

Handout Material for the Presentation:

**Collaboration: Creating Caring Communities to  
Strengthen Mental Health Work**

To Be Presented at the  
**18th Annual Colorado Child and Adolescent Mental Health  
Conference**

*Widening the Lens: Focus on Community Connections*

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## Essential Elements of Collaboration

*Collaboration occurs when no one profession or organization can achieve its goals without building upon its interdependence with others.*

- Shared agreement about problem areas(s);
- Shared aims, values, principles about change, and improvement strategies;
- Shared results and accountability for them;
- Shared commitment in monitoring results and making adjustments when barriers and problems are identified;
- Shared information and resources;
- Opportunities for risk-taking, new roles, and continued learning;
- Democratized leadership and decision-making structures;
- Shared commitments, expressed in inter-agency agreements, to needed changes in policies, organizational structures and cultures, and definitions of "best practices."

### *Basic principles of collaboration: Collaboration...*

- Is a method for improving results, not an end or a goal on its own;
- Must be tailored to local contexts and cultures;
- Requires an understanding of connections and interdependence that exist between children, youth, families, and the professionals who serve them;
- Can only work when time is taken to develop trust and solid interpersonal relationships among participants;
- Is facilitated by shared norms that support blame-free communications, firm commitments to problem solving, and improvements in the way that all stakeholders treat each other and interact with one another.

## ***Achieving Balance for Collaborative Strength***

*Each of the following areas influences the collaborative process. The collaboration is at its healthiest and most sustainable when all the areas are fairly balanced. If some areas are out of balance, attention should be paid to strengthening the weaker areas. If one or two areas are extremely out of balance, this should be seen as a threat to the stability of the collaborative effort.*

### **Description of the Areas:**

**Communication** - The collaboration has open and clear communication. There is an established process for communication between meetings. Common language is used by all those participating in the collaboration.

**Sustainability** - The collaboration has a plan for continued focus on the desired outcomes, sustaining membership, and resources. This involves membership guidelines relating to terms of office and replacement of members.

**Research and Evaluation** - The collaboration has focused on its outcomes, identified impacts, and conducted a needs assessment to establish its goals. Additionally, data is continually collected to establish that goals have been met.

**Political Climate** - The history and environment surrounding leadership, power, and decision making is positive. Political climate may be within the community as a whole, systems within the community or networks of people.

**Resources** - The collaboration has access to needed resources. Resources refer to four types of capital: environmental, in-kind, financial, and human.

**Catalysts** - The collaboration was started because of an existing situation or crisis. A comprehensive approach was required to effectively address the situation or crisis.

**Policies/Laws/Regulations** - The collaboration has changed policies, laws, and/or regulations that allow the collaboration to function effectively and efficiently.

**History** - The community has a history of working cooperatively and solving problems. Connectedness - members of this collaboration are connected and have established informal and formal communication network at all levels.

**Leadership** - The leadership facilitates and supports team building, and capitalizes upon diversity and individual, group and organizational strengths

**Community Development** - This community is mobilized to address important issues. There is a communication system and formal information channels that permit the exploration of issues, goals and objectives.

**Understanding Community** - The collaboration understands the community, including its people, cultures, values, habits, and tradition

## STAGES OF COLLABORATIVE CHANGE

### Questions to Assess the Progress of Collaborative Effort

#### STAGE 1: Getting Together –

- Have diverse & representative people & organizations committed to working together to improve conditions for children, youth & families?
- Do members include parents & consumers?
- Does the group include people who represent different neighborhood, community and institutional views?
- Have members discussed how the public views the challenges facing children, youth & families?
- Have members discussed what makes a healthy & strong community for children, youth & families?
- Have members discussed building on individual & community strengths rather than dealing with problems?
- Have members begun to discuss what is going well and not well for children, youth & families in the community?
- Have members agreed upon how they will plan & conduct their meetings?
- Have key people taken the lead to move the group forward?

#### STAGE 2: Building Trust & Ownership –

- Are members getting to know each other personally & learn about each other's organizations & neighborhoods?
- Can the group talk openly about sensitive issues?
- Has the group agreed on how it will make decisions, handle conflict and share information?
- Has the group asked parents, consumers, & other residents their opinion of services & supports currently provided to children, youth & families?
- Has the group identified practices which encourage or discourage participation by parents & consumers?
- Have members developed a list of services, supports & opportunities currently available to children, youth & families and identified what's missing and where the duplication is?
- Has the group reviewed & fully discussed available data about the well-being of children, youth and families?
- Has the group agreed upon a shared vision, purpose and principles to guide its activities?

### **STAGE 3: Strategic Planning –**

- Has the group defined collaboration & identified opportunities for early successes in working together?
- Have members agreed to use their personal & institutional clout & resources to achieve the agreed upon vision & plan of action?
- Has the collaborative developed a set of priority outcomes for children, youth & families with measurable objectives & interim measures of progress?
- In setting measurable objectives, did the collaborative consider the community's capacity to achieve the desired outcomes?
- Has the collaborative developed a plan to evaluate its work?
- Has baseline data been collected to show how well children, youth & families are currently doing in achieving the desired outcomes?
- Has the collaborative identified & worked to obtain support from community individuals, agencies and institutions who could either block or help move its plan forward?
- Are parents and consumers involved in planning?
- Does the collaborative's agenda respond to the concerns and hopes of the target population?
- Has the collaborative developed an action plan defining short and long term objectives, time lines and responsible individuals and organizations?
- Does the collaborative's organizational structure enable it to effectively oversee the implementation of its plans?
- Does the plan describe how services provided & resources available from different organizations will be brought together to achieve desired results?

### **STAGE 4: Taking Action –**

- Is the collaborative holding members accountable for following through on their commitments?
- Are parents & consumers involved in implementing the plan?
- Is there a process for parents & consumers to provide feedback on the supports & services provided to children, youth & families?
- Are the data & information being used to review progress towards achieving the results as well as make revisions to strategic plan?
- Does the collaborative regularly discuss and act on personnel, fiscal & other day-to-day matters?
- Are decision-making, conflict resolution & communication processes working

## **Checklist of Questions To Help Make Service Delivery Choices for a Pro-family System**

1. What mechanisms will partners use to ensure that a wide range of developmental, prevention, support, and crisis-intervention and treatment services are available to all children and families in the targeted neighborhood?
2. Which partners have resources (including staff, materials, funds, and expertise) or services that they could redirect to a joint effort?
3. How can partners redirect resources to enhance developmental and support services for families who are not eligible for categorically funded services?
4. What steps can partners take to ensure that all families receive the degree of services they need when they need them, while reserving the most costly services for those most in need?
5. How, where, and what services will the collaborative provide for youths who are not in school and adult family members?
6. What mechanisms will the collaborative use to make referrals and ensure follow-up?
7. What measures must the collaborative take to involve the family (including extended family members) as partners in planning and implementing service delivery strategies and to ensure that service agencies work to meet family needs rather than institutional preferences?
8. How will the collaborative identify and complement family strengths?
9. How can partners overcome families' distrust of service providers, especially among immigrant populations?
10. What provisions will the collaborative make to include the families who are the hardest to reach in the system?
11. What mechanisms will partners need to ensure respect and appreciation for cultural differences and to prevent undue intrusion into family matters, especially among immigrant populations?
12. What actions should partners take to ensure that service delivery is not only equal and nondiscriminatory, but also responsive to the needs of all groups?
13. What do partners need to do to establish assessment and treatment processes that define "normal" in the context of each family's culture?
14. Where and when will the prototype provide services?
15. What training and supervision should partners provide to help staff at all levels understand and accept responsibility for improving family outcomes?
16. What can partners do to reduce accessibility barriers such as limited transportation, lack of child care, illiteracy, and lack of handicapped access?
17. What needs to be done to respect and to use a family's spiritual and religious beliefs and traditions as resources?
18. What mechanisms must partners develop to improve accountability for individual and community outcomes and the cost-effective use of existing resources?



**Colorado Collaborative Partnership (CCP)**  
**Design Team Project – Community Partners / Consumers on the Design Team**

**Community Partners** are Design Team members who have practical, hands-on experience with accessing human services in their community.

**The Role of Community Partners on the Design Team** is to represent the voice of consumers of services on the Team. Community Partners participate in the process in the entire Team process, from identifying issues and problems through strategic planning. Community Partners are “teachers” (as are all Team members); they help the Team understand how their systems are experienced from a consumer perspective.

**How are Community Partners selected to be invited to participate on the Design Team?** Typically Community Partners (consumers of services / patrons) are nominated by service providers participating on the Design Team. They may be current or past clients / patrons of any of the represented organizations / agencies. They should be individuals who have the desire and potential to work with the Team along with the ability to communicate with Team members. If an individual is a current client of the nominating agency, informed consent should be obtained prior to CCP contacting them for orientation.

**Can youth serve as Community Partners?** Yes – they must obtain written consent from a parent or legal guardian.

**Community Partners represent which service areas?** Community Partners (Consumers, Patrons) may have been involved with Social Services (Child Welfare or Income support), Domestic Violence, Substance Abuse / Mental Health services, and / or any of the human services areas represented on the Team.

**Who should not be nominated?** We want to avoid having dual relationships on the Team. In small communities this may be a challenge; however, having a client-caseworker/counselor pair on the Team should be avoided. Community Partners need not be “model clients”; however, those who would be disruptive to the Team process would not be appropriate.

**Why would a Community Partner / Consumer want to participate?** Community Partners / Consumers express many of the same desires as service providers. They want to see our human services systems work better. Through participating on the Design Teams, Community Partners learn a lot about regional resources and how things work in their communities. They, themselves, become resources.

**What is involved for the Community Partner?** Community Partners commit to attending the Design Team meetings (which are typically monthly for 2-3 hours). CCP provides an orientation to the Design Team Project and their role on the Team for Community Partners / Consumers. CCP provides ongoing support for the Team’s Community Partners. CCP pays the Community Partner a stipend for attending the Design Team meetings.

**What is the next step?** If you have someone that you would like to nominate as a Community Partner, contact that person and share information about the project with them, including information about their role on the Team. If they are interested, arrangements will be made for CCP to follow-up with contacting them to provide additional information. Once potential Community Partners are identified, CCP will set up an orientation meeting for them. We recommend they sign a release of information from your agency so that we may contact them.

***Systems professionals, Clients and Community Members at the Same Table:  
Considerations for Thoughtful Preparation***

**If you are a systems professional working with clients and/or community members consider:**

- If the meeting time is feasible for community members.
- Accessibility issues, including meeting room, building layout, parking, access from public transportation, etc.
- How perceived and really power differences may influence participation.
- How history may impact participation and trust.
- Cultural considerations that may affect participation style and accessibility.
- The uses of acronyms and professional jargon or starting in the middle of a shared “inside” story or example.
- If you are on the clock during the meeting; if they will be, and what this may mean.
- Your personal preconceived notations, stereotypes, expectations, etc.
- If you are ready to hear what might be said.

**To be helpful:**

- Advocate for and support accessible logistics.
- Be clear about the role you are asking client/community members to take on.
- If you are hoping they will represent a perspective within a certain community, let them know that ahead of time and allow them to say “no” if they are not comfortable or interested in filling that role.
- Provide some coaching.
- Help assure equal treatment at the table.
- Provide client/community members with the same opportunities as any group member to serve on a committee, chair something, facilitate, compose policies, etc.
- Find out their interests and skills, what they are able to and interested in bringing to the group *as an individual group member* rather than a representative.
- Find creative opportunities to learn more about and engage with the populations and communities you are working with.
- Assure that feedback, suggestions or concerns are not only acknowledged but acted upon.
- ASK! (if you don’t know, are wondering, are hoping, are confused...whenever)

**If you are a client or community member working with system professionals consider:**

- Working in this way is likely new for many system representatives.
- Agency / organization rules may prevent the implementation of even really great ideas.
- System professions may lose site of the big picture or become “out-of-touch” from working in the high-demand, stressed, and crisis-oriented environment of human services.
- If your expectations and interests are inline with what you know about the group and your role.
- If you are ready and able to be candid about your experiences and perceptions and work in a positive partnership with system professionals.

**To be helpful:**

- Make a list of questions you need addressed before you say “yes” to becoming a group member.
- Offer personal or personalized examples, this *really* helps.
- Ask questions when something is unclear.
- Provide feedback, either to the group or to an individual representative.
- Pair examples of what went wrong or didn't work with what would have helped or ideas for what might work better.
- Provide creative ideas or invitations for group members to increase their personal experiences with your group, neighborhood, folk, etc.
- Help highlight and build community strengths and resources, both formal and informal, into the culture and plans of the group.

## **Key Questions for Organizations Joining a Collaboration:**

1. Why are you considering this collaboration?
2. How did the idea to collaborate come about?
3. Are you confident that there is an audience or demand for the outcome of the collaboration?
4. Is the proposed collaboration consistent with your organization's mission? Will the collaboration contribute to your mission --- or simply generate funds for low-priority or unnecessary activities or services? Are the anticipated outcomes (including products, events, or services) consistent with your mission?
5. Does any other group currently provide the product or service that will be developed through the collaboration? If yes, how will you compete?
6. How will stakeholders (service recipients, the public, donors) likely perceive the collaboration, particularly in terms of your organization's reputation? Will the collaboration alienate any of the organizations or supporters with whom you work currently?
7. Will the collaboration cause an undue hardship on your organization, including the staff?
8. How will you measure the success or failure of the collaboration?
9. If a partner withdraws, could the collaboration continue? If not, could it be disbanded without causing a serious negative impact on the other partners?
10. What are the best and worst outcomes of the collaboration? Are you prepared for both?
11. Will the collaboration enable your organization to deliver additional services or reach a wider audience?
12. Is the proposed collaboration cost effective?
13. Will the outcomes of the collaboration be worth the investment of time and resources?
14. Do you have enough information about the strategy to evaluate whether it will be cost effective? Have you done your homework?

## **Instructions for the Preconceived Notions Exercise:**

**Purpose:** This exercise helps team members to examine preconceived notions they may have about other helping professions. It also provides a look at the biases others have about our own areas of service. To work together as a collaborative team, it is important to be aware of the biases we may have that could affect how we work or interact with others.

### **Materials needed:**

Copies of the Preconceived Notions Exercise Questionnaire  
Scissors  
Flip Chart Paper & Markers  
Masking Tape

### **Before the exercise:**

Decide which areas of service you would like to include in the exercise. These may represent services / professions on the team and/or services that team members would typically interact with on the job. Somewhere around 5 service areas would workable for a group of 15 – 25 people. Make a copy of the exercise handout for each person in the group.

### **Directions for the facilitator:**

Hand out a questionnaire – one to each person. Describe the purpose of the exercise and read the two questions at the top of the sheet to the group. It's helpful to provide an example – like the place where you get your license plates or driver's license – something everyone can relate to. Tell participants *not* to put their name on the questionnaire. They should answer the questions for each service area quickly and briefly, not pausing to ponder. You want the first thing that pops into their mind.

Collect the questionnaires as they are completed. Cut each questionnaire between the sets of questions to create separate piles for each service area. You can also create "packets" with precut questionnaires ahead of time; each person receives a packet of 5 or 6 small pieces of paper with the two questions on each piece for the selected service areas. Each service area could be on a different color of paper for easy sorting into separate piles (this involves rearranging the original so you have one service area for each sheet of paper for copying).

Divide people into small groups – There should be at least one group for each service area / profession. Each small group (of 3-5 people) receives the pile of responses for one of the service areas. Their task is a quick "content analysis" of the main themes that show up in the responses to the two questions. Encourage discussion in the small groups. They may be tempted to simply list all the responses for each question, but ask them to identify the themes that stand out. Each small group receives a flip chart sheet. They label the service area at the top and divide the sheet in two columns, one for "Help I hope to receive," and the other for "preconceived notions." The main response themes to each of the questions are listed. The small groups each present their theme lists to the larger group.

Discussion prompts could include: As a member of that profession / service area, how did this feel to you? What are some of the misconceptions about your profession / service area? What would you want others to know about the work you do? Are there elements of truth in the preconceived notions? What are they?

## Preconceived Notions Exercise

### ***Preconceived Notions about Service Providers in Helping Disciplines:***

1. When I meet a [service provider from that discipline] I hope to receive the following help from him/her:
2. I'm also aware that I have these preconceived notions about the [the service provider from that discipline]:

### ***Emergency Room Nurse***

Help I hope to receive:

Have these preconceived notions:

### ***Caseworker from TANF (income assistance)***

Help I hope to receive:

Have these preconceived notions:

Repeat the exercise with any service providers that are appropriate to your group and work. Some suggestions include:

- Family Court Judge
- Counselor from a Domestic Violence Program
- Law Enforcement Office
- Caseworker from DSS/Child Protection
- Therapist from a Mental Health Program
- Counselor from a Substance Program
- Teacher from a Public School
- Faculty Representative from a University
- Legal Services Staff Person
- District Attorney
- County Commissioner or City Council Person
- Others?

**Selected Examples: Morgan County Design Team Preconceived Notions Exercise**  
**October 99**

***Preconceived Notions about Service Providers in Helping Disciplines:***

- 3. When I meet a [service provider from that discipline] I hope to receive the following help from him/her:**
- 4. I'm also aware that I have these preconceived notions about the [the service provider from that discipline]:**

***Family Court Judge***

<b>Help I hope to receive:</b>	<b>Have these preconceived notions:</b>
<ul style="list-style-type: none"> <li>• Hope they provide the best interest of the family</li> <li>• I expect the judge to set firm expectations and not be wishy-washy</li> <li>• Compassion – keep my family together</li> <li>• What are the limits of the court? What are the requirements of court orders?</li> <li>• Guidance in sorting out facts and providing necessary orders to assist in obtaining services</li> <li>• Assistance in enforcing conditions of contract</li> <li>• Resources to help make my situation better</li> <li>• Fairness – review info carefully before meeting</li> <li>• Understanding, clear expectations &amp; rulings</li> </ul>	<ul style="list-style-type: none"> <li>• They have very biased opinions</li> <li>• They don't have enough information</li> <li>• They don't like me – they are all the same – they only want to look good in public</li> <li>• They busy and hard to reach</li> <li>• Prejudice on some systems issues</li> <li>• Have a lot of power – may not always listen to info presented.</li> <li>• That he can act as my attorney</li> <li>• They are looking to pick apart my family or be judgmental</li> <li>• They are too overwhelmed to be effective for families</li> <li>• Rush for time, must deal with generalities instead of the complete picture</li> <li>• Fair – open to hearing all issues</li> </ul>

***Law Enforcement Officer***

<b>Help I hope to receive:</b>	<b>Have these preconceived notions:</b>
<ul style="list-style-type: none"> <li>• Stability – non-abusive treatment</li> <li>• Protection</li> <li>• Take of the problem – get the bad person out of the home – I didn't do anything wrong</li> <li>• Not to scare my subjects to death – some compassion depending on situation</li> <li>• What are the laws, limits, what can do to assist</li> <li>• To assist in bringing order to a situation</li> <li>• To serve and protect</li> <li>• Assistance in finding out a problem; expect them to do a follow-up or to take a statement and act on it</li> <li>• Assistance regarding legal interpretation</li> <li>• Expect them as public servants to be professional, courteous, respectful, in their dealings with the public; expect prompt, appropriate action to emergencies</li> </ul>	<ul style="list-style-type: none"> <li>• Verbally abusive</li> <li>• They like to fight and they don't really listen. They think we are all the same</li> <li>• They try to be very helpful and can be very personable</li> <li>• Out to get me – out to harm relationship with kids</li> <li>• Many times – middle age white anglo saxon males with typical attitudes – little understanding or tolerance for cultural diversity</li> <li>• They don't take seriously enough and can't seem to help with some smaller issues</li> <li>• Limited to what can share; restricted by many entities</li> <li>• Expect them as public servants to be professional, courteous, respectful, in their dealings with the public; expect prompt, appropriate action to emergencies</li> </ul>

## ***Therapist from a Mental Health Program***

<b>Help I hope to receive:</b>	<b>Have these preconceived notions:</b>
<ul style="list-style-type: none"> <li>• This person needs help now!</li> <li>• A clearer view of my concerns, another point of view, some self-actualization technique</li> <li>• Evaluation, therapy</li> <li>• Learn to deal with problems</li> <li>• Prompt, honest, sincere concern, understanding of needs, prompt scheduling of appointments, referral to needed services, confidentiality</li> <li>• A non-judgmental view of me and my problems</li> <li>• Good help for my client</li> <li>• What insurance they accept, who can be the therapist, when can people be seen, what hours</li> <li>• I hope the therapist can form an understanding of the particular child he is working with and be able to work with me in sharing thoughts and ways to help the child</li> <li>• Tell me I'm okay and give me a paper so I can continue to do my thing</li> </ul>	<ul style="list-style-type: none"> <li>• Little knowledge re substance abuse; often not family focused</li> <li>• "Touchy, feely"</li> <li>• They are too quick to judge &amp; don't keep info confidential</li> <li>• Advice is easy to give, but real life is hard to change</li> <li>• Probably will give meds first</li> <li>• They are going to make me crazier than I am; I'll get labeled</li> <li>• They should be able to solve the problem and keep me from making mistakes</li> <li>• They don't really care what happens</li> <li>• They are under a strict time frame and don't have much for me, by myself, outside of some group</li> <li>• They have to follow the rules of the agency</li> <li>• Not much will be shared</li> <li>• A lot of them need therapy themselves</li> <li>• They think everyone is crazy</li> </ul>

## ***Teacher from a Pubic School***

<b>Help I hope to receive:</b>	<b>Have these preconceived notions:</b>
<ul style="list-style-type: none"> <li>• Assistance in making sure my child / or children are receiving the best method of learning</li> <li>• Answers and the correct info; consideration</li> <li>• Give attention to my child; teach; discipline</li> <li>• How to help children learn &amp; behavior mod. Techniques</li> <li>• A true interest in my child; a partner in education for my child</li> <li>• Knowledge of my child as a person</li> <li>• I expect them to tell me what my child is doing honestly and if the child needs help – where to get it</li> <li>• How can I help my child at home if they aren't helping at school</li> <li>• Information on the school system &amp; her role</li> <li>• Problem solving; answers to concerns – questions – what is next step;</li> <li>• To help me in teaching my child, not to all the teaching him/herself</li> <li>• Want them to have read the IEP before a staffing and have their info ready to discuss</li> </ul>	<ul style="list-style-type: none"> <li>• Try to handle problems internally – no outsiders</li> <li>• They don't want to be contacted after 4:00 p.m. – they do not see themselves as skilled with difficult children</li> <li>• Should raise my child; know everything about my child; they gossip; are too nosey</li> <li>• They can't spend enough 1:1 with students</li> <li>• A little middle of the road; represents the white, middle class majority</li> <li>• Overworked</li> <li>• Most are not willing to commit to go the extra mile for students &amp; families</li> <li>• They don't know my child – I'm with them 24 hours a day – They are against him from the beginning</li> <li>• Nice to have holidays and summers off</li> <li>• Busy; pressured by systems; uninterested in child's homelife</li> <li>• Don't want to deal with special ed kids in their regular classroom</li> </ul>

## Denver Human Services Interdivisional Exercise

<b><u>Professional role of TANF worker</u></b>	<b><u>TANF</u></b> Determine/ID barriers; Empower and motivate clients to take charge; Assess	<b><u>Child Welfare</u></b> Provide services for family needs v. child; Provide assistance for family while they work toward self-sufficiency
<b><u>Professional role of Child Welfare worker</u></b>	Care/safety of child; Crisis intervention; Developing dynamic; Family preservation	Focus is the child; Maintain child's safety; Assistance in time of crisis
<b><u>TANF's way of working</u></b>	Rules-based (management response); Client and community-based (worker response)	Procedural and regulatory; Looks at how to fix people; Benefit-driven; Black and white
<b><u>Child Welfare's way of working</u></b>	Extremely client-based; Directs families; Intervene in crisis; Work like a catalyst; Give information, but work together	Independent; Strength-based; Family-oriented; Crisis-driven; Team-oriented; Flexible
<b><u>TANF's version of "caring"</u></b>	Long-term relationship; Help client become self-sufficient	Family has to meet guidelines; Family has to follow rules; Strict guidelines; Rules and regulations; Inflexible
<b><u>Child Welfare's version of "caring"</u></b>	Fuzzy and gooey; Short-term relationship; Crisis intervention for sake of the child	Focus on child <i>and</i> family; Holistic; Look at other factors/needs beyond precipitating incident

## Denver Collaborative Partnership – Organizations' Mandates, Parameters and Needs

Organization	Mandate	Who is Served	Services Provided	Needs	Other Notes
<b>Denver Juvenile Court</b>	Protect the community by making the best decisions for youth and families	Children, youth and families in Denver County	Cases involving Dependency and Neglect, Paternity and support, Adoptions, Delinquency, Truancy, and Specialized courts (Family Drug Court)	A plan that will not waste court time or ask for anything additional from judges	Obtain input from multiple sources, NYC, DHS, GALs, DA, Public Defenders, RTCs & Families. DJC budget is limited.
<b>Probation</b>	Assure community safety, repair harm through sentencing and supervision of youth	Juveniles on probation. Age range 10-18 years	Case management, Monitor compliance terms of probation, Collections		Has initiated team building, particularly DDHS. P.O.'s and DHS SW's may view a youth's situation differently.
<b>Denver Department of Human Services</b>	Protect children by providing assessment and services to abused and neglected children in cases involving a primary caregiver	Children and youth, age 0-21 years in Denver County. Cases may be initiated through the courts, probation, community or schools.	Assessment, Case management, recommendations for placement, contracts for services, foster care.	Plan focuses on best interests of the child, integrated recommendations that carry weight with the courts, resources contributed by all agencies and maximum efficiency for the system	Most cases have some connection to courts. P.O. and DHS SW may not be in agreement on recommendations. DHS is not a party to the action.
<b>Division of Youth Corrections</b>	Protect public safety by balancing the needs of delinquent youth, victims and the community	Youth involved in the juvenile justice system (adjudicated, committed, paroled and some pre-adjudicated). Age 10-21 years. Work with incarcerated youth, in RTC's and Day Tx Programs.	Placement recommendations, reparations and victim awareness, contracts for services, case management	Plan must focus on public safety (community and victims) as well as client and family. Plan must integrate with NYC's state-wide operations	Has a budget cap, but no cap on # of beds. A youth may be involved with DHS & NYC at same time or sequentially. Detention is under a state agency.
<b>Access Behavioral Care</b>	Locate and manage behavioral health care for Medicaid clients – Care coordination	Medicaid clients with a diagnosable mental illness, Age range 0-21	Care management, ID provider in least restrictive setting, consultation, follow-up, quality control, advocacy, Denver area MHASA, no direct medical / health services to clients – contract with providers	A plan that affects the larger system, not just recommendations to the court. Needs to serve MHASA kids and families. Financially viable. Flexibility regarding upcoming changes and restructuring.	A new RFP out in January that defines 5 (geographic areas for service) – Restructuring means possible changes in how services will look by January.
<b>Mental Health Corporation of Denver</b>	Provide mental health services to those in need	Focus is on Medicaid clients and indigent (uninsured) children. Children and youth age range – 0-18 years.	Full range of out-patient mental health services, targeting clients with serious emotional disturbance or leading up to serious emotional disturbance.	Increased visibility as a choice mental health provider. Increased partnering with other services.	Required to serve several hundred children or adolescents (for state money).

Somewhere between the complicated legalism of by-laws and the cliché feeling of group norms, members of working partnerships can agree upon effective ways of working together through an operating agreement.

### **What is an operating agreement?**

An operating agreement is a document that outlines the expectations and guidelines for working together in a partnership. It is coauthored by group members, mutually agreed upon and used as a guiding document in the work of the partnership.

*An operating agreement serves as:*

- A job description for group members.
- A contract between partners.
- A set of guidelines for procedural operations and ways of working together.
- A roadmap of the expectations of the partnership.
- A record of essential group functioning for outsiders or new members.
- A document that implies, through its structure and wording, the values, intentions and identity of a partnership.

### **How is an operating agreement used?**

An operating agreement should be a reference document that assists in helping the partnership work in an effective way. Until the group is used to working together members may need to refer to the operating agreement frequently. However, it will soon be a document that may be needed only in unusual circumstances or as an aid for orienting new members to the style and process of the group.

*An operating agreement should:*

- Be a way for members to hold themselves and their peers accountable for the process, work and responsibilities they have agreed to.

- Be a reference for the process of working together when things get murky.
- Give potential members or other “outsiders” a clear perspective on the purpose and day-to-day operations of the partnership.
- Provide a way to resolve process conflicts.

### **What is included in an operating agreement?**

Each operating agreement should be unique to the needs and culture of the partnership. The agreement may be short and sweet or extensive and formal but it should reflect the philosophy and process needs that are important to the effective functioning of the group and the identity of the partnership. The end product should be a document the partnership believes is representative of both who they are as a team and how they will work and interact as individuals on that team.

*Typically an operating agreement includes:*

- The purpose of the partnership.
- The decision making process.
- Membership guidelines.
- Guidelines for roles, leadership, and recruiting new members.
- Various process guidelines such as facilitation, term limits, record keeping, handling conflict, etc.

*Operating agreements may also include:*

- Philosophical beliefs or practices of the partnership.
- Rules for outside communication such as with the media.
- Timelines or outcomes for the work of the partnership.
- Guidelines for dissolving the partnership.

## **How is an operating agreement developed?**

To be effective an operating agreement must be individualized and reflective of the needs and culture of each specific partnership. It must also be agreed upon by all members.

If the partnership is just forming, partners should work through what will be included in the agreement and how it will be phrased. If the partnership already has by-laws or a Memorandum of Understanding, appropriate sections may be extracted and reviewed with the group. Any necessary changes or additions should be made and the document adopted. (If necessary, take note of where the by-laws or MOU made need to be amended to reflect changes made for the operating agreement.)

*The operating agreement should be:*

- Specific and clear – detailed where necessary.
- Coauthored by group members.
- Reviewed and agreed upon by all members.
- A living document that can be reviewed and changed as the needs, culture and work of the partnership evolves.

## **How is an operating agreement different from by-laws or a Memorandum of Understanding (MOU)?**

- An operating agreement is solely focused on process, or how group members agree to relate to each other, and to external sources, while in partnership. An operating agreement does not address in detail work product, resource commitments, legal status, externally imposed requirements, etc.
- An operating agreement should be readable and accessible, cutting out much of the unnecessary language of legal documents and consolidating all the important process information in one place.

- An operating agreement should be easier to use and to update as a living document than a legal document.
- An operating agreement can bridge divergent by-laws of several different partner agencies or address the specific needs of a workgroup formed under the auspices of a general MOU.
- Since an operating agreement is authored and agreed upon by all the members of a partnership it can and should be more reflective of the philosophy and needs of the group at the moment. It can and should include guidelines that are important to group members but may not be included in formal legal or required documents.

An example of an operating agreement modified from a document used by a standing partnership is available upon request. The partnership included 13 agencies or organizations and 20+ members. The partners meet for 2 hours twice a month. The operating agreement was developed at the beginning of the partnership and then reviewed and revised at a year and four months at which time the partnership was expanding its membership and scope of work.

If you would like a copy of this document, please email [ccp@cahs.colostate.edu](mailto:ccp@cahs.colostate.edu) with your request.

## **What Works / What Hurts Exercise Instructions**

**Purpose:** This exercise helps a Team identify situations, behaviors, settings, procedures and interactions that work well in providing and accessing services, as well as what doesn't work well, or what hurts. This provides information for a Team when assessing their service delivery system as well as a look at different stakeholders' experiences.

**Materials:**

Paper & pencil / pen for each participant

Flip chart Pad / Easel

Markers

**Instructions:**

Divide the larger group into smaller groups. For this exercise it may be helpful to have more homogenous groupings – or at least small groups that are likely to be open with each other. Each group is asked to generate two lists during their discussion: (1) From your perspective, in providing or accessing services, what is helpful? What works? And, (2) in providing or accessing services what “hurts”? What is not so helpful? What presents barriers? Depending on the size of the small groups, allow 20 minutes or so of discussion.

Reconvene the larger group and ask a volunteer from each of the smaller groups to share what their “what works / what hurts” items. The facilitator records these on flipchart sheets. OR each small group could record their own lists on a sheet of flip chart paper and share it with the larger group.

In discussing the results, the group may identify major themes that address communication, respect, trust, information, competence, resource issues and so forth. How can this information inform in the team's future endeavors / objectives?

## Logan County Design Team: What helps / What hurts, Sept 99

*Design team members were asked to think about and record "what works (helps) and what hurts" with regard to providing and receiving services.*

### What hurts?

### What works?

- Listening
- Action
- Positive preconceived notions
- Team / collaboration
- Open communication
- Understanding
- Creativity
- Client focus
- Role clarity
- Honesty
- Smaller caseloads [] more intense services
- Confidence in the agency
- Treated with respect
- Given opportunity to give opinion – ask questions
- Developing relationship between provider & receiver
- Providing options & hope
- Small community [] good access to resources
- Referrals to other agencies work knowing person in agency
- Important to know to whom you're making the referral
- Worker enthusiasm
- Knowing worker cares
- Quality of staff & services important [] impacted by scarce resources [] burnout
- Rejection
- Different agency goals
- Negative preconceived notions about service
- Not following through
- Power trip
- Poor knowledge of issues
- Burnout
- Gossip
- One person dominating – not listening
- Never know what the follow-up is (lack of feed-back) [] harder to assess for services
- Confidentiality can get in the way of services
- Inexperienced / untrained staff
- Tunnel vision – not looking at whole problem
- Turf issues (especially \$\$)
- People with pushy, bad attitudes
- Misinformation
- Not getting facts before decisions
- Not enough time to address questions
- Frustration re follow-through – delay, no-show, etc.
- No hope offered
- Fear of being honest [] results
- Small community [] lack of anonymity – people know your business



## Colorado Collaborative Partnership (CCP)

### MISSION STATEMENTS.....

*Statements of purpose - answer the question, "Why do we exist?" They provide a common vision for the group. They provide a point of reference for all major planning decisions.*

### GOALS.....

**Goals follow from mission statements and tend to be general with regard to activities and products. Goals should specify a program direction based on *Values, Ideals, Political Mandates, and Program Purpose*. Goals speak to aspirations.**

### OBJECTIVES.....

**Objectives are SPECIFIC and PRECISE. Objectives measure progress being made toward the achievement of a goal. They declare what will be accomplished by a certain date. Objectives should have a single aim and end-product or result that is easily verifiable.**



# ACTION PLANNING CHECKLIST

*Objectives are your strategy; actions steps are your tactics.*



## **SPECIFICITY**

Specificity is the key word to functional action steps. Writing and implementing action steps is the nitty-gritty of a project; the actual work. The more specific you can be when writing action steps the better results you'll get. Assigning tasks to a specific person will help to keep tasks from getting passed around or passed over. Labeling tasks with specific start dates and completion dates will help assure things get done and are done in the necessary order. Clearly defining the expectations for the final product will help prevent confusion and assure the usefulness of the work.

Things to consider when writing action steps:

### **What: The product**

- What needs to be done?
- What is the expected format of the final project?

### **Who: The people involved**

- Who will work on the action step? Is there more than one person involved in the implementation of the action step? Who are they and what are their individual roles?
- Who is responsible for assuring it gets done (oversight or the point person)?
- Do you have the buy-in of the people who are supposed to be implementing the step? If not, why not and what should be done?

### **When: The timeline**

- When should the action step be accomplished?
- Is there a date it should be started?
- Is there a necessary sequence for action step to occur in and if so what is it?

### **How: The resources: people, financial, equipment and information**

- What resources are available?
- What, if any, resources are not readily available but are necessary for the successful completion of the step?
- How will resources be allocated?
- Does the availability or allocation of resources affect the timeline for the step?

### **Accountability: Monitoring / evaluation**

- Who will review and monitor the overall implementation?
- When (and how often) will this be done?
- What will be the standards by which implementation is reviewed?
- Who will be responsible for helping individuals face unexpected challenges that arise while implementing action steps?
- How will feedback be incorporated into the process?
- Who is able to revise the process?
- Who will evaluate the effectiveness of the implementation of action steps in relation to the objectives and overall goal(s)?

## **Additional Handouts Currently Under Development:**

- Definitions
- Suggested Resources
- Examples of some successful collaborations addressing mental health