



Fresno Health Zone Collaborative

City Center Collaboration Charter



Contents

Vision.....	3
Purpose	2
Values.....	2
Agreements for Collaborative Work	5
Defining “Wildly Successful”	6
Success for Neighbors.....	6
Success for the Collaborative	6
Leadership Structure.....	3
Advisory Committees	4
Membership	7
Current members (December 2024).....	4
Recruitment Strategy	7
Collaborative Roles.....	8
Meetings.....	5
Information Sharing & Communication	9
Decision-Making & Disagreements.....	10
Evaluation	11
Risks & Contingency Plans.....	7

Fresno Health Zone Collaborative

INTRODUCTION

Vision

The City Center Collaborative will coordinate referrals and services at City Center to holistically address life insecurity barriers of our neighbors.

Purpose

Create a collaborative container for design, implementation, and continuous improvement of a dignified, coordinated referral system that holistically increases access to and enrollment in the services neighbors need to improve economic insecurity, food insecurity, health, mental health and other outcomes

Values

Equity & Inclusion: Dignity, Inclusiveness, Accessibility

Collaboration & Support: Communication, Empathy, Respect

Commitment to Impact: Passion, Impact, Joy

Agreements for Collaborative Work

- Communication of purpose. We are able to clearly communicate the purpose of our work.
- Care of Self, Care of Others. We take care of our needs, and we care for each other as best we can. We work to be loving and kind to each other, remembering that we're all in this together!
- Expect/accept lack of closure. We expect vibrant and ongoing conversations.
- Recognize Culture. We honor the histories and cultural roots of ideas, songs and practices by naming their origin and celebrating their unique contributions.
- Grow Together. We welcome opportunities to give and receive feedback as we grow together into our fuller selves.
- Practice Openness. We practice openness to new perspectives and experiences, exploring the edges of our own truth and understanding.
- Health – We practice self-care and joy.

Defining “Wildly Successful”

At the kick-off of this project, partners identified the following vision of what it might look like for a City Center Collaborative / Fresno Health Zone to be “wildly successful” in the long run?

Success for Neighbors

- **Awareness** - When people in the community need help, they know where to go for help, and they know what to expect at the places where they are referred for services.
- **Low Barrier to Entry (Social-Emotionally)** - This might mean people:
 - Feel comfortable asking for help (not scared, not embarrassed)
 - Are excited to tell others about it because it
 - Find service experience to be dignified, supportive, and enough to really help
 - Feel safe to be vulnerable
 - Feel proud of getting help for their family
 - Trust that the services are here to stay if they need it again
 - Feel an increased sense of connection to others in the community
 - Feel less stress
- **Ease of Access to and Usage of Services**
 - People can ask for help in the way that works best for them (e.g. mobile-friendly, language access, etc.)
 - Services/help is available when people need it (it's convenient to use, no long wait times)
- **Services Result in Lasting Change**
 - People transition *out* of services - it helps to get them back on their feet
 - Services promote stability
 - Stability leads to a sense of empowerment
 - Decreases food insecurity for individuals, and maybe even at a community level

Success for the Collaborative

- **Sharing the experience** – we document the process of defining, implementing, and growing the collaborative, and communicates effectively with external audiences about that process.
- **Expansion** – the collaborative grows to include many more partners, with recruitment based on neighbor needs.
- **Sustainability** – Continues with healthy working relationships that are productive beyond 3 years with ongoing, sustainable funding. Ideally, the model might even spread to other nearby communities
- **Impact on the Community-At-Large** - There's community-level awareness of the collaborative / referral network, not just among people who need it. The community gains a more nuanced understanding of the experiences that bring people to our services.

- **Leadership Structure**

- The food bank will serve as the lead organization for the project.
- Each member organization will have designated lead representatives.
- The Collaborative Building Workgroup, one of several workgroups outlined below, will review the project workplan and timeline progress on a quarterly basis. Any necessary adjustments will be shared with the entire group.
- The City Center Collaborative will periodically seek input from other groups to help shape service design. This may include the food bank's Member Partner & Community Organization Advisory Committee, a newly formed Cultural Food Subcommittee, or the broader City Center Partners, as appropriate.

Membership

The collaborative is committed to recruiting a membership that will allow the Fresno Health Zone to achieve the goal of supporting neighbors with a holistic set of services. Organizations located at City Center will be first priority for membership recruitment. The collaborative intends to have representation from a diverse set of participants that represents the community. A detailed membership list with leads and back-ups for each organization is available on the project's SharePoint.

Organization Leads & Back Up Lead. Each organization will have a lead liaison to the collaborative who attends monthly collaborative meetings, follows all communications, and stays informed about any work group activity in which their organization is involved. They will also designate a primary back-up person for that lead role to ensure consistency of organizational engagement when scheduling conflicts arise.

Current organization members (as of March 2025)

- Central California Food Bank – Project Lead
- CASA
- Centro de la Familia
- Family HealthCare Network
- Fresno Mission

Recruitment Strategy

Member partners will participate in identifying potential new partners and in the work of recruiting them to become part of the collaborative. Benefits to organizations include an opportunity to collaborate closely with other partners on referral networks and service delivery, evaluate impact, and open additional opportunities for future funding collaborations. The collaborative will also be consolidating data on neighbor needs and service gaps that may benefit individual organization's planning work.

The first round of recruitment for new members will begin in the 3rd quarter of 2025, based on community needs assessment research and a review of neighbor input sources. Recruitment can begin with approval from a majority of collaborative members. The expectation is that recruitment will, at least initially, focus on organizations that are already a part of the broader set of City Center site partners. Current partners will present information about the collaborative at the existing quarterly City Center partner meeting once service priorities are determined.

While the City Center Collaborative operates under the CVS grant, a limited number of participation grants are available to member organizations.

New members will engage with an onboarding process led by the Collaborative Building Workgroup, which will include steps such as:

- Meeting with leadership from the new organization to understand what is important to them and what will make membership worth their while
 - A folder of background materials with a one-page summary of the collaborative, a directory of current members, founding documents
 - Inclusion in a workgroup
 - Etc.
-
- When/how do members leave? Is there a minimum level of participation?

Collaborative Structure

The Food Bank will provide overall project management support, administrative support, and technology advising. The Food Bank will also contract with outside evaluation support.

The collaborative will have one monthly meeting of all members, and additional asynchronous workgroups.

Each agency who is part of the collaborative will send at least one person to the monthly meetings. Each organization will designate a primary person and a back-up person, ensuring that there is always a representative from their organization at monthly meetings of the full collaborative. Each organization will also commit to regular involvement with at least one workgroup.

Full Collaborative Meetings

When/Where: The collaborative will meet as a whole once a month, in person, on the 3rd Thursday of the month at City Center, or elsewhere if determined by the group on an ad hoc basis.

Meeting Content: CCFB will prepare the agendas, chair the meetings, and send meeting notes unless the collaborative decides to rotate that responsibility for a certain meeting. It is important to the City Center Collaborative to incorporate self-care and joy into the work. The group will strive to include, for example: Affirmations & moments to celebrate accomplishments, simple self-care activities, food at all full collaborative meetings, etc.

Workgroups

Workgroups will lead collaborative work on key topic areas. Each workgroup will have a designated lead, who will schedule meetings, set agendas, and facilitate workgroup meetings. The lead will also follow up with workgroup members to ensure that the tasks identified in those meetings progress. Each workgroup will define its own schedule and method for working, based on what works best for their projects and for the workgroup members. Objectives and related timelines for workgroups to complete them will be determined by the collaborative as a whole.

The full collaborative group will reassess the need for current workgroups, or the need to add others, every three months at a minimum.

Workgroups as of January 2025:

1. Collaborative Building
 - Establish our initial structures and agreements for working together in a charter.
 - Draft a plan for member recruitment priorities, timing, and processes.
 - Support project planning – agenda planning, timelines.
2. Referral Pipelines
 - Learn about our existing protocols & systems
 - Establish coordinated referral...
 - Protocols
 - Information Systems
 - Infrastructure
 - Reporting / Accountability
3. Neighbor Input & Evaluation
 - Create a plan for gathering input direction from neighbors that will support ongoing design of the collaborative and the referral systems.
 - Track evaluation plan, review of metrics, and other evaluation work to be determined by an evaluation plan to be approved.

Referrals

Members will participate in referral pipelines as they are developed, including the design of protocols, data sharing systems, technology implementation. They will also support the collection of information that will help refine referral processes on an ongoing basis so they work well for neighbors and partner staff.

Information Sharing & Communication

CCFB will provide an information sharing platform that includes:

1. A SharePoint platform for sharing all materials related to the Fresno Health Zone, such as:
 - a. Collaborative charter
 - b. Project overviews (e.g. logic model, timeline)
 - c. Meeting agendas and notes
 - d. Evaluation / neighbor feedback materials
 - e. Referral pipeline protocols and planning materials
2. Distribution lists for communications about various aspects of FHZ work
3. Links to other relevant resources, such as:
 - a. Links to referral information provided by each organization,
 - b. Links to any referral platform(s) that are chosen to be used by the collaborative,

Most communications will happen through email, and/or through Microsoft Teams, if that is of interest to members. Meeting notes from monthly collaborative meetings will be saved in SharePoint. These notes will include details about next actions, decisions made, and summaries of progress toward goals. CCFB will send out regular reminders about upcoming meetings and to dos via email.

Decision-Making & Disagreements

Organization representatives (collaborative leads and work group members) will either have the authority to make decisions on the part of their organizations at Collaborative or workgroup meetings, or they will provide tentative decisions and share final organizational approval within a week.

Risks & Contingency Plans

Workgroup Attendance – attendance sheets will be hosted on the SharePoint site to track workgroup attendance for each organization. Workgroup leads will manage those attendance sheets. The expectation is that organizations will keep workgroup members informed if they will miss a meeting, and attend a minimum of 50% of workgroup check-ins.

On a quarterly basis, workgroup leads will review attendance and participation of members to evaluate levels of engagement. The Food Bank Project Manager will follow up with any organization that has missed multiple meetings and/or has been regularly non-responsive.

Data Care and Conflict Resolution

Data Care and Privacy

We recognize that collaborative partners serve a diverse group of program participants, many of whom have sensitive personal circumstances that require careful handling of their data (e.g., addiction and recovery, foster youth, immigration status, protected health information).

To ensure responsible data management, the collaborative will establish clear agreements outlining what types of data elements can and cannot be captured in shared databases without explicit consent from all relevant parties. The Referral Pipelines Workgroup will draft specific language and guidelines on this topic.

Conflict Resolution Protocol

We are committed to resolving conflicts with care, transparency, and respect. The following principles will guide our approach:

- **Open, Respectful Communication:** Parties will engage in honest, constructive dialogue.
- **Process Transparency and Content Confidentiality:** While the resolution process will remain transparent, the details of conflicts will be handled with confidentiality.
- **Mission- and Values-Driven:** All conflict resolution efforts will align with the collaborative's mission and values.

Types of Conflicts

- **Interpersonal Conflicts:** Disagreements between individuals within or across organizations.
- **Process or Leadership Concerns:** Issues related to decision-making, project management, or leadership actions.

Escalation Protocol

- **Direct Resolution:**
 - Individuals or organizations in conflict are encouraged to first attempt resolution directly through respectful dialogue.
 - Managers or supervisors from the respective organizations should provide support and guidance as needed.
- **Escalation to the Food Bank:**
 - If the conflict remains unresolved and **the Food Bank is not involved**, it should be brought to the Food Bank for further support.
- **Third-Party Support:**
 - If the Food Bank **is involved in the conflict** or if the issue is not resolved through initial attempts, an uninvolved collaborative partner organization will be engaged to mediate.
- **External Mediation:**
 - As a last resort, if no resolution is reached, the conflict may be escalated to an external mediator for impartial resolution.

Evaluation

The collaborative will build in evaluation and feedback loops on several levels, with the support of an outside evaluator. The plan will include areas such as:

- Self-assessment
 - How do partners feel about the collaborative experience?
 - What gaps in skills do we need to fill?
- Neighbor engagement in design and systems improvement
- Evaluation of project outputs and outcomes, in alignment with funder requirements
- Regularly scheduled reporting & reflection: progress toward goals and objectives will be reviewed together on a quarterly basis, with summaries saved in SharePoint.