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How Can Foundations Promote Impactful Collaboration?

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Introduction

As foundations have become more focused on generating measurable social impact, one of their primary strategies has been to foster interagency collaborative problem-solving (Kubisch, Auspos, Brown, Buck, & Dewar, 2011; Kania & Kramer, 2013; Easterling, 2013; Pearson, 2014; Easterling & McDuffee, 2018). The basic idea is to bring together leaders from different organizations and sectors of a community to find more effective ways to address a problem that they all have a stake in solving. Collaborative problem-solving initiatives generally focus on big, thorny issues such as homelessness, opioid misuse, and racial disparities in educational attainment — issues that are beyond the scope of influence of any single organization.

Collaborative problem-solving is premised on the concept of synergy. Roz Lasker and Elisa Weiss (2003) present the logic as follows:

When a collaborative process combines the complementary knowledge of different kinds of people — such as professionals in various fields, service providers, people who use services, and residents who are directly affected by health problems — the group as a whole can overcome these individual limitations and improve the information and thinking that undergird community problem solving. (p. 25)

Foundation Interest in Collaboration

Funders are naturally positioned to bring together leaders from different organizations for collaborative problem-solving, even in cases where those organizations compete with one another. Several foundations throughout the U.S. launched collaborative problem-solving initiatives in the 1990s, including the Annie E. Casey Foundation (1995), the Robert Wood Johnson

Key Points

- Funders are increasingly looking to interagency and cross-sector collaboration as a strategy to solve complex, large-scale issues, but many collaborative groups fail to generate an impact with their work. This is due in part to funders' own practices, such as pre-specifying the problem to be solved or limiting their grantees' ability to adjust their strategy.
- The Health Foundation of Central Massachusetts has been intentional about facilitating the effectiveness of the collaborative groups it supports. Its Health Care & Health Promotion Synergy Initiative provides long-term funding and assistance with planning, evaluation and sustainability to groups that define the problems they want to solve.
- This article presents systems-change outcomes from 14 collaborative groups supported under the initiative since 2000. Interviews with representatives from four of the more successful projects indicate the key tasks involved in designing, implementing, refining, and sustaining impactful programs. Interviewees reported on the value of the Synergy Initiative model, but also emphasized that the model requires high levels of commitment and analytic capacity.
- One of the most challenging features of the model is the funder's direct engagement in the process. Given the power dynamics that naturally arise when the funder engages directly, we recommend that this approach be used only in situations where the funder can build strong, honest, give-and-take relationships with the other participants in the process.

Foundation (Silver & Weitzman, 2009), The Colorado Trust (Gallagher & Drisko, 2003), The California Wellness Foundation (Cheadle et al., 2005), the Sierra Health Foundation (Meehan, Hebbeler, Cherner, & Petersen, 2009), and the Health Research and Education Trust (Hasnain-Wynia, 2003).

In most of these initiatives, the funder supported an interagency coalition in developing a shared definition of the problem, setting a vision for success, analyzing the causes and consequences of the problem, and developing a collective strategy appropriate to the local context. Groups were expected to produce strategies where the participating organizations shift their programs, services, and practices in a coordinated way in order to get more fully to the root issues underlying the problem. After the planning phase, the group submits a proposal for implementation funding and the foundation decides which elements of the plan it wants to support. Most implementation grants cover expenses over at least two years, and some run for as long as five.

Many of these initiatives failed to live up to their expectations (Brown & Fiester, 2007; Kubisch, Auspos, Brown, & Dewar, 2010; FSG, 2011), which curbed foundations' enthusiasm for collaborative problem-solving, at least temporarily. In 2011, John Kania and Mark Kramer introduced the concept of "collective impact" in a widely read article. Collective impact is a particular form of collaborative problem-solving which borrows heavily from research conducted in the 1990s and early 2000s (e.g., Mattessich & Monsey, 1992; Butterfoss, Goodman, & Wandersman, 1993; Chrislip & Larson, 1994; Lasker & Abramson, 1997; Lasker & Weiss, 2003; Roussos & Fawcett, 2000; Chavis, 2001). The model differs from earlier approaches by focusing on shared measurement and backbone organizations. It also emphasizes participation by institutional

leaders who have the authority and resources to implement new programs and services.¹

In the eight years since the publication of Kania and Kramer's article, collective impact has become an increasingly popular paradigm within philanthropy. Foundations such as the Kansas Health Foundation, the Health Foundation of South Florida, the New York State Health Foundation, and the Duke Endowment are supporting collective-impact initiatives. The Collective Impact Forum, a learning community managed by the Aspen Institute and FSG, listed 76 collective-impact initiatives on its website in December 2018, as well as more than 25,000 Listserv members.²

With this resurgence of foundation interest in collaborative problem-solving, it is even more crucial to identify what it takes for coalitions to achieve meaningful impact. Collaborating for community change is lengthy, difficult, frustrating work fraught with obstacles and trap doors. Although more and more success stories are being shared (Hanleybrown, Kania, & Kramer, 2012; Lynn & Stachowiak, 2018), success remains elusive. Many interagency groups convened by foundations fail to generate concrete strategies, instead getting stuck in difficult conversations around mission, vision, turf, responsibility, and money (Kreuter & Lezin, 1998). Some initiatives have succeeded in producing new services, facilities, or technologies, but changes have often been incremental rather than transformational (e.g., Conrad et al., 2003).

How Funders Undermine Impactful Collaboration

When collaborative efforts fail to generate long-term impacts, the responsibility is often laid at the doorstep of the coalition and its members, but funders can also be to blame. Two specific ways in which foundations have inhibited

¹ This focus on institutional leaders is a contrast with the more inclusive approaches to collaboration that foundations like The Colorado Trust employed in the 1990s (Easterling, Gallagher, & Lodwick, 2003). Tom Wolff (2016) and his colleagues (Wolff et al., 2017) vociferously criticized the collective-impact model for being elitist and for ignoring the community development aspect of collaborative problem-solving, which is central to models such as Community Coalition Action (Butterfoss & Kegler, 2002). At least partially in response to this criticism, the framers of the collective-impact model made a number of adjustments and augmentations, codified in Collective Impact 3.0 (Cabaj & Weaver, 2016).

² <http://www.collectiveimpactforum.org/about-us>

impactful collaboration are: (1) imposing their own agenda with regard to the problem to be solved, and (2) failing to allow for learning and adaptation during the implementation process.

Imposing Their Own Agenda

One of the most common flaws in foundation-sponsored collaborative initiatives is for the funder to unilaterally name a problem and then invite a particular set of stakeholders to come together to solve that problem. Under this model, the participants work at the funder's behest rather than in response to their own intrinsic interests. Often their commitment is tentative and their problem-solving efforts are uninspired. Consequently, many funder-convened collaborative groups focus their attention on figuring out how to get their share of the available funding (Kubisch et al., 2010; Kimball & Kopell, 2011; Castelloe, Watson, & Allen, 2011; Easterling, 2013).

Funder-driven coalitions tend to last only as long as the foundation supports the process. This dynamic is captured by a nonprofit leader quoted in Easterling (2013):

I don't think I've ever seen any [funder-driven collaborative efforts] that have been successful. ... That [approach] just is so bogus to me. ... They've got the housing people, the medical people. They've got everybody from every category and they just don't know where to go. It takes them years to figure out what they even want to talk about. And then when they start, they infringe on things that other people are trying to do. ... If all of a sudden the pot dries up or really shrinks down, they aren't there. They're no longer talking to each other. (p. 68)

A much more productive approach for foundations is to identify naturally occurring networks where members are already focusing on a problem that fits with the foundation's interests, and then work with that network to determine what forms of support would allow their work to move to the next level (Easterling, 2013).

Two specific ways in which foundations have inhibited impactful collaboration are: (1) imposing their own agenda with regard to the problem to be solved, and (2) failing to allow for learning and adaptation during the implementation process.

Failing to Allow for Adaptation

A second critique is that foundations often conceptualize collaborative problem-solving according to a simplistic two-step process of planning and implementation. During the planning phase, the group is expected to analyze the problem and develop a collective strategy. That strategy is submitted to the funder, along with a request for either full or partial funding to implement key elements of the strategy. The funder then determines which elements of the strategy will actually be supported and provides grant funding to the organizations responsible for implementing those elements.

The problem with this approach is that the plans that emerge from collaborative planning processes are, at best, a first approximation to effective strategy. After 12 to 18 months of exploration, analysis, discussion, priority setting, decision-making, and politicking, the group might have developed a well-informed strategy, but usually the strategy will be untested. Unfortunately, funders often regard these strategies as definitive rather than preliminary. As such, implementation grants are often made with the expectation that the group will abide by the work plan in the proposal and will achieve the stated outcomes. However, if the strategy is actually an imperfect first approximation, imposing rigid accountability criteria will inhibit the group from adapting its approach, and thus will

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undermine the potential for large-scale impact (Easterling, 2016).

Another problem with this two-step view of planning and implementation is that foundations too often allow for only a single cycle of implementation funding at the end of the planning process. Groups are able to become smarter and more strategic through the process of testing out their initial plan. In The Colorado Trust's Colorado Healthy Communities Initiative, a number of the funded groups came up with their most impactful projects once their grant funding had ended and the funder was no longer engaged (Easterling, 2014). Foundations can capitalize on the learning that occurs during the implementation phase by setting aside grant funding for second- and third-generation strategies.

The Health Foundation of Central Massachusetts' Approach

While some foundations convene and fund collaborative groups in ways that limit the potential for large-scale impact, other foundations have developed approaches that significantly enhance the quality of collaborative problem-solving. One of these is the Health Foundation of Central Massachusetts, which began supporting inter-agency collaborative problem-solving and systems change in 2000 (11 years prior to the introduction of the collective-impact model). The foundation's signature strategy in this regard is

the Health Care & Health Promotion Synergy Initiative. Under this initiative, the foundation provides collaborative groups with an average of \$2 million over five years to support the planning process, the implementation of new programming, and the hiring of an evaluation consultant. Funded groups are expected to meet a number of specific milestones, including defining their goals, target populations, and outcomes; designing an intervention; piloting that intervention and refining it based on evaluation findings; sustaining the eventual program model within local institutions; and carrying out advocacy.

The program model underlying the Synergy Initiative recognizes that the funder can do a number of things that facilitate a collaborative group's success, including allowing community groups to determine what problem they want to solve, ensuring that the group uses a rigorous approach to planning, encouraging learning and adaptation, providing funding for evaluation, and paying explicit attention to systems change and the sustainability of effective programs. The Synergy Initiative model also calls for foundation staff to be directly involved in the group's process of planning, testing, learning, and advocacy. These design features are described more fully in the following sections.

Community-Defined Problem

Collaborative groups are more committed when they are working to solve problems that are intrinsically important to participants. Under the Synergy Initiative, the foundation offers opportunities for local agencies to come forward with whatever health-related issue they have an interest in addressing. The foundation does not self-identify issues that are priorities for funding, and its grantmaking history demonstrates an interest in a wide variety of social and economic determinants of health, as well as access to health care.

The call for letters of intent invites nonprofit organizations, government agencies, and others to come together on their own to identify a shared interest that can become the basis of a proposal. Foundation staff engage in conversations with the applicant groups, but there is no

effort on the part of the foundation to mold the proposal to a particular agenda.

Executive-Level Representatives

The foundation expects that applicant groups will include high-level staff from the participating organizations, often involving the chief executive officer. This increases the chances that planning and decision-making will be truly strategic and that the solutions developed by the group will have buy-in from the leaders of the organizations that are charged with implementing the solution.

Funding for a Coordinator

Because agency leaders have extensive responsibilities outside their engagement in the Synergy Initiative, the foundation funds a project coordinator who provides operational leadership and day-to-day logistical support for the problem-solving process. The coordinator is based in the lead agency and is supervised by the project director. The project director provides overall strategic leadership and is often the executive within the lead agency who organized the collaborative.

Long-Term Commitment

The foundation recognized that developing and implementing effective programs³ is a long-term endeavor. As such, the call for proposals indicates that it expects to support funded groups for five years. This sends a message to applicants that the foundation is committed over the long haul and, likewise, that it expects funded groups to commit themselves for the full period of time required to implement and sustain an impactful strategy.

Resources Tailored to Life Cycle

Rather than framing collaborative problem-solving as a two-stage process of planning and implementation, the foundation promotes a more complex, iterative process of assessment, research, planning, testing ideas, refining approaches, evaluating, aligning systems, and putting in place supportive policies. It offers different forms of financial support, technical

Collaborative groups are more committed when they are working to solve problems that are intrinsically important to participants.

assistance, and other resources tailored to each stage of the work. When the group reaches a point where additional funding is needed, the foundation works jointly with participants to determine what type of funding is most important in moving the work toward impact.

Focus on Outcomes and Evidence

While the Health Foundation of Central Massachusetts does not define the issues that Synergy Initiative groups will address, it does specify the problem-solving process that groups need to use. In keeping with the CEO's extensive background in "empowerment evaluation" (Yost, 2015), the foundation has developed a process that emphasizes accountability, evidence, and learning. The process includes the following steps: assessment, exploration of program models, program development, implementation, and evaluation. More specifically, funded groups are expected to answer the 10 accountability questions in the "Getting to Outcomes" framework (Wandersman, Imm, Chinman, & Kaftarian, 2000). (See Table 1.)

One of the defining features of the framework is the reliance on evidence and best practices when designing and choosing programmatic strategies. The foundation is clear throughout the process that funded groups will need to adopt and implement evidence-based strategies, rather than relying solely on their own internal analysis. These expectations are initially communicated in the call for proposals, and then reiterated by foundation staff as funded groups carry out their work.

³We use the term "program" in a generic sense to encompass a wide range of remedies that groups might devise to address their target issue, including new and expanded services, changes in how services are organized, new policies and procedures, new facilities, and educational strategies.

TABLE 1 The 10 Accountability Questions in the “Getting to Outcomes” Framework

1. What are the underlying needs and conditions in the community? (**Needs/Resources**)
2. What are the goals, target populations, and objectives (i.e., desired outcomes)? (**Goals**)
3. Which evidence-based models and best-practice programs can be useful in reaching the goals? (**Best Practice**)
4. What actions need to be taken so the selected program “fits” the community context? (**Fit**)
5. What organization capacities are needed to implement the plan? (**Capacities**)
6. What is the plan for the program? (**Plan**)
7. How will the quality of the program and/or initiative implementation be assessed? (**Process Evaluation**)
8. How well did the program work? (**Outcome Evaluation**)
9. How will continuous quality improvement strategies be incorporated? (**CQI**)
10. If the program is successful, how will it be sustained? (**Sustain**)

Source: Chinman, Imm, & Wandersman (2004)

The emphasis on learning is reinforced by the foundation’s approach to holding the group accountable. Rather than expecting a coalition to stick with whatever strategy emerges from the planning phase, the foundation encourages learning and adaptation. This fits directly with the emphasis on impact: If the initial program model is not producing the intended results, the group is expected to learn this and to adapt.

Once an approach has been designed, the group evaluates its effectiveness using both formative and summative methods. The foundation allows enough time for the group to test and evaluate its programs. In addition, the group is encouraged to collect data that will be rigorous enough to satisfy a set of critical audiences, including policymakers.

Funding for an Evaluator

The foundation expects the group to use formative evaluation methods in developing, testing, and refining its strategy, as well as to gather summative data on the effectiveness of whatever program models the group decides to implement.

To support this expectation, the foundation helps each applicant group select a suitable evaluation consultant to assist in writing their proposal. This is done through a speed-dating process where applicants invited to apply for a full proposal are able to interview a pool of evaluators identified by the foundation as being trained in the methods and principles of empowerment evaluation (Fetterman & Wandersman, 2005). Successful applicants receive grants that include dedicated funding to support the evaluator’s services. The evaluator designs and carries out short-term and long-term studies that allow the collaborative to understand how well its interventions are meeting its expectations. Evaluation findings are continuously fed back to the collaborative to promote learning and adaptation.

The evaluator is expected to conduct a summative evaluation once the group has optimized the program model. Using experimental or quasi-experimental methods, the evaluator collects data that can be used to demonstrate effectiveness and, ideally, cost-effectiveness. Those data support efforts to sustain and

disseminate effective program models, including advocacy efforts for policy change at the local and state levels.

Active Engagement by the Funder

Perhaps the most distinctive aspect of the Synergy Initiative is the active role of the funder over the life course of each project. Rather than simply hanging back and encouraging the group to find an impactful strategy, the foundation plays an active role in the collaborative process, keeping the group oriented toward impact and effective strategy. One or more members of the foundation staff participate fully in all aspects of the process and push the group toward effective action. They raise hard questions about the logic underlying the strategy, what the evidence says, and what it will take to implement and sustain a strategy. This form of engagement requires staff to be conscious of the power they hold and to take steps to ensure that the group retains control over the process.

The foundation plays a particularly important role in promoting sustainability. This includes issuing evaluation reports that make the case for interventions or programs emerging from groups funded under the Synergy Initiative, occasionally reaching out to other funders to build buy-in for the program, and making a direct case to elected officials and leaders of government agencies to change policies and revenue streams in ways that support sustained funding for the program.⁴

Track Record of the Synergy Initiative

The foundation awarded funding under the Synergy Initiative to 17 groups between 2000 and 2015. The first cohort of four groups was funded in 2000 and 2001; subsequent cohorts launched in 2007, 2011, and 2015. These groups have addressed a wide variety of issues related to health and the social determinants of health, including health care access, mental health, child abuse, oral health, homelessness, hunger, criminal justice, and breaking cycles of poverty.

Fourteen of the 17 groups were able to carry out all the steps expected by the foundation and to implement new programming. (See Tables 2 and 3.) The remaining three groups terminated the initiative partway through their process. This included a project focused on refugee resettlement that was discontinued because the federal government abruptly and significantly reduced the number of refugees allowed to enter the United States. The foundation discontinued funding to the other two groups after determining that they had not conformed to the initiative's guidelines and milestones.

All 14 of the groups that fully implemented the Synergy Initiative model were able to develop one or more solutions to their target issue. These solutions took a variety of forms, including new programs and services, expanded access to existing programs, interagency coordination of services, new centers and facilities, public awareness campaigns, training and education programs, and designation as a redevelopment district. In addition, half of the projects were able to bring about changes to state or local policy.

Table 3 highlights the specific enhancements in programming, services, facilities and policy associated with each of the 14 projects. The following five projects are particularly notable:

1. The Central Massachusetts Oral Health Initiative (CMOHI) increased the availability and accessibility of dental health services for low-income populations through a variety of programmatic and policy-oriented approaches. These included bringing new, school-based dental screening and treatment services to Worcester and South Worcester County schools, increasing the capacity of three community health centers to provide dental care, and promoting a change in Medicaid rules that provided more flexibility to dental practices, which in turn led to an increase in the number of practices that were willing to accept Medicaid patients.

⁴The Health Foundation of Central Massachusetts is permitted to engage in policy advocacy and lobbying because of its legal status as a 501(c)(4) organization and an agreement the Massachusetts Attorney General's Office.

TABLE 2 Synergy Initiative Projects That Successfully Carried Out the Steps of the Model

Cohort	Project Focus	Specific Projects	Duration	Approx. Funding	Intent
1	Oral Health	Central Massachusetts Oral Health Initiative (CMOHI)*	November 2000–June 2011	\$6 million	Expand dental services for vulnerable populations.
		Oral Health Initiative of North Central Massachusetts	January 2001–June 2008		
	Child Abuse	Child Abuse Prevention and Protection Collaborative	January 2001–November 2007	\$2 million	Develop a coordinated effort to prevent child abuse and neglect.
	Behavioral Health in Preschools	Together for Kids*	May 2001–June 2009	\$1.8 million	Reduce suspensions by developing a mental health consultation model for use in preschool settings.
2	Homelessness	Home Again	January 2007–June 2013	\$2.2 million	End adult chronic homelessness using the “Housing First” model.
	Hunger	Hunger-Free & Healthy	January 2007–December 2012	\$1.5 million	Improve access to healthy food and reduce hunger in Worcester.
	Children’s Mental Health	Choices	January 2007–December 2011	\$2.2 million	Expand access to mental health services and prevent substance abuse among adolescents.
		The Winchendon Project	January 2007–December 2012		
3	Economic Self-Sufficiency	A Better Life*	January 2011–December 2017	\$3 million	Help families achieve economic self-sufficiency and transition out of public housing.
	Prisoner Reentry	Worcester Initiative for Supported Reentry (WISR)*	January 2011–August 2017	\$2.3 million	Reduce recidivism among men and women who were formerly incarcerated.
	Healthcare Access	Improving Access to Health	January 2011–December 2015	\$900,000	Improve access to primary health care and reduce impact on unnecessary hospital emergency department use.
4	Childhood Adversity	Worcester’s Healthy Environments and Resilience in Schools Initiative	January 2015–present	\$1.7 million	Reduce suspensions by integrating trauma-sensitive routines and supports into schools.
	Healthy Eating	Worcester Regional Food Hub	January 2015–present	\$1.8 million	Develop a regional food hub to promote sustainable agriculture, healthy eating, and economic development.
	Community Development	ReImagine North of Main	January 2015–present	\$1.9 million	Revitalize downtown and adjacent neighborhoods as the “Gateway to Arts and Culture.”

*These projects were included in the evaluation study.

2. The Home Again project brought to Worcester the Housing First approach, which transitions chronically homeless adults into subsidized housing. Worcester was recognized in 2011 as the first city its size in the U.S. to effectively end adult chronic homelessness.
3. The Worcester Initiative for Supported Reentry (WISR) group developed a model for coordinating the various services (e.g., health, social, educational, employment, housing) that agencies provide to support re-entry among ex-offenders following release from jail or prison. The Commonwealth of Massachusetts has committed \$7 million to agencies in Worcester and Middlesex counties to implement the model. Follow-up of program participants found a 47% reduction in the three-year recidivism rate (Health Foundation of Central Massachusetts, 2018).
4. The Together for Kids project addressed the issue of excessive suspensions and expulsions within the preschool setting. The group developed and implemented a comprehensive approach that includes training for teachers in classroom management and behavioral health consultation to children and their parents. Their intervention significantly reduced the rate of suspensions within the participating preschools (Upshur, Wenz-Gross, & Reed, 2009). Based on observed outcomes, the Massachusetts lawmakers included funding for the program model in the Department of Early Education and Care budget.
5. Under A Better Life, the group developed, tested, and implemented an intensive case-management approach for families living in public housing to help them become economically self-sufficient and move out of public housing. As a result of the program, many participants have become employed, increased their income, and moved to private or Section 8 housing.

[I]t is important to recognize that the 14 Synergy Initiative projects produced variable degrees of impact, implying that the model is more effective in some instances than others.

Collectively, the 14 projects have generated a variety of documented improvements to the health and well-being of residents in the foundation's service region. These impacts compare favorably to what has been observed in other collaborative problem-solving projects, including the 25 collective-impact initiatives that Spark Policy Institute and ORS Impact identified in their scan of the United States and Canada (Lynn & Stachowiak, 2018). The fact that notable impacts have occurred in multiple projects funded under the Synergy Initiative speaks to the value of the foundation's model for supporting collaborative problem-solving. At the same time, it is important to recognize that the 14 Synergy Initiative projects produced variable degrees of impact, implying that the model is more effective in some instances than others. This variation reflects a variety of factors, including differential capacity to carry out the steps required by the model (described below), transitions in staffing and leadership that occurred in some projects, and some situations have more potential for high-impact solutions because of the nature of the problem or the specific opportunities that present themselves.

Evaluating the Practice of Impactful Collaboration

Because the Synergy Initiative produced multiple instances of impactful collaborative problem-solving, the initiative offers a valuable opportunity to learn about the process of generating impact. The foundation contracted with the authors to conduct a qualitative study examining four of the more successful projects funded

TABLE 3 Key Outcomes from Synergy Initiative Projects

Synergy Project	Key Outcomes <i>(Policy change outcomes in italics)</i>
Central Massachusetts Oral Health Initiative (CMOHI)*	<ul style="list-style-type: none"> • A fully accredited dental hygiene program was established at Mount Wachusett Community College. • Dental care capacity at two community health centers in Worcester was nearly doubled. • <i>Medicaid policy was changed to allow private-practice dentists more flexibility in determining the number of Medicaid patients to accept, which led to more dentists participating in the Medicaid program.</i>
Oral Health Initiative of North Central Massachusetts*	<ul style="list-style-type: none"> • Community Health Connections opened dental clinics at three locations in north-central Massachusetts, providing 25,000 dental visits per year. • Preventive dental care is offered at 55 public schools.
Child Abuse Prevention and Protection Collaborative	<ul style="list-style-type: none"> • Family Outreach Network expanded the home visiting services it offers to parents of newborns. • <i>State legislation required all birthing parents to receive education about shaken baby syndrome.</i>
Together for Kids *	<ul style="list-style-type: none"> • Behavioral health consultation in child care settings for educators and families, training for educators, and referrals for intensive services have resulted in a substantial reduction in suspensions and expulsions from preschool. • <i>A new line item was added to the state budget for Massachusetts Department of Early Education and Care that provides funding for the Together for Kids intervention model across the state.</i>
Home Again	<ul style="list-style-type: none"> • The Housing First approach was established in Worcester to focus resources on moving chronically homeless adults into subsidized housing. Worcester was recognized in 2011 as the first city its size in the U.S. to effectively end adult chronic homelessness.
Hunger-Free & Healthy	<ul style="list-style-type: none"> • Worcester Public Schools improved the quality of meals offered to 25,000 students and now provides “free breakfast after the bell” at 21 schools. • A community outreach worker was hired to assist food pantries in signing up clients for SNAP.
Choices and the Winchendon Project	<ul style="list-style-type: none"> • <i>Passage of Chapter 321 – An Act Relative to Children’s Mental Health: Major provisions include early identification for children with mental health needs; the creation of a task force to assess the capacity of schools to deliver behavioral health services and make recommendations to promote effective delivery; improved insurance coverage for children with mental health needs; and the restructuring of the state’s provision, coordination, and oversight of children’s behavioral health services.</i>
A Better Life*	<ul style="list-style-type: none"> • Intensive case management provided to families living in public housing to promote self-sufficiency, focusing on educational, occupational, financial, personal, and health care issues. Participants have become employed, increased their income, and moved to private or Section 8 housing. • <i>State policy was changed to allow A Better Life to be implemented in state-subsidized housing properties. One of the program’s primary goals – to help residents transition out of public housing – would have otherwise been at odds with state policy.</i>

*These projects were included in the evaluation study.

TABLE 3 Key Outcomes from Synergy Initiative Projects (continued)

Synergy Project	Key Outcomes <i>(Policy change outcomes in italics)</i>
Worcester Initiative for Supported Reentry (WISR)*	<ul style="list-style-type: none"> • Re-entry services across agencies (social and health services, housing placement, employment readiness and job placement) were coordinated beginning prior to release, including individualized navigation plans and evidence-based interventions. The approach has generated a 47% reduction in the three-year recidivism rate and a 59% return on investment based on one-year incarceration costs. • <i>\$7 million for reentry services was included in the state's 2018 Criminal Justice Reform legislation.</i> • <i>The state has approved contracts piloting the WISR model in Worcester and Middlesex counties, with the intent of expanding services statewide.</i> • <i>The Worcester County jail changed its policy to allow inmates more flexibility in attending treatment programs.</i>
Improving Access to Health	<ul style="list-style-type: none"> • The Edward M. Kennedy Community Health Center opened a satellite site in Milford to relieve some pressure on its Worcester and Framingham sites. The Milford site reduced inappropriate use of the Milford Regional Medical Center's emergency room.
Worcester's Healthy Environments and Resilience in Schools Initiative	<ul style="list-style-type: none"> • Evidence-based trauma-sensitive routines and individual supports have been integrated into the school day at four elementary schools and one middle school in Worcester. • Community-based mental health agencies are providing services in after-school programs at three elementary schools. • The use of a clinical stabilization team in the schools is being expanded. • A school-based health center was renovated and opened in April 2018. The center provides access to health care and behavioral health services to more than 800 middle-school students.
Worcester Regional Food Hub	<ul style="list-style-type: none"> • The Worcester Regional Food Hub was developed to improve the regional food system by strengthening sustainable agriculture, promoting healthy eating, and fueling economic development. The Food Hub is comprised of two distinct programs: the Commercial Kitchen Incubator provides a certified commercial kitchen, and the aggregation, marketing, and distribution services aim to increase market opportunities.
Relmagine North of Main	<ul style="list-style-type: none"> • To support branding the neighborhood as the "Gateway to Arts and Culture," NewVue Communities and the Fitchburg Art Museum are renovating the B.F. Brown School for artist living and work space. • MassDevelopment designated the North of Main area of Fitchburg as a Transformative Development Initiative district, which brings a range of financial resources and technical assistance to support revitalization efforts.

*These projects were included in the evaluation study.

under the initiative, focusing on the following evaluation questions:

- What are the critical tasks that a collaborative group needs to complete in order to produce impactful solutions?
- How did the Health Foundation of Central Massachusetts either support or inhibit the completion of these tasks?
- What preconditions need to be in place for a group to carry out the rigorous work that the Synergy Initiative calls for?

Because of resource limitations, this study included only a subset of the 14 projects that completed the Synergy Initiative process. The primary goal of the study was to increase knowledge about how collaborative groups generate impactful solutions. Thus, we purposefully sampled cases where the group had implemented a program or service with documented benefits, and where there had also been a policy change or systems change that makes it likely that the program or service will be sustained financially over the long run.

Two additional criteria were used to select projects for the study. First, in order to evaluate which features of the Synergy Initiative model were most important to the group's success, it was necessary to include only projects where the group had actually carried out all the required steps. Second, in order to promote the generalizability of the findings, we intentionally selected projects that addressed a wide range of issues.

Applying these criteria led to the selection of the following four projects: CMOHI, WISR, Together for Kids, and A Better Life. These projects address the issues of oral health, prisoner reentry, behavioral health in preschool settings, and self-sufficiency among residents of public housing. All four had received at least six years of funding from the foundation at the time we began our evaluation in the fall of 2017.

For each project, we reviewed a variety of materials, including staff memos, progress reports, reports written by evaluation consultants, and project-impact summaries. We gained a more in-depth view of the four projects through conversations with foundation staff and extended interviews with eight individuals who were central to the work, including project directors, project coordinators, and evaluators. Interviewees were asked to describe their experience carrying out the Synergy Initiative process, as well as to offer observations, critiques, and recommendations as to how the model might be revised or replicated. Interviews were recorded and transcribed.

Key Tasks in Generating Impactful Solutions

Our analysis focused primarily on understanding what is required for a collaborative group to be effective in developing, implementing and sustaining impactful programs. Each of the following six tasks was cited by multiple interviewees:

1. Building and sustaining commitment over the long haul,
2. Maintaining a focus on impact,
3. Using a systems lens to analyze the situation and to develop strategies,
4. Reviewing evidence when developing strategies and choosing program models,
5. Testing and adapting initial strategies, and
6. Changing policy and funding streams in order to sustain interventions.

These tasks are described more fully below. We also show how the Synergy Initiative model reinforced the importance of these tasks and how the foundation supported the groups in carrying out these tasks.

Building and Sustaining Commitment

The Synergy Initiative model presumes that impactful collaboration is a long-term, multi-stage journey. To stay the course, participants need to bring a high level of commitment and sustain that commitment throughout the ups and downs of the process. This occurred for all four of the studied projects, including projects that had a transition in the project director, project coordinator, and/or other collaborating partners who were central to the work. In one project, maintaining the commitment involved a shift in the lead agencies. Persistence in the face of these key transitions speaks to the value of a high-functioning collaborative.

The foundation played a major role in ensuring that the groups were committed to the work

— by allowing the group to define their own problem, by testing participants' commitment during the application phase, and by encouraging the group to continue on with the process when commitment wavered. As one interviewee said,

The foundation CEO sits down at a table with high-level stakeholders. I think it is critical that she is at those meetings and she pushes them ... [to make] more of a commitment and then the work can happen at lower levels.

Staying Focused on Impact

When asked to explain why their groups had been productive, interviewees reported that participants were uniformly (and even relentlessly) focused on solving their problem and generating tangible impacts. The foundation explicitly looked for this bottom-line orientation during the selection process and continued to emphasize impact in all its interactions with the groups. While the foundation was expansive in terms of the five-year funding commitment, its staff pushed the groups to achieve large-scale outcomes as expediently as possible. As one interviewee said,

Right from the beginning, it was a challenge to all of us to really think much bigger and broader than we had ever been asked to think before. It was challenging. It was exciting. I think we were probably fearful along the way, too. We have an opportunity here and we want to make sure we don't squander it, but it was invigorating.

A Systems Lens

Each of the four groups recognized that achieving their goal would involve changing a system or multiple systems, rather than simply developing a program or service. The evaluator and foundation staff often played critical roles in questioning the partners as to what sorts of systems changes were possible and would make a difference. They also brought a form of analytic and critical thinking that helped the groups move from tactical remedies to larger, more impactful strategies. This is reflected in the following quote from an interviewee:

We are in the weeds here, and sometimes we had to try to force ourselves to get out of the weeds.

The foundation played a major role in ensuring that the groups were committed to the work — by allowing the group to define their own problem, by testing participants' commitment during the application phase, and by encouraging the group to continue on with the process when commitment wavered.

[The foundation's representative] was able to come in and just give us a different perspective, but also to challenge us to say, "Well, why do you want to keep doing it that way?"

As another interviewee described it, "I had someone behind me pushing me and saying, 'keep looking at the big picture.'"

Evidence-Informed Decision Making

All four of the funded groups focused on evidence-based models and engaged in a long-term process of analysis, planning, implementation, and experimentation. They tested whether their expectations were met and how well their assumptions bore out. The evaluators designed studies that directly answered the groups' most critical questions. Multiple interviewees provided feedback that echoed the following:

The evaluator was sitting at the table, part of the conversation, willing to push us, willing to listen, willing to be open and flexible to go where the data allowed.

Evolving the Strategy

In many other foundation-sponsored collaborative initiatives, the participants feel beholden to pursue whatever action plan emerged from the planning process or was prescribed by the funder, even if the action steps prove ineffective

While sustainability is talked about in most systems-change initiatives, this is one of the thorny issues that is often left unaddressed. In contrast, the four groups studied here strategized throughout the process as to what it would take for their solutions to take root in the community and to succeed over the long run.

once they are implemented. In contrast, the Synergy Initiative model encourages the collaborative to make data-informed adjustments to its program strategy, and indeed provides the collaborative with an evaluator to ensure that data are available to support learning. Interviewees reported that foundation staff encouraged these programmatic adjustments during meetings, often approving changes in real time, and also when applying for implementation grants. One interviewee summarized it as follows:

The real benefit here is that the foundation is not a partner who is going to look at your data and what's going on and say, "I don't like that. We are taking our dollars away." Instead, they are at the table with the implementers strategizing [and to say along with us], "Well, that doesn't seem to be working."

Adaptation occurred not only with the program model, but also the evaluation strategy. In each of the four projects, the evaluators revised the evaluation design, methods, and measures as the program models took shape and the collaborative learned more about how and where the program worked. As one interviewee recounted,

We were constantly working [with the evaluators] and figuring things out on what's working and what's not working. What do we need to change

and how do we need to do it? So, it was that kind of a process over the years that I think worked very well.

Addressing Sustainability

While sustainability is talked about in most systems-change initiatives, this is one of the thorny issues that is often left unaddressed. In contrast, the four groups studied here strategized throughout the process as to what it would take for their solutions to take root in the community and to succeed over the long run. Foundation staff emphasized sustainability and, more particularly, the role of policy change as they interacted with the groups. One of the interviewees noted:

[The foundation's representative] gets the group thinking about sustainability early. What are the policies you have to change? Not just the steps you have to take to do work, but what are the actual policies you need to change within city government or school district or something like that.

The foundation not only instilled this expectation around policy change, but also contributed in substantial ways to making policy change happen. A number of interviewees explicitly referenced the staff's expertise in policy analysis and legislative processes, as well as the connections that it was able to take advantage of when advocating for policy change.

Preconditions for Impactful Collaboration

The four projects highlighted in the previous section were all able to implement strategies that have had tangible benefits to people living in the region. But not all of the groups funded under the Synergy Initiative were this successful, suggesting that they may not have been fully prepared for this highly rigorous model of collaborative problem-solving. Likewise, many of the groups that applied for funding under the Synergy Initiative were judged by the foundation as not being ready for the required work.

While the sampling frame for our study (i.e., four exemplar cases) did not allow a thorough analysis of the preconditions that lead to readiness, we were able to ask participants in successful

projects what they regarded as important in being able to carry out the model. Interviewees affirmed that there is a threshold of readiness that only some groups will meet. The following two quotes are illustrative:

- “If you don’t have the resources and capacity, the expectations are probably overwhelming. ... I think it would be very difficult for any small agency to run a project of this size and with the expectations that come with that.”
- “I would hold up the Synergy Initiative model as a model for the field. I do think positive things occur in the communities around making these big social changes. But I don’t feel like everybody can do it; I mean, certainly that level of intensity. Not every project director or community agency can do that, so it’s like the right conditions have to be met and there are things like high expectations; understanding how to work with an evaluator; being flexible and adaptive.”

When describing readiness factors, interviewees consistently referred to two domains: commitment and capacity.

Commitment

The Synergy Initiative model presumes that meaningful systems change requires intensive planning, analysis, deliberation, and action over an extended period of time. Participants are expected to commit themselves to a five-year process. Multiple interviewees noted that the time and effort they devoted to the work was considerably greater than what they envisioned at the outset. They also reported that some partners opted out of the Synergy Initiative process as other commitments competed for attention. But they also indicated that this level of time and effort was necessary in order to achieve the outcomes they were seeking.

The implication for funders who are interested in replicating the Synergy Initiative model is that they need to ensure that groups fully understand and appreciate the work ahead. For example,

Multiple interviewees noted that the time and effort they devoted to the work was considerably greater than what they envisioned at the outset.

the Health Foundation of Central Massachusetts explicitly tests applicants’ level of commitment during highly interactive site visits. Once groups begin the process, the funder needs to actively monitor whether participants are maintaining their commitment, especially when there is turnover, and to step in with encouragement, adaptations, and resources when commitment does waver.

Capacity

Interviewees stressed that their success depended not only on the commitment of participants, but also their capacity to carry out sophisticated analysis and planning. Each of the four studied groups addressed problems that were complex on conceptual, practical, interpersonal, and political levels. The groups compiled and analyzed data from a variety of sources and drew sophisticated inferences in the design and adaptation of program strategies. This required high-level skills on the part of all partners, but especially from the project director and project coordinator.

Based on our analysis of the four successful projects, we believe that the following forms of capacity need to be present within a group that pursues this model:

- In-depth understanding of the issue being addressed, including what research says about prevalence, etiology, risk and protective factors, co-occurring issues, etc.;
- Solid understanding (grounded in both experience and research) of different approaches to addressing the issue, including at least fundamental knowledge about

[I]t is essential that partners enter into the process with foundational knowledge and skills, as well an authentic desire to further develop their ability to design, implement, evaluate, and sustain effective programs.

whether, where, and when these approaches are effective;

- The ability to design a sound program based on research, experience, deliberation, and analysis;
- The ability to work with data and interpret evaluation findings with assistance from the evaluator;
- The ability to think strategically and to develop strategies capable of achieving goals;
- The ability to think in terms of systems, recognize interconnections between issues, understand how changes in one part of a system affect other parts of the system, etc.; and
- The ability and disposition to work effectively on teams and in collaborative processes, especially over the long run.

It is not strictly necessary for everyone involved in the project to have all these forms of capacity, but all forms should be present somewhere within the collaborative. It is particularly important that the individuals with leadership roles be capable in these ways.

Additionally, we don't contend that all these forms of capacity need to be fully formed at the

outset of the project. Partners can expect to build their skills and knowledge as they engage in the different phases of the Synergy Initiative process. Many of the interviewees described the intensive learning and skill building that occurred for themselves and their colleagues over the course of their projects. At the same time, it is essential that partners enter into the process with foundational knowledge and skills, as well an authentic desire to further develop their ability to design, implement, evaluate, and sustain effective programs. The foundation tests for these forms of capacity when deciding which groups to fund.

Larger Lessons for Funders

The successes that have occurred within the Synergy Initiative indicate that collaborative problem-solving efforts can in fact produce solutions that tangibly improve the lives of people. At the same time, it is important to appreciate how much commitment, time, and effort was required to produce these impacts. Collective impact is not something that automatically happens when leaders from multiple organizations come together to work on a shared problem.

The positive track record of the Synergy Initiative demonstrates that funders can play a crucial role in facilitating progress among collaborative groups. We believe that the following elements of the foundation's strategy were particularly valuable:

- Allow organizations to self-organize and to define the problems they want to solve.
- Support collaborative groups over at least a five-year period, with the expectation that different forms of planning and implementation work will occur at different points in time.
- Bring a planning model that promotes evidence-informed decision-making, experimentation, and adaptation.
- Provide support for an evaluation consultant over the course of the work.

- Sequence implementation grants so that funding is available at each stage of strategy development.
- Assist groups in influencing policies that are key to implementing and sustaining their strategies.

Arguably the most profound complexity with the Synergy Initiative model is the funder's direct involvement in the collaborative process. Foundation staff invest considerable time, attention, and effort in each funded group. Multiple interviewees indicated that the foundation's engagement in the process was at least as valuable as the financial support. They were highly respectful of the skills and experience that the foundation's CEO and other staff brought to the process, especially around strategic thinking, evaluation, systems change, and policy change.

On the other hand, we also heard about the tensions that this engagement sometimes generated, especially when the foundation pushed the group to work hard and to stay focused on outcomes. One interviewee described the dynamic this way:

[The foundation CEO] held us to a really high standard to make sure that the money that the foundation was giving us was being used to the fullest potential. Some folks would say, "Here, take the money back. This is too much work."

As a summary statement, the interviewees generally viewed the foundation's engagement as a net positive, but it is important to recognize that our sample included only exemplar cases. It is quite possible that participants in less successful projects viewed the foundation's involvement differently.

Interviewees also recommended this approach for other funders. The following quote is illustrative:

I think that if more funders were involved in the process ... they would be more open-minded and more creative and more understanding of barriers. I think all of that outweighs the growing pains or challenges around working in this kind of model, by far.

While funders can add value by participating directly in a collaborative process, it is important to consider that this approach may not always stimulate progress. Participants may feel intimidated having the funder at the table, and may orient their time and attention to the issues they perceive to be of interest to the funder.

While funders can add value by participating directly in a collaborative process, it is important to consider that this approach may not always stimulate progress. Participants may feel intimidated having the funder at the table, and may orient their time and attention to the issues they perceive to be of interest to the funder. Even if the funder is genuinely interested in supporting the group in meeting the group's own purpose, participants may make assumptions and draw inferences that divert the problem-solving process away from its goals. It is important for the funder to respect the group's autonomy and to ensure that the resources and guidance it brings to the process is supportive of the purpose that the group has defined for itself.

We addressed the issue of differential power in our report to the foundation summarizing the evaluation findings. We also offered the following recommendation to the CEO: "Encourage the community organizations involved in Synergy Initiative projects to occasionally engage in dialogue among themselves, without the foundation present." The foundation formally accepted this recommendation at a board meeting.

Foundations that consider adopting the Synergy Initiative approach need to be highly conscious of the power dynamics associated with having the funder directly engaged in the group's deliberations. We recommend that this approach be used only in situations where the funder can build strong, honest, give-and-take relationships with the other participants. This may be easier to accomplish when the funder has a history of grantmaking with the participating organizations. On the other hand, previous grant awards may lead to the sort of gaming that gets in the way of honest, open relationships.

The conditions that lead to constructive engagement by funders are similar to the conditions that lead to impactful collaboration. Namely, all the participants need to enter the process committed to solving a collective problem rather than meeting their own narrow interests. They need to be ready and willing to engage in a long-term process of discovery, learning, and testing of ideas. The process needs to be designed and managed in a way that participants openly share their knowledge and perspectives with one another. Participants need to respect one another's perspectives while also pushing each other to think bigger and to look beyond traditional remedies. And the group needs to be cohesive enough that it can bring together different perspectives into a synergistic strategy.

Conclusion

Foundations have been attracted to models like collective impact because of the potential for synergistic strategies and large-scale impact. The Health Foundation of Central Massachusetts' experience with the Synergy Initiative demonstrates that it is possible for groups to generate impactful strategies beyond what they would have done on their own, and that funders can add considerable value to the collaborative process. But it also shows that this is an intensive process that requires commitment, action, deep thinking, and stretching of boundaries on everyone's part.

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