How Structural Variations in Collaborative Governance Networks Influence Advocacy Involvement and Outcomes[1]

Jennifer E. Mosley
Associate Professor
mosley@uchicago.edu

Meghan Jarpe
Ph.D. Student
mjarpe@uchicago.edu

School of Social Service Administration
The University of Chicago

[1] We gratefully acknowledge funding support from the RGK Center-ARNOVA President's Award and the University of Chicago Center for Health Administration Studies, research assistance from Kathryn Ray, and insightful comments from Angela Bies and Peter Starke.

Abstract

Collaborative governance is intended to promote democracy and accountability by connecting ground-level service providers with government. In order for these goals to be met, however, participants must have meaningful influence and opportunities for voice. Using national survey data from HUD-mandated Continuums of Care (CoCs), we investigate how network characteristics are related to promoting stakeholder inclusion and voice through advocacy involvement. Specifically, we investigate how structural characteristics of the network are associated with (1) frequency of network-led advocacy and (2) providers' engagement and influence in advocacy decision-making. We then ask (3) if greater provider engagement and influence is associated with stronger relationships with policymakers. We find that network-led advocacy is associated with greater network capacity, while provider engagement and influence in that advocacy is associated with governance structure. Relationships with policymakers are stronger when providers are more engaged, have more influence, network capacity is higher, and direct advocacy tactics are used.

Keywords: Collaborative Governance, Advocacy, Homeless Services, Tactics,

Practitioner Points:

1. In order to meet the accountability and democratic goals of collaborative governance, networks should promote stakeholder inclusion and voice; advocacy is one way to do that.

2. Increasing provider engagement and influence in advocacy is associated with having stronger relationships with key decision-makers. Those relationships may, in turn, help collaborative governance networks more effectively fulfill their purpose and improve service delivery systems. The fact that these two outcomes are associated indicates that process and outcome goals can be complementary in collaborative governance networks.

3. Participant engagement and influence may be depressed in networks that are governed by a network administrative organization. Those groups may need to take particular steps to ensure providers stay involved.

4. In order to promote strong relationships with policy makers, collaborative governance networks should also focus on increasing direct advocacy tactics, such as direct meetings with members of government, participating in government commissions, providing testimony, and developing and revising policy.

5. Smaller collaborative governance networks and those that are located in rural regions often have less strong relationships with decision-makers, so their advocacy efforts may benefit from these changes most.

Collaboration between nonprofit human service providers and government agencies has become an essential part of the way that health care and social services are delivered in the United States (Milward and Provan 2000). Nonprofits have become both increasingly responsible for delivering services and increasingly dependent on government funds to carry out their work (Smith 2002). This has led to myriad accountability and coordination concerns. To address these concerns, government agencies have developed a variety of formal collaborative structures that are intended to increase communication and facilitate shared decision-making between service providers and government (Amirkhanyan 2009). These structures are part of a movement known as collaborative governance (Ansell and Gash 2008).

Collaborative governance processes or networks provide opportunities for service providers in the form of access to resources, policymakers, and information. As such, they have great potential to expand the advocacy influence of ground-level providers by creating a ready-made entry point to policymakers and facilitating two-way communication. This can happen within the network itself and also when the network is involved in advocacy as a representative of the participants. In the context of social services, these participants are typically nonprofit service providers and sometimes the consumers of services.

Involvement in policy advocacy is an important outcome to look for in collaborative governance structures for several reasons. First, advocacy is an important way for providers to be able to share knowledge gained from their ground level work and express concerns about policy proposals (Berry and Arons 2003, Fyall 2016, Mosley 2012, Sandfort 2012). Part of the mission of collaborative governance processes is to include the perspective of outside stakeholders in policymaking in order to make policy more responsive—advocacy is a natural outgrowth and extension of that work. In other words, collaborative governance networks that are involved in

policy advocacy to represent the concerns of their memberships may be seen as taking steps to more fully meet their mission. Second, research has shown that many providers perceive communications they make in a collaborative governance context to be advocacy in and of itself (Mosley 2012). If the collaborative body is not then working to translate those concerns to higher levels of government, the advocacy efforts of providers may be misguided or wasted.

Although there may be many reasons why some collaborative governance networks are more engaged in advocacy than others, we argue that the way in which these networks or systems are structured is likely to have a substantial impact on the degree to which their potential for advocacy engagement is met (Gazley 2010, Provan and Milward 2001). For example, collaborative governance networks may vary on issues such as type of network governance adopted, the existence of a full time director, or available resources. These variations may affect the capacity of the network to be engaged in advocacy, their motivation to do so, and/or their effectiveness. Structural differences may also affect the degree to which advocacy carried out by the network is inclusive of the voices of providers and the degree to which policymakers are receptive to that advocacy.

From a conceptual level, this research investigates how structural characteristics of collaborative governance networks are related to maximizing stakeholder inclusion goals and promoting the voice of nonprofit providers through advocacy. It then follows up to ask if networks that are better at inclusive practices are also more effective at desired concrete advocacy outcomes. That conceptual puzzle is addressed through two empirical research questions, answered by leveraging national survey data on a specific type of collaborative governance model—HUD mandated Continuums of Care (CoCs). The first question asked is "What specific aspects of structure are associated with different advocacy practices?"

Specifically, this paper shows the degree to which advocacy-related infrastructure, financial resources, planning level, human capital, and governance structure (nonprofit vs. government led) are associated with 1) frequency of network-led advocacy engagement and 2) how engaged and influential providers are in decision-making regarding that advocacy. The second question is, "Is greater provider engagement in advocacy associated with stronger relationships with policymakers?" To answer that question we look at whether increased provider engagement and use of direct advocacy tactics are associated with improved relationship strength, in addition to the structural variables mentioned above.

Institutionalized collaborative governance in the field of homeless services

The field of homeless services provides a rich example in which to study the advocacy role of collaborative governance networks. The Stewart B. McKinney Homeless Assistance Act, later renamed the McKinney-Vento Homeless Assistance Act, passed in 1987 and was the first federal law to specifically address and fund assistance to the homeless. With this law, federal spending for homeless services through HUD went from virtually zero in 1986, to $2.5 billion projected for fiscal year 2016 (Homelessness 2016).[2] Initially, individual providers applied directly to HUD for these funds. Beginning in 1994, however, in order to encourage community-wide planning and coordination, HUD began to require providers in local communities to come together to submit a single application, known as the Continuum of Care (CoC) application. The collaborative governance mission of the CoC program is made clear through its two main tasks: (1) facilitating regional planning through the development of a single application, and (2) conducting long range strategic planning and year round oversight. CoCs may build on these activities or engage in other activities as they see fit. Advocacy is one of those extra activities.

[2] The $2.5 billion is for HUD alone, which administers McKinney-Vento. Including other government agencies brings that total to about $5.5 billion, with much of the additional money targeted specifically for homeless veterans.

In order to accomplish these ongoing tasks, CoCs have become not just a process but also a mandate for a new formal organizational structure. Local communities must identify a lead agency, decide how regions will be divided, and determine an inclusive governance structure. Because of the wide latitude about what a CoC should look like, over time they have come to differ markedly in a number of important ways: the kinds of geographic communities they represent (urban vs. rural, multi-county vs. single city), governance (nonprofit vs. government-led), size of membership, annual budget, and scope of mission, just to name a few (Hambrick and Rog 2000).

The variation found among CoCs likely influences the types of activities they pursue, including the degree to which they focus narrowly on the required tasks for funding versus aggressively pursuing service improvement or advocacy goals. Of particular interest for this project is the leadership role many, but not all, CoCs have taken in regards to homeless advocacy. CoC's unique position in the field—situated somewhere between individual human service providers and policymakers—makes them a vital information conduit and an ideal case for studying the conditions under which provider networks and funder-mandated coordination systems are effective in promoting advocacy engagement, necessary for multi-directional information flow, and ultimately improved quality of services (Kelleher and Yackee 2009). Although over 500 CoCs have been created in the United States in the last 15 years they have received very little scholarly attention, and no known research exists on their advocacy role. Anecdotal evidence suggest that they vary widely on the degree to which they are successful in pursuing an active and successful advocacy program; this project aims to uncover why.

The Advocacy Potential of Collaborative Governance Networks

Notions of shared governance are often adopted with the idea that they will promote democracy and make government more accountable by bringing ground-level voices into government more effectively (Nabatchi 2010, Schneider and Ingram 1997, Young 2002). In order for this process to work, however, participating nonprofits must be taken seriously in the decision making process and given opportunities for leadership. Ideally, through the collaborative governance process, nonprofits will increase their knowledge of, and have a larger advocacy influence in, the policy processes that affect both their clients and their own organization.

Very little work has been done that explores how constituent "voice-in" (in this case, the voice of providers) is connected to advocacy involvement or "voice-out" (Guo and Saxton 2010). An exception is Guo and Saxton (2010) who found that in individual nonprofit organizations, greater constituent engagement is positively associated with increased advocacy involvement. Other research has suggested that advocacy informed by affected constituencies is also more legitimate from a democratic theory perspective (Guo and Musso 2007, Montanaro 2012, Mosley and Grogan 2013). Unfortunately, we know that engagement tends to be low in associations generally (Knoke 1990) despite the fact that those with stronger, more involved memberships (and investment in building those memberships) are more effective at meeting programmatic outcomes overall (Andrews et al. 2010, Han 2014). Is the same true for collaborative governance networks?

The scholarship on collaborative governance networks has tended to focus on network effectiveness in terms of measureable outcomes, rather than the meaningfulness of their contributions to democratic governance (Page et al. 2015). Existing frameworks focus on factors such as structure, governance, context, leadership and history, but as more as drivers of

performance than mechanisms to promote stakeholder inclusion (e.g., Ansell and Gash 2008, Bryson, Crosby and Stone 2006, Emerson, Nabatchi and Balogh 2012). Indeed, stakeholder inclusion is generally seen as an input variable, rather than a goal in and of itself (although not always, see Johnston, Hicks, Nan, & Auer 2010). Collaborative governance is not just a tool for more effective policy outcomes, however; it is also a tool for a more legitimate policy system. Deliberative processes are important for advancing democratic outcomes, but if implemented poorly, they have the potential to undercut the legitimacy of collaborative governance processes rather than enriching them with the knowledge base of diverse participants (Gusmano 2013). Decades of research on participatory processes, however, informs us that inclusive processes are difficult to achieve, and not likely to succeed without particular attention being paid to the process *itself* (Fung 2015). Involvement in advocacy is only one way of capturing meaningful stakeholder inclusion but it may be an important one for human service oriented networks in order to support appropriate levels of policy feedback in a contracting regime.

What structural factors may be associated with increased advocacy involvement?

Although there is not a large body of literature looking at advocacy in the context of collaborative governance (Fyall 2017), there has been substantial work done looking at the advocacy involvement of nonprofit human service providers individually (Fyall 2016, Mosley 2010, Nicholson-Crotty 2007, Sandfort 2012, Schmid, Bar and Nirel 2008). We draw on this literature in determining which structural factors may be associated with three different outcomes in the collaborative governance context: 1) degree of network-led advocacy, 2) provider engagement and involvement in that advocacy and 3) strength of relationship between the CoC and policymakers. We conceptualize the first two as important advocacy practices that reflect different aspects of stakeholder voice and inclusion. The last is a key advocacy outcome as

research has shown that such political networking increases advocacy effectiveness (Johansen & LeRoux 2013). Specifically, the six structural factors we investigate are: amount of financial resources, having a full time director, engaging in multi-year planning, having a network that is geographically centralized, having a nonprofit-led governance structure, and having an infrastructure that supports advocacy.

First, research has shown that most nonprofits, even if they are involved in advocacy, are involved at only a marginal level (Berry and Arons 2003). In studies of individual organizations, having additional financial resources is an important predictor of both advocacy involvement and greater degree of engagement once involved (Chaves, Stephens and Galaskiewicz 2004, Child and Grønbjerg 2007, Mosley 2011). Similarly, CoCs that have greater financial resources, holding constant other factors, likely have more "play" in their budget and increased incentive to protect those resources through advocacy involvement. Holding constant advocacy infrastructure, additional financial resources may also facilitate stronger relationships and more provider engagement as having more resources often simply allows organizations to manage more tasks.

Second, having a full time director may also facilitate advocacy engagement, provider engagement and relationship strength. Past research has shown executive directors play a strong role in guiding nonprofits' advocacy involvement and that they have considerable responsibility for directing the work (Mosley 2013, Salamon, Geller and Lorentz 2008, Suárez 2011). Some CoCs have no formal director, or only have a part-time director, both of which may compromise the advocacy involvement of the CoC overall, including their ability to mobilize providers and build relationships.

The third structural factor we consider is the level of planning the CoC engages in. Advocacy is an organizational strategy that can be connected to either short or long term goals, but thinking about long term plans and desires may make the need for advocacy more transparent (Alexander 2000, Moore 2000). It may also signal a CoC that is focusing on reaching shared goals in addition to oversight tasks. Thus, CoCs that have structured themselves to engage in multi-year strategic planning, as opposed to coordinating primarily for funding purposes or focusing just on immediate term planning, may be more likely to engage in advocacy. Engaging in long term planning also likely involves more provider engagement in the CoC, which could translate into more provider engagement in advocacy as well.

A fourth structural factor that may influence advocacy is the geographical location of the CoC. CoCs located in rural areas may have unique difficulties in engaging providers and accessing policymakers. For example, having a longer average travel time to CoC meetings may heighten communication obstacles, potentially making it more difficult to involve providers in advocacy in meaningful ways (Snavely and Tracy 2000). It may make building relationships with decision makers difficult as well, if they are far away and hard to access. All of this may depress advocacy involvement overall.

Fifth, the governance structure of the CoC itself may be important for advocacy. Collaborative governance networks that are more independent from government and have their own autonomous formal structure may find advocacy to be a more natural and expected fit. This is due to both institutional barriers to advocacy for government agencies and cultural norms supporting advocacy in the nonprofit sector (Pawlak and Flynn 1990, Pekkanen and Smith 2012). We measure this in two ways. First, we compare CoCs that are governed by independent nonprofits versus other arrangements. These organizations fit Provan and Kenis's (2008)

definition of a "network administrative organization" in that they are independent organizations whose primary purpose is to facilitate the network. Other CoCs may have a lead organization (either a nonprofit or government) or may be participating in shared governance. Second, because many CoCs are collaboratives, we look at the organizational affiliation of the lead contact of the CoC: nonprofit based vs. government based. The affiliation of the director may be an indicator of where the real power in the organization lies. We expect that CoCs that are run by independent nonprofits (e.g. network administrative organizations) will have an advantage in building relationships with policymakers, and that collaboratives that are nonprofit-led will be more likely to have high provider engagement and influence in advocacy. Nonprofit leadership can be thought of as analogous to increased descriptive representation of constituents (providers); LeRoux (2009) found a positive relationship between descriptive representation and increased advocacy involvement.

Finally, throughout, we hold constant the degree to which the CoC has invested in an infrastructure to support advocacy. Clearly those CoCs that have made this kind of investment may have different advocacy outcomes than those that have not. We measure this in two ways, both of which we expect will be associated with increased advocacy involvement overall. First, we control for CoCs that have a staff member, other than the executive director, that has advocacy work as part of their job description. We expect having such a staff member may be strongly associated with building strong relationships with decision makers. Second, we hold constant whether or not they have an advocacy committee. This indicator may be particularly important in providing opportunities for providers to be engaged in advocacy.

Methods

To examine these relationships, two data sources were used. First, we compiled administrative data directly from HUD for the population of CoCs in 2014 (representing all 50 states and 3 US Territories). This primarily included funding award amounts and contact information. Second, we fielded a national survey of the population in 2014 to learn more about CoC structure, priorities, membership, decision-making, and advocacy activities.

***Administrative Data*.** HUD makes publically available key information about CoCs, including basic information about contacts and awards. Awards data was downloaded from HUD's OneCPD.info website for all CoCs that received any funding from 2005 to 2012. Awards data used in these analyses are derived from the amount of the most recent HUD CoC award prior to the fielding of the survey, and in 98 percent of cases this is their 2012 award amount. In cases where, during survey data collection, it became clear that two or more CoCs had merged together, the award amounts were added to reflect the funding level for the current CoC jurisdiction.

We also collected information relating to the "Lead Contact" listed for each CoC including name, mailing address, and email contact information, and used this in two ways. First, we used it to determine the population of CoCs and to make initial contact with survey participants. Second, we examined the organizational mailing address and email address associated with the contact. Those organizations and domain names were then found on the internet, and the organization with which individual was affiliated was categorized by organizational type (e.g. state and local governments, nonprofit service providers, coalitions, housing authorities, consultants and others).

Survey Census and Protocol. Lead contacts of every CoC listed by HUD were informed of the study by mail and email, and invited to participate by completing an online survey. In the

event the individual contacted no longer served as the relevant representative for the CoC they were asked to forward the survey information to the appropriate contact. When lead contacts were unreachable, due to bounced email addresses or nonresponse, additional individuals listed for the CoC on HUD's website were contacted when information was available. Of the 432 CoCs initially contacted, 15 CoCs were identified as no longer active and were removed from the census, and one additional CoC not in our original sample was added to the list, creating a final census of 418 active CoCs.[3]

Of the 418 active CoCs, 312 responded to the survey for a response rate of 75 percent. Response rates did not vary by region. Responses were obtained from CoCs in all 50 States and 4 US territories or districts. Additional follow up was done by phone and email to target nonrespondents in states that had initially lower response rates and to respondents who began but did not complete the survey. After follow up, only one state had a response rate below 50 percent of its CoCs. Finally, we used the administrative data available for all CoCs to look for significant differences between survey respondents and nonrespondents in most recent award size, contact organization, or region. We found no significant differences, indicating that the likelihood of response bias is low.

Dependent Variables. Respondents were asked about their participation in advocacy activities in two primary ways. First, they were asked about how frequently they engage in nine specific advocacy activities, on a 5-point scale ranging from "never" to "very frequently." The activities included 1) participating in coalitions for the purpose of influencing public policy, 2) meeting with legislators or government administrators to discuss concerns, 3) participating in

[3] CoCs were identified as potentially inactive when all mail was returned undeliverable and all emails bounced or were never opened. CoC inactivity was confirmed through communication with contacts for 10 inactive CoCs. The additional 2 CoCs were unreachable, had not received any HUD awards since 2010, and were confirmed to have merged with another CoC using the HUD GIS mapping tool, CDP maps.

development or revision of regulations related to public policy, 4) participating in government-led commissions, committees, or advisory groups, 5) educating the general public on public policy issues, 6) providing testimony on public policy issues, 7) writing editorials or letters to the editor of newspapers or magazines, 8) issuing policy reports, and 9) conducting demonstrations or boycotts. The totals for these nine items were summed to create an advocacy frequency scale variable that is used as the dependent variable in the first analysis. For the final analysis on relationship strength, these nine activities were broken down into two subscales reflecting types of tactics used, and are treated as independent variables: 1) *Indirect*: participating in coalitions, writing op-eds, conducting demonstrations, educating the public, issuing policy reports; and 2) *Direct:* providing public testimony, developing/revising policy, direct meetings with legislators and government administrators, participating in government-led commissions or committees. Previous research has shown substantial differences between nonprofit organizations that focus one type or the other and has also suggested the direct tactics may be preferred by organizations with close ties to government, such as CoCs (Mosley 2011, Rees 1999, Hoefer 2005).

To assess the degree to which providers participate in CoC-led advocacy and have a voice in decision making, we used two questions, both answered on a 5-point scale: 1) how active providers are in advocacy conducted by the CoC (*engagement*) and 2) how much influence they have in advocacy decision-making (*influence*). CoCs were then categorized into four subgroups: low engagement-low influence (n=99), low engagement-high influence (n=33), high engagement-low influence (n=43), and high engagement-low influence (n=88). For both measures, “high” was defined as a score of 3-5 on the 5-point scale and “low” was defined as a score of 1 or 2. This approach allows us to retain the conceptual distinction between

"engagement" and "influence" and determine which is more important or if they work synergistically.

Advocacy relationship strength was measured by combining scores on two items asking respondents about how strong their relationships were with decision-makers at the 1) state and 2) local levels. These were both 4-point scales (for a total of 8 points), ranging from few low-level relationships to multiple strong relationships.

Independent Variables. Table 1 presents a list of each of the independent variables included in the analysis and how each was measured.

[Table 1 about here]

Analytical Strategy. These data were analyzed using OLS regression (analysis 1 and 3) and multinomial logistic regression (analysis 2) to assess the relationship between independent variables and 1) advocacy frequency, 2) provider advocacy engagement/influence and 3) relationship strength. We choose OLS over Poisson regression for analysis 1 and 3 as the dependent variables are not counts in terms of repeated binary trials, the distributions do not have equal mean and variance and are approximately normal, and model fit appeared better using an OLS model.

In order to preserve and respect the distinction between "engagement" and "influence" we used multinomial logistic regression to test for differences in how the structural characteristics used as independent variables predicted membership in each outcome category, compared to the low engagement/low influence group, which was used as the base category.

The model assessing relationship strength was run two ways. Model 1 is fit with the same structural characteristic predictors as the other models. Model 2 is fit with those variables, plus dummy variables for the provider engagement/influence categories and the two tactical subscales

in order to assess if 1) inclusive practices contribute to relationship strength over and above the structural variables and 2) if specific kinds of tactics (e.g. more direct tactics) are associated with stronger relationships with policymakers.

Results

Descriptive statistics on the independent and dependent variables of interest can be found in Table 2. In regards to dependent variables, first, in regards to advocacy frequency, out of a possible total of 45 points, the actual range was 0-30, with a mean of 13.72 and a median of 13, indicating that most CoCs advocated at only a low level. The range for the direct tactics subscale was 0 to 16 (out of 16 possible) with a mean and median of 7. The range for the indirect tactics subscale was 0-14 (out of 20 possible) and a mean and median of 6. As predicted, CoCs seem to be more invested in direct tactics than indirect advocacy tactics.

In regards to both provider advocacy engagement and influence, the range was 0-4, the mean was 2.3 and median was 2. Thus, we see a moderate level of both provider engagement and influence in CoC-led advocacy. The number of advocating CoCs reporting that they did not engage providers in that advocacy at all was 13; 10 CoCs reported that providers had no influence. Finally, out of a potential range of 0-8, the actual range found for the scale measuring relationship strength was 0-7, with a mean of 4.3 and a median of 4.

[Table 2 about here]

In regard to independent variables, the range for award size was $20,000-$113 million. The mean was $4.35 million and the median was $1.75 million. This reflects a positive skew, which was adjusted for with a log transformation in the regression analyses. We also included a dummy variable CoCs with a very small award size (less than $500,000) in our analyses, as they appeared to follow an unexpected path in initial analyses; 16% of the sample fell into this

category. About 25% responded that they were located in a primarily rural region (as opposed to urban, suburban, or mixed) and 22% of the total engaged in multi-year planning (as opposed to a less comprehensive approach). A full-time director was reported by 35% of the CoCs. Organizational structure was measured by two variables; we found that 49% of the sample had a "lead contact" that was an employee of a nonprofit, and 25% of CoCs reported that they were an independent nonprofit. This reflects the many types of formal and informal collaboratives found in this population. We include both recognizing that who leads a collaborative can have an important affect on its operations. Finally, looking at advocacy capacity, 29% of CoCs have a staff member (not an Executive Director) that is responsible for conducting advocacy and 26% have an advocacy committee made up of participants.

Regression results for the first model are displayed in Table 3. When examining the model predicting the frequency of CoC engagement in all types of advocacy activities, a number of predicted relationships were confirmed. Infrastructural investment in advocacy, including having an advocacy committee and a staff member other than the executive director responsible for advocacy were both significant predictors of the frequency of CoC advocacy activity, each accounting for differences by about 3 advocacy frequency scalar points. CoC award size was also positively associated with advocacy frequency, although the effect size is hard to interpret due to the log transformation. Above and beyond what can be accounted for by size and infrastructure, two additional factors had a significant impact on advocacy frequency. First, rural CoCs engaged in advocacy significantly less frequently by a difference of 1.5 advocacy frequency scalar points. Second, CoCs that engage in multi-year planning engaged in advocacy significantly more frequently than those that do not by a difference of 1.8 advocacy frequency scalar points.

[Table 3 about here]

In the second analysis (see Table 4) we learn that the CoCs that do well on provider engagement are more likely to have a nonprofit contact, as opposed to having a lead contact that is a government employee, a consultant or something else. We also learn that CoCs where providers have a lot of influence on advocacy decision-making are much less likely to have an independent structure (as opposed to being a collaboration or being government-led). Specifically, we see that, in comparison to the low engagement/low influence group, the high engagement/low influence group was more likely to have a nonprofit organization as lead contact. Meanwhile, the low engagement/high influence group was much *less* likely to be a CoC with an independent structure. The high engagement/high influence group retained both of those features in comparison to the low engagement/low influence group and also was more likely to have an advocacy committee. Notably, size was not a significant predictor of provider engagement and/or influence in advocacy. It should also be noted, however, that the overall model fit for this analysis was not strong, only explaining about 7% of the variance. This indicates that there may be other factors not included in the model that are more strongly related to provider engagement in advocacy.

[Table 4 about here]

In the last analysis, examining predictors of the strength of relationships between CoCs and state and local decision-makers, we see that choice of tactics and provider engagement and influence are indeed significantly and positively associated with greater relationship strength, when holding structural characteristics, like size, constant (see Table 5). The adjusted R^2 increased by .10 between Model 1 (including only structural variables) and Model 2 (which added variables for provider engagement/influence and use of direct and indirect tactics).

Looking only at Model 2, then, we see that the group of CoCs with the highest levels of provider engagement and provider influence had significantly higher relationship strength (b=.57) than the reference group with low provider engagement and low provider influence. In addition, using direct tactics was significantly associated with relationship strength (b=.20). Once controlling for engagement/influence and use of direct tactics, the only structural variable that was still associated significantly with increased relationship strength was greater size (b=.24). Three other structural variables approached significance ($p \leq .10$): rural CoCs had weaker relationships by -.43 relationship strength scalar points compared to other region types, relationships between the smallest CoCs and decision-makers may be stronger than what would be predicted when controlling for size (by .65 relationship strength scalar points), and finally, the presence of a full time director increased the strength of relationships by .36 scalar points over those with a part time or no director, controlling for other factors.

[Table 5 about here]

Discussion

These analyses examine two separate issues of importance for collaborative governance networks: the extent to which the networks meaningfully incorporate the voice of providers through advocacy, and the strength of the networks' relationships with government decision-makers. Both of these components are essential to meeting the overall goals of collaborative governance around creating open lines of communication and feedback between government and third-party service delivery partners. The voices of a well-incorporated network of providers may go unheard without strong relationships with policymakers, and strong relationships may prove to be of little value to providers if their interests are not being represented in the conversations that occur. Importantly, we also find that these outcomes are related. Having high provider

engagement and influence in advocacy decisions is associated with CoCs reporting stronger relationships with decision-makers. The causal direction of this association cannot be established using this cross-sectional data, but suggest that a focus on meeting process oriented goals around inclusion can help, not hinder, achievement of desired outcomes. These results suggest a few structural factors are important in facilitating this.

First, we find that network capacity seems to be most related to increasing advocacy frequency overall. Having a larger budget, engaging in multiyear strategic planning efforts, and having an advocacy infrastructure are all related to more advocacy overall. Second, while some of these characteristics are also associated with increased provider engagement and/or influence (notably, having an advocacy committee, not just a staff person) two governance related indicators stand out. We find that having nonprofit members serve in meaningful leadership roles (in this case, measured by having the lead contact be a representative of a nonprofit organization) is a strong predictor of having more engaged providers when it comes to advocacy. We also see that having an independent governance structure for the CoC serves as a barrier. CoCs that are independently staffed (as opposed to collaborative), may lead to less engagement and influence overall in the day-to-day operations of the CoC—including in advocacy. Given the positive relationship between provider engagement and influence and stronger relationships with policymakers, CoCs with network administrative organizations should be particularly careful to attend to stakeholder inclusion goals.

Indeed, when assessing what is associated with stronger relationships with policymakers, network characteristics prove to be less important than increased provider engagement and influence in advocacy and use of direct tactics. These kinds of tactics include providing public testimony, developing/revising policy, direct meetings with legislators and government

administrators, participating in government-led commissions or committees. CoCs seeking to strengthen relationships with decision-makers should also examine staffing structure. Having a full time director is important in developing stronger relationships with decision-makers, even when controlling for size. Combined, these relationships indicate that one-on-one relationships with top executives are important for advocacy success.

Conclusion

Beyond the field of homeless services, the use of collaborative governance networks like CoCs is growing. Similar systems are found in other social service and health care fields (e.g., mental health, substance abuse, early childhood education) where collaboration between multiple public and private stakeholders is necessary to reduce fragmentation and solve intractable problems (Kettl 2006). Overall, findings from this research can help inform scholars and policymakers about the conditions under which collaborative governance networks, like CoCs, can be successfully used to promote effective advocacy as part of two way communication and learning between nonprofit providers and government agencies. Participation in such networks may provide opportunities for nonprofit providers, including helping them expand their influence and grow their agencies—but these systems are structured will likely have a large impact on the degree to which providers enjoy the purported benefits.

References

Alexander, Jennifer. 2000. "Adaptive Strategies of Nonprofit Human Service Organizations in an Era of Devolution and New Public Management." *Nonprofit Management and Leadership* 10(3):287-303.

Amirkhanyan, Anna A. 2009. "Collaborative Performance Measurement: Examining and Explaining the Prevalence of Collaboration in State and Local Government Contracts."

Journal of Public Administration Research and Theory 19(3):523-54. doi: 10.1093/jopart/mun022.

Andrews, Kenneth T. , Marshall Ganz, Matthew Baggetta, Hahrie Han and Chaeyoon Lim. 2010. "Leadership, Membership, and Voice: Civic Associations That Work." *American Journal of Sociology* 115(4):1191-242. doi: 10.1086/649060.

Ansell, Chris and Alison Gash. 2008. "Collaborative Governance in Theory and Practice." *Journal of Public Administration Research and Theory* 18:543-71. doi: 10.1093/jopart/mum032.

Berry, Jeffrey M. and David F. Arons. 2003. *A Voice for Nonprofits*. Washington, D.C.: Brookings Institution Press.

Bryson, John M., Barbara C. Crosby and Melissa Middleton Stone. 2006. "The Design and Implementation of Cross-Sector Collaborations: Propositions from the Literature." *Public Administration Review* 66:44-55. doi: 10.1111/j.1540-6210.2006.00665.x.

Chaves, Mark, Laura Stephens and Joseph Galaskiewicz. 2004. "Does Government Funding Suppress Nonprofits' Political Activity?". *American Sociological Review* 69:292-316.

Child, Curtis D. and Kirsten A. Grønbjerg. 2007. "Nonprofit Advocacy Organizations: Their Characteristics and Activities." *Social Science Quarterly* 88(1):259-81.

Choi, Taehyon and Peter J. Robertson. 2014. "Deliberation and Decision in Collaborative Governance: A Simulation of Approaches to Mitigate Power Imbalance." *Journal of Public Administration Research and Theory* 24(2):495-518. doi: 10.1093/jopart/mut003.

Emerson, Kirk, Tina Nabatchi and Stephen Balogh. 2012. "An Integrative Framework for Collaborative Governance." *Journal of Public Administration Research and Theory* 22(1):1-29.

Fung, Archon. 2015. "Putting the Public Back into Governance: The Challenges of Citizen Participation and Its Future." *Public Administration Review* 75(4):513-22. doi: 10.1111/puar.12361.

Fyall, Rachel. 2016. "The Power of Nonprofits: Mechanisms for Nonprofit Policy Influence." *Public Administration Review*. doi: 10.1111/puar.12550.

Fyall, Rachel. 2017. "Nonprofits as Advocates and Providers: A Conceptual Framework." *Policy Studies Journal*, 45: 121–143.

Gazley, Beth. 2010. "Linking Collaborative Capacity to Performance Measurement in Government-Nonprofit Partnerships." *Nonprofit and Voluntary Sector Quarterly*:0899764009360823. doi: 10.1177/0899764009360823.

Guo, Chao and Juliet A. Musso. 2007. "Representation in Nonprofit and Voluntary Organizations: A Conceptual Framework." *Nonprofit and Voluntary Sector Quarterly* 36(2):308-26. doi: 10.1177/0899764006289764.

Guo, Chao and Gregory D. Saxton. 2010. "Voice-in, Voice-Out: Constituent Participation and Nonprofit Advocacy." *Nonprofit Policy Forum* 1(1):Article 5. doi: 10.2202/2154-3348.1000.

Gusmano, Michael K. 2013. "Fda Decisions and Public Deliberation:Challenges and Opportunities." *Public Administration Review* 73(s1):S115-S26. doi: 10.1111/puar.12121.

Hambrick, R.S. and D.J.Rog. 2000. "The Pursuit of Coordination: The Organizational Dimension in the Response to Homelessness." *Policy Studies Journal* 28(2):353-64.

Han, Hahrie. 2014. *How Organizations Develop Activists: Civic Associations and Leadership in the 21st Century*: Oxford University Press.

Hoefer, Richard. 2005. "Altering State Policy: Interest Group Effectiveness among State-Level Advocacy Groups." *Social Work* 50(3): 219-27.

Homelessness, United States Interagency Council on. 2016. *The President's 2016 Budget: Fact Sheet on Homelessness Assistance*Congress. Retrieved March 4, 2016 (http://www.usich.com).

Johansen, Morgan and Kelly LeRoux. 2013. "Managerial Networking in Nonprofit Organizations: The Impact of Networking on Organizational and Advocacy Effectiveness." *Public Administration Review*, 73: 355–363.

Johnson, Erik W., Darrin Hicks, Ning Nan, and Jennifer C. Auer. 2010. "Managing the Inclusion Process in Collaborative Governance." *Journal of Public Administration Research and Theory* 21: 699-721.

Kelleher, Christine A. and Susan Webb Yackee. 2009. "A Political Consequence of Contracting: Organized Interests and State Agency Decision Making." *Journal of Public Administration Research and Theory* 19(3):579-602. doi: 10.1093/jopart/mun014.

Kettl, Donald F. 2006. "Managing Boundaries in American Administration: The Collaboration Imperative." *Public Administration Review* 66 (December): 10–19. doi:10.1111/j.1540-6210.2006.00662.x

Knoke, David. 1990. *Organizing for Collective Action: The Political Economies of Associations*: Transaction Publishers.

LeRoux, Kelly. 2009. "The Effects of Descriptive Representation on Nonprofits' Civic Intermediary Roles: A Test of the "Racial Mismatch" Hypothesis in the Social Services Sector." *Nonprofit and Voluntary Sector Quarterly* 38(5):741-60. doi: 10.1177/0899764008318710.

Milward, H. Brinton and Keith G. Provan. 2000. "Governing the Hollow State." *Journal of Public Administration Research and Theory* 10(2):359-80.

Montanaro, Laura. 2012. "The Democratic Legitimacy of Self-Appointed Representatives." *The Journal of Politics* 74(04):1094-107. doi: doi:10.1017/S0022381612000515.

Moore, Mark H. 2000. "Managing for Value: Organizational Strategy in for-Profit, Nonprofit, and Governmental Organizations." *Nonprofit and Voluntary Sector Quarterly* 29(suppl 1):183-208. doi: 10.1177/089976400773746391.

Mosley, Jennifer E. 2010. "Organizational Resources and Environmental Incentives: Understanding the Policy Advocacy Involvement of Human Service Nonprofits." *Social Service Review* 84(1):57-76.

Mosley, Jennifer E. 2011. "Institutionalization, Privatization, and Political Opportunity: What Tactical Choices Reveal About the Policy Advocacy of Human Service Nonprofits." *Nonprofit and Voluntary Sector Quarterly* 40 (3):435-57.

Mosley, Jennifer E. 2012. "Keeping the Lights On: How Government Funding Concerns Drive the Advocacy Agendas of Nonprofit Homeless Service Providers." *Journal of Public Administration Research and Theory* 22(4):841-66.

Mosley, Jennifer E. 2013. "The Beliefs of Homeless Service Managers About Policy Advocacy: Definitions, Legal Understanding, and Motivations to Participate." *Administration in Social Work* 37(1):73–89.

Mosley, Jennifer E. and Colleen M. Grogan. 2013. "Representation in Nonelected Participatory Processes: How Residents Understand the Role of Nonprofit Community-Based Organizations." *Journal of Public Administration Research and Theory* 23(4):839-63.

Nabatchi, Tina. 2010. "Addressing the Citizenship and Democratic Deficits: The Potential of Deliberative Democracy for Public Administration." *The American Review of Public Administration* 40(4):376.

Nicholson-Crotty, Jill. 2007. "Politics, Policy and the Motivations for Advocacy in Nonprofit Reproductive Health and Family Planning Providers." *Nonprofit and Voluntary Sector Quarterly* 36(1):5-21.

Page, Stephen B., Melissa M. Stone, John M. Bryson and Barbara C. Crosby. 2015. "Public Value Creation by Cross-Sector Collaborations: A Framework and Challenges of Assessment." *Public Administration*:n/a-n/a. doi: 10.1111/padm.12161.

Pawlak, Edward J. and John P. Flynn. 1990. "Executive Directors' Political Activities." *Social Work* 35(4):307-12.

Pekkanen, Robert and Steven Rathgeb Smith. 2012. "Nonprofit Advocacy: Definitions and Concepts." in *Nonprofits and Advocacy*, edited by S. R. Smith and R. Pekkanen. Baltimore, MD: Johns Hopkins University Press.

Provan, Keith G and Patrick Kenis. 2008. "Modes of Network Governance: Structure, Management, and Effectiveness." *Journal of Public Administration Research and Theory* 18(2):229-52.

Provan, Keith G. and H. Brinton Milward. 2001. "Do Networks Really Work? A Framework for Evaluating Public-Sector Organizational Networks." *Public Administration Review* 61(4):414-23.

Purdy, Jill M. 2012. "A Framework for Assessing Power in Collaborative Governance Processes." *Public Administration Review* Advance Access. doi: 10.1111/j.1540-6210.2011.02525.x.

Rees, Susan. 1999. "Strategic Choices for Nonprofit Advocates." *Nonprofit and Voluntary Sector Quarterly* 28(1): 65-73.

Salamon, Lester M., Stephanie Lessans Geller and Susan C. Lorentz. 2008. "Nonprofit America: A Force for Democracy? Listening Post Project Communique No.9." Vol. Baltimore, MD: Johns Hopkins University.

Sandfort, Jodi. 2012. "Analyzing the Practice of Nonprofit Advocacy: Comparing Two Human Service Networks." in *Nonprofits and Advocacy*, edited by S. R. Smith and R. Pekkanen. Baltimore, MD: Johns Hopkins University Press.

Schmid, Hillel, Michal Bar and Ronit Nirel. 2008. "Advocacy Activities in Nonprofit Human Service Organizations: Implications for Policy." *Nonprofit and Voluntary Sector Quarterly* 37(4):581-602.

Schneider, Anne L. and Helen M. Ingram. 1997. *Policy Design for Democracy*. Lawrence, KS: University Press of Kansas.

Smith, Steven Rathgeb. 2002. "Social Services." Pp. 149-86 in *The State of Nonprofit America*, edited by L. M. Salamon. Washington, D.C.: Brookings Institution Press.

Snavely, Keith and Martin B. Tracy. 2000. "Collaboration among Rural Nonprofit Organizations." *Nonprofit Management and Leadership* 11(2):145-65.

Suárez, David F. 2011. "Collaboration and Professionalization: The Contours of Public Sector Funding for Nonprofit Organizations." *Journal of Public Administration Research and Theory* 21(2):307-26. doi: 10.1093/jpart/muq049.

Young, Iris Marion. 2002. *Inclusion and Democracy*. New York: Oxford University Press.

Table 1 Operationalization of Independent Variables

Independent Variable	Operationalization
Advocacy Staff	Respondents were asked whether there was a staff member in charge of the CoC's advocacy and policy work. Those who responded "yes" were asked the job title of this individual, and those who reported any title other than the top executive (Executive Director, CEO, or President) were assigned "yes" for this indicator.
Advocacy Committee	Respondents were asked whether the CoC has an advocacy committee. This indicator identifies those who responded "yes."
Rural	Respondents were asked which best describes the region CoC represents, urban, rural, suburban, or mixed. This indicator is for respondents who answered "rural."
Award Size	Award amount was obtained from HUD data available on the OneCPD.info website. The raw values of Award reflect the most recent data available on the funding award for each CoC, in almost all cases the HUD-listed award for 2012. The raw values were transformed with a log function to account for a positive skew based on a few very high awards.
Small Award Size	In bivariate categorical analysis based on award size, the smallest award category of CoCs (funding awards under $500,000) broke with general award size trends. This indicator tests for differences between this group and others when controlling for size.
Multi-Year Planning	Respondents were asked whether they engage in planning only to prepare the CoC funding application, year-round planning that includes coordination and services integration, or multi-year strategic planning. In order to see if a multi-year vision is associated with advocacy, it is included as a single indicator variable.
Full Time Director	Respondents were asked whether an individual directs the CoC and whether this person does so on a full or part time basis. This indicator is for those who answered 'yes' and 'full time' to these questions.
Nonprofit Contact	This category represents all lead contacts who worked for coalitions, service providers, and advocacy organizations, as opposed to consultants or those who worked for government, housing authorities, or something else.
Independent Structure	Respondents were asked to categorize their CoC as an independent nonprofit organization, mostly run by government, a collaborative, or voluntary with no formal structure. This indicator distinguishes independent nonprofit organizational structures from all others.

Table 2. Descriptive Statistics

Advocacy & Engagement Variables				
	Range:	Mean:	Median:	SD:
Advocacy Frequency Scale	1-30	13.72	13	5.74
"Direct" Tactics Subscale	0-16	7.38	7	3.12
"Indirect" Tactics Subscale	0-14	6.34	6	3.11
Provider Engagement in Advocacy	0-4	2.33	2	1.10
Provider Influence in Advocacy	0-4	2.35	2	1.10
Relationship Strength Scale	0-7	4.37	4	1.72
Structural Variables				
Award Size (in millions)	Range: 0.02-113	Mean: 4.35	Median: 1.75	SD: 9.56
Advocacy Staff	Yes: 29%			
Advocacy Committee	Yes: 26%			
Rural	Yes: 25%			
Small Award Size (under $0.5 million)	Yes: 16%			
Multi-Year Planning	Yes: 22%			
Full Time Director	Yes: 35%			
Nonprofit Organizational Contact	Yes: 49%			
Independent Organizational Structure	Yes: 25%			

Table 3. OLS Regression Assessing Factors Associated with Greater Frequency of CoC Advocacy Activities (N=263)

	Advocacy Frequency	
Independent Variable	b	SE
Advocacy Staff	**3.07***	.75
Advocacy Committee	**2.91***	.75
Rural	**-1.51***	.80
Award Size	**.73***	.34
Small Award Size	1.15	1.15
Multi-Year Planning	**1.77***	.80
Full Time Director	.47	.71
Nonprofit Contact	.51	.68
Independent Structure	-.26	.78

NOTE—model is significant at $p<.0001$; variables at *$p\leq.05$; Adj R-Squared= .23

Table 4. Multinomial Logistic Regression Assessing Factors Associated with Provider Engagement and Influence (N=263)
(base outcome = low engagement/low influence)

	Independent Variable	b	SE
High Engagement/ Low Influence	Advocacy Staff	.78	.45
	Advocacy Committee	.56	.50
	Rural	-.86*	.51
	Award Size	.06	.21
	Small Award Size	.62	.69
	Multi-Year Planning	.25	.51
	Full Time Director	-.60	.45
	Nonprofit Contact	**.81****	**.42**
	Independent Structure	-.52	.46
Low Engagement/ High Influence	Advocacy Staff	.91*	.49
	Advocacy Committee	.47	.54
	Rural	-.81	.60
	Award Size	.21	.22
	Small Award Size	.68	.78
	Multi-Year Planning	.75	.51
	Full Time Director	-.26	.47
	Nonprofit Contact	.78*	.46
	Independent Structure	**-1.12****	**.56**
High Engagement/ High Influence	Advocacy Staff	.02	.40
	Advocacy Committee	**1.54****	**.39**
	Rural	-.07	.40
	Award Size	.12	.18
	Small Award Size	.17	.58
	Multi-Year Planning	.73*	.42
	Full Time Director	-.03	.36
	Nonprofit Contact	**.80****	**.35**
	Independent Structure	**-1.10****	**.41**

NOTE—model is significant at p<.004; **p≤.05; * p≤.09; Adj R-Squared=.07

Table 5. OLS Regressions Assessing Factors Associated with Stronger Relationships with Policy Decision-Makers (N=263)

	Model 1 (Adj R^2 = .09)		Model 2 (Adj R^2=.19)	
Independent Variable	b	SE	b	SE
Advocacy Staff	.27	.25	.10	.24
Advocacy Committee	.23	.24	-.08	.24
Rural	**-.51****	.26	-.43*	.25
Award Size	**.32****	.11	**.24****	.11
Small Award Size	.72	.38	.65*	.36
Multi-Year Planning	-.15	.26	-.31	.25
Full Time Director	**.46****	.23	.36	.22
Nonprofit Contact	-.09	.22	-.15	.21
Independent Structure	-.03	.25	.24	.25
High Engagement / Low Influence			.40	.29
Low Engagement / High Influence			.42	.33
High Engagement / High Influence			**.57****	.25
Advocacy Frequency—*Direct* tactics			**.20****	.05
Advocacy Frequency—*Indirect* tactics			-.05	.05

NOTE—Models & difference in R^2 all significant at $p<.0001$;**$p\leq.05$; * $p\leq.09$