity
  Initiative

- Katie Shultz
  Communications and Resource
  Development

- Tyler Wagner
  Business and Community
 Relations/ICANATWORK

Current Initiatives and Affiliated Programs

There are several methods by which programs are created and supported within the CHIP collaborative framework. CHIP programs are organized into three purpose-based categories that are in alignment with its mission, vision and values. The categories are Access to Care Programs, Prevention Programs and Policy Programs.

Below is an outline that further describes the type of relationship each program collaboration has with CHIP and its community partners:

Type of Collaborative	Definition	Program
CHIP Initiated Collaborative Programs	Comprehensive effort designed and staffed and supported by CHIP, dependent on CHIP for funding.	Charting the Course Needs Assessment ICANSANDIEGO Health Literacy Gift of Health San Diego Diabetes Coalition – former program Behavioral Health Work Team Suicide Prevention Team Emergency Department Data Surveillance Project – former program Public Policy Committee B4: Boo-Boos Aches and Bumps, Before You Go to the Doctor – former program Care Coordination Work Program – former program
CHIP Affiliated Collaborative Programs	Independent Program with CHIP endorsement, led by CHIP	San Diego Childhood Obesity Initiative Chula Vista Healthy Eating , Active Communities Community Health Worker Regional Development Center – former program Safety Net Connect – former program
CHIP Graduated Collaborative Projects	Original CHIP program, may or may not still be in operation, may run independently; may continue CHIP endorsement and may request resource support.	Project Dulce Immunize San Diego New American's Health Advocacy Program
CHIP Projects	Time limited project, for a specific purpose staffed by CHIP, may have been folded into another program.	ME 2 Program/ALBA "Help Connection" Provider Trainings To Your Health – A Su Salud Media Campaign Safe Harbor Increasing Access to Healthcare in San Diego Report Urgent Matters Report
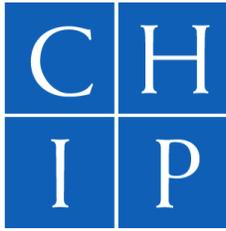
Defining Collaboration

The word *collaboration* is so commonly used in today's world that it is easy to confuse its meaning.

David La Piana in his article *Real Collaboration, A Guide for Grantmakers* defines it as the following:

*"*The standard English terms to collaborate (verb), and collaborative (noun) refer to the means through which individuals or organizations work together in a concerted effort toward mutually desired ends." For example, it is common to hear "Let's collaborate to get this done" or "Do you think we need to be more collaborative on this project?"

"The specialized, nonprofit (and for profit) usage of the terms refers to the creation of a more formal and semi-permanent structure that supports the type of *collaboration* described above." For example, "I am going to a meeting of the San Diego County Obesity Initiative Collaborative." or "We are funding a collaboration on low cost housing."

Not all collaborative activities referred to by the specialized usage are formal collaborative groups. In some instances, the word collaboration is used to define what is truly a loosely held partnership between two or more organizations to achieve a common goal. By the very nature of the nonprofit existing for the benefit of the community, nonprofits partner together on a common issue, to negotiate reduced costs for purchasing activities, for educational or training activities or any number of reasons to maximize resources or position themselves as more influential in the community. These forms of collaboration are more tangential in nature and not associated with the core programs of the organization and do not affect the survival of the organization.
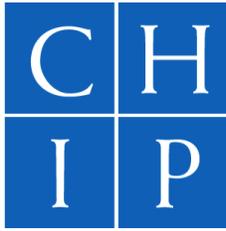
Technical versus Adaptive Problem-Solving

According to authors John Kania and Mark Kramer in *Collective Impact*, from their article in the Stanford Social Innovation Review (Winter 2011) when funders are tasked with selecting from many applicants, they look to opportunities where the greatest chance is available to solve a community problem. The nonprofit sector is busy inventing independent solutions to major social issues, often working at odds with each other and increasing the amount of resources required to make meaningful progress. They emphasize isolated impact rather than collective impact to address community issues.

Yet, according to Kania and Kramer, "No single organization is responsible for any major social problem, nor can any single organization cure it. Even the most highly respected nonprofits do not have the expertise or resources to do this alone. This problem is compounded by the isolation of the nonprofit sector. Social problems arise from the interplay between government and commercial activities, not only from the behavior of social sector. As a result, cross sector coalitions that engage those outside complex problems can only be solved

by the nonprofit sector." Not all problems need to be solved by a collaborative process. In fact, some problems are better solved by individuals and individual organizations. In an earlier article published in the Stanford Review titled *Leading Boldly*, Kania and Kramer with Ron Heifetz distinguish the difference between *technical problems* and *adaptive problems*. Some social problems are technical in that they are well defined, the answer is known in advance, and one or a few organizations have the ability to implement the solution. Examples include funding college scholarships, building a hospital or installing inventory controls in a food bank.

Adaptive problems by contrast are complex, the answer is not known and even if it were, no single entity has the resources or authority to bring about the necessary change. Examples include preventing suicide, creating access to care, restoring wetlands, or reforming education. In these cases, reaching an effective solution requires learning by the stakeholders involved in the problem who must then change their own individual and organizational behavior in order to create the solution.
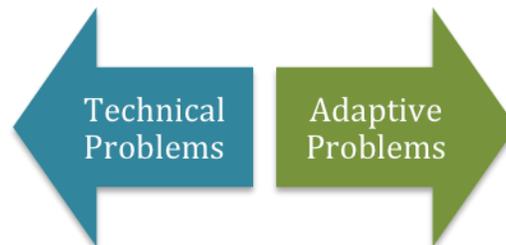
Most often, addressing these adaptive problems requires a systemic and integrated approach that can be accomplished through collaborative, sustainable effort.

Real Collaboration

Why do organizations and individuals within organizations get involved with collaborations? What are the characteristics of a "real collaboration" as La Piana defines that help to ensure greater sustainability towards solving a community's problems?

Most organizations and individuals who participate in CHIP community collaborative meetings come from working environments where CEOs, board members and department managers are primarily focused on technical problem solving. There is a known answer to an issue and teams of staff and/or volunteers come together to discuss and resolve it. A collaborative process to solve an adaptive issue usually is not needed in this context. Professional staff is rewarded for efficient resolution of issues and leadership volunteers serve as key translators between the organization's needs and the community perception and resources.

"Real Collaboration" requires a different set of circumstances because its role is to address adaptive problems where there are no known answers and where it is key that participants have a genuine stake and commitment to staying at the table to help solve a community problem.

Too often, funders might encourage or demand collaborative actions as a condition of funding. "Grantees may form a collaborative and hold meetings leading to members jointly writing a grant proposal to the funder. This approach often masks the fact that the parties have little stomach for integrating or even coordinating their services and intend to use the jointly raised money to continue working separately."

This scenario is more common and creates a lot of frustration with funders seeking sustainable solutions for their investments. The collaboration is a "marriage of convenience" to achieve a temporary end.

The second scenario, a rarer response to funder encouragement is for the grantees to meet, honestly recognize the possible synergies of working together and begin to coordinate programmatic and other core efforts more closely. This is real collaboration. It is rare because funders cannot instill in grantees a genuine motivation to work together in a partnership that leads with mission rather than with a funding opportunity.
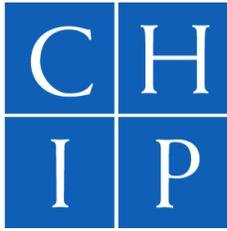
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"*A collaborative that is genuinely driven by mission is far more likely to sustain itself over time and to be more effective in solving community problems.*

— David Piana

Characteristics of Real Collaboration

Real Collaborations demonstrate certain characteristics that are either easy to identify and in some cases more subtle to recognize. These characteristics and many others are part of the CHIP Model of Collaboration.

Real Collaboration	Characteristics
Real Engagement	Nonprofit leaders are working together on substantial content-laden issues. The group is inherently interactive and sincerely engaged.
Genuine Commitment to Working Together	Partners get to know each other well enough to develop trust that increases the group's commitment to working together
Partners Work Out of Choice	Partners work together voluntarily, because they have recognized potential synergies and potential for being more effective in the community, not because they are being "encouraged" to participate by a funder.
Timeframe is Based on Solving Community Issues	Solving community issues takes time and partners are committed to what it takes to get the job done. Funder grant timelines and pressures often do not fit the timeframe of the collaborative.
Challenges are Part of the Process	The process of the collaborative can include stress, conflict and challenges. This is a good sign that collaboration is underway and is preferable to distance and lack of engagement.
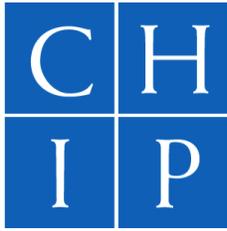
Benefits of Real Collaboration

**La Piana tells us that when real collaboration is in effect**, it is a powerful tool for enhancing community capacity and is "a joy to behold". He goes on to describe the benefits of real collaboration in action:

Less Duplication - There is less duplication, competition and overlap of services among collaborating nonprofit organizations.

Higher Impact - It increases the likelihood that philanthropic dollars will be spent on higher impact efforts, achieving the goals of grantmakers, grantees and community leaders alike.

More Problem Solving Approaches - A fuller spectrum of approaches to problem solving is brought to bear on seemingly intractable problems, potentially leading to measurable progress on desired outcomes shared by all parties, including the funder

Expanded Social Missions - It leads ultimately to stronger nonprofit organizations that are better able to advance their social missions.

Criteria that Measures Successful Collaborations

The Lodestar Foundation in partnership with AIM (an alliance of nonprofit institutes from Arizona State University, Indiana University and Grand Valley State University) shines a spotlight on collaboration through its Collaboration Prize (the Prize). This opportunity is offered annually to models of collaboration that inspire cooperation among two or more nonprofit organizations and demonstrate efficiencies gained in working together. Their approach is to value all models of collaboration but to hold those models to a standard of excellence. The Foundation publishes *The Models of Collaboration – Nonprofit Organizations Working Together that* provides an insightful snapshot of 44 Collaboration Prize winners across the country and highlights the common threads that distinguish them from the 600 applicants who applied for the Prize. More than 20 characteristics were listed that demonstrated exceptional benefits of collaborations.
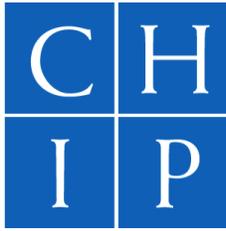
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The benefits of collaboration outlined below identified by the Prize process provide interesting insight as to how funders and others in the field define success for collaborations and are useful in measuring the ongoing success of the CHIP Model of Collaboration.

Characteristics of Highly Successful Collaborations

- **Increased efficiency** in delivery of programs
- **Elimination** of overlapping services at the community level
- **Greater economy of scale** (accomplishing more with fewer resources)
- **Adopting strengths** of each collaborator creates a much stronger whole
- **Gains in resource**, stability and capacity for the less developed partner
- **Dominant partner** gains from established programs that it did not have on its own
- **Elimination of competition** and overlapping services
- **Synergy** from joined forces
- **Communication** on shared issues and concerns
- **Greater short** and long term impact (sustainability)
- **Reduction in fragmentation** of services
- **More comprehensive** coverage of catchment area
- **Ability to reach** a larger audience
- **Demonstrates a better** continuum of care for clients
- **Coordination of messaging** across the field and in the community
- **New programming** without interrupting the identities or current programming of collaborators
- **Build in advice** and capacity support for the new enterprise
- **Dedicated focus** on a new mission that is already validated by community partners
- **Improved Organizational** efficiency
- **Partners concentrate** more on program rather than administrative functions
- **Increased exposure** of brand beyond the local community
- **Support, services** and stability form the umbrella organization
- **Models of effective practice** worth study by academics and nonprofit leaders to be shared and to inspire

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Models of Collaboration

Within the field of specialized collaborations, there are many different descriptions for collaborative models. These definitions are useful in helping further define how CHIP's collaborative initiatives fit within the field and to assess future potential for formalizing and expanding its role.

According to their 2011 article *Collective Impact* by Kania and Mark Kramer for the Stanford Social Innovation Review, there are five types of collaborative models that each possesses characteristics that undermine their potential for sustained results.

|	
Funder Collaborative	**Funder Collaborations** are groups of funders interested in supporting the same issue who pool their resources. Generally, participants do not adopt an overarching evidence based plan of action or a shared measurement system, nor do they engage in differentiated activities beyond check writing or engage stakeholders from other sectors.
Public-Private Partnerships	**Public-Private Partnerships** are partnerships formed between government and private sector organizations and usually include for profit partners. Their purpose can be to deliver specific services or benefits to the community that capitalizes on private sector funding and expertise and nonprofit sector social connections and networks. They are often targeted narrowly. For example, they may focus on developing a particular drug or approach to fight a single disease or to introduce a new technology into a community that would improve quality of health.
Multi-Stakeholder Initiatives	**Multi-Stakeholder Initiatives** are voluntary activities by stakeholders from different sectors around a common theme. These initiatives can include individuals and organizations and usually engage nonprofits and government organizations. Common examples of themes may be obesity, homelessness, housing, access to care and so on. These initiatives are often focused on "moving the needle" to solve a community problem or to build on an opportunity that improves the overall quality of life in the community.
Social Sector Networks	**Social Sector Networks** are groups of individuals or organizations fluidly connected through purposeful relationships whether formal or informal. Collaboration is generally ad hoc and emphasis is placed on information sharing and targeted short-term actions rather than a sustained and structured initiative. Social media provides an excellent platform for this type of interaction where blogs, Twitter, Facebook, Linked In and other programs link groups through a virtual network. Professional membership

	associations such as the Chamber of Commerce, United Way, Rotary and others provide a non-virtual structure for members of professional or academic organizations to leverage resources and relationships to achieve common goals.
Collective Impact Initiatives	**Collective Impact Initiatives** are new long-term commitments by a group of important actors from different sector to a common agenda for solving a specific social problem. Their actions are supported by a shared measurement system, mutually reinforcing activities and ongoing communication between members. They are staffed by an independent backbone organization. The Collective Impact Initiative is described in depth in the article. What differentiates it from the Multi-Stakeholder Initiatives model is that member organizations have a greater level of accountability to the collaborative and are investing core program resources to achieve a common goal. This approach requires the greatest investment in financial, staff and time resources, the greatest amount of communication between partners and is designed to tackle and solve big issues in a sector.

The organizational model of a collaborative plays a significant role in defining its capacity for resources, for achieving goals, in its potential to achieve sustainability and maintaining a balance of power among stakeholders. CHIP organizational model varies depending on each initiative it is engaged in and the needs of the community (See CHIP Model).
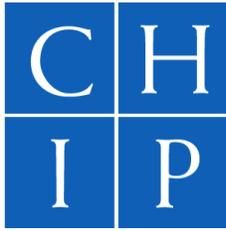
CHIP Model of Collaboration

The CHIP Model of Collaboration begins by defining the primary stakeholders who have the greatest "stake" in the existence of the collaboration.

There are **four primary community stakeholder** groups in the collaboration model and each has its own unique set of customer or **priority needs** that are essential to the success of the collaboration. If their priority needs are met the collaboration has the greatest possibility of sustainable success.

The priority needs form the first part of the CHIP Model of Collaboration and are titled the **Ten Principles of Sustainable Engagement**. They address priority needs of stakeholders such as communication, accountability, structure, resources and credibility that must be met within the collaboration. From CHIP's inception, these priority needs have been dynamically in play directing the formation of the model as it exists today.

The second part of the CHIP Model is the **Six Pillars of Excellence** that define the CHIP staff roles to support the Community Stakeholders and support the collaboration process. The

Pillars are key in guiding staff in their role within the collaboration and are also essential to its success.

What joins stakeholders and staff in this dynamic process is a jointly held **commitment to mission** and to solve a problem or be a part of the solution that will improve the quality of life of the community. The only reason CHIP exists as an organization is to fulfill this mission. It has a single bottom line – serving to benefit the community.

Stakeholders on the other hand often have a double bottom line – serving to benefit the community and their organizations needs. This is why CHIP is uniquely qualified and trusted in its role as master facilitator and mission leaders keeping the collaboration on course.

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The sustainability of the CHIP Model of Collaboration is embedded in meeting the priority needs of the community stakeholders and the role of staff. What joins these individuals together is their mission focus to address an issue and to benefit the community.
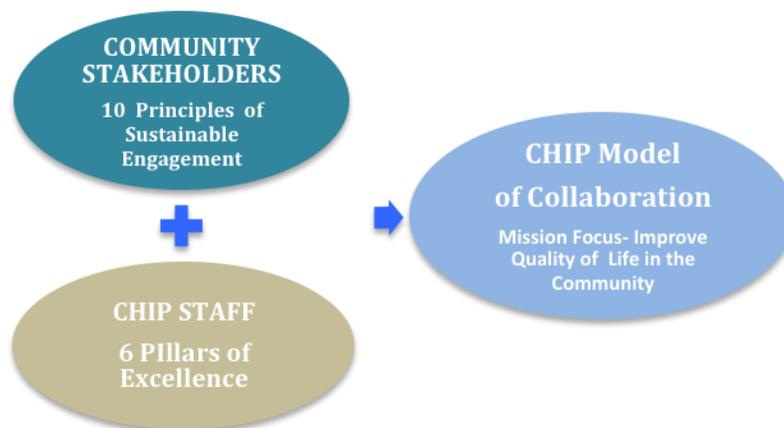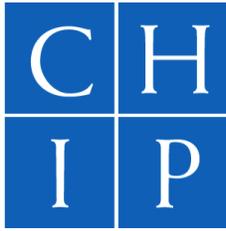

Four Primary Community Stakeholders

The first question in understanding the CHIP Model of Collaboration is who is "driving" the need to have a collaborative approach in the first place. The "driver" of any collaboration is the need for the public to solve a community problem or to take on an opportunity that will improve the quality of life in the community. Therefore it is the **Public Stakeholder's** need to achieve or improve something for the greater good while representing the needs of the community. Next there are those **At-risk Stakeholders** and those who are related to them such as family, neighbors, friends who have a personal stake in the successful outcome of a specific problem to be solved. For example, victims of obesity are at-risk individuals and

their families, neighbors and others who care about them have a stake in the solution. Then there are the **Issue Related Collaboration Stakeholders** who have committed to being at the table to develop solutions and represent organizations with their own specific agenda and stake in the outcome of the collaboration.

Finally, there are the **Issue Related Funder Stakeholders** who have a financial stake in the process and success of the collaboration. The priority needs of these four stakeholders are in play at all times and help to direct the CHIP Model of Collaboration.

Four Primary Community Stakeholders

General Public

Represent the needs of the community

City, County, State and National Agencies

Public Officials

At-Risk Individuals and Related Groups

Those At-risk and Their Support Networks

Issue Related Collaboration Partners

Nonprofits, For profits, Senior Executive and Program Staff, Researchers, Experts, Policy Leaders

Issue Related Investors

Individual Donors, Entrepreneurial Investors, Government, Corporate Funders
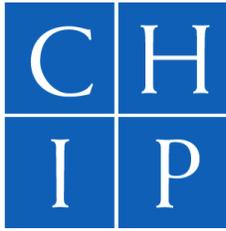
Ten Principles of Sustainable Engagement for Community Stakeholders

The four community stakeholders have priority needs within the collaboration. These priority needs are defined as the **Ten Principles of Sustainable Engagement**. They serve as a guideline for building a strong collaboration. If any one of the principles is not being met, it will weaken the collaboration. More principles being met will increase the success of the collaboration and its sustainability.

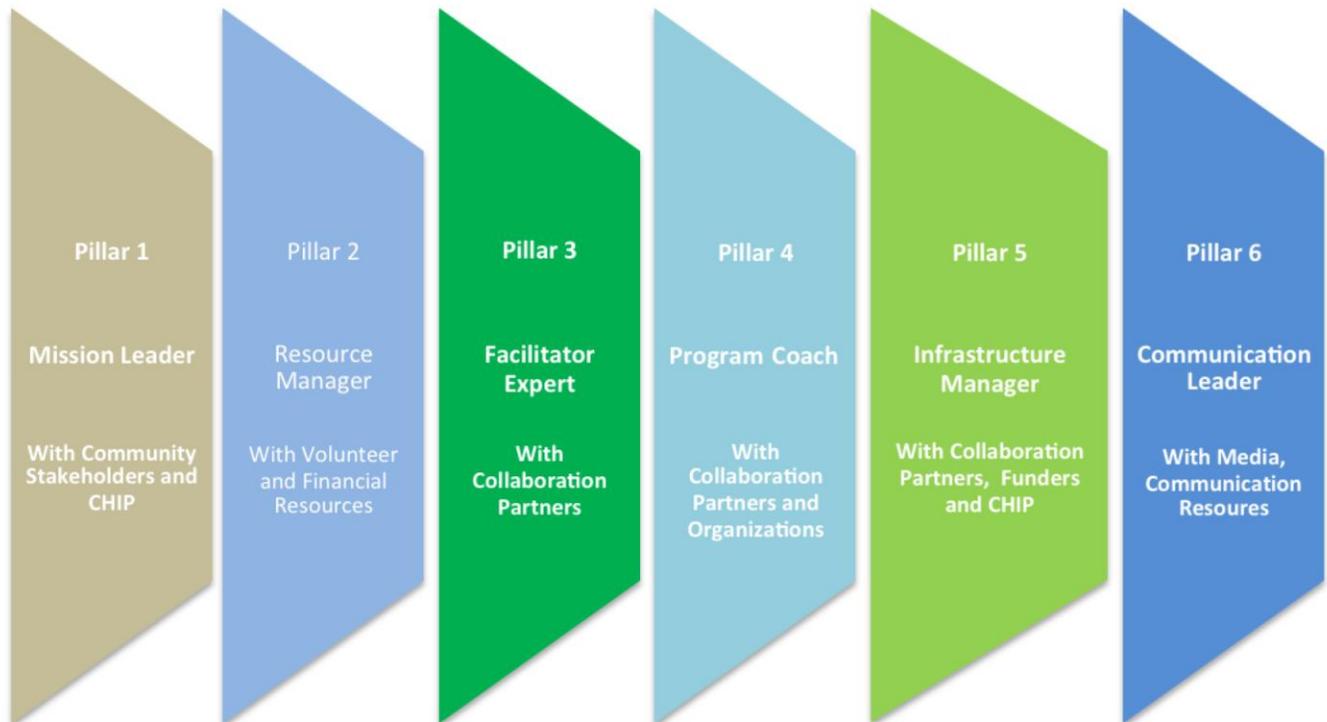| Community Stakeholder Priority Needs	Public Stakeholder	At-Risk Individual Stakeholder	Collaboration Partner Stakeholder	Investor Stakeholder
1. Commitment to Solve a Community Issue	Solve Issues/Improve Quality of Life	Solve a Personal Issue	Double Bottom Line Solve Issue/Benefit Organization	Invest wisely with great positive impact
2. Commitment to Comprehensive Approach	Engaging all stakeholders produces greatest success	Integral to solution of issue	Public/private partnerships are key	Supports collaboration as best use of funds
3. Commitment to High Credibility	Far reach access from national to local levels in advocacy and policy	Can provide credibility for issue with personal testimony	Desires greater credibility that often cannot access as single organization	Strong partner in creating credibility
4. Commitment to Strategic Approach	Must maximize benefit with minimum resources	Can provide insights to be more effective	Must maximize organizational benefit with minimum resources	Desires to maximize benefit of investment
5. Commitment to Effective Infrastructure	Need or can provide backbone support	Can provide volunteer resources	Require and expect backbone support	Depend on backbone support
6. Commitment to Resources	Can provide and require resources to participate	Personal story can help raise resources	Require resources, may have access	Can provide resources
7. Commitment to Communication	Must ensure communication to public	Open communicator	Requires communication to maintain trust	Depends on communication to evaluate use of investment
8. Commitment to Demonstrated Impact	Must justify return on investment to public	Personally gains from outcomes	Must justify return on investment to customers and organizations	Wants to see a direct relationship between use of funds and results
9. Commitment to be Open and Transparent	Requires openness to public	Values openness in solving issue	Must adhere to transparency to ensure trust	Expects openness and transparency
10. Commitment to CHIP Model of Collaboration	Respects track record and relies on CHIP Model for success	Supports CHIP Model	Relies on CHIP Model to successfully operate collaboration	Investor in CHIP Model to achieve results

Six Pillars of Excellence for CHIP Staff

In the CHIP Model of Collaboration, the role of CHIP staff is equally as important in sustaining a successful collaboration as meeting the stakeholder's priority needs through the Ten Principles of Sustainable Engagement. Staff are master leaders and strategists in facilitation, linking the community and partners to the CHIP model, in managing and accessing resources, in providing coaching for program

implementation, in managing infrastructure and in communication.

What is expected of staff as experts in excellence as leaders and strategists is significant but every CHIP staff member is qualified for the task and capable of supporting the collaboration of community stakeholders as they navigate their way to find solutions to community issues.

Pillar 1	Pillar 2	Pillar 3	Pillar 4	Pillar 5	Pillar 6
Mission Leader	Resource Manager	Facilitator Expert	Program Coach	Infrastructure Manager	Communication Leader
With Community Stakeholders and CHIP	With Volunteer and Financial Resources	With Collaboration Partners	With Collaboration Partners and Organizations	With Collaboration Partners, Funders and CHIP	With Media, Communication Resoures

Six Pillars of Excellence Roles and Responsibilities

The following matrix provides more detailed description of the Six Pillars of Excellence and staff roles and responsibilities that play such an important part in the success and sustainability of the CHIP Model of Collaboration:

Roles of CHIP Team	Responsibilities of Team
Mission Leader	▪ Is the conduit between CHIP, collaboration partners and community. ▪ Is the employee of CHIP who represents CHIP in all business and program matters. ▪ Models CHIP mission, vision, values and the CHIP model at all times internally and externally. ▪ The CHIP MODEL should help guide the staff and serve as a resource for understanding and being conversant in CHIP history, current programs, and organizational structure and in the purpose and rationale of collaboration within the organization.
Resource Manager	▪ May initiate funding contacts to support a collaboration project. ▪ Ensures funder expectation and requirements are met. ▪ Serves as a bridge builder between the funding source and the collaborative group. ▪ Supports and in some cases helps to manage all stakeholder resources that are helping to support the work of the collaboration.
Facilitator Expert	▪ Works with the collaborative group to set agenda, define and implement facilitation techniques to advance the work of the group and to document the work and progress of the group. ▪ Maintains a role of neutrality with the group to encourage the open sharing of ideas from partners and to encourage overall group learning and decision making. ▪ Helps to keep the momentum of the group moving forward to meet their needs. ▪ Facilitates problem solving approaches. ▪ Ensures values and agreed upon collaboration goals are being met.
Program Coach	▪ Provides coaching to partners to help implement individual grassroots or policy program strategies but does not deliver program directly. Usually works through partners, their skills and resources to get delivery accomplished. ▪ In policy or advocacy campaigns directed by the collaboration, may serve a consultant facilitator of the campaign.
Infrastructure Manager	▪ Serves as the "backbone" organization that oversees all or some of the operational functions and tasks of the collaboration. ▪ Ensures that the operations of the collaboration do not interfere or obstruct the collaborative process.
Communications Manager	▪ Works within a strategic and coordinated CHIP marketing communications plan to communicate status and accomplishments of collaborations with internal and external audiences. ▪ Ensures that communication is open, accessible and transparent to stakeholders.