



CASE

MANDEL CENTER FOR NONPROFIT ORGANIZATIONS

MetroHealth Leadership Institute
A Case Study of Fundraising Advancement
in a Public Hospital

June 2006

MetroHealth Leadership Institute

A Case Study of Fundraising Advancement for a Public Hospital

**The Mandel Center for
Nonprofit Organizations**

Case Western Reserve University
Cleveland, Ohio

The Mandel Center wishes to thank all of the members of its team who worked on the MetroHealth case study project. The case study is a result of the vision and initiative of John Yankey who first suggested to both parties that the learnings from this experience be committed to writing. Special acknowledgement goes to Amy McClellan who assumed major responsibility in the project by working to develop the interview protocol, conduct interviews, and who authored the case study. We are also deeply grateful to Carol Willen for her work in developing the interview protocol and in interviewing key participants in the Institute; to Ann Lucas for administrative oversight of the study; and to Nicole Rothstein for her work in designing and producing the final publication.

We are also indebted to all of the people at MetroHealth who were so generous in sharing their experiences about the Institute with us. It is hoped that the case study will be useful to other nonprofit leaders as they consider fundraising approaches for their organizations.

* * * * *

All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the publishers.

Copyright © 2006 Mandel Center for Nonprofit Organizations

Published in 2006 in the United States of America by the Mandel Center for Nonprofit Organizations, Case Western Reserve University, 10900 Euclid Avenue, Cleveland, Ohio 44106-7167.

Printed and bound in the United States of America.

MetroHealth Leadership Institute

Table of Contents

Introduction and Background.....1

The Program.....5

Institute Experience.....9

Conclusion.....23

MetroHealth Leadership Institute
A Case Study of Fundraising Advancement for a Public Hospital

Introduction and Background

Raising money can be both alluring and scary. There is something in that moment of asking for a monetary gift that can feel like jumping off a cliff. What professional fundraisers understand is that equal parts preparation and passion can help even the weak of heart find success.

Leaders of The MetroHealth System understood this dynamic and a few years ago set about strengthening their institutional capacity to raise philanthropic gifts and grants. The vision was sparked by the desire to demystify the fundraising process and transform a largely public institution into one whose key stakeholders participated actively in raising money and shaping its destiny. But a core component of this vision included the belief that MetroHealth had an extraordinary story to tell about its value to the community as both a provider of multi-service, high quality care and the medical anchor for the social safety net in the county. The story was so compelling and the reality of decreased public funding was emerging ever more quickly, that MetroHealth leaders recognized the effort would require a multitude of storytellers to spread the word and transform perceptions of MetroHealth both within and outside the institution.

To help them pursue this vision, MetroHealth

leaders consulted with the Mandel Center for Nonprofit Organizations at Case Western Reserve University. Together they developed an approach to teaching medical and administrative staff about fundraising and preparing them and members of MetroHealth's boards of directors to participate more actively in the fundraising process. This case study describes the genesis of the MetroHealth Leadership Institute, explores the impact upon its participants and the fundraising efforts of The MetroHealth System, and tells stories of success and lessons learned from the doctors, nurses, administrators, and board members who participated.

Established in 1837 as City Hospital, MetroHealth Medical Center was Cleveland's first hospital. It affiliated with Case Western Reserve University School of Medicine in 1914, and the hospital's physicians continue to serve as key faculty members at the Case Medical School today. In 1958, management of the hospital was transferred to Cuyahoga County and it became known as Metropolitan General Hospital. With taxpayer support, the hospital expanded its services and absorbed some free standing clinics and other medical facilities around the city and county, becoming the Cuyahoga County Hospital System. Eventually the network became known as The MetroHealth System,

Being one with the community is a hallmark of The MetroHealth System and one of the philosophical pillars of the leadership initiative launched to engage the community more actively in its support.

bringing together all of its facilities and programs under a unified image and consistent delivery system of services to the community. Today, MetroHealth is also the largest provider of charity care and Medicaid services in the state of Ohio.

From its earliest days, MetroHealth distinguished itself nationally in many areas of medical research and treatment, including tuberculosis and polio. More recently it has been recognized as a leader in women's and children's health, trauma care, cancer research, treatment of brain disorders, and rehabilitation, to name just a few. In 1988, the hospital was recognized nationally for its commitment to the community with the Foster G. McGaw prize awarded annually to one hospital by the American Hospital Association and the Baxter Foundation. The award acknowledges a hospital whose programs and services demonstrate it as "one with the community."

Being one with the community is a hallmark of The MetroHealth System and one of the philosophical pillars of the leadership initiative launched to engage the community more actively in its support. The MetroHealth Foundation, a separate 501 (c)(3) organization founded in the 1950s to raise money in support of the System's mission, is the conduit through which philanthropic gifts flow. The Foundation's mission statement indicates that it "serves to coordinate fundraising and implement development activities consistent with the priorities of The MetroHealth System to enhance the relationship between the System and the

Greater Cleveland and Northeast Ohio communities." The MetroHealth Foundation and The MetroHealth System each has a separate board of directors.

The former President and CEO of The MetroHealth System who launched the MetroHealth Leadership Institute, embraced the philosophy of community within the System itself. He was an advocate for a model of "institutional" leadership rather than leadership by one individual or a select few. Indeed, to one observer, this CEO had always seen leadership as a "collective act." The CEO was looking for opportunities to increase the leadership capabilities of the MetroHealth staff and to bring about a cultural change in the way in which the institution engaged its employees, volunteers and the larger community.

Against this backdrop, a new Vice President for Development came to MetroHealth in the late 1990s to re-energize the MetroHealth Foundation and build an advanced fundraising program that could generate substantial dollars for The MetroHealth System. Declining operating funds from county government, the changing landscape of healthcare financing, and MetroHealth's commitment to serve county residents regardless of ability to pay, suggested that additional sources of revenue would be necessary to maintain MetroHealth's quality of research, teaching and care. In short order, the new fundraising effort generated the first \$1 million gift ever given, in this case to support a campaign to raise money for a new skilled nursing center. While a \$1 million donation might seem somewhat meager for most large hospital systems raising money at the turn of the 21st century, it was groundbreaking for MetroHealth and demonstrated that people might indeed be willing to give to the institution at substantial levels if asked.

The rub, of course, was asking in the first place. The VP for Development shared his CEO's philosophy of collective action, and felt as

though fundraising staff members, while skilled in the fundraising process and capable of asking for contributions, were not necessarily the only or even the best option for doing so. The lay leadership at MetroHealth agreed that the role of development staff was to manage and support the institution's fundraising efforts, by allowing its key internal stakeholders and volunteers to identify strategic priorities and prospects, and helping them raise the money themselves. Leadership understood that doctors, nurses, administrators, and board members have the

knowledge, passion, and stories to share about the System's work and its impact in the community, and can promote confidence that if a gift is made, it will be used for an important purpose. These groups simply needed guidance on how to make a case and tell their stories to the right person. And so, with a vision to transform MetroHealth's fundraising capacity and build internal leadership commitment to the institution and its strategic priorities, the MetroHealth Leadership Institute was launched in the spring of 2001.

MetroHealth Leadership Institute

A Case Study of Fundraising Advancement for a Public Hospital

The Program

Goals and Objectives

The primary goal of the MetroHealth Leadership Institute (MLI, the Institute) was to expand MetroHealth's capability to obtain charitable gifts and grants from individuals and foundations. The strategy was to engage medical and administrative staff within the organization in the development function. Cadres of internal stakeholders would identify institutional fundraising priorities based upon medical service needs and learn how to cultivate donors who might be willing to support these needs. The approach would enable institutional leaders to more actively fulfill their roles in directing and supporting the strategic course of the hospital, and in the process, perhaps change its organizational culture. The initiative would also enable MetroHealth to identify priority areas for fundraising that were in line with the strategic priorities of the institution and develop case statements for these areas that were linked to advancement of The MetroHealth System as a whole.

The MetroHealth Leadership Institute was viewed as both a skill- and team-building educational program for physician-led teams consisting of key doctors, nurses, administrators, and board members from the MetroHealth

Foundation Board and the MetroHealth System Board, the former of which has fundraisers as a primary purpose. Its four primary objectives and corresponding outcomes were to:

- ◆ Help the physician-led teams develop a common understanding that their involvement is essential to the success of the institution.
Fundraising is viewed as part of a leader's responsibility and as an opportunity to attract new revenue to the organization and to the leader's specific areas of interest.

- ◆ Prepare individuals and teams to be willing and successful fundraisers by teaching them how to attract additional sources of funding to support work that is important to them.
Individuals will be confident in their fundraising knowledge and skills and understand the importance of their ability to tell the story effectively. Individuals will be effective spokespersons for the mission of the organization.

- ◆ Organize and build fundraising leadership teams for different strategic initiatives.
Teams will be able to plan and implement campaigns that showcase the value of their programs or projects to the community.

◆ Prepare institutional leaders to assume responsibility for building the endowments of The MetroHealth Foundation.

Institutional leaders will produce earnings to sustain the organization and its medical, educational, and research programs into the future.

MetroHealth did not specify any concrete dollar goals to raise through this initiative. However, the leaders certainly wanted the efforts to have a positive long-term impact on the organization's balance sheet, and were confident in the likelihood that this would be realized.

In the planning stages, MetroHealth leaders pursued the possibility of obtaining outside grants to help fund the Institute. Preliminary conversations with external funders concerned with organizational capacity building indicated some interest, but it never translated into dollars, which may have been due in part to the perception that an organization this size could absorb the Institute's costs. Ultimately, the President and CEO was so committed to the project and its potential to transform the institution and its development function that he authorized moving ahead even without external financial support. He believed strongly in the importance of investing in the internal human capacity of the institution, and the increased resources this would bear over the long term. The investment of time and dollars on the part of MetroHealth in putting on a serious and in-depth effort, he believed, would also spark interest from potential participants and signal the level of importance with which he and his executive and lay leadership teams viewed the Institute.

Structure and Content

In order to create a learning opportunity with the level of credibility that the participants would demand, MetroHealth consulted with the Mandel Center for Nonprofit Organizations at Case Western Reserve University to develop a

curriculum for the Institute and lead the instruction. Medical staff at a teaching hospital are academics themselves, so scholarly grounding and a peer-to-peer approach was important, as was including leading fundraising practitioners in the community who could provide advanced, real-life applications. The MLI project team was co-led by two academics who also had extensive experience in the practice community as consultants and/or organizational leaders. Highly regarded community-based fundraisers also served as adjunct faculty, and the MetroHealth development staff provided a key supporting role.

The MetroHealth Leadership Institute engaged three different classes or cohorts of participants in each of three consecutive years from 2001 to 2003. The inaugural class set the stage, crafting some of the larger strategic initiatives and laying the groundwork for the leadership teams that would follow. The first cohort represented teams from the Critical Care Pavilion, the Center for the Care of Women and Children, the Clement Center for Community Health, an endowed chair in Surgery, and Research. If the first year went well, the goal was to engage most key medical and administrative staff members from other major departments, divisions, or centers of The MetroHealth System in the Institute in subsequent years.

The Institute consisted of six, half-day sessions spread over the course of three months. Each session was divided into two parts: teaching specific content about philanthropic leadership and fundraising; and coaching and technical assistance through small group work to apply the content to selected activities. The sessions were sequential, helping the participants build knowledge and skills along the same continuum as the fundraising process itself. The expected outputs from each team were: 1) a fundraising plan for the department or division; 2) a case statement about why the plan should be supported; and 3) an initial list of donor prospects.

The structure and content of the Institute were similar for the three classes, with modifications made along the way based upon what worked well or needed improvement from the previous class's experience. For example, after the first year, the number of different outside instructors and presenters was reduced for better continuity and consistency of information at sessions, and only one principal faculty member was engaged for the teaching segment. In general, the curriculum consisted of the following content areas each year:

A) Overview of the Institutional Advancement Process

- ◆ Effective leadership
- ◆ Community building – engagement of community stakeholders
- ◆ Internal assessment of readiness
- ◆ Departmental visioning and statement of needs

B) Organizational and Operational Planning for Campaign

- ◆ Managing multiple fundraising priorities
- ◆ System-wide coordination of cultivation and proposal submission
- ◆ Role of boards of directors (MetroHealth System and MetroHealth Foundation boards)
- ◆ Role of medical, nursing, and administrative staff
- ◆ Role of development staff

C) Developing a Case Statement

- ◆ Describing the problem or opportunity being addressed
- ◆ Identifying the solution and its link to The MetroHealth System and its importance to the community
- ◆ How donors will benefit from supporting the initiative

D) Sources of Funding – Prospect Identification

- ◆ Distinguishing appropriate prospects

- ◆ Defining constituency profile
- ◆ Researching prospects

E) Cultivation and Solicitation

- ◆ Ten-stage cultivation process
- ◆ Why people do and do not give
- ◆ Obstacles to success
- ◆ Solicitation strategy
- ◆ Asking for money
- ◆ Ethical considerations

F) Departmental/Division Presentations

- ◆ Putting the learning into action

Participants

Physician leadership and buy-in was crucial. An ideal candidate to Chair the MetroHealth Leadership Institute was found in the Chair of Orthopedic Surgery, who at the time was also Chair of the MetroHealth Foundation Board of Directors and who brought a particular passion for both the history and future of The MetroHealth System. The President/CEO and Chief of Staff/Executive Vice President for Medical Affairs served as conveners, and they, along with the Institute Chair and Vice President for Development, recruited the team leaders.

Approximately 125 physicians, nurses, administrators and board members participated in the Institute over the course of three years. The teams were led by physicians, either the chair of a department or a senior-level tenured physician, and they in turn helped select their team members who had also been suggested and/or vetted by the CEO and VP for Development. While many participants expressed initial reservations about participating in such an Institute, given their apprehension about fundraising, all accepted the invitation when asked.

The teams represented a spectrum of departments, divisions, or centers of The MetroHealth System:

Cohort 1 – 2001

- ◆ Center for the Care of Women and Children (including Pediatric Intensive Care Unit renovation)
- ◆ Critical Care Pavilion
- ◆ Clement Center for Community Health
- ◆ Endowed Chair in Surgery
- ◆ Research (including endowment for the Charles H. Rammelkamp, Jr. Center for Education and Research)

Cohort 2 – 2002

- ◆ Cardiovascular Care
- ◆ Center for Health Care Research and Policy
- ◆ Family Practice and Skilled Nursing
- ◆ OB/GYN
- ◆ Pediatrics
- ◆ Physical Medicine and Rehabilitation

Cohort 3 – 2003

- ◆ Cancer Care
- ◆ Digestive Disease Care

- ◆ Palliative Care
- ◆ Pediatric Comprehensive Center
- ◆ Pulmonary/Critical Care
- ◆ Trauma Care

Twenty Institute participants were interviewed for this case study, including seven physicians, two nurses, four administrators, three board members, two members of the development staff, and the two project leaders/facilitators from Case Western Reserve University. The interviewees represented all three Institute classes, although about half participated in the first class in 2001. The remainder of this case study describes the participants' experiences with the MetroHealth Leadership Institute, highlighting both common and divergent themes, insights, challenges, and successes. As in any fundraising effort, the participants' own words best tell the story of MLI's impact upon the individuals, their departments, and ultimately the institution itself.

MetroHealth Leadership Institute

A Case Study of Fundraising Advancement for a Public Hospital

Institute Experience

Previous Experience with and Perceptions of Fundraising

Experience in fundraising among the participants prior to their involvement in the MetroHealth Leadership Institute was in general minimal or nonexistent. Excluding the development staff and executive leadership (the President/CEO, CFO, and Chief of Staff) who by the very nature of their current and former jobs were experienced in fundraising, most of the other interviewees did not consider themselves very knowledgeable or skilled in the area. Another exception was board member participants, one of whom was a fundraiser by profession and another who served on numerous boards throughout the community for which fundraising was an active and expected function. Doctors and nurses were most likely to have had no fundraising experience except in service on community boards, through their churches, or in seeking support for research projects through private or government grants. Some administrators acknowledged that they used elements of fundraising on the job, but would not necessarily have recognized it as such prior to the Institute. For example, they may have been involved in fundraising events or asked drug companies and other vendors for donations toward a particular effort. One administrator described the

relationships she had built in the community on her own as a way to get items she needed for her unit, but she did not feel as though she was particularly skilled or knowledgeable about fundraising in any formal way.

This example points to a changing perception of fundraising that seemed to emerge from participants over the course of the Institute. As participants learned more about the dimensions and potential scope of fundraising activities through the Institute, they were able to recognize how their own existing experiences and skills translated to fundraising. A senior administrator pointed out that a physician department chair, for example, develops a case statement of sorts for every capital request in order to articulate why a particular piece of medical equipment is important to the department. Such an individual has philanthropic skill sets but had not necessarily identified them as such – he or she was simply engaged in an activity necessary for the regular course of business.

The perception by participants of different groups' roles related to fundraising prior to the Institute was fairly consistent across interviewees. Everyone recognized that the development staff had the primary responsibility for fundraising. Many acknowledged, including

development staff members themselves, that the fundraising effort prior to the hiring of the Vice President for Development was essentially non-existent or at best had a very low profile. These efforts had raised some ancillary funds primarily through special events. Since public funding had been a primary source of revenue for MetroHealth historically, an active philanthropic effort had not been a priority within the institution. Some physicians indicated a minimum level of interaction with the development staff, primarily related to getting funding for a project or helping direct a gift identified through a patient.

Medical staff members, including doctors and nurses, were considered to have a limited or no role in the development function at MetroHealth. Perhaps the most fitting descriptor was “undefined,” which acknowledged some ad hoc activity but no defined role. One doctor described being called in as needed to “lend credence or help in a support function.” Few participants realized that medical staff could play a key role in an effective fundraising effort.

Non-medical staff members’ role in fundraising was also perceived as limited or non-existent, with some interviewees noting that senior administrators occasionally participated at some level even though it was “not a part of the job description.” For the most part, interviewees noted that both medical and non-medical staff members had little knowledge of, or role in, any fundraising activity in large part because they had not seen or been exposed to such activity. As one respondent noted, it was “likely not on their radar at all.” In summarizing the fact that medical and non-medical staff members were unengaged in fundraising, one doctor noted that it was simply not part of the culture of the institution and not part of the “skill mix or what we believed we were worthy of doing. We had an inferiority complex compared to the other big institutions, and did not see ourselves as playing in that league.”

Few interviewees had any interaction with or information about the boards of directors, so had no impression of their fundraising function. Some could speculate that given the nature of a board’s role with an organization and its connection with the community, fundraising leadership would be expected. One board member noted that while she had certainly been involved in fundraising activities, “It doesn’t mean that you have any particular skills or knowledge about the theory and effective techniques.” Only a few interviewees made the distinction between the two boards – the MetroHealth Foundation Board and the MetroHealth System Board, the former of which has fundraising as a primary purpose.

Finally, medical staff members were asked if they had any concerns regarding HIPAA (Health Insurance Portability and Accountability Act) prior to participating in the Institute and whether becoming more involved in fundraising and telling patients’ stories would pose a conflict of interest. Of the interviewees, only one nurse and one doctor noted some concern. The topic was addressed in the Institute, with guidelines about appropriate and professional boundaries and maintenance of privacy and confidentiality openly discussed, which seemed to allay any lingering concerns.

Team Processes

The MetroHealth Leadership Institute began in 2001 with its first cohort of participants who were considered established or emerging leaders within The MetroHealth System. The participants also represented programs identified as important to the strategic advancement of the institution, priorities that differentiated MetroHealth from other medical institutions in the community, and areas that might prove relatively easy for fundraising.

While the teams followed somewhat different

processes throughout their involvement in MLI, their work was prescribed in large part by the structure of the Institute and the expectations for what they needed to accomplish between sessions and by the end. Most teams used the designated work time during MLI sessions to get the bulk of their work done. The degree to which teams worked together or kept in contact between sessions varied, with some teams meeting in person, others communicating through phone or email, passing information and documents back and forth, and yet others in which one person took sole responsibility for a team's work product.

Technical assistance or "coaching" was available to all teams both during and between Institute sessions by the Institute's project leaders/facilitators. Some teams took advantage of this assistance and others did not. There was no indication from the responses about whether teams that used technical assistance between sessions seemed to function better or ended up with a better fundraising plan. Observers noted that somehow the work was accomplished since most teams came back to each session prepared to a certain degree. While interviewees were rather vague when asked to describe the process that their team followed throughout MLI, this was most likely due to the fact that they did not necessarily have a prescribed procedure nor did they think about their team interaction and activity as an explicit process.

However, some common elements mentioned by a number of participants when describing the process their teams used to create their fundraising plans included:

- ◆ Identifying needs and opportunities within programs, departments, or centers
- ◆ Creating a common vision
- ◆ Prioritizing the opportunities based upon the vision
- ◆ Focusing on those priorities that tell a compelling story and are likely to generate fundraising success

- ◆ Creating strategic initiatives that will achieve the vision

Ultimately, every team met the goal of creating some sort of deliverable for a final presentation at the end of the Institute. Case statements were required to be at least rough outlines of a program or initiative, its vision for the future, its link to the mission of MetroHealth, and what internal and external investments would be needed to achieve this vision. Some teams produced only the presentation, while others delivered a fully developed case statement report. Many of the less polished final products still provided enough content for the development staff to shape and further refine, though more complete products were likely given more attention initially simply because they were "ready to go."

Team Functioning

In addition to describing their team processes, participants were asked how their teams functioned. Virtually all of the interviewees reported that their teams functioned at least "well," if not "very well." This could be attributed, in part, to the fact that the interviewees might have had a more positive Institute experience than some of those not interviewed. MLI conveners and project facilitators had a somewhat broader perspective across all three cohorts, as well as more in-depth knowledge about specific teams. The responses from these individuals varied from those of the Institute participants, with the conveners and facilitators acknowledging that some teams functioned much better than others. All interviewees, however, whether team participants or "observers," identified the following characteristics of successful teams. "Success" in this case relates more to team functioning and fulfillment of tasks, rather than to outcome of the teams's efforts or actual dollars raised.

Characteristics of Successful Teams:

◆ *Leadership*, characterized in particular by a physician leader who had a personal commitment to and embraced the process, understood its importance to what they wanted to accomplish within their departments, and did not consider the Institute “just an assignment on top of everything else that they needed to do”

◆ *Status of team leader*, whether chair of a department or a tenured “rising star,” who garnered the respect of his or her team members, seemed to make a difference

◆ *Clear vision and understanding* of what the team wanted to accomplish – working toward a common goal

◆ *Collaborative and collective effort*, through which more time was spent as a team establishing priorities, coming to decisions, and putting the plan together

◆ *Respectful dialogue and exchange of ideas*, that acknowledged the different perspectives offered by team members based upon their roles within the institution

◆ *Previous working relationship*, while not essential, provided immediate compatibility and smooth team functioning. For example, participants from the Physical Medicine and Rehabilitation and Palliative Care Teams noted that the nature of their work with patients is by design collaborative, which they were able to bring to bear on their team functioning

Finally, the Institute conveners and project facilitators observed that some participants rose to the challenges offered by the Institute, while others held back. Which participants fell into these categories was not necessarily predictable, and they were often surprised to see who emerged in a leadership role, as well as which participants seemed to benefit the most from the learning opportunity. The project facilitators also ranked Cohort Two as the most successful. They attribute this to modifications made after Year One that strengthened the program, as well

as their ability to better anticipate the needs of the teams. One of the facilitators noted that by Year Three, everyone was aware that this would be the last year of the Institute and organizational changes were already underway, with the President and CEO announcing his retirement, so attention may have waned. The other facilitator wondered if by Year Three, MetroHealth had gone too deep into departments to recruit participants who might not have been ready or interested in this kind of work.

Educational Content Areas and Instructional Approach

Of the broad fundraising topics covered in the Institute, three were mentioned most frequently by participants as particularly valuable: case statement development; identification of potential donor prospects; and donor cultivation. One doctor noted that case statement development is particularly well suited to medical and administrative staff members, because they are often the best source to provide the necessary content. Case statement development also forces staff to focus on what is most important within their divisions and determine why someone should consider supporting it. Another interviewee explained that donor identification, cultivation, and solicitation were important because those areas were the ones in which participants were most remedial in their knowledge and skills, simply because those have traditionally been considered functions of development departments. Donor identification sparked thinking about sources of gifts from stakeholders who may not have been recognized previously as potential donors. Indeed, as one of the facilitators commented, the identification of potential sources of funding was an area for which the Institute brought the most value because funding sources are more distinct to each organization. General fundraising techniques or processes can be learned in other kinds of fundraising courses.

Almost all of the participants considered the educational content of the Institute to be appropriate and thorough and could not identify any components of fundraising that would have been useful but were not part of the training. This response was given by both experienced fundraisers and novices, though members of the latter group admitted that they did not know enough about fundraising to be able to offer any suggestions about what was missing. All interviewees appreciated the balance between the didactic or lecture portion of the Institute sessions and the hands-on application of the concepts and individual team coaching. As one doctor noted, “It was like sitting in the classroom, then going into the lab.”

Participants liked the guest speakers who offered examples of successful, real-life fundraising strategies. Participants in the later cohorts also appreciated when a participant from an earlier cohort spoke to the class about what to expect over the course of the Institute, providing a sense of context and what they were working toward from a more personal standpoint. In Year Three, the MetroHealth development staff made more presentations, which helped the participants realize the expertise and resources available in-house to support them and to take care of the operational aspects of fundraising. The sequential, phased learning of the Institute sessions was also appreciated. As one doctor noted, “It would have been difficult if they had hit us with everything at once.” One interviewee, however, felt as though the Institute itself could have been spread over a longer period of time to allow more time to digest and apply the information between sessions and to prepare a more polished product at the end.

The physician chair of one team mentioned that it took his team almost two sessions to really understand the purpose of the Institute and why they were there. They began the Institute not knowing if they were being taught *how* to raise money or if they were actually going to be asked *for* money. As such, they began the Institute

with their “defenses up,” but were able to trust the facilitators and the process enough by the end to have developed a viable case statement for their project, as well as an understanding of the principles of fundraising and a better relationship with the development staff.

Use of Knowledge and Skills

Institute participants referred to their use of the knowledge and skills they gained in the MetroHealth Leadership Institute in three primary ways:

- ◆ Application of skills learned for a discreet fundraising activity, primarily case statement development and donor interaction;
- ◆ Better understanding of the development process overall and interactions with the development staff; and
- ◆ Better understanding of, and ability to speak to, the broader needs of The MetroHealth System.

Participants spoke about using skills related to donor identification and cultivation in ongoing work beyond the Institute. One doctor mentioned better interaction with donors, including being more prepared for donor visits and having an understanding about a donor’s interests and background. Board members in particular cited an increased ability to speak to the different aspects of MetroHealth’s work from a larger base of knowledge. Some board members also acknowledged applying skills they learned in the Institute to their work for other organizations in the community.

Instead of identifying use of specific fundraising skills, many participants thought about “use of their learning” within the context of their interactions with the development staff. They felt as though they gained a better understanding of the development process and appreciation for the point of view of the development staff. One senior administrator noted more ongoing links with the development staff and feeling as though

“they are working in sync.” A doctor admitted that he is more effective at working with the development staff because he has a better understanding of what they need to do.

Outcomes of Teams’s Work

While an increase in philanthropic gifts and grants was certainly a desired outcome of the MetroHealth Leadership Institute, it was not one of the primary objectives. Institute Leadership recognized that fundraising results would be realized over time. Some teams had early success in garnering support from newly identified donors for their projects, while other teams’s efforts had not yet resulted in any tangible gifts. Even in the absence of concrete donations, many interviewees pointed out other valuable outcomes. One doctor spoke to the ever-important establishment of a mission and goals for their project, as well as a framework for talking about their work to a variety of stakeholders beyond potential donors, such as trainees and faculty under recruitment to whom he has to “sell” his department and its work. Others spoke of the importance of having a request strategy ready for potential donors or funding opportunities for which they would have otherwise been unprepared. Having project components identified as options for donors is particularly important in order to avoid giving donors free reign in dictating where and what their gift will support, particularly if such areas are not a priority for the institution. The case statements ultimately helped match interest with real institutional need.

In reflecting on the four primary objectives of the MetroHealth Leadership Institute, the two project leaders/facilitators independently offered an assessment of whether or not the Institute achieved its desired outcomes. They both agreed on a fairly positive level of success for the first three of the four objectives: 1) Leaders have a common understanding that their involvement in fundraising is essential to the success of the

institution and to attracting new revenue to their specific area of interest and need; 2) Individuals have gained some confidence in their fundraising knowledge and skills and, most importantly, in their ability to tell a compelling story; 3) Fundraising leadership teams now exist that provide an infrastructure for the development staff to draw upon. The extent to which leaders have assumed responsibility for the fourth objective, building the endowment funds at MetroHealth, may still be uncertain, but the institution’s leaders are at the very least more aware of the importance of endowments and their potential role in building them. One of the project facilitators noted that they did not necessarily include specific preparation within MLI to address the fourth objective, and that even if they had, departures of some of the leaders who participated in the initial cohort would have made its achievement even more challenging.

From the perspective of the former President and CEO, some unintended but positive outcomes included 1) being able to maintain a relatively modest sized development staff given the size and scope of the organization, and 2) enhancing the quality of the MetroHealth Foundation’s board of directors. In his view, board members have become stronger advocates for the organization. He also noted, and board members confirmed, that they particularly enjoyed working and developing relationships with the medical staff.

Monetary outcomes of the MetroHealth Leadership Institute will ultimately be measured by giving over the long term, although initial feedback from leaders at MetroHealth confirms that new and increased sources of funds have come through as a result of the Institute. The extent to which funding outcomes can be tracked back to the work of the leadership teams and their fundraising plans will provide measurable proof of the return on investment from the Institute.

Successes and Challenges in Implementation

Stories of team successes in implementing their fundraising plans included the tangible success markers of identifying new donors and securing monetary gifts, as well as more innate successes related to relationship building and institutional visioning. Challenges teams faced seemed to mirror those any group might encounter in learning about new approaches and applying those approaches to a new project or process.

Successes identified by interviewees included:

- ◆ Raising money
- ◆ Finding new donors that would never have been identified if not for the Institute
- ◆ Developing for the first time a clear vision for a particular department, division, or unit
- ◆ Working across physician/administrator and board/staff boundaries to become a more integrated system
- ◆ Exchanging ideas between teams
- ◆ Having a forum to begin a program planning process
- ◆ Continuing to meet regularly as a team and being “hard wired” into the development office
- ◆ Creating general awareness in the community about the value of MetroHealth resources

Challenges noted by the interviewees included:

- ◆ Getting a plan down on paper
- ◆ Developing a case statement for a project in flux
- ◆ Overcoming initial resistance to offering names to be cultivated as potential donors
- ◆ Accomplishing the work without a champion or good team leader
- ◆ Maintaining momentum during the dry spell after an early and seemingly easy success in securing a gift; partial success means there is still have a long way to go
- ◆ Reigning in a team project that was initially too big and had to be subdivided in order to be meaningful for potential donors
- ◆ Finding time to meet as a team and

incorporating the Institute into busy schedules

- ◆ Finding time to continue working together as a team (after the Institute), to update plans and measure success
- ◆ Finding more opportunities to tell the story and make the case
- ◆ Raising money for programs with underdeveloped case statements
- ◆ Keeping the institutional momentum and motivation going and answering: “Where do we go from here?”
- ◆ Departing champions from The MetroHealth System who were in the original cohort

The overall Institute experience was deemed very good and worthwhile by nearly all of the interviewees. Most used words such as “excellent,” “very good,” “very positive,” “very informative,” and “extremely valuable” to describe their experiences. Many participants entered the Institute with some trepidation, but acknowledged that the experience was much more positive than they thought it would be. One interviewee’s comment seemed to capture one of the intrinsic benefits of the Institute – that of generating a sense of collective purpose and pride in MetroHealth and its work: “I would leave [the sessions] feeling this energy and enthusiasm, but most of all pride. I was inspired.”

Only one responded with a rating of “good to fair” to describe the experience. He noted that he had learned more after the Institute in his ongoing work with the development staff, which he praised, than he had during the Institute itself. Even this somewhat skeptical participant acknowledged that while he might suggest that they could do things differently, he would also participate again.

Personal Participant Impact

When participants were asked how, if at all, the Institute changed them personally, they offered

“What happened for me on many levels was a paradigm shift. It was looking at the bigger picture. It wasn’t just looking at my program within the department, but it was looking at The MetroHealth System and how we all fit together.”

several examples, most of which were related to their perceptions and understanding of fundraising. Many comments about personal impact were also linked to feelings about their work for MetroHealth as an institution.

Board members commented on being more informed about MetroHealth and even the greater Cleveland community, being connected and having “personal allies” with staff – both medical and non-medical, and being better at asking for gifts. A senior administrator noted that she went into the Institute expecting to have to be the primary spokesperson for her program, but was “blown away” by the demonstrated advocacy for her work on the part of the physicians. “What happened for me on many levels was a paradigm shift. It was looking at the bigger picture. It wasn’t just looking at my program within the department, but it was looking at The MetroHealth System and how we all fit together.” The Institute experience gave her a greater respect for and deeper relationship with the physicians.

Medical staff members spoke most frequently about gaining an appreciation for the fundraising process, the benefits it brings to an institution and its importance to MetroHealth. They are more willing and able to tell their stories consistently to a variety of different stakeholders in multiple venues and are more active in thinking about opportunities to do so. Some doctors noted an increased comfort level in talking to people about giving money, illustrated by one doctor for which the Institute, “made the

concept of approaching donors more palatable.” A doctor who had worked at another local hospital said it made him less jaded about fundraising, a sentiment held from an unpleasant past experience but that was fading with his new-found appreciation for the approach offered by the Institute, and in particular, the “low-key” style of the MetroHealth development staff. For another doctor, the notion that philanthropy is key to the healthcare industry and to MetroHealth in particular was a new perspective that he did not have prior to the Institute. He learned that, “Healthcare in general is dealing with declining reimbursements, narrowing margins or negative margins, and the only mechanism and the only flexibility with regard to capital equipment, new program development – things of that nature – is through philanthropy.”

Team/Department Impact

The effects of the MetroHealth Leadership Institute on the participating teams or departments seemed to mirror in many ways the intrinsic benefits expressed by some interviewees about their Institute experiences in general. As one doctor noted, “Any opportunity to forge relationships with the team is a plus.” Other comments illustrated that the time and effort spent together brought them closer, that the Institute engendered a sense of pride, and that it was a boost for morale.

One participant felt as though the profile of her department had been raised and that her staff gained an increased awareness about the interconnectedness of the different units and initiatives of the hospital. This interviewee also tried to model for other staff members who had not been a part of the Institute how to continue making those kinds of connections in their ongoing work.

Modeling behavior and sharing learnings from the Institute with department members who had not attended was important to other participants

as well. One nurse described how she hears staff members talk more about how to obtain grants or sponsorships for particular initiatives. Another nurse commented on her commitment to impart the knowledge she gained from her experience to her staff and was particularly pleased that she now had a good answer ready when they complained, “but we hate to ask people for money.” She was also able to help her nursing staff think more globally about the importance of institutional giving and was able to convince them that they should refer grateful patients to the MetroHealth Foundation for giving opportunities instead of simply accepting items that they do not really need, such as more books and rocking chairs.

Other teams found that the experience was particularly useful in helping them focus on projects that were important to them and providing a mechanism for getting support. One doctor appreciated that the Institute forced them to gather as a group and ask fundamental questions about their work: What are we about? What do we need? Where do we want to go? The doctor leading this team felt as though the actual materials presented at the Institute had perhaps less of an impact on his team than simply the time that was provided to get together and establish the department’s identity, mission, and shared goals.

A board member noted that even from her more removed perspective from the daily workings of a department, “The relationships and the team mentality that was an integral part of the Institute still permeates a lot of the departments today.” She felt new ways of doing business originated with the Institute, such as a more collaborative approach to strategic planning or tactical analysis at the departmental level.

From the development staff perspective, the Institute focused their work with various departments and divisions throughout the hospital. The knowledge base developed at the departmental level, as well as the familiarity

built between departments and the development staff, makes for a more effective working relationship. Non-development staff members now understand their role in the fundraising process, giving them all a head start in moving that process along. As one development officer observed, without the Institute, “We would still be marching around educating people and they would see no benefit for themselves.”

MetroHealth System Impact

Changes at the institutional level as a result of the MetroHealth Leadership Institute might appear more difficult to discern, but many interviewees were moderately, if not openly, enthusiastic in their perceptions of such change. The notion of a “cultural shift” or “culture change” was offered by some participants, primarily within the context of a greater awareness of and involvement in fundraising activity by all members of the MetroHealth family. In general, participants gained a much better understanding of the importance of MetroHealth to the community; the importance of philanthropy to MetroHealth’s strategic growth; and in turn, the importance of active involvement by staff and board leaders in philanthropy to support the mission and priorities of MetroHealth as a vital community resource. Interviewees may not have explicitly linked these three concepts in their responses about whether there had been changes at the institutional level as a result of MLI, but they emerge as themes in their answers.

Examples of observed impact of the Institute upon MetroHealth as an institution included the following:

- ◆ A hospital that has coalesced with pride and enthusiasm around its mission
- ◆ A transformation of the MetroHealth culture to one that believes in itself and considers its mission the most important mission of any healthcare organization

Other insights from the Institute experience included participants' understanding that a well-designed process guides effective fundraising, and that it takes time and perseverance.

- ◆ An institution in which everyone is thinking about philanthropy and is more comfortable competing with other large organizations in town for donations
- ◆ Awareness that philanthropy is linked to everything throughout the institution – strategic planning, public relations, community development, referrals, and so on
- ◆ An increase in the number and volume of advocates for the organization
- ◆ Creation of a model for meaningful shared responsibility and shared decision-making
- ◆ A re-education out in the community about MetroHealth
- ◆ A larger and more sophisticated development effort – both within the department and across the institution
- ◆ Non-development staff who buy into being responsible for, and capable of, participating in the fundraising process
- ◆ More connections between the development department and other departments
- ◆ More exchange of ideas across departments and divisions and between cohorts of staff and board members
- ◆ Open communication and trust between medical staff, administrative staff, and the governing and foundation boards of directors – an understanding that everyone is on the same team
- ◆ A willingness to look at things differently
- ◆ New ways for medical staff to think about how they can help the institution
- ◆ An ability to bring the community into the facility and tell the stories
- ◆ A mechanism through which staff can develop a case for their needs and engage

philanthropy in meeting those needs

Among other things, these responses illustrate the benefits of giving everyone a voice, as well as granting permission for an institution to shed a certain degree of its humble silence. One doctor's comments crystallized the impressions of many interviewees:

“When you are starting at such a low point, there are huge opportunities. This is an institution that is historically characterized by understatement and modesty, and it has a great mission and a great story to tell. It probably provides the greatest benefit to the population of Cleveland, medically, than any other institution in town in terms of what it really delivers to the citizens of Cleveland. And it's a huge well-kept secret.”

Learning and Insights

The idea of MetroHealth being a well-kept secret was repeated frequently. Interviewees were amazed by people's surprise upon first visiting MetroHealth. Guests unfamiliar with the institution were impressed by its good work and were willing to return for their own personal health care needs. Other insights from the Institute experience included participants' understanding that a well-designed process guides effective fundraising, and that it takes time and perseverance. These concepts were not always easy to sell. Teams wanted to see immediate success with their fundraising plans. Fortunately, some early monetary results helped validate the process for many participants, even if other teams were the recipients of such success.

A compilation of lessons learned by the interviewees include:

Fundraising is a process and takes time. Many Institute participants were surprised by the amount of work that goes into fundraising, that it

follows a process involving specific steps and a network of people over an extended period of time, and that it is not a “hit or miss” method. Patience and persistence are paramount. As one nurse said, “You may need to ask 100 people to get one gift.” Or, several interactions with one individual may be necessary before someone is ready to make a donation. Despite learning that fundraising is not as simple as it may appear, many interviewees found motivation from recognizing that their passion for their work could be translated into monetary gifts for the institution.

People are willing to give money. The notion that people are ready and willing to give money surprised some participants. Not only did many of them get past their reticence to offer potential names as donors, they also overcame the discomfort of asking for money. One nurse described this change in mindset when she heard physicians say at the beginning, “If they think I’m giving them names of my patients to get money from, they’re nuts.” Participants realized that people are willing to give and that if they don’t tell the story of MetroHealth, those potential donors will go elsewhere. The same nurse was able to apply this learning to herself and how she responds to solicitations in her personal life realizing that, “It’s as rewarding for people to be a giver as it is to be a recipient.”

Institutional transformation takes time and requires support and commitment from many levels. Participants were impressed with the commitment from The MetroHealth System to developing the Institute and to engaging the number and level of staff to make it a successful institutional advancement strategy. A doctor observed, “The productivity equivalent of the time spent traveling to Case for these meetings and what these important staff could have been doing otherwise – that’s a huge cost.” The buy-in by department chairs and division leaders was essential. If not for their support, it would have been more difficult to convince people within their departments to participate. Also, the

addition of staff members in the development office was necessary to meet the increased level of fundraising activity as a result of the Institute, and is another benchmark of institutional commitment to the Institute and its longer-term philanthropic outcomes.

Importance of mission. Nonprofit textbooks and experts repeat the mantra of the importance of an organization’s mission to everything it does, but this idea did not necessarily resonate with Institute participants until they saw it in action. Indeed, participants may have been more focused on the fact that they worked for a health care institution and less on the fact that they worked for a nonprofit institution. The notion of mission attainment guiding all operations became more real when they had to demonstrate the link between their projects and fundraising plans with the purpose of the institution as a whole. For one board member, the Institute “reinforced the importance of the mission and how it drives the programs and other efforts – whether fundraising or services. Your mission is very important.”

A leadership development initiative must have a clearly defined purpose and course of study. Participants observed that having a specific purpose for the Institute was crucial. In the words of one interviewee, “You need someone to have a vision for what outcome you want to achieve.” Another commented on, “the wisdom in the construction” of the Institute, that it followed a methodical process, and “everything fit together.” This was particularly important given that participants represented high-level doctors, nurses, administrators, and board members, who would expect and respond best to a course of study that was well thought out and inspiring on some level.

Immediate and ongoing follow-up is important. The degree to which certain teams gelled through the Institute process and achieved some initial success with their plans, seemed to predict whether the team would continue functioning

even at a minimal level beyond the Institute. Development staff observed that they could have done a better job in immediately following up with all of the teams to review prospects, polish case statements, and maintain the momentum from the Institute. As a result, staff suspected that some knowledge has likely been lost.

Opportunities for further development

The MetroHealth Leadership Institute provided an unprecedented opportunity for MetroHealth to engage institutional leaders in a transformation of both perspective and action related to philanthropic support of the institution. All of the interviewees also agreed that more can and should be done to build upon this effort. Suggestions from participants ranged from having new cohorts of staff and board members go through the Institute experience, to providing opportunities for Institute veterans to refresh or extend their learning. Building and maintaining awareness of the importance of fundraising within the MetroHealth staff was considered vital, as was “passing the knowledge, excitement, and passion on to others.”

There was some disagreement, however, about how deep participation should go within The MetroHealth System. Some interviewees thought that by the end of the third cohort, they had “saturated the market” fairly well with participants willing and able to benefit from the Institute’s offerings, and that perhaps only new

people in leadership positions, such as department chairs or senior administrators, were viable candidates. Others advocated for reaching further into the ranks of medical and administrative staff in order to spread both the personal and institutional benefits derived from participation in the Institute. This latter sentiment was voiced by all categories of interviewees (doctors, nurses, administrators, and board members). One participant commented that the Institute, “Helps you focus on a common goal. We are here for a reason. And that in itself is invigorating to the employee. I don’t care if they’re the CEO or the custodian – they feel they’re working on the same page.” A doctor commented that Institute learning should reach both new people and those who have been around and are in “supporting categories” within the institution because they are the ones who “represent potentially the front line in their personal and professional lives.”

Specific ideas offered for future development included building the internal capacity to present MLI without relying on consultants, though external and academically-based expertise was considered a plus by some of the participants. This “process of evolution,” as one doctor called it, requires more people to be involved to increase the knowledge. However, some interviewees noted that the challenge of spreading the opportunity more widely might result in too many teams and projects that are not supportable, either from a development staff perspective or because the institution simply cannot have that many different “priorities.”

different, and then the bureaucracy pushes back and says, ‘yes, we want you to do that, but you have to do it our way.’ . . .It’s a delicate balance.” Another doctor observed that a larger plan that helps participants understand the relationship of their project to others and when and why certain projects will get more attention would be helpful. “Having a sense of where your program fits into The MetroHealth System’s big priorities would be helpful. You don’t want to be a whiny child when you don’t know what Mom and Dad are faced with.”

Engaging new and different staff might also be accomplished in a manner other than trying to recreate the Institute itself. Suggestions included tapping new staff members to become involved in specific projects already underway or with priorities that continue to evolve out of the teams’s fundraising plans. Continued and ongoing education of board and staff members about what their colleagues are doing through Institute “alumni” events, forums, or other in-person or written communications, could facilitate continued information exchange initiated through the Institute and keep shared knowledge at the forefront. Many spoke about the desire to have their teams gather regularly, even quarterly, to update one another on activities, reassess their list of priorities, and make changes to their fundraising plans as necessary.

Some interviewees reflected on the opportunity for further development related not to the Institute itself, but to the marketing, public relations, and larger fundraising efforts of MetroHealth. One doctor commented that this was just the beginning of a greater effort needed to get the word out into the community about the importance of MetroHealth and its work. Indeed, the current President and CEO (formerly the CFO) noted that the institution’s development strategies have merged and become more sophisticated since MLI. Case statement development promoted in the Institute was a bottom-up approach to fundraising that produced

an inventory of projects that can be presented to potential donors. However, new fundraising realities for MetroHealth indicate a flip of this process is also necessary – bringing in prospective donors and learning more about their interests first. While there are certainly synergies between the two approaches, the current President and CEO feels that an understanding of the differences is important and needs to be shared as a new strategy.

The two project leaders/facilitators offered ideas for next steps that might have been helpful, such as developing a five-year plan or action steps for a second phase of the Institute’s work, or creating a “play book” with the materials to walk a team or department through the process of developing a fundraising plan, case statement, and presentation for donors. A doctor echoed these ideas and noted interest in some sort of curriculum or action steps that would be available as a logical follow-up. Some interviewees suggested that the development staff could still provide these resources and follow-up in a systematic way with teams about recommendations for moving forward with their plans and opportunities for them to present their cases. The desire and need to sharpen skills and keep the knowledge fresh was widespread among participants.

MetroHealth Leadership Institute
A Case Study of Fundraising Advancement for a Public Hospital

Conclusion

There is no question that the MetroHealth Leadership Institute was worth the time, effort, and financial resources invested. The positive impact upon The MetroHealth System, its departments and divisions, and the individual participants is apparent from the responses provided by those who were interviewed.

The timing and circumstances surrounding the launch of the Institute were just right to take advantage of the talent and energy of the organization's leaders. One of the project facilitators noted that it was, in particular, the convergence of the three key leaders (the President/CEO, VP for Development, and the Chair of Orthopedic Surgery, who was also Chair of the MetroHealth Foundation Board) around this idea at the same time that provided the inspiration and window of opportunity for the Institute to thrive and have an impact upon MetroHealth.

As noted earlier, the opportunity for people to have an in-depth and shared experience had tremendous positive benefits for the participants and, by extension, for the institution. While the stated objectives of the Institute were related to fundraising, these proved to be just the beginning of a larger fundraising effort for which the Institute was just the first step. Indeed,

changes have already occurred within the fundraising efforts of MetroHealth as the development staff has grown and expanded its capabilities to pursue a broader set of opportunities including foundation and government grants at the state and national level. At the beginning of the Institute, MetroHealth had the capabilities for individual giving and by the end of the Institute and beyond, it has uncovered new priorities and opportunities to pursue much more diversified funding streams. As the current President and CEO (who was Executive Vice President and CFO at the time of the Institute) said, "One challenge will be to continue to manage the Institute teams and their projects while perhaps educating staff on new approaches and opportunities in fundraising." He added, "As we get more sophisticated, the MLI moves from being a strategic historical event, to more of a tactical historical event . . . We thought the MLI was going to be the exclusive vehicle that we would use for the philanthropic efforts. Really, it turned out to be just one of them."

Despite initial trepidation by some, there was willingness from all participants to be involved in the program. As the VP for Development said, "It's the character of the organization that allows you to be successful in fundraising. Not just the

fact that you're caring for poor people." Indeed, as one board member noted, "One of the unique things about Metro is that nobody seems to work here who isn't passionate about Metro and about the mission." One of the project facilitators commented that MLI, "Reinforced that Metro had really done a good job in hiring physicians who are very much into helping people and not in getting rich. That's what I learned. I thought they were just like everybody else. They're not."

These responses perhaps indicate less of a radical change in organizational culture and

more of an uncovering and ascendance of an ethos within the institution that was present but dormant. The very nature of MetroHealth's work has brought people to the institution who are, for the most part, deeply committed to its history and mission. The MetroHealth Leadership Institute provided an opportunity for institutional leaders to give voice to that commitment, shout from the rooftops, so to speak, and share these stories through a philanthropic process that lets the entire community take part in and support its successes.



CASE

MANDEL CENTER FOR NONPROFIT ORGANIZATIONS

Mandel Center for Nonprofit Organizations
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-7167
216.368.2275

www.case.edu/mandelcenter