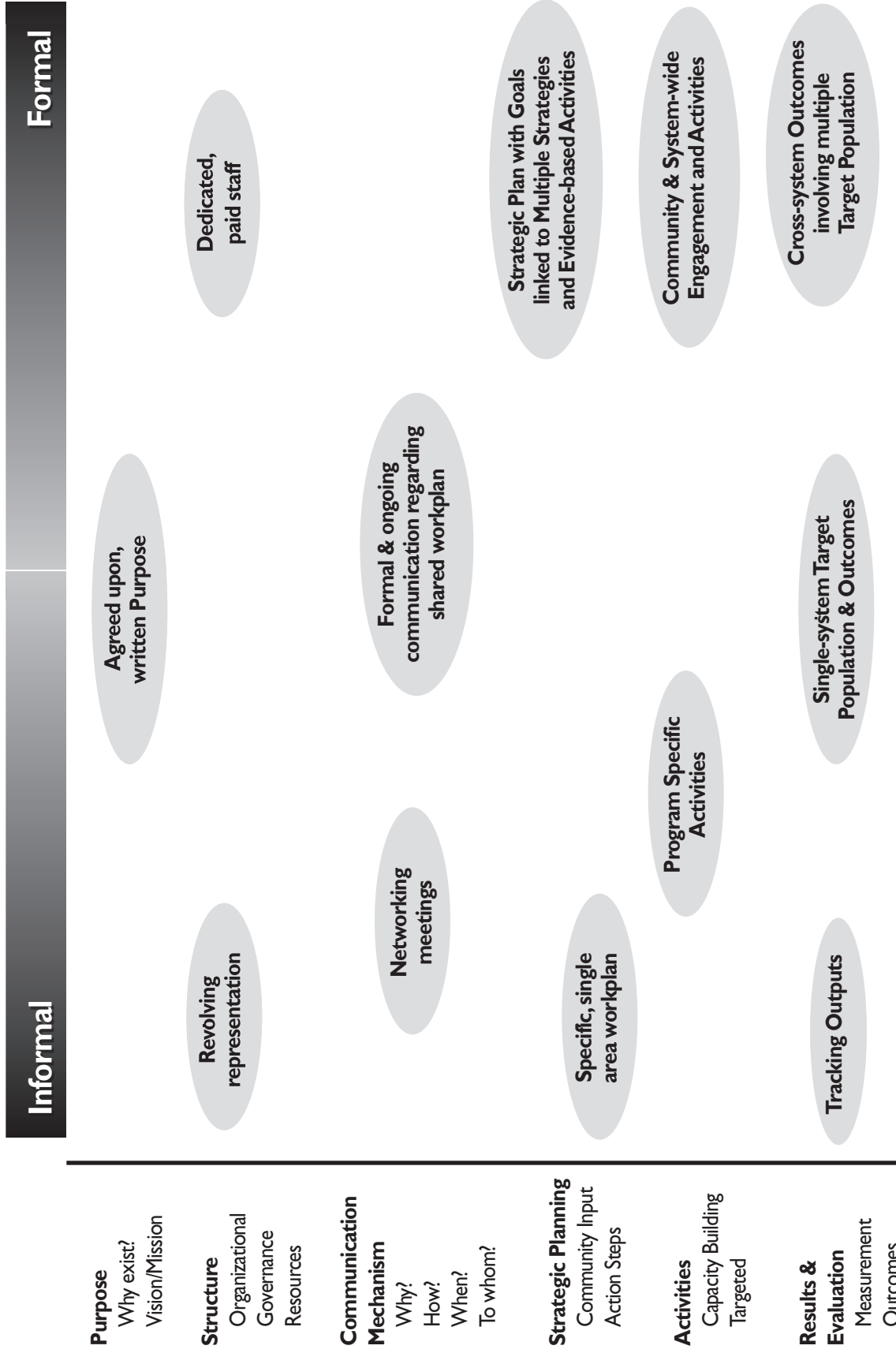


# Tool No. 1

## Examples of How Collaborations Vary



Life Cycle of the Community Partnership

## Self-Assessment/Self-Identification Tool Pre-Partnership Organizational Assessment<sup>1</sup>

When you are beginning a partnership, understanding the strengths, goals, and areas for growth within your own organization is crucial. This tool is designed to be most useful at the beginning of a partnership. Use this tool to facilitate a dialogue among partners. Each member of the partnership should complete the questions individually, then share their responses with the other members of the partnership as a group. The partners should use this sharing process as an opportunity to identify priority areas for improving the functioning of the partnership.

Question:	Yes	No	Don't Know
Does your organization, culture, and priorities encourage, support, and recognize the value of partnerships?			
Do you have the communication skills necessary to begin a partnership?			
Do you have the cultural competence or cultural humility necessary to begin a partnership?			
Do you have the ability to share power and control over decisions necessary to begin a partnership?			
Do you have the group facilitation and interpersonal skills necessary to begin a partnership?			
Does your organization value working with other organizations and groups?			
Do you have the support of your board, management, and staff for partnering?			
Do you have someone who can represent the organization in the process of identifying and entering into a partnership?			
Is your organization prepared to devote the resources necessary for the partnership (time of staff and volunteers, money space, and equipment, etc.)?			
Do you have a previous history working with the community?			
Do you have existing relationships within the community?			
Do you have any knowledge about the community (for example, culture, norms, politics, socio-demographic characteristics)?			
What are the potential benefits of a community partnership for your organization? _____ _____			
What are the potential benefits of the partnership to the community? _____ _____			
Other concerns or topics that arose in your group: _____ _____			

<sup>1</sup>Adapted from "The Partnership Toolkit: Tools for Building and Sustaining Partnerships" and Making Community Partnerships Work: A Toolkit," p7, 2007.

## Strategies for Collaboratives: Identifying Members for your Collaborative<sup>1</sup>

1. Write in the categories of members you will need in your collaborative (some example categories have been included. Please use the additional lines provided to brainstorm other organizations to consider.
2. Brainstorm contact names that fit each category.
3. Take volunteers to contact each possible member and set a date to help the volunteer be accountable for the task.<sup>2</sup>

<b>Category</b>	<b>Name</b>	<b>Who will contact them?</b>	<b>By when?</b>
School Districts			
Preschool for All			
Local Resource & Referral (R&R)			
CMHC			
After School programs			
Prevention Initiatives			
WIC – The Special Supplemental Nutrition Program for Women, Infants, and Children			
Family Case Management (FCM)			
Child Welfare Programming			
Mentoring/respice Providers			
Home Visiting			
Healthy Families Initiative (HFI)			
Parents Too Soon (PTS)			
Joint Program (HFI & PTS)			
Other (please specify):			
ISBE Programs			
Parenting Classes			
Family Literacy Programs			
Hospitals			

*Continued on back*

<sup>1</sup>Adapted from Flores, J.R. (2003), Targeted Community Action Planning Toolkit, p. A-3

## Strategies for Collaboratives: Identifying Members for your Collaborative *continued*

1. Write in the categories of members you will need in your collaborative (some example categories have been included. **Please use the additional lines provided to brainstorm other organizations to consider.**
2. Brainstorm contact names that fit each category.
3. Take volunteers to contact each possible member and set a date to help the volunteer be accountable for the task.<sup>2</sup>

Category	Name	Who will contact them?	By when?
Social Services (e.g., transitional housing, food pantries, neighborhood resource centers, basic needs services)			
Health Entities (FQHCs, local health department, community health centers, pediatric practices)			
Faith-Based Services			

## Team Skills Profile: Areas of Expertise and Spheres of Influence<sup>1</sup>

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Planning Team Position: \_\_\_\_\_

Each member of the community planning team has unique areas of expertise—both personally and within your organization, agency or constituency – that can contribute to the successful implementation of community planning. Distribute to all members of the partnership to assess the skills they and their organization offer. Collect and review completed forms to understand each members strengths. This may be especially useful for information exchanges or for partners seeking technical assistance from one another.

<b>Expertise/Skill</b>	<b>You</b>	<b>Your organization</b>
Administration	<input type="checkbox"/>	<input type="checkbox"/>
Advertising/marketing	<input type="checkbox"/>	<input type="checkbox"/>
Analyzing/evaluating data	<input type="checkbox"/>	<input type="checkbox"/>
Board development	<input type="checkbox"/>	<input type="checkbox"/>
Building collaborative relationships	<input type="checkbox"/>	<input type="checkbox"/>
Community outreach and engagement	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competence/appropriateness	<input type="checkbox"/>	<input type="checkbox"/>
Data collection/analysis	<input type="checkbox"/>	<input type="checkbox"/>
Database/graphing (MIS/GIS)	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal management/budgeting	<input type="checkbox"/>	<input type="checkbox"/>
Grant writing/fundraising	<input type="checkbox"/>	<input type="checkbox"/>
Group facilitation	<input type="checkbox"/>	<input type="checkbox"/>
Implementation/follow-up	<input type="checkbox"/>	<input type="checkbox"/>
Interviewing/surveying	<input type="checkbox"/>	<input type="checkbox"/>
Legislation/advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Media relations/media strategies	<input type="checkbox"/>	<input type="checkbox"/>
Mediation/negotiation	<input type="checkbox"/>	<input type="checkbox"/>
Policy analysis	<input type="checkbox"/>	<input type="checkbox"/>
Presentations/speaking	<input type="checkbox"/>	<input type="checkbox"/>
Prevention strategies/programs	<input type="checkbox"/>	<input type="checkbox"/>
Public relations	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>
Strategic planning	<input type="checkbox"/>	<input type="checkbox"/>
Systems reform/restructuring	<input type="checkbox"/>	<input type="checkbox"/>
Teaching/training/orientation	<input type="checkbox"/>	<input type="checkbox"/>
Translation	<input type="checkbox"/>	<input type="checkbox"/>
Word processing	<input type="checkbox"/>	<input type="checkbox"/>
Working with city/county/state government	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup>Adapted from Flores, J.R. (2003), Targeted Community Action Planning Toolkit, p. A-3

## Strategies for Collaboratives: A Resource Balance Sheet for Commitment<sup>1</sup>

1. Pass out one copy of this sheet to each collaborative member.
2. Together, decide what resources the collaborative will need to get started and fill out the “What is needed?” column.
3. Each collaborative member fills out the “What can we give?” column, keeping the total goals in mind.
4. Copy and distribute each member’s Resource Balance Sheet to the other members.

<b>RESOURCES</b>			
<b>Resource</b>	<b>What do we have (total)?</b>	<b>What is needed?</b>	<b>What can we give?</b>
<b>Money</b>			
<b>Work hours</b>			
<b>Know-how</b>			
<b>In-kind</b>			
<b>Other</b>			

<sup>1</sup>Adapted from “Building Community Collaboratives,” Family Resources Coalition of America, p.9

## Sample Commitment Form<sup>1</sup>

Use this form to allow partners to clearly define their role in the partnership and the resources they are committing to the partnership.

Name of organization:
Name and contact information of individual assigned to partnership:
As an organization, we are committed to this partnership because:
We will play the following role in this partnership:
We will devote the following resources to this partnership:
We have these policies in place that will support our involvement in this partnership:

<sup>1</sup>Adapted from "YPI's School/Community Partnership Toolkit," <http://www.ypiusa.org/Toolkit/Content/index.html>

## Strategies for Collaboration:<sup>1</sup> Ground Rules

**Troubleshooting...the importance of ground rules:** One challenge for collaboratives working with government officials is to maintain decision-making power outside the political arena. If not, political pressures may force decisions that are not the best for the collaborative. Ground rules should be set that carefully define any supportive politician's place in a collaborative's power structure.

*Fill in the blanks.*

**Scheduling Meetings:**

Our collaborative will meet at \_\_\_\_\_ every \_\_\_\_\_ weeks.

To fit people's schedules, we will try to always meet at \_\_\_\_\_ o'clock

**Organizing Meetings:** *Choose one method.*

Members will switch off organizing, facilitating, being the secretary, and setting the agenda for meetings by the following schedule:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Because certain members are very good at taking certain roles, the following members will take the following positions until further notice:

**Organizing:** \_\_\_\_\_

**Facilitating:** \_\_\_\_\_

**Secretary:** \_\_\_\_\_

**Setting Agenda:** \_\_\_\_\_

**Power and Decision-Making:** *Draw the organizational structure of the collaborative, clearly showing how power and resources are shared.*

**Dialogue:** In one collaborative, members admitted to each other that, although meetings are necessary, they often get long, boring and unproductive. To avoid these problems they decided on the following strategies:

- Each meeting will be held at a different member's workplace. Whoever is hosting the meeting begins with a tour of the space to help other members understand more about their day-to-day operations.
- They identified a small group of experienced facilitators who would trade off the responsibilities of running each meeting, keeping energy high, and keeping discussion on topic.
- Each member was assigned a partner. Members made sure that their partners understood any jargon being used, helped them voice their concerns, and filled them in on any meetings they missed.

To ensure that the dialogue at meetings is orderly, \_\_\_\_\_ will \_\_\_\_\_

To ensure that each member has chance to speak, \_\_\_\_\_ will \_\_\_\_\_

To ensure that decision-making occurs in the group and not behind the scenes, \_\_\_\_\_

\_\_\_\_\_ If conflict arises, \_\_\_\_\_

**Accountability:** If a member misses \_\_\_\_ meetings, \_\_\_\_\_

If a member does not fulfill their responsibilities to the group, \_\_\_\_\_

**Compensation:** Each member may take advantage of (*circle all that apply*: childcare, transportation, meeting time) for each meeting attended.

<sup>1</sup>Adapted from "Building Community Collaboratives," Family Resources Coalition of America, pp.13-14



## Establishing or Reviewing a Decision-Making Process<sup>1</sup>

1. At a meeting of your collaborative, brainstorm a list of the kinds of decisions that will need to be made (e.g., budget decisions, hiring decisions, strategic planning decisions, discussions monitoring the collaborative process, etc.).
2. For each kind of decision, use the questions below to help guide your answers to determine what type of decision-making process is most appropriate for your partnership:
  - What are the politics of the decision?
  - What groups must be represented in the decision-making body?
  - Who understands the issue best?
  - How important is this issue?
3. Place each kind of decision in one of the following columns, according to your discussion.

<b>Majority Vote</b>	<b>Unanimous Vote</b>	<b>Task Force/Subcommittee</b>	<b>Consensus</b>

<sup>1</sup>Adapted from "Building Community Collaboratives," Family Resources Coalition of America, p.16

**Information to be Shared by all Collaborative Members: Organizations<sup>1</sup>**

<b>Our allies, supporters and other connections in the community (include funding organizations):</b>	<b>Organization:</b> _____ <b>Mission:</b>	<b>Our programs and services:</b>
	<b>Representative:</b> _____ <b>Rep's decision-making authority:</b>	
<b>What our organization hopes to gain from the collaborative:</b>	<b>What I (the rep) hope to gain from the collaborative:</b>	<b>What we hope the community will gain from the collaborative:</b>

<sup>1</sup>Adapted from "Building Community Collaboratives," Family Resources Coalition of America, p. 24

# Sample Memorandum of Understanding (MOU)<sup>1</sup>

This Memorandum of Understanding (MOU) establishes a type of partnership between **your organization and partnering organization**.

**I. Mission:**

- Brief description of your organization’s mission. You might want to also include a sentence about the specific program if applicable.
- Brief description of partnering organization’s mission.
- Together, the Parties enter into this Memorandum of Understanding to mutually promote described efforts that this partnership will promote (e.g., health care or workforce development). Accordingly, your organization and partnering organization, operating under this MOU agree as follows:

**II. Purpose and Scope:**

Your organization and partnering organization: Describe the intended results or effects that the organizations hope to achieve, and the area(s) that the specific activities will cover.

- Why are the organizations forming a collaboration? Benefits for the organization?
- Who is the target population?
- How does the target population benefit?

Include issues of funding if necessary. For example, “Each organization of this MOU is responsible for its own expenses related to this MOU. There will/will not be an exchange of funds between the parties for tasks associated with this MOU.”

**III. Responsibilities:**

Each party will appoint a person to serve as the official contact and coordinate the activities of each organization in carrying out his MOU. The initial appointees of each **organization are:**

- List contact persons with address, telephone, and email information
- The organizations agree to the following tasks for this MOU:
- Your organization will:
  - list tasks of your organization as bullet points
- Partnering organization will:
  - list tasks of partnering organization as bullet points
- Your organization and partnering organization will:
  - list shared tasks as bullet points

**IV. Terms of Understanding:**

The term of this MOU is for a period of (*insert length of MOU*) usually 1-3 years from the effective date of this agreement and may be extended upon written mutual agreement. It shall be reviewed at least (*insert how often*), usually annually to ensure that it is fulfilling its purpose and to make any necessary revisions. Either organization may terminate this MOU upon thirty (30) days written notice without penalties or liabilities.

**Authorization:**

The signing of this MOU is not a formal undertaking. It implies that the signatories will strive to reach, to the best of their ability, the objectives stated in the MOU. On behalf of the organization I represent, I wish to sign this MOU and contribute to its further development.

\_\_\_\_\_  
Your organization:

\_\_\_\_\_  
Partnering organization:

\_\_\_\_\_  
Name, Title, Organization, and Date

\_\_\_\_\_  
Name, Title, Organization, and Date

<sup>1</sup>National Networks Regional Technical assistance Program ( RTAP). (year unknown) Sample Memorandum of Understanding. Downloaded from: <http://www.hud.gov/offices/hsg/mfh/nnw/partnerships/partnershipresources/nnwpartnermou.pdf> on September 8, 2008.

## Partnerships and Collaboratives:<sup>1</sup> Diagnostic Tool for Evaluating Group Functioning

*Instructions:* Each person in the group should indicate how he or she feels the collaborative is functioning by circling the number on each scale that is most descriptive of where the group is currently. Then, the group should discuss each item and what actions are needed.

**Shared Vision**

We do not have a shared vision							We have a shared and clearly understood vision
1	2	3	4	5	6	7	

**Goals and Objectives**

Members do not understand goals and objectives							Members understand and agree on goals and objectives
1	2	3	4	5	6	7	

**Responsibilities and Roles**

Roles and responsibilities of members are not clear							Members are clear about their roles
1	2	3	4	5	6	7	

**Decision Making Procedures**

We do not have effective decision-making procedures							We have effective decision-making procedures
1	2	3	4	5	6	7	

**Changing Membership**

We do not have procedures for changing members							We have procedures for changing members
1	2	3	4	5	6	7	

**Conflict Management**

Conflict keeps us from doing anything							We are able to manage conflict successfully
1	2	3	4	5	6	7	

**Leadership**

Leadership is not shared and is inadequate							Leadership is effective and shared when appropriate
1	2	3	4	5	6	7	

**Action Plans**

We do not follow work plans							Plans are well developed and followed
1	2	3	4	5	6	7	

**Relationships/Trust**

Members don't trust each other							Members trust each other
1	2	3	4	5	6	7	

**Internal Communication**

Members do not communicate well with each other							Members communicate well with each other
1	2	3	4	5	6	7	

**External Communication**

Members do not communicate well externally							Our external communication is open and timely
1	2	3	4	5	6	7	

**Evaluation**

We never evaluate our performance							We have built evaluation into all of our activities
1	2	3	4	5	6	7	

<sup>1</sup>Based on Internal Collaborative Functioning Scales, p. 89, in *Evaluating Collaboratives: Reaching the Potential* (G3658-8). Ellen Taylor-Powell, Boyd Rossing and Jean Geran. 1998. University of Wisconsin-Extension

## Local Collaborative Assessment of Capacity:<sup>1</sup> Developed by Center for Collaboration for Children

This instrument is intended to serve as a guide for a collaborative which wishes to do a self-assessment of its progress in building its own capacity to improve outcomes for children and families. This self-assessment asks a series of questions about ten elements of collaborative capacity as a way for helping collaborative members determine how far they have progressed.

A team may wish to add other items which it believes to be fuller reflections of the work undertaken by the collaborative. It may also want to set aside some of these as inappropriate or premature. These items are offered as suggestions, since they occur as elements of the work program of one or more county collaboratives in California.

<b>Governance and Accountability</b>	<b>Agree</b>			<b>Disagree</b>	
1. Our collaborative has agreed upon an annual, public review of the outcomes which we have set as the indicators of our success in meeting our goals.	1	2	3	4	5
2. Our collaborative has agreed upon a common agenda which commits the members to providing new and redirected funding to achieve our shared goals.	1	2	3	4	5
3. Our collaborative has set a clear, limited number of priorities in a way to enable us to devote concentrated resources to these priorities.	1	2	3	4	5
4. Our collaborative has translated our priorities and outcomes measures into budget commitments from members of the collaborative that will be carried out in the year ahead.	1	2	3	4	5
5. Our collaborative has designated specific target groups, programmatic approaches, geographic areas, or crosscutting areas of emphasis. These target groups, based on age, ethnicity, geography, or other need factors, have been selected for priority attention.	1	2	3	4	5
6. Our collaborative has broadened its membership and its outreach to other groups to make us more representative of the whole community we serve and the clients we seek to help.	1	2	3	4	5
7. Our collaborative includes a significant number of agencies and members who are committed to substantial roles in its work; it is not dominated by one or two agencies, with other members seeing the collaborative as marginal to what they do.	1	2	3	4	5
8. Our collaborative has actively engaged front-line workers and their representatives in the process of making changes in the way agencies serve children and families.	1	2	3	4	5
9. Our collaborative has been given a major role in decision-making about children and families by the policy leader of our community.	1	2	3	4	5

<b>Outcomes</b>	<b>Agree</b>			<b>Disagree</b>	
10. Our collaborative has successfully come to an agreement on the most important goals that we share and the outcomes measures by which we will assess whether we have achieved them.	1	2	3	4	5
11. Our collaborative has agreed upon a timetable and a process for moving toward results-based budgeting and has allocated resources needed to carry out this change.	1	2	3	4	5
12. Our collaborative has agreed upon a process for upgrading our interagency data collection and analysis over the next two years.	1	2	3	4	5
13. Our collaborative has agreed upon new and redirected resources to be used for upgrading our interagency data collection and analysis capacity over the next two years.	1	2	3	4	5
14. Our collaborative has developed an inventory of current funding sources for programs for children and families.	1	2	3	4	5
15. Our collaborative has developed data on overlapping populations in need, including data matching across programs and agencies.	1	2	3	4	5
16. Our collaborative has begun assessing the impact of recent budget cuts on populations in need in our community.	1	2	3	4	5
17. Our collaborative annually tracks the referrals made to agencies in the community to determine the effectiveness of agencies in meeting those referred needs; we use referral patterns as part of our needs assessment.	1	2	3	4	5
18. Our collaborative has selected priorities among ongoing programs, which we intend to evaluate against standards of effectiveness over the next 1-3 years.	1	2	3	4	5

<sup>1</sup>Developed by the Center for Collaboration for Children

# Tool No. 12

## Financing

	Agree			Disagree	
19. Our collaborative has developed an inventory of total spending on children and families and a summary of the most important items in the governmental budgets that affect children and families, broken out by categorical area and federal, state, local, and private funding sources.	1	2	3	4	5
20. Our collaborative has done detailed budget analysis that has enabled us to review the projected, future-year of current trends in caseloads and spending.	1	2	3	4	5
21. Our collaborative has developed a summary of the most important items in other governments' and agencies' budgets that affect children and families, including the United Way, cities, and school districts.	1	2	3	4	5
22. Our collaborative has set aside resources for improving the staffing of the collaborative from redirected sources within member's agencies' budgets.	1	2	3	4	5
23. Our collaborative has been able to review new external funding opportunities in light of our own priorities and has not been driven by outside funders' agendas in deciding to seek such funding.	1	2	3	4	5
24. Our collaborative has developed a multi-year revenue strategy that addresses the issues of the sources of funding for children and family programs and identifies areas where revenues and related spending may be disproportionate.	1	2	3	4	5
25. Our collaborative has selected and carried out re-allocation of current resources affecting children and family programs which have been adopted as formal policy priorities of the county.	1	2	3	4	5
26. Our collaborative has developed a strategy for responding to block grants as they affect children and families in our communities.	1	2	3	4	5

## Mobilizing Non-financial Resources

	Agree			Disagree	
27. Our collaborative has developed a formal plan for identifying and mobilizing non-financial resources from throughout our community.	1	2	3	4	5
28. Our collaborative has developed an inventory of community assets including mutual aid, self-help, and support groups.	1	2	3	4	5
29. Our collaborative has secured major commitments of non-financial resources from groups and individuals in our community as part of our program strategies.	1	2	3	4	5
30. Our collaborative is staffed so that we can conduct continuing outreach to community-based, self-help groups who provide support to families.	1	2	3	4	5

## Community and Parent Ownership

	Agree			Disagree	
31. Our collaborative has developed ways of gaining feedback and involvement of community residents and parents which are not dominated by service provider points of view.	1	2	3	4	5
32. Our collaborative has debated the difference between token and non-token roles for parents and community residents, and has provided specific opportunities for parents and residents to become providers, evaluators, and policymakers.	1	2	3	4	5
33. Our collaborative has designed programs to be open to parent and citizen participation, including ways in which participants can reimburse providers for the services they receive, with funding or in-kind services.	1	2	3	4	5
34. Our collaborative has revised programs or reallocated resources in response to comments from the consumers of services.	1	2	3	4	5
35. Our collaborative has worked to staff itself and involve a range of groups from within the community so that we are able to interact effectively with the ethnic and linguistic groups from throughout the community.	1	2	3	4	5
36. Our collaborative has addressed the problem of citizen representatives working across multiple initiatives in ways that increase the numbers of individuals providing representation and link the different forums in which representation is exercised.	1	2	3	4	5

continued on the following page

**Staff and Leadership Development**

	Agree			Disagree	
37. Our collaborative has developed an interagency training program that is jointly funded and provides front-line staff with in-service training needed to perform as a part of a collaborative team.	1	2	3	4	5
38. Our collaborative has provided support to policy leaders, which has enable them to network with their counterparts who are working on similar issues around the state and the nation.	1	2	3	4	5
39. Our collaborative provides training to community residents for the leadership roles they proved in collaborative efforts.	1	2	3	4	5
40. Our collaborative has made clear to area universities and other training and educational institutions what kind of pre-service and in-service interprofessional expertise we need from these institutions, and have evaluated their capacity to provide such professionals.	1	2	3	4	5

**Program Strategies**

	Agree			Disagree	
41. Our collaborative has designed the programs which we jointly sponsor in ways which reflect the decisions we have made on outcomes; we address the measures of success of our programs as we design them.	1	2	3	4	5
42. Our collaborative has linked programs from children and families with economic and community development strategies.	1	2	3	4	5
43. Our collaborative has addressed the problems of family stability and family income as part of our work with children and families and has designed programs that respond to these economic needs.	1	2	3	4	5
44. Our collaborative has designed the programs which we jointly sponsor in ways that balance public service providers with equal concern for natural helping networks and supports provided by non-governmental entities without public funding.	1	2	3	4	5

**Policy Agenda Development: Changing the Rules**

	Agree			Disagree	
45. Our collaborative has prepared anticipative policy options for the likely changes in federal programs, including block grants, decategorization, reduced entitlements, and funding cuts.	1	2	3	4	5
46. Our collaborative has informed our state legislative delegation of the state policy priorities which we support and the most important actions we need from the state government in support of our agenda at the local level.	1	2	3	4	5
47. Our collaborative has developed a policy agenda for changes in the barriers encountered In our pilot projects.	1	2	3	4	5
48. Our collaborative regularly discusses the best ways of reducing or eliminating barriers encountered in our pilot projects and operates with a presumption that our task includes identifying and reducing these barriers, rather than accepting them as a given.	1	2	3	4	5

**Interorganizational Coherence: Links Among Parallel Reform**

	Agree			Disagree	
49. There are a number of other collaboratives and policy reforms that sometimes affect our collaborative by competing for the time, membership, and resources.	1	2	3	4	5
50. Our collaborative has developed an inventory of the other collaboratives and policy initiatives in the community, and we keep these inventory current.	1	2	3	4	5
51. Our collaborative has developed methods of sharing information with other collaboratives and policy initiative in the community.	1	2	3	4	5
52. Our collaborative has developed a shared agenda with other collaboratives and policy initiatives and has begun sharing resources based on the common agenda.	1	2	3	4	5
53. Our collaborative has succeeded in merging or linking one or more collaboratives, rather than assuming that each new initiative requires a new collaborative or governing body.	1	2	3	4	5

**Addressing the Equity Issues: Targeting and Disproportionate Outcomes**

**Agree**

**Disagree**

54. Our collaborative has discussed the coverage of new managed care and capitation initiatives as they affect the lowest income groups and individuals in the community.	1	2	3	4	5
55. Our collaborative has agreed upon the ways we will disaggregate data in order to assess disproportionate impact on ethnic and linguistic minorities.	1	2	3	4	5
56. Based on our analysis of disproportionate impact, our collaborative has developed policy items and program designs that attempt to improve these outcomes.	1	2	3	4	5
57. Our collaborative has allowed the real issues and underlying values that affect children and family programs to be debated and has learned to handle discussion of differences in our values and other forms of conflict effectively.	1	2	3	4	5



## Keeping Fit in Collaborative Work: A Survey to Self-Assess Collaborative Functioning<sup>1</sup>

Often, collaboratives get off to a great start with an infusion of resources, and then lose impetus as projects come and go. Successful collaboratives have the willingness and ability to assess their organizational functioning as well as progress in strategies, projects or activism.

### Guidelines for Using the Survey:

1. **Collaborative members can complete the survey separately** and then come together to discuss results and plan action steps. Modify the assessment criteria to fit your group's needs.
2. **Once members have completed the survey, the group can determine what areas were most often marked “successfully” or “partially successful.”** These are areas in which your collaborative is well-functioning and strong. How can you maximize these strengths?
3. **Now, determine which questions were most often marked “challenging” or “very challenging.”** These are areas that require action. What will you do to improve local collaborative functioning in these areas? Who is willing to take the lead?
4. **Create a plan of action** that includes the name of someone who has agreed to take the lead and a timeline for implementation.

*Please rate the following questions in each area using this scale: 1=Successful, 2=Partially Successful, 3=Challenging, 4=Very Challenging*

### Shared Vision:

1. Our collaborative revisits our vision periodically and revises it when needed.	1	2	3	4
2. Our vision is the starting point for setting goals, developing strategies, and creating change.	1	2	3	4
3. Our vision represents input from a broad range of people in the community.	1	2	3	4
4. Collaborative members can see where their personal vision fits in the shared vision.	1	2	3	4

### Inclusivity and Participation:

1. Collaborative membership is open—anyone can join.	1	2	3	4
2. Our members represent a wide range of people and groups (e.g., parents, faith, business, local associations, etc.).	1	2	3	4
3. Our collaborative works with a broad range of community groups (outside of the partnership itself).	1	2	3	4
4. Collaborative meetings and materials are presented in languages accessible to members and community residents.	1	2	3	4
5. Our membership reflects the ethnic, racial, socioeconomic and age diversity of our community.	1	2	3	4
6. Our membership includes a balance of community members and agency representatives.	1	2	3	4
7. Members share responsibility and workload so that the work of the collaborative is accomplished.	1	2	3	4

### Sound Decision-Making:

1. Our collaborative has agreed upon a written decision-making process which is understood by all members.	1	2	3	4
2. Our members have an opportunity to participate in decision-making.	1	2	3	4
3. We are able to resolve conflict in order to reach decisions.	1	2	3	4
4. Our collaborative uses consensus as a decision-making tool.	1	2	3	4
5. Decision-making power is shared and not concentrated in the hands of a few.	1	2	3	4
6. Our collaborative collects information and data and uses it to make informed decisions.	1	2	3	4

### Facility Leadership:

1. Leadership is shared among members.	1	2	3	4
2. New members have the opportunity to take leadership roles.	1	2	3	4
3. The collaborative provides leadership within the broader community on health issues.	1	2	3	4
4. Ideas on all issues are heard and respected.	1	2	3	4
5. We take time out to have fun and celebrate success.	1	2	3	4
6. Capacities and skills of members are recognized and used by collaborative leaders.	1	2	3	4

*continued on back*

<sup>1</sup>Substance Abuse and Mental Health Services Administration, Communities That Care Toolkit.

## Effective Communication:

1. Information about collaborative activities and decision-making is freely shared and easily accessible—there is not a lot of insider information.	1	2	3	4
2. We have a communication plan that foster communication among members and the larger community (e.g., newsletters, meetings, community forums).	1	2	3	4
3. Information about upcoming events and activities received via email, fax or post is communicated to all members.	1	2	3	4
4. Collaborative activities are conducted in language that everyone can understand (e.g., no jargon, multilingual).	1	2	3	4
5. The results of our work are shared with the larger community.	1	2	3	4
6. Our collaborative has a visible presence and identity in the community (e.g., logo, slogan, etc.).	1	2	3	4

## Sustainability

1. The collaborative periodically evaluates its efforts and identifies activities members want to sustain or drop.	1	2	3	4
2. The collaborative has built a constituency—community residents who are committed to sustaining school readiness efforts.	1	2	3	4
3. The collaborative has built its capacity—and that of residents—to understand how policy is made and influenced.	1	2	3	4
4. Members have formed relationships to gain support of local institutions and formal policy bodies	1	2	3	4
5. The collaborative has implemented policy and systems change strategies.	1	2	3	4
6. Successful activities and programs initiated by the collaborative are incorporated into the ongoing work of local institutions or community groups.	1	2	3	4
7. The collaborative has a plan for sustainability.	1	2	3	4
8. The collaborative has a fund development plan to sustain both core functioning and successful strategies.	1	2	3	4

## Collaborative Self-Assessment How Are We Doing?<sup>1</sup>

This survey is for you to assess experiences with you School Readiness collaborative and to find out how useful you think collaboration is. “Useful” means—does collaboration make your job easier, has collaboration made a difference in providing services to youth, and do collaborative meetings energize you to go forth and do well?

The results of this survey may help you, as a group, discuss how to improve the collaborative process and identify the strengths of your collaborative.

### How is the collaborative process working for you?

For each of the following, check the box that best answers the question.

#### 1. Which of these best describes how your collaborative accomplishes work?

Work is shared	Work is more or less shared	A small group does the work	One person does all the work	Work does not get done
----------------	-----------------------------	-----------------------------	------------------------------	------------------------

#### 2. Which of these best describes how your collaborative accomplishes work?

I do more than my share because I want to	I do my share on time	I do my share but I may be late	I may do my share but it depends on my work schedule	I don't get involved
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#### 3. How do you feel about collaborative meetings?

Dread going	A waste of time	Sometimes worthwhile	Feel good	A high point in my schedule
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#### 4. Are you respected and listened to in the collaborative meetings?

Not at all	Ocasionally	Some, but not enough	Most times	All the time
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#### 5. Which of the following describes your collaborative leadership?

Leadership shared and rotated	A few people equally share leadership	One leader who listens to others	Several leaders who compete	One authoritarian leader
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#### 6. Which of the following describes your collaborative's decision-making process?

No decisions—endless discussion	Hasty decisions—not enough discussion	Sometimes we avoid decisions	Eventually we decide	Decisions are thoughtful and timely
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#### 7. Though I may not agree with every decision, our process is open, and I feel comfortable.

Everyone is part of the decision	Members are heard nearly all the time	Usually we work as a team	Sometimes we work as a team	No one knows the game plan
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#### 8. When I leave a collaborative meeting, I feel energized and excited about my work.

I am inspired	I feel better	I don't feel any different	I feel so-so	I feel hopeless
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<sup>1</sup>Substance Abuse and Mental Health Services Administration, Communities That Care Toolkit.

## Diagnosing the Health of Your Coalition Assessment Instrument<sup>1</sup>

Please rate the following questions in each area using this scale  **Weak or Never** 1 2 3 4 5 **Strong or Always**

### 1. The clarity of your coalition’s vision, mission, and goals

<b>A.</b> Your coalition’s vision (your dream) and mission (what you are going to do) take into account what is happening in the community.	1	2	3	4	5
<b>B.</b> Your coalition’s vision, mission, and goals are written down.	1	2	3	4	5
<b>C.</b> Residents and institutions are aware of your coalition’s vision, mission, and goals.	1	2	3	4	5
<b>D.</b> Your coalition periodically re-evaluates and updates its vision, mission, and goals.	1	2	3	4	5
<b>E.</b> Your coalition’s activities are evaluated in relation to its vision, mission, and goals.	1	2	2	4	5

### 2. The effectiveness of your coalition’s structure

<b>A.</b> Your coalition has a regular meeting cycle that members can count on.	1	2	3	4	5
<b>B.</b> Your coalition has active committees.	1	2	3	4	5
<b>C.</b> All of your members have copies of the bylaws.	1	2	3	4	5
<b>D.</b> Your executive board and committees communicate regularly.	1	2	3	4	5
<b>E.</b> Your executive board meets on a regular basis with good attendance.	1	2	3	4	5

### 3. The effectiveness of your outreach and communication

<b>A.</b> Your coalition has a newsletter or another method of communication that keeps the community updated regularly and informed about your activities.	1	2	3	4	5
<b>B.</b> You use a survey or other method to collect information about members’ interests, needs and concerns.	1	2	3	4	5
<b>C.</b> You always publish survey results and use them to guide your coalition’s projects.	1	2	3	4	5
<b>D.</b> The survey is conducted every year or so because the community and residents change	1	2	3	4	5
<b>E.</b> Your coalition’s “goes to where members are” to do outreach, including where people live, shop and work.	1	2	3	4	5

### 4. The effectiveness of coalition meetings

<b>A.</b> Members feel free to speak at meetings without fear of being confronted for their views.	1	2	3	4	5
<b>B.</b> Meetings are advertised with sufficient notice by sending agendas and flyers in advance.	1	2	3	4	5
<b>C.</b> You provide childcare and language assistance when needed.	1	2	3	4	5
<b>D.</b> You accomplish meeting agendas by starting and ending on time	1	2	3	4	5
<b>E.</b> You hold meetings in accessible, comfortable places at convenient times for all members.	1	2	3	4	5

### 5. Opportunities for member responsibility and growth

<b>A.</b> Your coalition makes a conscious effort to develop new leaders.	1	2	3	4	5
<b>B.</b> You offer training and support to new and experienced leaders, either through your coalition or through outside agencies.	1	2	3	4	5
<b>C.</b> Your “buddy system” matches less experienced members with leaders to help the former learn jobs and make contacts.	1	2	3	4	5
<b>D.</b> You give committees serious work to do.	1	2	3	4	5
<b>E.</b> Leadership responsibilities are shared; for example, you rotate the chairing of a meeting between members.	1	2	3	4	5

*continued on back*

**6. The effectiveness of your planning, implementation, and evaluation of projects**

<b>A.</b> Starting with the new year, your coalition develops a plan that includes goals and activities to be accomplished during the year.	1	2	3	4	5
<b>B.</b> These plans are based in part on information collected from member surveys.	1	2	3	4	5
<b>C.</b> After each project or activity, the leadership evaluates how it went in order to learn from the experience.	1	2	3	4	5
<b>D.</b> The coalition always organizes visible projects that make a difference to members.	1	2	3	4	5
<b>E.</b> When you start projects, you develop action plans that identify tasks, who will do them and by what target date.	1	2	3	4	5

**7. Your coalition's use of research and/or external resources**

<b>A.</b> Your coalition works with other coalitions in the community on common issues, and with citywide organizations that address critical community concerns.	1	2	3	4	5
<b>B.</b> Your coalition utilizes the resources and information of other organizations that can help the community, such as training workshops.	1	2	3	4	5
<b>C.</b> Your coalition keeps abreast of issues affecting communities across the city and state.	1	2	3	4	5
<b>D.</b> Outside speakers come to meetings to address topics of interest to members.	1	2	3	4	5
<b>E.</b> When your coalition wants to work on an issue, leaders know where to find necessary information such as statistics, forms, etc.	1	2	3	4	5

**8. Your coalition's sense of community**

<b>A.</b> Social time built into meetings so members can talk informally in a sense of community.	1	2	3	4	5
<b>B.</b> You plan social activities.	1	2	3	4	5
<b>C.</b> All members are treated equally.	1	2	3	4	5
<b>D.</b> You recognize and reward all member contributions, large or small.	1	2	3	4	5
<b>E.</b> You make all residents welcome regardless of income, race, gender, age or education.	1	2	3	4	5

**9. How well the coalition meets needs and provides benefits**

<b>A.</b> You make resource lists and important contacts available to members on a regular basis.	1	2	3	4	5
<b>B.</b> You hold workshops with experts who can provide specific services to members.	1	2	3	4	5
<b>C.</b> Your coalition helps members with issues of individual need.	1	2	3	4	5
<b>D.</b> If a member survey indicates that personal issues (such as child care or landlord-tenant problems) are interfering with member involvement, your coalition responds to those issues.	1	2	3	4	5
<b>E.</b> Your coalition holds meetings and workshops in which residents can meet elected officials and city services personnel to voice their opinions and learn about resources and programs in the community.	1	2	3	4	5

**10. Relationships with elected officials, institutional leaders and other power players**

<b>A.</b> Your coalition's leadership knows how to successfully negotiate with elected officials and institutional leaders about member concerns.	1	2	3	4	5
<b>B.</b> Your coalition has one or more representatives who regularly attend important community meetings.	1	2	3	4	5
<b>C.</b> Coalition leaders understand the lines of authority, decision-making power, responsibility, and other aspects of the community power structure.	1	2	3	4	5
<b>D.</b> Your coalition meets with officials regularly about the issues that concern members.	1	2	3	4	5
<b>E.</b> Your coalition participates in citywide activities and demonstrates focus on community issues.	1	2	3	4	5

## Diagnosing the Health of Your Coalition Assessment Instrument *continued*

### Coalition Assessment Score Sheet

Fill out this score sheet using the total numbers from each section of the organizational diagnosis:

**Total Scores by Section**

1. Vision, Mission and Goals	
2. Coalition Structure	
3. Outreach and Communication	
4. Coalition Meetings	
5. Member Responsibility and Growth	
6. Projects	
7. Research and External Resources	
8. Sense of Community	
9. Needs and Benefits	
10. Relationship with Power Players	

#### Total Scoring Guidelines for Each Section :

If you scored between **5-15**, you need to overhaul this area.

If you scored between **15-20**, you may need to tune up this area and improve performance.

If you scored between **20-25**, congratulations, you're running smoothly. Keep up the good work!

# Resolving Conflict<sup>1</sup>

## Purpose

The purpose of this tool is to provide partnering agencies with an understanding of strategies and processes for resolving differences and alleviating conflict within a partnership. While some conflict may be positive (e.g., allow for airing of views and building new understandings), conflict can be detrimental to a partnership. Outlined below are tips for resolving conflict informally. All partnerships should have a formal process in place to resolve conflicts that cannot be dealt with on an informal basis.

This tool addresses the following issues: **1. Types of Conflicts, 2. How Power Affects Conflict, 3. Tips for Resolving Conflict Informally, 4. Formal Process for Resolving Conflict.**

**1. Types of Conflict:** It is important to understand the types that exist to assist in resolving the conflict.

Types of Conflict	Sources of Conflict
<b>Communication conflicts</b>	Misunderstandings, assumptions, lack of information, misinformation, different languages
<b>Structural conflicts</b>	Poor processes, inappropriate structures or systems, time constraints
<b>Relationship conflicts</b>	Stereotypes, fear, distorted perceptions, unrealistic expectations, use of power, male/female differences, personal conflicts
<b>Interests conflicts</b>	Differences in needs, interests and preferences
<b>Value conflicts</b>	Opposing beliefs, views, values or philosophies. This can stem from cultural differences of individuals or groups; cross cultural conflict.

### Can you identify any other types of conflicts?

Understanding the possible types of conflict will help you recognize when conflict is occurring. There may be warning signs, such as missed meetings, low morale, activities being delayed or not finished, etc. Of what other warning signs are you aware?

## 2. How Does Power Affect Conflict?

- Power can be defined as the degree to which we are able to advance our own goals and influence others.
- Power is largely a matter of perception how we perceive our own power and how our power is viewed by others.
- Power is dynamic rather than static, in that power relationships between people in conflict shifts throughout the conflict.
- Power can be used constructively to lessen conflict or destructively to increase conflict.

### If you recognize you have more power – What can you do?

- Select a location most comfortable to the other party to work through the conflict.
- Share resources that you have, such as information and expertise.
- Be willing to listen to the other party first – genuinely listen.
- Speak in a friendly, welcoming, and open manner.
- Do not intimidate or retaliate.
- Respond non-defensively.
- Seek a “level playing field” so that the process feels fair to both parties.
- Back off from your position and be willing to look at a variety of ways to meet the needs of both parties. Look for alternatives.
- **What else can you do?**

*continued on back*

<sup>1</sup>Substance Abuse and Mental Health Services Administration, Communities That Care Toolkit.

## If you believe you have less power – What can you do?

- Find ways to increase your power and influence. Lessen your dependence on the other party's source of power.
- Identify your own resources and skills.
- If timing affects the balance of power, consider waiting for a time that may work better.
- Bring the power imbalance into the open and discuss it with your partner.
- Assert yourself and continue to keep your interests on the table, while continuing to listen and acknowledge the other party's interests.
- If asserting yourself results in the other party exerting his or her power over you, shift temporarily from a focus on your own interests to a focus on the other party's interests.
- Ask an outsider to assist, if you cannot deal with it on your own.
- **What else can you do?**

## 3. Tips for Resolving Conflict Informally

1. All attempts should be made to resolve conflict informally.
2. Any conflict that arises should be resolved in a timely manner.
3. It is important to recognize that different individuals and groups have different ways of dealing with conflict.  
Some groups deal with conflict by avoiding it and removing themselves from the situation.
4. The following chart outlines ways to deal with specific types of conflict:

Types of Conflict	Ways to Resolve
<b>Communication</b>	Define terms Clarify assumptions Check interpretation of information
<b>Structural</b>	Design process to satisfy both parties Adjust timelines and deadlines Analyze the context of the conflict
<b>Relationship</b>	Show concern for others' point of view Remain non-defensive/non-judgmental Keep emotions in check Check power imbalance
<b>Interests</b>	De-emphasize position Look for common interests Be ready to accommodate and compromise
<b>Value</b>	Look for common goals/values Acknowledge value differences Show respect for differing value systems

**What other ways are there to resolve conflict?** Both internal and external elements work together to resolve conflict.

The **internal elements** deal with how people think and feel about the conflict and each other.

The **external elements** are the actions, words, and non-verbal messages given to others in the process of resolving conflict.

### Checklist of Internal Elements

**Awareness** – Are you aware of your own and the other party's perception, feeling, values, beliefs, fears, concerns, assumptions, and expectations with regard to the conflict?

**Readiness** – Are you prepared to resolve the conflict? Are you sensitive to the readiness of the other party? Is the timing right? Are you emotionally and psychologically ready? Are you in a frame of mind that is ready to resolve the conflict?

*continued on next page*



## Resolving Conflict *continued*

### Checklist of Internal Elements *continued*

**Understanding** – Have you shifted toward a better understanding of the conflict?

This shift includes:

- Being open and willing to acknowledge the other person's experiences
- Withdrawing judgment
- Seeking new information
- Allowing new information to influence you
- Being able to accept differences
- Looking for and building on similarities and common ground

**Reflection** – Are you able to absorb all that has gone on and to step back and look at the “big picture”? The purpose of reflection is to learn from the conflict and gain skills and abilities to deal effectively when a new conflict arises.

### Checklist of External Elements

**Initiating** – Have you taken an action to approach the other party for the purpose of resolving the conflict?

- Initiating involves a certain amount of risk.
- Withdrawing judgments responsive to the other person's readiness and reaction to your approach.
- Check the style of your approach. Being assertive may cause defensiveness. This should be balanced with empathy.

**Framing** – Have you described the conflict in a way that would promote a more collaborative climate and expand thinking?

- Shift from stating a position (e.g., “I want” or “I do not want”) to express an issue or interest (e.g., “I would like to discuss. .”).
- Depersonalize the conflict (e.g., “you have caused a lot of problems with the way you have restructured” . . . “this restructuring process is a difficult one”).

**Exploring** – Have you explored ways to reach a new understanding of the conflict and the other party?

- Learn what underlies the dispute
- Understand the nature of the conflict
- Understand the knowledge, interests, needs, values, and beliefs of both parties
- Work through differences without judgment or blame

**Closure** – Have you changed the way you feel about the other party and resolved the issues in the dispute?

***True closure occurs when both the “heart” and the “head” have let go of the conflict.***

## 4. Formal Process for Resolving Conflict

If informal processes have been unsuccessful in dealing with conflict, more formal processes will need to be used. All partnerships should identify formal processes for resolving conflict. This should be identified in the partnership agreement.

Formal processes should include:

1. Collect the required information to deal with the conflict.
  - Develop team building exercises.
2. Identify a person within the partnerships who has the skills to deal with conflict situations. If such a person is not available, identify a person outside the partnership to act as a mediator. A third party may be more objective and effective. Determine if your funder can assist.
3. Ensure the person selected is credible and approved by all parties to the conflict.
4. Document results of the mediation.
5. Communicate results to the partners to ensure there is agreement.

# Risk Factors Matrix<sup>1</sup>

<b>Communities That Care</b>					
<b>Risk Factors</b>	<b>Adolescent Problem Behaviors</b>				
	<b>Substance Abuse</b>	<b>Delinquency</b>	<b>Teen Pregnancy</b>	<b>School Drop-Out</b>	<b>Violence</b>
<b>Community</b>					
Availability of drugs	●				●
Availability of firearms			●		●
Community laws and norms favorable toward drug use, firearms and crime	●	●			●
Media portrayals of violence					●
Transitions and mobility	●	●		●	
Low neighborhood attachment and community disorganization	●	●			●
Extreme economic deprivation	●	●	●	●	●
<b>Family</b>					
Family history of the problem behavior	●	●	●	●	●
Family management problems	●	●	●	●	●
Family conflict	●	●	●	●	●
Favorable parental attitudes and involvement in the problem behavior	●	●		●	●
<b>School</b>					
Academic failure beginning in late elementary school	●	●	●	●	●
Lack of commitment to school	●	●	●	●	●
<b>Peer and Individual</b>					
Early and persistent anti-social behavior	●	●	●	●	●
Rebelliousness	●	●		●	
Friends who engage in the problem behavior	●	●	●	●	●
Gang involvement	●	●			●
Favorable attitudes toward the problem behavior	●	●	●	●	
Early initiation of the problem behavior	●	●	●	●	●
Constitutional factors	●	●			●

<sup>1</sup>Substance Abuse and Mental Health Services Administration, Communities That Care Toolkit.

## Strategies for Collaboration: Programming Inventory<sup>1</sup>

Every collaborative should gather the information needed to create a resource map of the community through provider surveys, association surveys, and individual capacity surveys. The completed resource map will help collaboratives identify both community needs and service gaps as well as potential partners and resources in crafting a new service provision system. In a collaborative, however, it is especially important to assess the resources of the collaborative members. This Programming Inventory can help collaborative take stock of their members' programming and plan for future needs. Pass it out to all service-provider members, make copies, and distribute them to all members.

**Example ▶**

Program/ Service	Current Capacity	Rate Your Success	Barriers, Needs, and Challenges				
			Staff	Training	Funding	Other	Comments
Resource Parents	3 (8 week) training classes per year	1 2 <b>3</b> 4 5		Need info on foster families	\$300	foster parent education curriculum	We have not responded to specific needs of the many foster parents in our community.
		1 2 3 4 5					
		1 2 3 4 5					
		1 2 3 4 5					
		1 2 3 4 5					
		1 2 3 4 5					
		1 2 3 4 5					

<sup>1</sup>Substance Abuse and Mental Health Services Administration, Communities That Care Toolkit.

## Benchmarks for Developing, Monitoring, and Reviewing the Collaborative Process<sup>1</sup>

Status: I – in place, P – partially in place, N/A – not applicable

Level of Need: V – very important, I – important,  
N – not important at this time

<b>I. Creating Readiness</b>	Status	Level of Need	Comments:
A. Leadership identified and on board (what defines buy-in)			
B. Needs identified			
C. Relevant research reviewed and shared with stakeholders			
D. Rationale for partnership developed			
E. School staff understands collaborative purpose and process			
F. Other stakeholders, including parents, are identified and oriented			
G. Stakeholders share a common language			
H. Vision established			
<b>II. Establishing Leadership</b>			
A. Identify change agents in each system partner			
B. Determine leadership roles: decision-maker; gatekeeper; facilitator; key opinion leader			
C. Assure that leadership is committed to a common vision			
D. Leadership committed to change of member organization/school			
E. Leadership understands specific ways to support collaborative structure and the key leadership role they play			

*continued on back*

<sup>1</sup>Substance Abuse and Mental Health Services Administration, Communities That Care Toolkit.

<b>III. Develop stakeholder group</b>	<b>Status</b>	<b>Level of Need</b>	<b>Comments:</b>
A. Assess current community collaborations			
B. Identify members of stakeholder group			
C. Determine scope and focus of collaborative work <ul style="list-style-type: none"> <li>• Target population</li> <li>• Identified needs</li> <li>• Services/supports to be provided</li> <li>• Desired outcomes: student, family, school, community outcomes</li> <li>• Necessary staffing and financial supports</li> <li>• Determine space, technology and supervisory supports</li> <li>• Identify interagency roles in supporting the collaborative efforts</li> </ul>			
D. Identify potential decision-making processes, infrastructure			
E. Identify issues that need “approval” beyond the stakeholder group			
F. Determine rules of operation (e.g., meeting structure, minutes, conflict resolution, etc.) that reflect stakeholder strengths and promote opportunities for change			
G. Identify any potential policy changes for stakeholder groups			
H. Review and finalize mission, assuring consensus among stakeholder group			
<b>IV. Implement and Oversee</b>			
A. Establish goals, priorities			
B. Establish procedure for referrals, services and supports			
C. Inform greater stakeholder group about decisions made—determine communication pathways			

**Benchmarks for Developing, Monitoring, and Reviewing  
the Collaborative Process *continued***

<b>III. Implement and Oversee</b>	<b>Status</b>	<b>Level of Need</b>	<b>Comments:</b>
D. Develop policies and procedures to address student and family confidentiality			
E. Begin sustainability planning			
F. Finalize interagency agreements			
G. Determine outcome measures and evaluation processes			
H. Identify barriers and strategies to address barriers			
I. Develop action plan/strategic plan			
<b>V. Nurture Collaboration</b>			
A. Provide continuous, personalized guidance and support to key staff			
B. Revisit strategic plan and revise as necessary			
C. Provide on-going staff development and cross-training for collaborative partners			
D. Review and revise outcomes and evaluation plan			
E. Assure that collaboration efforts are integrated with other initiatives			
F. Engage in social			

## Stakeholder/Opinion Leader Worksheet

Please rate the participation of the following individuals, agencies and organizations in the areas of their importance to the work of the project and the feasibility of getting them involved, in one way or another, in your project. If they already participate, rate the level of their involvement.

<b>Government</b>	<b>Involved (high, med., low)</b>	<b>Not Involved but crucial</b>	<b>Check box if opinion leader</b>	<b>Not Involved not crucial</b>
Elected Officials				
Mayor or City/County Council				
• Substance Abuse Prevention				
• Substance Abuse Treatment				
Department of Public Health				
Local Health Departments				
Community Health Clinics				
• Local Health Departments				
• Community Health Clinics				
Department of Recreation				
Driver's Licensing Agencies				
Public Works Department				
Armed Forces – All Branches				
Other:				
<b>Law Enforcement Community</b>	<b>Involved (high, med., low)</b>	<b>Not Involved but crucial</b>	<b>Check box if opinion leader</b>	<b>Not Involved not crucial</b>
Office of Chief of Police				
Local and State Police/Sheriffs				
• Alcohol Unit/Traffic Safety Unit				
• Community Relations/Affairs				
Alcohol Beverage Control Agency				
Other:				

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Adapted from: National Association of Governors' Highway Safety Representatives (2001) "Coalition membership checklist," *Community how to guide on ... coalition building (DOT HS 809 209, Appendix I*. Washington, DC: National Highway Traffic Safety Administration. retrieved July 21, 2003, from [http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/PDFs/CB Appen I.pdf](http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/PDFs/CB_Appen I.pdf)

"Prevention on the Same Page: Rethinking Prevention in Illinois" Conference. June 1, 2005, Presenter: Laurie Barger Sutter, Behavioral Health Prevention Manager; Nebraska Health & Human Services System; 402-479-5573, [laurie.sutter@hss.ne.gov](mailto:laurie.sutter@hss.ne.gov)

<b>Education</b>	<b>Involved (high, med., low)</b>	<b>Not Involved but crucial</b>	<b>Check box if opinion leader</b>	<b>Not Involved not crucial</b>
Education (K-12)				
• School Superintendent(s)				
• Principal				
• Prevention Coordinator(s)				
• High Schools				
• Middle Schools				
• PTA Organizations				
• School Resource Officer(s)				
• Community Health Clinics				
Colleges and Universities (if in the community)				
• Administration				
• Student Affairs				
• Resident Managers				
• Substance Abuse Prevention				
• Judicial Review				
• Campus Police				
• Fraternities and Sororities				
<b>Health Care Community</b>	<b>Involved (high, med., low)</b>	<b>Not Involved but crucial</b>	<b>Check box if opinion leader</b>	<b>Not Involved not crucial</b>
Hospitals/Trauma Centers				
Physicians				
• Pediatricians				
Medical Association				
Nurses				
Emergency Dept. Physicians & Nurses				
Health Maintenance Organizations				
Health Insurance Companies				
Emergency Medical Technicians and Paramedics				
<b>Youth &amp; Youth Organizations</b>	<b>Involved (high, med., low)</b>	<b>Not Involved but crucial</b>	<b>Check box if opinion leader</b>	<b>Not Involved not crucial</b>
SADD Organizations				
Boys and Girls Clubs				
Boy Scouts/Girl Scouts				
YMCA				
4-H Clubs				
Substance Abuse Prevention Groups				
Religious Groups/Faith Organizations				
Other:				



**Stakeholder/Opinion Leader Worksheet** *continued*

<b>Businesses/Employers</b>	<b>Involved (high, med., low)</b>	<b>Not Involved but crucial</b>	<b>Check box if opinion leader</b>	<b>Not Involved not crucial</b>
Business Employing Underage Youth				
• Fast Food				
• Movie Theatres				
• Amusement Parks				
Alcohol Industry				
• Bars				
• Restaurants				
• Liquor Stores				
• Beer Distributors				
• Liquor and Wine Wholesalers				
Insurance Companies				
Chambers of Commerce				
Labor Unions				
Local Major Employers				
Arenas				
Record and Video Sales				
Media				
• Television Stations				
• Radio Stations				
• Newspapers				
Other:				
<b>Community</b>	<b>Involved (high, med., low)</b>	<b>Not Involved but crucial</b>	<b>Check box if opinion leader</b>	<b>Not Involved not crucial</b>
Parent Groups				
Faith Community				
Citizen Activist Groups				
• MADD Chapters				
• Civic Groups				
• Kiwanis/Lions/Rotary				
• Junior League				
• Other:				
Neighborhood Associations				
Minority /Culturally Specific Organizations				
Citizens				
Other:				

## Planning and Facilitating Effective Meetings<sup>1</sup>

### **Forming a Working Group**

- There should be a clear statement about the group's mission.
- Be certain that members agree to pursue the stated mission and, for the most part, share a vision.
- Pick someone who the group will respect and who either already has good facilitation skills or will commit to learning those that are needed.
- Provide training for members so they understand their role in keeping a meeting on track and turning talk into effective action.
- Designate processes (a) for sending members information before a meeting regarding what is to be accomplished, specific agenda items, and individual assignments and (b) for maintaining and circulating record of decisions and planned actions (what, who, when).
- Looking for and building on similarities and common ground

### **Meeting Format**

- Be certain there is a written agenda and that it clearly states the purpose of the meeting, specific topics, and desired outcomes for the session.
- Begin the meeting by reviewing purpose, topics, desired outcomes, etc. Until the group is functioning well, it may be necessary to review meeting ground rules.
- Facilitate the involvement of all members, and do so in ways that encourage them to focus specifically on the task. The facilitator remains neutral in discussion of issues.
- Try to maintain a comfortable pace (neither too rushed, nor too slow; try to start on time and end on time but don't be a slave to the clock).
- Periodically review what has been accomplished and move on the next item.
- Leave time to sum up and celebrate accomplishment of outcomes and end by enumerating specific follow up activity (what, who, when). End with a plan for the next meeting (date, time, tentative agenda). For a series of meetings, set the dates well in advance so members can plan their calendars.

### **Some Group Dynamics to Anticipate**

- *Hidden Agendas* – All members should agree to help keep hidden agendas in check and, when such items cannot be avoided, facilitate the rapid presentation of a point and indicate where the concern needs to be redirected.
- *A Need for Validation* – When members make the same point over and over, it usually indicates they feel an important point is not being validated. To counter such disruptive repetition, account for the item in a visible way so that members feel their contributions have been acknowledged. When the item warrants discussion at a later time, assign it to a future agenda.
- *Members are at an Impasse* – Two major reasons groups get stuck are: (a) some new ideas are needed to “get out of a box” and (b) differences in perspective need to be aired and resolved. The former problem usually can be dealt with through brainstorming or by bringing in someone with new ideas to offer; to deal with conflicts that arise over process, content, and power relationships employ problem solving and conflict management strategies (e.g., accommodation, negotiation, mediation).
- *Interpersonal Conflict and Inappropriate Competition* – These problems may be corrected by repeatedly bringing the focus back to the goal – improving outcomes for students/families; when this doesn't work; restructuring group membership may be necessary.
- *Ain't It Awful!* – Daily frustrations experienced by staff often lead them to turn meetings into gripe sessions. Outside team members (parents, agency staff, business and/or university partners) can influence school staff to exhibit their best behavior.

*continued on back*

<sup>1</sup>[http://sshs.promoteprevent.org/webfm\\_send/1659](http://sshs.promoteprevent.org/webfm_send/1659)

## **Planning and Facilitating Effective Meetings** *continued*

### ***Making Meetings Work***

A good meeting is task focused and ensures that tasks are accomplished in ways that:

- Are efficient and effective
- Reflect common concerns and priorities
- Are implemented in an open, noncritical, nonthreatening manner
- Turn complaints into problems that are analyzed in ways that lead to plans for practical solutions
- Feel productive (produces a sense of accomplishment and of appreciation)
- Designate processes (a) for sending members information before a meeting regarding what is to be accomplished, specific agenda items, and individual assignments and (b) for maintaining and circulating a record of decisions and planned actions (what, who, when).
- Looking for and building on similarities and common ground

### ***About Building Relationships and Communicating Effectively***

- Convey empathy and warmth (e.g., this involves working to understand and appreciate what others are thinking and feeling and transmitting a sense of liking them)
- Convey genuine regard and respect (e.g., this involves transmitting real interest and interacting in ways that enable others to maintain a feeling of integrity and personal control)
- Talk with, not at, others – active listening and dialogue (e.g., this involves being a good listener, not being judgmental, not prying, and being willing to share experiences as appropriate).

# Action Plan

<b>Goal:</b>			
<b>Objective:</b>			
<b>Implementation Steps</b> What will be done?  1.	<b>Responsibilities:</b> Who will do it?	<b>Resources:</b> Funding/Time/Materials	<b>Timeline:</b> By when?
<b>Implications for Professional Development:</b>			
<b>Implications for Family Involvement:</b>			
<b>Implications for Community Involvement:</b>			
<b>Communication Plan:</b> How, What, and to Whom?			

# Recommended Working Agreement Components

A working agreement is a mechanism that formalizes the school-community partnership process, particularly for partnerships between schools and community mental health agencies and/or other mental health providers or community groups. By developing a working agreement, both parties are held accountable to agreed upon expectations. It is recommended that a working agreement should be collaboratively developed between the two or more parties once expectations for services are negotiated and agreed upon by the collaborative stakeholder group. The working agreement is not a “one size fits all” and should be tailored to address the shared priorities and outcomes of the partnership. Once an agreement is developed, it should be reviewed by an attorney. The agreement should be reviewed and revised on a periodic basis to meet the changing needs of the students, school and community agency.

## KEY ELEMENTS OF A WORKING AGREEMENT

- **Statement of need/purpose of agreement**
- **Names, titles, contact information of both parties**
- **Relationship between parties**
  - School/contractor, not employer/employee
  - No subcontracting
- **Expectations of both parties**
  - Description of services
  - Term of contract
  - Timelines
  - Use of relevant protocols (e.g. referral, crisis, treatment)
- **Roles of all parties**
- **Communication and coordination**
  - Participation in meetings
  - Consultation
  - Dispute resolution
  - Clearly defined communication pathways between all members
- **Confidentiality (HIPAA, FERPA, Mental Health and Developmental Disabilities Confidentiality Act)**
- **Guardian and student consent**
  - Written consent for services
  - Written release of information and/or disclosure of records
- **Monitoring and evaluation**
  - Consumer satisfaction
- **Signature and date of both parties**

The following are *additional elements* that you may want to consider making part of an agreement:

- **Target Population**
  - General population, grade, classroom, high risk students
  - Geographic boundaries/Jurisdiction
- **Environment**
  - Location of services
  - Designation and maintenance of adequate space
  - Utilities
  - Hours of access; arrangements for continuity of care over summer, school holidays, etc.
- **Referral Process**
  - Who can refer
  - To whom do they refer
  - How do they refer (phone/written)
  - When do they refer – for what reasons
  - Communications and feedback regarding referral
- **Record keeping/documentation**
  - Where files are maintained
  - How files are accessed and shared
  - Data management
  - Reporting
- **Qualifications of project staff and school personnel**
  - Professional licensure and certification
  - Criminal background check
  - Child Abuse and Neglect Tracking Systems (CANTS)
  - Liability
  - Professional, malpractice, worker’s compensation and bonding
  - Indemnification – hold party harmless of liability, loss, damage, cost or expenses
- **Nondiscrimination - compliance with ADA**
- **Compliance with laws**
- **Payment, costs and billing mechanisms**
  - Billing Medicaid, third party payers
  - Submission of invoices
  - Responsibility of payment of taxes
- **Termination clause, waiver, or breach of contract**

# A Sample Working Agreement

PARTNERSHIP BETWEEN \_\_\_\_\_ SCHOOL AND \_\_\_\_\_ COMMUNITY AGENCY FOR PROVISION OF MENTAL HEALTH/SUBSTANCE USE SERVICES

The language below is intended to be as comprehensive as possible. Language should be tailored to the needs and requirements of each institution. It is not necessary to include all the sections below.

## 1. MISSION

The mission of this School-Community Partnership is to create a safe and supportive environment for students at \_\_\_\_\_ School. This mission supports the mission of the school to create an environment of life long learners who achieve their maximum potential to participate and contribute to a democratic society.

## 2. STATEMENT OF NEED/PURPOSE OF AGREEMENT

In response to \_\_\_\_\_, the \_\_\_\_\_ School, with the help of its Collaborative Stakeholder Group, conducted a needs assessment of its students. The results of this assessment indicated a high number of students reporting signs of mental health/substance use problems, substance abuse and exposure to violence. In tandem with the needs assessment, the Collaborative Stakeholder Group conducted an asset mapping survey to assess what services and supports are available to the students in their school environment. The results of this survey indicated an insufficient number of staff to address students presenting with mental health problems as well as a lack of information and inadequate knowledge about how to intervene with the reported problems. In response to the high degree of mental health needs of students and staff limitations in addressing those needs, the \_\_\_\_\_ School and the \_\_\_\_\_ Community Agency have cooperatively designed a program that provides prevention, early intervention and treatment services to the students of the \_\_\_\_\_ School.

During a 2-year period, objectives, which must be measurable are:

1. Increase students' and staff knowledge of social and emotional development, mental health and substance use.
2. Decrease reported incidents of violence, substance abuse, suspensions, and absences.
3. Increase number of mental health referrals made by school personnel.
4. Increase percentage of students accessing and receiving mental health/substance use services.

## 3. RELATIONSHIP BETWEEN PARTIES

THIS AGREEMENT is made as of this \_\_\_ day of \_\_\_\_\_, 201\_ by and between the \_\_\_\_\_ School hereinafter referred to as the "School," and the \_\_\_\_\_ Agency, hereinafter referred to as "Consultant."

The term of the contract will be effective \_\_\_\_\_ and reviewed yearly. At any time, the School or Consultant may terminate this contract with a 30 days prior written notice without incurring any liability. The School and Consultant acknowledge that for the purposes of services rendered pursuant to this Contract that the Consultant is an independent contractor and neither the Consultant nor any of the Consultant's employees is an employee of the School. Consultant must give full personal attention to the faithful execution of this Agreement. Consultant shall not subcontract or assign any part of the Agreement without written consent of the School.

*continued on the following page*

## **A Sample Working Agreement** *continued*

### **4. CONTACT INFORMATION OF BOTH PARTIES**

All written notices and communications concerning this Agreement should be sent by the School to the Consultant and shall be addressed to: \_\_\_\_\_ (Include name, title, and mailing address)

All written notices and communications concerning this Agreement should be sent by the Consultant to the School and shall be addressed to: \_\_\_\_\_ (Include name, title, and mailing address)

### **5. EXPECTATIONS OF BOTH PARTIES**

#### Description of Services

In support of our mission to create a safe and supportive environment for students at the \_\_\_\_\_ School, we agree to support the School-Community Partnership in the following ways:

#### The School will:

- Maintain continued membership and active participation in the School-Community Partnership.
- Provide administration and fiscal oversight for the project.
- Be responsible for hiring the Project Coordinator and monitoring the entire project.
- Provide facility space for contracted providers for the delivery of program services and activities.
- Promote program services and activities in the community.
- Maintain ongoing, consistent communication between the School and Consultant.
- Provide data necessary for evaluation of this proposal to the local evaluator(s).
- Follow established protocols for referral, crisis and treatment protocols that specify procedures for: a) Who refers, b) How and to whom to refer (phone/written), c) When to refer; for what reasons, d) What action is taken with the referral, e) How are communications and feedback handled regarding referral

#### The Consultant will:

- Maintain continued membership and active participation in the School-Community Partnership.
- Assure the provision of consultation, education, screening, assessing, referring, treatment and coordination of services for youth in need of mental health services (on-site and off-site).
- Collaborate with the School and other project partners to ensure the linkage and delivery of services that respond to the family's needs. (Includes, but is not limited to: social services, mental and physical health assessment, and mental health services).
- In compliance with mental health confidentiality law and HIPAA regulations, provide data necessary for evaluation of this proposal to the local evaluator(s).
- Follow established referral, crisis and treatment protocols that specify procedures for: a) Who refers, b) How and to whom to refer (phone/written), c) When to refer; for what reasons, d) What action is taken with the referral, e) How communications and feedback are handled regarding referral.
- Collaborate with school to tailor classroom observation, skill training, school wide interventions and prevention activities (e.g. social and emotional development, educational information about risk and protective factors for mental health, substance abuse and violence prevention.).

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## **A Sample Working Agreement** *continued*

### Expected Outcomes:

- Consultant will provide \_\_\_\_ FTE in the school.
- Consultant will provide a minimum of \_\_\_\_ consultations to school staff on mental health, substance use, and social and emotional development.
- Consultant will serve at a minimum of \_\_\_\_ students.
- Absentee rate will decrease by \_\_\_\_ percent.
- Suspension rate will decrease by \_\_\_\_ percent.
- Reported incidents of violence will decrease by \_\_\_\_ percent.
- Reported incidents of substance abuse will decrease by \_\_\_\_ percent.

### **6. COMMUNICATION AND COORDINATION**

The Project Coordinator for the SCP will be responsible for coordinating communication and information sharing among participating partners. Methods for sharing information will include quarterly meetings of the Collaborative Stakeholder Group, written status reports, and monthly meetings between the Project Coordinator and the Principal or Principal's designee.

### **7. CONFIDENTIALITY**

The Contractor agrees that any information obtained concerning persons served by the agency will remain confidential. The Contractor agrees not to disclose any information concerning said persons without written authorization from said persons, and only for purposes directly connected with the administration of the program and services, or as may be required by State or Federal law:

HIPAA

FERPA

Mental Health and Developmental Disabilities Confidentiality Act

Mandated abuse and neglect reporting

Written release of information and/or disclosure of records. Contractor shall request authorization in writing from the minor and their parent or guardian to release any information to the school, including assessment, treatment planning, and discharge summary.

### **8. MONITORING AND EVALUATION**

The Collaborative Stakeholder Group will evaluate the implementation of the Agreement annually. The School and Consultant will develop criteria based on expected outcomes to evaluate the implementation of the Agreement using existing review data and monitoring procedures of each agency.

#### ACTIVITIES MAY INCLUDE:

1. *Training and Technical Assistance.* The Collaborative Stakeholder Group will assess training and technical assistance needs related to collaboration and service coordination for the target population. During quarterly meeting of designated agencies, training and technical assistance needs will be discussed and strategies for collaborative support and assistance will be developed.
2. *Performance Evaluation.* The School or Collaborative Stakeholder Group may conduct an evaluation for the Consultant's performance under this Agreement. Consultant shall fully cooperate with the School and shall provide such information and documents as may be requested to conduct the performance evaluation.

*continued on the following page*



## **A Sample Working Agreement** *continued*

3. *Quality Management.* The School and Consultant must follow the procedures set in place by the Collaborative Stakeholder Group to resolve disputes between agency and school staff.
4. *Consumer Rights.* Each student must be treated with dignity and afforded full rights as an individual to make decisions and participate in treatment planning. There shall be a written complaint/grievance process, visible to students, through which a student may appeal a dispute with the Agency.

### **9. TARGET POPULATION**

The program will target high school-age children who attend the Illinois School District #00 with three levels of interventions:

1. General Education Population – Students who would benefit from participating in programs that promote social and emotional learning.
2. High Risk Students – Students who have been identified by teachers or support staff as displaying behavioral and/or emotional problems and need to be assessed for possible services.
3. Students experiencing mental health problems – Students who have experienced a mental health crisis and/or history of mental illness who require short term diagnostic and treatment services.

### **10. ENVIRONMENT**

*Services will be provided in the school building.* The school is expected to provide the Agency with a mailbox, a workspace that permits confidential interviews and access to a phone for confidential calls. The workspace will be made available to the agency during on \_\_\_ (day of week) during the hours of \_\_\_\_\_. When school is closed for vacation or holidays, the agency can access the space by submitting a written request to \_\_\_\_\_. The school and school's respective custodial contractor will clean and maintain the space with the baseline regulations established for the entire building.

### **11. RECORD KEEPING/DOCUMENTATION**

*Records.* The Consultant will keep working files for each student in a locked cabinet in the designated office, which can also be locked. As cases are closed, files will be transported to the Agency and kept in a secure space. Policies regarding access and maintenance of records, including electronic records, will be developed and followed by the partnership.

*Reporting.* On a quarterly basis, the Consultant agrees to submit documentation identifying the number of students referred, the number of assessments made, and the number of students receiving services. A summary of program activities for the school year will be submitted annually by \_\_\_ (date), and will include: demographic information on each child receiving services, a summary of the activities of the Consultant, and a summary of evaluations completed by the school principal and members of the Collaborative Stakeholder Group.

### **12. ROLES AND QUALIFICATIONS OF STAFF**

*Professional Licensure and Certification.* In the event that the services to be provided by the Consultant must by law be provided by individuals who are licensed and/or certified, the Consultant shall only assign individuals to provide services under this Agreement who are licensed, certified, and/or credentialed in accordance with the law. All such individuals assigned by the Consultant to provide services shall maintain their license and/or certification in good standing during the term of this Agreement. Consultant shall, prior to providing services, submit documentation that the individuals assigned to provide services are properly credentialed and are licensed and/or certified to: \_\_\_\_\_. *Criminal Background Check.* It is the responsibility of the Consultant to make certain that its employees, agents, volunteers and contractors who may have contact with students are in compliance with the School Code of Illinois.

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## **A Sample Working Agreement *continued***

### **13. INSURANCE**

The Consultant shall maintain current insurance coverage for itself and each staff who provides services pursuant to the Agreement in an amount satisfactory to the School. Such coverage shall include professional liability, malpractice, worker's compensation and bonding. Before any services are provided hereunder and upon execution of this Agreement, contractor shall furnish the school certificates for coverage. Indemnification. Contractor hereby agrees to indemnify and hold harmless the School, its officers, agents and employees against any and all claims, directly or indirectly arising out of or relating or resulting from the furnishing of services described herein, and caused by negligence of Consultant or its staff.

### **14. PAYMENT, COSTS AND BILLING MECHANISMS**

OPTIONS MAY INCLUDE:

1. *Billing Medicaid.* The School agrees that the Consultant shall be responsible for billing Medicaid and other third party payers for the Consultant's services rendered hereunder. Consultant reserves right to keep any such payment collected.
2. *Costs for Services.* In return for services provided by the Consultant, the School will reimburse for services provided in accordance with the attached budgets upon completion of any and all require documentation (e.g. evaluation reports, time sheets, logs, receipts). Payment will be made monthly (or in aggregate amount) not to exceed \$\_\_. This amount may be increased to \$\_\_ pending review by Project Coordinator.
3. *Submission of Invoices.* All invoices for services need to be turned in on a monthly basis with a description of services, the number of hours, social security numbers of clients, and the cost for each service. The parties agree that the Consultant invoices are to be submitted to the School in a timely manner, after the services have been provided to the School. If invoices are submitted after six months after the last date the services have been rendered, then the School shall have no obligation to pay for the stale invoices.
4. *Taxes.* The Consultant is responsible for complying with all Federal and State laws as to tax and Social Security payments to be withheld from wages paid to said employees. The School assumes no responsibility for the payment of any compensation, wages, benefits, or taxes by, or on behalf of the Consultant, its employees and/or others by reason of this Agreement.

### **15. NONDISCRIMINATION**

The Consultant agrees to comply with ADA, Americans with Disabilities Act, Title VI of the Civil Rights Act of 1964, the Constitution of the United States, the 1970 Constitution of the State of Illinois and any laws, regulations or orders, State or Federal, which prohibit discrimination on the grounds of race, sex, religion, national origin, inability to speak or comprehend the English language, or by reason of disability.

### **16. LIABILITY**

The School assumes no liability for actions of the Consultant under this Contract. The Consultant agrees to hold harmless, the School, against any and all liability loss, damage, cost or expenses arising from wrongful or negligent acts of the Consultant, which School may sustain, incur or be required to pay as a result of Contractor's performance under this contract.

### **17. SIGNATURE OF BOTH PARTIES**

\_\_\_\_\_  
Agency Director;

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Authorized School Official,

\_\_\_\_\_  
Date of Signature

*continued on the following page*

## **A Sample Working Agreement** *continued*

*This sample working agreement was developed with input from the following documents:*

1. Mental Health Association of the North Shore (MHANS) Community Partnering Program for Social- Emotional Wellness
2. Statewide Cooperative Agreement between US Department of Health and Human Services Region V, IDCFS, IDHS, Illinois Head Start Association August 2004
3. Chicago Public Schools Policy for School Based Health Centers
4. Contract Agreement between Baltimore Mental Health Systems Inc and the University of Maryland, Baltimore School Mental Health Program
5. Contract between County Head Start/Early Head Start Program and County Mental Health Center
6. Contract for physical therapy, occupational therapy and speech/language/pathology services between the Rainbow Center and Naperville Community Unit School District
7. Contractual Agreement for Safe Schools/Healthy Students Partners, Fillmore Center for Human Services & Community Care Options and Morton School District
8. Contractual Agreement for Safe Schools/Healthy Students Partners, J. Sterling Morton High School District and Cook County Department of Public Health
9. Education Referral Protocol for Referrals to the Mental Health System of Care, Champaign County
10. Interagency Memorandum of Agreement between Illinois State Board of Education, Illinois Head Start, Administration for Children and Families, Illinois Department of Human Services, Mental Health
11. Letter of Agreement between Community Counseling Centers of Chicago and Asian Human Services
12. Letter of Agreement between Community Counseling Centers of Chicago and Institute for Juvenile Research
13. Master Professional Services Agreement between the Baltimore City Board of School Commissioners and University of Maryland, Baltimore
14. Memorandum of Agreement for Safe Schools Healthy Students Initiative, We Go Together (West Chicago Elementary District #33 and collaborating agencies) Service Provision Protocol Agreement between Community Counseling Centers of Chicago and Chicago School Readiness Project
15. Skilled Nursing Service Agreement between Midwest Home Health Care and Naperville CUFD