BUILDING THE ARAPAHOE
WELLNESS COUNCIL
Yvonne Kellar-Guenther, PhD & Bill Betts, PhD
University of Colorado Denver & Arapahoe Early Childhood Council
**Why Collaborate?**

- Problems are complex and multifaceted
- Problems require the efforts of many different systems working together to be resolved
- Collaboration extends your reach
- Other views help strengthen the end product
- Collaboration is more efficient
FACTORS INFLUENCING THE SUCCESS OF COLLABORATION
(MATTESSICH AL., 2008)

- Factors Related to the Environment
  - History of collaboration or cooperation in the community
  - Collaborative group seen as a legitimate leader in the community
  - Favorable political and social climate
- Factors Related to Membership Characteristics
  - Mutual respect, understanding and trust
  - Appropriate cross section of members
  - Members see collaboration as in their self-interest
  - Ability to compromise
FACTORS INFLUENCING THE SUCCESS OF COLLABORATION
(MATTESSICH AL., 2008)

- Factors Related to Process and Structure
  - Members share stake in both process and outcome
  - Multiple layers of participation
  - Flexibility
  - Development of clear roles and policy guidelines
  - Adaptability
  - Appropriated pace of development

- Factors Related to Communication
  - Open and frequent communication
  - Established and informal relationships and communication links
Factors Influencing the Success of Collaboration
(Mattessich et al., 2008)

- Factors Related to Purpose
  - Concrete, attainable goals and objectives
  - Shared vision
  - Unique purpose

- Factors Related to Resources
  - Sufficient funds, staff, materials, and time
  - Skilled leadership
KEYS TO SUCCESSFUL COLLABORATION
(CHRISLIP & LARSON, 1994)

- Good Timing and Clear Need
- Strong Stakeholder Groups
- Broad-based Involvement
- Credibility and Openness of Process
- Commitment and/or Involvement of High–level, Visible Leaders
- Support or Acquiescence of “Established” Authorities or Powers
- Overcoming Mistrust and Skepticism
- Strong Leadership of the Process
- Interim Successes
- A Shift to Broader Concerns
THE 10 LESSONS
(GARDNER, 2007)

- The time-place lesson
- The shared outcomes lesson
- The lessons of developmental stages:
  - The Beethoven/Sherlock Holmes lesson
  - The gravity/buoyancy lesson
  - The lesson of the measurability of capacity
  - The lesson of the value of “imported goods
- The human resources lessons:
  - The inventory lesson
  - The confidentiality lesson
**LIFECYCLE OF COLLABORATION**
*(Gajda, 2004 & Frey, B, et al., 2006)*

### Co-existence
1. Both groups exist but do not interact.

### Networking
1. Aware of each other
2. Loosely defined roles
3. Little communication
4. All decisions made independently

### Cooperation
1. Provide info. to each other
2. Somewhat defined roles
3. Formal communication
4. All decisions made independently

### Coordination
1. Share info. & rsc.
2. Defined roles
3. Frequent comm.
4. Some shared decision making

### Coalition
1. Share ideas
2. Share resources
3. Frequent & prioritized comm.
4. All members have a vote in decision making

### Collaboration
1. Members belong to one system
2. Frequent communication characterized by mutual trust
3. Consensus on all decisions
STRUCTURAL

- History of collaboration or cooperation in the community
- Collaborative group seen as a legitimate leader in the community
- Favorable political and social climate
- Development of clear roles and policy guidelines
- Concrete, attainable goals and objectives
- Sufficient funds, staff, materials, and time
- Good timing/clear need
- Broad-based Involvement
- Commitment and or involvement of high-level, visible leaders
- Interim Successes
RELATIONAL

- Members share stake in both process and outcome
- Multiple layers of participation
- Flexibility
- Altruism
- Adaptability
- Trust
- Open and frequent communication
- Established and informal relationships and communication links
- Shared vision
- Skilled leadership
- Overcoming Mistrust and Skepticism
COLLABORATION AND DIRECT SERVICE

• Studied “highly collaborative” groups
• Groups consistently told us working together:
  – Made their job easier
  – Made them better at their job
  – Improved the services they provided
  – “is my favorite part of the job”
• Group members said they would continue to meet even if the group never did another activity together
• Many of the things that the literature says need to happen were irrelevant
• Critical factor was RELATIONSHIPS.
THE INTENT OF PROJECT LAUNCH

• We set out to see if we could intentionally create this kind of a group using relationship development theories and key components of collaboration found in the literature

• Designed the LAUNCH to develop and measure:
  • Interagency collaboration
  • Shared vision
  • Shared decision making
  • Celebration of milestones
  • Relationships between Wellness Council Members
  • Altruism
  • Trust
  • Wellness Council Members Satisfaction
  • Impact of LAUNCH on the services provided to clients
GOALS OF PROJECT LAUNCH

- Provide multi-agency entry points for TANF eligible families to receive comprehensive coordinated care.

- Create personal relationships between providers that foster coordination of care.
State Team
• CDPHE
• UC Denver
• ACECC
• Family Advocate
• Wellness Council Coord.

INITIAL PROJECT LAUNCH TEAM
HOW THIS PROJECT BUILT ON AND ADDED TO WHAT WAS ALREADY HAPPENING

- **How Wellness Council added members**
  - brought in folks who weren’t there
  - building a new group
  - building collaboration all over again

- **How tie in with other efforts**
  - Health Integration
    - Different group
    - One was a planning process
  - Community Assessment also happening
    - provided more information and an opportunity to learn together

- **How helped overall efforts**
  - Built the trust in LAUNCH
  - Medicaid Enrollment Fair
    - Collaboration- another opportunity to apply our skills.
STRATEGIES TO DEVELOP RELATIONSHIPS

• Games
• Personal information sharing
• Time to talk at breaks – intentionally encouraging people to talk
• Celebration of success
• Cross training on the services provided by each agency
• Use of technology to increase perception of shared responsibility for clients
  – Project narrative of case discussions
  – Email contact in between meetings
Outcomes Measured

- During the case staffing 133 referrals or suggestions were made for the families.
  - For 96 of these (72%), the referral/suggestion was followed up on.
  - For a variety of reasons we were not to track these in the way we would have liked.

- Progress Satisfaction

- Program Satisfaction
CORRELATION OF COLLABORATION INDICATORS AND OUTCOMES

- Progress Satisfaction
  - Respect for Organizational Culture all 3 times
    - Time 1 $r=0.72$, $p=0.07$
    - Time 2 $r=0.87$, $p=0.01$
    - Time 3 $r=0.68$, $p=0.04$
  - Group relationship time 2 $r=0.87$, $p=0.01$
  - Communication time 2 $r=0.87$, $p=0.01$
  - Influence time 2 $r=0.89$, $p=0.001$
- Trust communication
  - Time 1 $r=0.71$, $p=0.05$
  - Time 3 $r=0.84$, $p=0.00$
CORRELATION OF COLLABORATION INDICATORS AND OUTCOMES

- **Program Satisfaction**
  - Respect for Org Culture
    - Time 1 \( r = .88, p = .01 \)
    - Time 2 \( r = .83, p = .02 \)
  - Group relationship time 2 \( r = .87, p = .01 \)
  - Communication time 2 \( r = .74, p = .06 \)
  - Influence time 2 \( r = .82, p = .02 \)
  - Importance of group time 3 \( r = .61, p = .08 \)
  - Overall trust time 3 \( r = .59, p = .09 \)
  - Trust communication time 3 \( r = .72, p = .03 \)
  - Trust surveillance time 3 \( r = .59, p = .10 \)
  - Trust informal agreement \( r = -.71, p = .08 \)
TO COLLABORATION AND BEYOND

- **Next steps**
  - Widened focus – include Health (with a capital “H”)

- **What it looks like now**
  - Added members
  - Family voices
  - A/D Mental Health
  - Oral Health

- **What if there were no group, how do we sustain group?**
  - Shared Purpose
  - Groups that have continued, why
CONTACT INFORMATION

- Yvonne Kellar-Guenther, Ph.D.
  - 303-829-0819
  - Yvonne.kellar-guenther@ucdenver.edu

- William Betts, Ph.D.
  - 303-594-9843
  - William.betts@ucdenver.edu

- Gretchen Davidson
  - 303-991-2191
  - gretchen@acecc.org

- Melissa Buchholz, Psy.D.
  - 720-777-4920
  - Melissa.buchholz@ucdenver.edu