

UNDERSTANDING COMMUNITY COLLABORATIVES in the North Carolina System of Care

Definition and Purpose of Community Collaboratives

The NC System of Care is based upon an interactive team decision-making model at three primary levels: at the point of service (Child and Family Teams), at the local program level (Community Collaboratives), and at the state policy level (State Collaborative). Technical assistance through regional staff of participating agencies and groups (organized through emerging Regional Collaboratives) is a key part of the support structure necessary to assist and link these teams through training, development of resources, and ongoing communication.

A Community Collaborative is the vehicle for community decision-makers (agencies, organizations, families, private providers and others) concerned about and committed to children with mental health needs and their families to work as a team to support and oversee the development of the local System of Care. Memorandums of Agreement provide details regarding expectations related to practice and participation in the Collaborative. A key purpose of the Community Collaborative is to ensure that children with behavioral health needs (and their families) who are out of home or at risk for removal from their homes in order to access comprehensive care receive priority attention through a unified community effort. The successful Collaborative will engage public and private community partners in *mutual* planning, resource-management, assessment and development of local service and supports that will result in meaningful outcomes for individual children/families at home, in school, and in the community. Collaboratives should demonstrate shared responsibility and accountability to promote integrated service planning and delivery through Child and Family Teams. Roles and responsibilities in Community Collaboratives as related to support of Child and Family Teams are critical to the success of the System of Care. The following description of a fictional Collaborative in Excel County provides guidance to help communities as they develop their local teams.

Background Example

Excel County has engaged child serving public and private agencies, family members and others concerned about child safety, health and permanence in the development of a *common vision and mission* regarding services and supports for children with or at risk for behavioral health problems and their families. These collaborative partners have agreed to 1) a common vision and set of outcomes, 2) share program and fiscal responsibility for achieving goals, 3) establish mechanisms to fully utilize the special contributions of each community partner in planning, decision-making, monitoring and evaluation, 4) share training and administrative resources, and 5) formalize their agreements and related expectations through Memorandums of Agreement. The common governance/oversight structure that takes responsibility for these issues and tasks is the Excel Community Collaborative (Excel CC).

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Participants

To ensure a strong family/community/agency partnership, the Excel CC obtained membership proportions of 1/3 family members and advocates, 1/3 public child-serving agencies, and 1/3 other private/public/business community. In Excel County, the existing Mental Health Interagency Council, Juvenile Crime Prevention Council, and the Families for Kids management team were merged and reconstituted to reflect the culture of the community, adding additional family and community representation to promote active local ownership. Members of the Collaborative include:

- 3 parents of children with emotional disturbances currently receiving services
- 3 foster parents of children with emotional disturbances currently receiving services
- a family advocacy organization representative
- a physician assistant from the Pediatric clinic affiliated with emergency services at the local hospital
- the Chief Operations Officer of the local Pepsi Cola plant
- one representative each from: the Boys and Girls Club and the Ministerial Association
- a faculty member from the Community College
- two private providers
- one representative each from: the Area Program's child MH, Developmental Disabilities, and Substance Abuse staff, from DSS, Health, Schools and Juvenile Court

Common Vision, Outcomes, and MOA

Members of the Excel Collaborative have had extensive discussions regarding the coordination and collaboration necessary in policy, programs, and practice to operationalize a comprehensive, integrated System of Care. In the beginning, it was not uncommon for one or more of the participating agencies to resist collaboration because of a sincere belief that the goals of the partner agencies or groups were not compatible with those of their own agency. It was difficult to sort out how to integrate the protective interventions of DSS, with the corrective interventions of juvenile justices, with the treatment interventions of health and mental health, with the academic responsibilities of the schools. However, after examining the commonalities in each agency's goals and mandates, and commonalities among children/families served and needing services, it became clear that members could be anchored in common goals, have the flexibility to allow compliance with statutory mandates related to their agency and establish a congruency in approach.

Collaborative members also grappled with issues of family involvement and developed a plan that detailed necessary supports and resources needed to ensure full and active family involvement in planning, implementation and assessment activities.

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Collaborative members recently completed the Community Resource Inventory, which provided them with information regarding all funds and resources available to children and families among the various agencies and organizations in their community. Clearly, there was a need for more local resources, but the team now had a more complete sense of any overlap or duplication in existing resources which gave them a common understanding regarding opportunities to maximize assets to address service gaps.

Collaborative members integrated common missions into a set of common goals and measurable outcomes that now guide service planning, funding decisions, management and evaluation.

The goals include:

- Community and neighborhood-based services and supports for families
- Effective diversion of children from out of home care
- One coordinated assessment process and service plan
- One Service Coordinator/One Child and Family Team
- School-based or linked behavioral health services

Desired outcomes include:

- Decreased out of home placements
- Improved school attendance and achievement
- Decreased juvenile arrests
- Decreased rates of child abuse and neglect

The Excel CC MOA, signed by all participants, incorporates these goals and outcomes. The MOA assigns Fiscal Agent responsibility to the Excel Area MH/DD/SAS Program; specifies a protocol for decisions and accountability regarding investment of funds; specifies that all parties agree to maintain their current staff and fiscal resources on behalf of these children and families, that state and local funds will not be displaced, and that that funds generated by all training activities related to the goals and targeted to the Excel community will come back to the Excel CC as a decategorized pool of funds to support Child and Family Teams.

Meeting a Community Need

The Collaborative meets monthly for 2 hours. Business related specifically to the management of special initiatives are addressed in subcommittee meetings after the conclusion of the full Collaborative meeting, reducing the need for subsequent meetings of same participants. In their most recent meeting, the family representatives joined with the mental health and school representatives to request an investment in stipends for emergency respite care, an unmet resource need that was impeding successful implementation of several Child and Family Team service plans, resulting in unnecessary and extended out of home treatment.

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Based upon the CC's previous work to assess local resources and identify gaps, these parties described a specific need to increase local respite options for families whose children were placed out of the county for crises that could effectively be resolved within a few days in the community. These children experienced disruption in school, home and the community due to removal from the community. Upon full discussion, it was agreed that increased respite options were indeed necessary, but not sufficient. Additional resources were also needed to support the family and in the school during a crisis. The following plan was agreed upon:

- The family representatives, with support for the Family Advocacy Organization agreed to identify 4 families who would provide respite.
- The DSS representative agreed to work with the families to develop a protocol for entry and exit into the respite homes and ensure licensure requirements were met.
- The Ministerial Association agreed to assign a volunteer to go to the referring family and to the respite home to provide support upon notification of such a crisis situation.
- Juvenile Court staff agreed to establish a communication and action plan with the Sheriff Department representative who agreed to be on call to provide backup for the Ministerial volunteer as needed.
- The Area Program and school agreed that mental health, developmental disabilities and/or substance abuse staff would meet with the child's teacher and the child at the beginning of the school day to assess the situation and provide necessary support.
- The COO from the Pepsi plant agreed to assist DSS and the Family Advocacy Organization to ensure accountability for expenditures.

With these criteria in place, the Collaborative agreed to invest \$5,000 for emergency respite, which will be paid by the Fiscal Agent via a contract to the Family Advocacy Organization who will implement the respite initiative. It was agreed that the primary case manager from each Child and Family Team that used the respite service would provide data regarding utilization and outcomes to the chairperson of the Community Collaborative. A report on the status of the respite initiative will then be provided to the Collaborative each month, to include impact on outcomes across all the Child and Family Teams using the new resources. In 6 months, the Excel CC will assess the success of the effort and determine future funding needs.