Playing Nicely in the Sandbox: Interagency Collaboration

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The Collaboration Mandate

- 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
Lifecycle of Collaboration – Rosetta Stone

(Gajda, 2004 & Frey, B, 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. & resources
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
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 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
Factors Promoting Collaboration

• **Structural Factors**
  – Favorable political and social climate
  – Development of clear roles and policy guidelines
  – Concrete, attainable goals and objectives
  – Sufficient funds, staff, materials, and time
  – Commitment and or involvement of high-level, visible leaders
  – Interim Successes

• **Interpersonal Factors**
  – Open and frequent communication
  – Established and informal relationships and communication links
  – Shared vision
  – Flexibility
  – Altruism
  – Adaptability
  – Trust
The Collaboration Literature

• Mostly retrospective
  – Groups perceived as effective based on results
  – Interviews after the group has dissolved (sometimes years later)
• More on Structural, Less on Interpersonal
• Global Measures
  – Mix structural and relational factors
  – Don’t identify individual factors between individuals
The Collaboration Literature

• While important factors are identified, little is provided about how you actually develop these factors within a group

• Some of the tools that exist are not specific enough to provide guidance for developing these factors
What We’ve Learned
Testing Our Model

• County Wellness Council
  – Included front-line staff from mental health, physical health, early childhood (childcare navigator, parenting class educator), public health (Medicaid and visiting nurse), workforce, and TANF
  – N=8

• Community Medical Home Integrated Systems Group
  – Included providers from health clinics (physicians, nurses, dentists), faculty from the local university, county health department workers and supervisors, consumers/family members, healthcare providers from the local school district
  – N=32

• Statewide Medical Home Systems Thinkers
  – Included higher-level staff (key decision makers) the departments of Public Health and Environment, Health Care Policy and Finance (HCPF), Colorado Clinical Guidelines Collaborative (CCGC), the Colorado Medical Society, Colorado Children’s Healthcare Access Program (C-CHAP), and 2 foundations who fund Medical Home efforts – the Colorado Trust and the Colorado Health Foundation.
  – N= 31 (decreased over time)
Measuring Collaboration at Baseline

Scores range from 0-5

- Wellness Council - 2.58 (Cooperation to Coordination)
- Med Home Community Group -2.80 (Cooperation to Coordination)
- Systems Thinkers - 3.21 (Coordination to Coalition)

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So what does this look like... 

Project LAUNCH 
14 months, data collected 3 times 
Quantitative and Qualitative
The Intent of Project LAUNCH

• We set out to see if we could intentionally create an interagency collaboration 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.
Strategies to develop relationships (aka build a better sandcastle)

- 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
Strategies to develop relationships (cont.)

• 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 Related to:**
  • Respect for Organizational Culture
  • How Well Know Each Other (e.g. no one knows me to we teach others how to approach issue)
  • The Amount/Frequency of Communication
  • Perceived Influence Other Has on Issue
  • Level of Trust Communication
Correlation of Collaboration Indicators and Outcomes

- **Program Satisfaction Related to:**
  - Respect for Org Culture
  - How Well Know Each Other
  - The Amount/Frequency of Communication
  - Perceived Influence Other Has on Issue
  - Importance of Other on Issue
  - Overall Level of Trust
    - Level of Trust Communication
    - Lack of Need for Surveillance
    - Negatively correlated with need for an informal agreement
Warnings that Collaboration is Dysfunctional

- One partner manipulates or dominates
- Lack of clear purpose
- Unrealistic Goals
- Fundamental differences in philosophy
- Lack of communication
- Unequal/unacceptable balance of power
- Key interests missing from partnership
- Hidden Agendas
- Financial/time commitments outweighs benefits
Take Home

• Know about what it takes to be collaborative
• Be intentional about balancing structure and relational pieces
• Remember that collaboration isn’t a state you reach and you are done, it ebbs and flows. Work on maintaining structure and relational pieces.
• Be intentional when bringing in new members to provide background and work on relational piece with them
Take Home

• If someone is resistant, find out goal and how being part of the group can help meet that goal
• Come up with easy, early success
• Celebrate success
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Reading List


• Doherty (1995). The why’s and levels of collaborative family healthcare. Family Systems Medicine, 13


Reading List