



Expanding Collaborative Capacity

Multnomah County Children's Cross-system Collaboration Committee

May 2021

PREPARED FOR

Child-serving system partners of Multnomah, Washington & Clackamas County

PREPARED BY

Laurel Mossor, MSW Intern, *Children's Cross-system Collaboration Coordinator*

With guidance from Julia Brown, MSW, QMHP-C, *Children's System of Care Coordinator*,
Multnomah County Behavioral Health Division

Special thanks to Darrylann Becker, MSW

Table of Contents

Acknowledgements	2
Executive Summary	3
Program Lifecycle	4
Introduction	5
Assessing for Interorganizational Collaborative Capacity	6
Program Development	8
Timeline	9
Children's Cross-system Collaboration Committee	10
Conclusion	12
Resources	13

Acknowledgments

Throughout the development of this program and writing this report, I have received a great deal of support, feedback, assistance, and encouragement. Taking part in the evolution of this novel community support has been extremely meaningful to me, and none of this would have been possible without the contribution of a strong network of dedicated individuals.

First, I would like to acknowledge the work of Julia “JB” Brown, my supervisor and the creator of the 4Cs. Without the discerning eye and resolute focus of JB, this project would not exist. They saw a need and worked to address it. JB trusted the work of their student learners and offered enthusiastic mentorship toward the goal of creating a lasting program that supports the health and wellbeing of our community.

I would like to thank Darrylann Becker for contributing to a strong foundation upon which the pilot program could grow and thrive. Darrylann completed the initial work and assessment which launched the original 4C’s protocol, and the praise she earned from JB motivated me to follow up this work with the integrity it deserved.

This program simply would not be where it is without Selby Stebbins; System of Care and Behavioral Health Coordinator of Health Share of Oregon. She remained faithfully engaged in our work throughout the program development process, and her careful and attentive feedback helped us to hone in on a focus and ensure that our program did not fall into the trap of creating more duplicative efforts within our local system of care.

I would like to acknowledge the contributions of my advisor, Lisa Hawash, of the Practice and Leadership with Communities and Organizations track of the Master of Social Work program at Portland State University. Not only did she support me in creating work I am so proud to share, but she also helped me to walk away when I didn’t need to do any more. She continually models dedication to practice and dedication to self-care.

In addition, I want to give deep thanks to all those who contributed to the assessment research study and to the committee participants themselves. Your contributions gave strength and life to the program development this year. Completing this research opened my eyes to a new world of practice, and I will carry with me the insights gained from this study for many years to come. The committee participants have created a wonderful and supportive environment for system change, and we would not have a program without you.

Thank you!

Executive Summary

Within Multnomah County, a wide range of agencies, organizations, and providers share a commitment to serving the health, safety, and wellbeing of children, youth, and families in our community. Under a shared vision of the Tri-County System of Care governance structure, these various organizations are being transformed from a diverse array of services into a unified system of care. This process involves building a shared capacity to engage in coordinated efforts between child-serving systems.

Safety and health outcomes for youth and families are better with effective care coordination, and there is a continuous need for better cross-system collaboration and communication to better serve multisystem-involved youth. Oregon continues to invest in and strengthen its use of coordinated care, guided by the principles laid out by the National Wraparound Initiative¹. The Tri-County System of Care operates as the driving force toward the alignment of services and supports for children, youth, and families with complex needs. Siloed child-serving systems remain an obstacle to efficient coordinated care due to the effect of conflicting policies, insufficient information transfer, and the difficulty of navigating the complicated array of incongruous organizational processes.

Throughout Multnomah County, there has been a multitude of children’s cross-system committees, councils, workgroups, and collaboratives that seek to address this system-wide unmet need. The lack of flexible and responsive collaboration infrastructure ensures the continuation of inefficient and duplicative efforts at cross-system collaboration. Until a more comprehensive solution exists to address this enduring barrier present within our system of care, the Children’s Cross-system Collaboration Committee (4Cs) bridges the gap confronted by system partners asking for a practical and sustainable collaborative framework.

Essential to the foundation of care coordination as a driver for improved health outcomes is the *ability* of providers to navigate health systems effectively and facilitate access to services for consumers. The following report details a high-level summary of the development and program components of the novel 4Cs workgroup. The value of this committee is placed within the context of strengthening the capacity of local agencies and organizations to collaborate effectively, otherwise referred to as Interorganizational Collaborative Capacity². The 4Cs operates within this “interorganizational problem space”, and offers community providers the opportunity to build cooperative partnerships, learn about other systems, cultivate a strong network, and promote collaborative efforts within their home organizations.

-
1. National Wraparound Initiative website. <https://nwi.pdx.edu/>. Accessed: December 10, 2020
 2. Jansen, E., Hocevar, S.P., Rendon, R.G., & Thomas, G.F. (2008). *Interorganizational Collaborative Capacity: development of a database to refine instrumentation and explore patterns*. Naval Postgraduate School, Monterey, California. <http://hdl.handle.net/10945/445>

Children's Cross-system Collaboration Committee

Consulting with community stakeholders & integrating feedback

1

Identify a potential need

After the conclusion of the CAR (or "Hard to Place") meeting, system partners experienced a considerable loss of ability to collaborate effectively.



2

Conduct a needs assessment

Multnomah County Children's System of Care Coordinator and their MSW supervisee conducted assessments such as focus groups, interviews, and surveys to determine the scope of the issue.



3

Investigate options to address need

Clackamas and Washington County have similar collaborative staffing meetings, however, they are limited in systems approach and family-focused processes.



4

Determine an approach

System of care partners are asking for stronger cross-collaborative infrastructure. A collaborative development process led to the initial 4Cs Protocol.



5

Develop the program design

4Cs pilot proposal developed and redesigned with feedback from key stakeholders. Final pilot program announced in December 2020.



6

Pilot the program

4Cs pilot program launched inaugural committee meeting on January 26, 2021. The pilot phase supports the iterative development of effective collaborative processes.



7

Evaluate, reassess, and secure funding

Monitoring the value 4Cs is an ongoing process. Multnomah County families, organizations, and service providers will benefit from a sustainable and comprehensive collaborative infrastructure.



8

Roll out 4Cs

Securing funding for the 4Cs program will support an increased collaborative capacity and an optimized network of providers confident in navigating our system of care.



Introduction

Coordinating care for children and families with complex needs is an important feature of a healthy community. One result of lacking care coordination infrastructure is that dedicated family members become primary medical managers, and difficulties navigating health systems come at the cost of health and wellbeing¹. Additionally, organizational resources are lost in the form of overlapping or duplicative efforts, time spent searching for accurate or up-to-date information, or navigating unfamiliar systems². Multisystem-involved youth have complex needs that are impacted by an underfunded social services sector that leads to a lack of available resources and limited collaborative infrastructure. As a recent joint report from OHA & DHS succinctly puts it, “We know when children and youth with serious mental health needs receive coordinated and appropriate services, their functioning substantially improves,”³. One strategy for addressing these concerns is to learn to do more with our current resources by improving the capacity of agencies and organizations to engage in coordination and collaboration.

System-wide barriers are continually being assessed and addressed via the Tri-County System of Care (SOC) tiered governance structures. However, the lack of effective collaboration among agencies and organizations to address the current needs of those actively experiencing barriers to care remains a significant impediment. Consequently, there have been and continue to be various children’s cross-system committees, councils, workgroups, and collaborative efforts throughout Multnomah County children’s system of care aimed at improving health outcomes for multisystem-involved youth. These efforts range in fidelity to Wraparound principles, and their focus on short-term outcomes risks perpetuating harmful system processes.

One of the recent iterations, hosted by DHS and OHA, had a weighted focus on department-specific goals, i.e. reducing the number of foster kids in temporary lodging. The Committee met consistently for over a year, and all meetings were driven and facilitated by OHA and DHS. Following its conclusion, the various system partners involved realized how beneficial it was to have an ongoing cross-system committee. After many conversations with system partners, it became clear that the conclusion of this group represented a considerable loss. Without the availability of true cross-system collaboration, we are ensuring the continuation of ineffective and duplicative efforts to collaborate across the children’s system of care.

The vision of the Tri-County System of Care is to support children, youth, and families “by a seamless, sustainable, comprehensive collaboration across systems and communities, which leads to generations of healthy adults. Services are youth-guided, family-driven, easily accessed, and culturally responsive,”⁴. The SOC offers a strong foundation for improving quality of care, addressing enduring barriers, and they impose a sense of order and alignment between and across a diverse array of services. However, we are still falling short of this vision. Guided by insights from research and analysis and collaborative program development, the 4Cs meets the needs of our developing system of care by providing a flexible space to build cooperative relationships and engage in targeted problem-solving.

-
1. Berry, J. G., Hall, M., Neff, J., Goodman, D., Cohen, E., Agrawal, R., Kuo, D., & Feudtner, C. (2014). Children with medical complexity and Medicaid: spending and cost savings. *Health affairs (Project Hope)*, 33(12), 2199–2206. <https://doi.org/10.1377/hlthaff.2014.0828>
 2. Mossor, L. (2021). Assessing for Interorganizational Collaborative Capacity: Child-serving systems within Multnomah, Clackamas, and Washington County.
 3. Oregon Health Authority, Oregon Department of Human Services. (2018). Oregon’s Child, Youth & Family Continuum of Care: A System in Crisis – Proposed Systemic Solutions. <https://www.oregon.gov/DHS/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/EngagementInnovation/oha-dhs-continuum-care-proposal.pdf>
 4. System of Care: Clackamas, Multnomah, Washington website. Accessed November 10, 2020: <http://www.systemofcare.net/>

Assessing for Interorganizational Collaborative Capacity

OVERVIEW

In conjunction with the development of the novel 4Cs program, a local assessment research study was conducted to understand more about the nature of collaboration within the Tri-County area. Under a shared vision of the Tri-County System of Care governance structure, child-serving organizations are being transformed from a diverse array of services into a unified system of care. This process involves building a shared capacity to engage in coordinated efforts between child-serving systems. The study, *Assessing for Interorganizational Collaborative Capacity: Child-serving systems within Multnomah, Clackamas, and Washington County*¹ focused on the experience of collaborating between the multitude of local child-serving systems and attempted to answer the question,

How well are children’s system of care partners within the Tri-County area able to collaborate throughout their local array of services and supports?

The study was intended to generate knowledge about key factors for successful collaboration between organizations including information sharing, policy alignment, and support for collaborative efforts. Supporting organizations can use the information gained from this study to target investments toward enhancing or developing capacities critical to the performance of youth and family services and the system of care as a whole.

FINDINGS

Findings from this assessment depict a system run by dedicated individuals going above and beyond to ensure that youth and families are served with integrity. Desire for collaboration, positive regard, and strong connections seem to run deep throughout the array of child-serving services and supports within the Tri-County area. Reliance on connections represents a strength, a challenge, and possible leverage. Experienced individuals serve as repositories of historical knowledge which provide some measure of reflective insight that may not be sought after or generated by organizations on their own accord through evaluation, information-sharing, or collaborative learning.

“One of the ways that we succeed in this field is by building connections and nurturing or protecting that historical knowledge.”

Effective collaboration across systems and between organizations is often left undefined, requiring dedicated efforts to foster and cultivate connections workers can rely on to get the job done. Making that extra phone call, completing additional referrals, or maintaining consistent lines of communication can easily fall off the back end when this is not built into one's roles and responsibilities. When time is a precious commodity, effective collaboration loses focus because the labor required to navigate a fractured multitude of incongruous operating processes is disincentivized, under-valued, or unclear.

1. Mossor, L. (2021). *Assessing for Interorganizational Collaborative Capacity: Child-serving systems within Multnomah, Clackamas, and Washington County*.

Collaborative efforts are prevalent throughout the local array of children-serving systems. They are not uniformly established or incorporated, however, leading these efforts to vary greatly in degree, quality, and alignment. This can cause workers to point a finger outward in search of ways to understand the frustrating reality. Scientist and author of *The Limits to Growth*, Donella Meadows provides invaluable insight into understanding complex systems in her final work, *Thinking in Systems: A Primer*. She describes that it's "almost irresistible to blame something or someone else," but "No one deliberately creates those problems, no one wants them to persist, but they persist nonetheless. That is because they are intrinsically system problems— undesirable behavior characteristics of the system structures that produce them,"¹. Strengthening and promoting an effective system of care will require agencies and organizations to ensure collaboration is an embedded operational process, one not left up to good intentions. This means identifying community-facing employees, establishing definitive criteria for activities related to coordination and collaboration, and assuring this work can be carried out by providing adequate time and support for these tasks.

"If I wasn't collaborating with other systems, I wouldn't have a team."

RECOMMENDATIONS

Findings uncover the extent to which negatively impacted flows of information affect workers' ability to engage in coordination and collaboration. Limited time, large caseloads, hindersome, and complicated compliance procedures, and siloed infrastructure all contribute to negative health outcomes for service users, burnout, and wasted resources. "Missing information flows is one of the most common causes of system malfunction. Adding or restoring information can be a powerful intervention, usually much easier and cheaper than rebuilding physical infrastructure,"¹. In the face of an underfunded social services sector and competition for limited resources, local leaders can focus on increasing the ability of child-serving agencies and organizations to collaborate effectively given current structures, assets, and resources. Thoughtful and targeted improvements can bolster already-existing strategies, or address key aspects of effective care coordination. Following are specific recommendations for expanding collaborative capacity throughout child-serving systems.

Recommendations generated from this study include collaboratively developing and implementing specific metrics and guidelines for information sharing, coordination, and cross-system collaborative efforts between organizations, in addition to creating a shared database of information necessary for collaboration and coordination.

An effective system of care enables the coordination of necessary services and supports for children, youth and families. Agencies and organizations that share an overarching goal of promoting the safety, health and wellbeing of service users exist within a common Interorganizational Problem Space². This is the environment within which child-serving systems of Multnomah, Clackamas, and Washington County provide crucial services for a large population with complex needs. The 4Cs contributes to the health of this system by strengthening our collaborative capacity through cooperative relationship building, providing key insights to policy-makers, and developing empowered system navigators.

-
1. Meadows, D. (2008). *Thinking in Systems: A primer*. Chelsea Green Publishing.
 2. Jansen, E., Hocevar, S.P., Rendon, R.G., & Thomas, G.F. (2008). *Interorganizational Collaborative Capacity: development of a database to refine instrumentation and explore patterns*. Naval Postgraduate School, Monterey, California.
<http://hdl.handle.net/10945/445>

Program Development

After many conversations with various system partners, it became clear that the conclusion of this group represented a considerable loss. With this in mind, the Multnomah County Children's System of Care Coordinator conducted assessments such as focus groups, interviews, and surveys, to determine the scope of the issue. Focus Groups played a key role in collaboratively developing a proposal for this Children's Cross-System Collaboration Committee. The 4Cs was created in response to the local need for a flexible and responsive collaborative framework for providers to come together and build lasting cooperative relationships.

Development of the 4Cs draws directly from the original mandate HB 2144¹, the Oregon Wraparound principles, OHA & DHS recommendations, and aligns itself to the vision and mission of the Tri-County System of Care. It is designed to create a flexible and sustainable framework for effective cross-system collaboration by expanding collaborative capacity throughout our system of care. The original 4Cs protocol was developed throughout the Spring of 2020 following cooperative planning efforts with system partners and community stakeholders. With consultation and feedback from Tri-County SOC, Health Share of Oregon, PSU's System of Care Institute, Multnomah County Behavioral Health Division, and leaders in neighboring counties, the original protocol was revised, adapted, and announced in December of 2020.

Feedback and recommendations were earnestly integrated into the ongoing process of program development, and it has served to improve the strength of the proposal and pilot phase. The 4Cs is designed to holistically consider system-wide processes. This means working to optimize the whole by improving the relationships among its parts and implementing structures that support the coordinated directives of the SOC in order to create system-wide change.

"It takes time to make things better for BIPOC families, and none of us have it, so we have to make it the priority. I think this group is doing that and it gives me hope."

Our team engaged in an informal and iterative evaluation process throughout the pilot which included engaging stakeholders, soliciting feedback, piloting changes, and experimenting with new processes. Major changes included developing and adapting equity-focused group agreements, shifting our focus toward provider consultation, and preparing strategic communications.

With the pilot program completed, we are enthusiastic to move forward into the next stages having learned valuable lessons during this time. Thank you to all who have contributed to the ongoing development of this valuable community resource.

1. HB 2144, Oregon 75th Legislative Assembly, 2009 Regular Session. (Oregon 2009). Available at: <https://olis.leg.state.or.us/liz/2009R1/Downloads/MeasureDocument/HB2144/Enrolled>

Milestone	Tasks	Timeframe
1 - Needs Assessment		Jan - March '20
1.1	Interviews, surveys, and Focus Groups conducted to understand community needs gap presented by lack of cross-system collaborative framework	
2 - Determine Approach		April - May '20
2.1	Assessment of Multnomah County Consultation and Access to Resources Committee completed by Darrylann Becker, MSW	
2.2	Collaborative planning and development of original 4Cs protocol	
3 - Develop Program		December '20
3.1	Sought consultation and feedback on proposal	
3.2	Proposal revised, adapted, and announced	
3.3	Announced Pilot program, coordination with system partners	
4 - Getting Started		January '21
2.1	Collectively developed and established foundation for committee processes	
2.2	Introductions and initial relationship building	
2.3	Prepared assessment tools	
3 - Pilot Phase and Assessment		February - April '21
3.1	Expanded collaborative network and began to establish cooperative relationships across organizations	
3.2	Conduct Interorganizational Collaborative Capacity assessment (surveys, interviews, etc)	
3.3	Explored varied committee focuses, drew feedback	
4 - Moving Forward		May - June '21
4.1	Shifted and established informed processes for committee workgroup	
4.2	Developed Issue Brief(s)	
4.3	Created and shared results of assessment and program development report	
4.4	Determined what continuation or conclusion looks like with leadership	

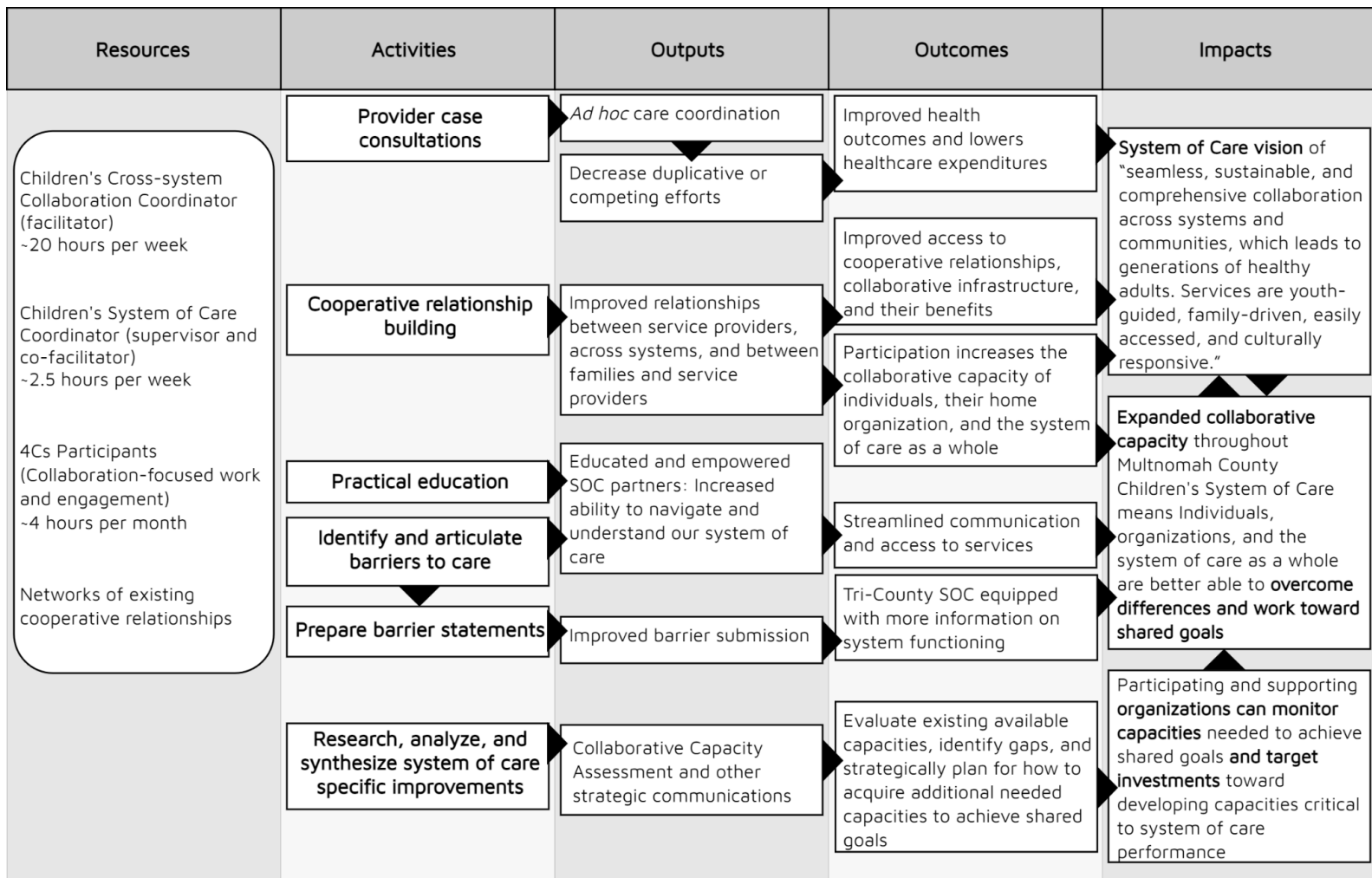
Children’s Cross-system Collaboration Committee

VISION

These are our kids. Child and family-serving systems are seamlessly integrated and flexible. Available services provide holistic, whole-person support to help youth and families thrive.

MISSION

The Children’s Cross-system Collaboration Committee seeks to ensure that child-serving systems work for everyone by centering the value of cooperative relationship building as an essential component of an effective system of care. By cultivating a shared understanding of complex barriers to care, and leveraging the benefits of a strong network, the 4Cs strives to improve the collaborative capacity within Multnomah County in order to support the health and wellbeing of families in our community.



PURPOSE

Impacting complex barriers to care requires developing a complex understanding of these issues. This twice-monthly workgroup is uniquely equipped to provide state and local bodies with key insights necessary to effectively address these enduring barriers. The 4Cs seeks to address gaps in our system of care faced by families and providers actively experiencing complex barriers to services. The committee process is framed within the secondary goal of strengthening our local collaborative capacity and increasing system literacy. In this way, the committee goes beyond providing “band-aid” solutions for issues that are being repeatedly faced by families and service providers by acting as eyes on the ground for identifying enduring barriers to care, generating an effective understanding of the children’s system of care, and coming into alignment with the Tri-County System of Care. Driven by the principles of Wraparound, the 4Cs mirrors the benefits of the wraparound model¹ by acting as a provider case consultation and support system.

The Children’s Cross-system Collaboration Committee offers functional differences and fundamental changes to the currently limited localized collaborative framework. These key differences make 4Cs unique. The 4Cs sits at the intersection of addressing individual barriers generated throughout the system of care, and addressing a system-wide barrier. Not only is the committee structured to give a forum to issues currently being faced by families and service providers, the 4Cs fills the needs gap for a flexible and responsive collaborative framework contributing to cooperative relationship building.

“I appreciate hearing the words I want to say, come from everyone else. It is affirming and gives a language to what we are experiencing as a group, outside the silos we think we live in.”

Examine real cases to identify enduring barriers to coordinate care

Generate a shared understanding of complex system dynamics at the provider level

Contribute to the health and functioning of the local system of care by providing key insights to change-makers

Centers the work of relationship-building as an essential component of effective collaboration

Develop knowledgeable and empowered system partners through regular participation, contributing to an increased collaborative capacity

Support families with complex needs and the providers serving them

1. Walker, J. S. (2008). *How, and Why, Does Wraparound Work: A Theory of Change*. Portland, OR: National Wraparound Initiative, Portland State University.

POPULATION AND FOCUS

4Cs offers a venue for agencies, organizations, and service providers of Multnomah children and youth ages 0-21 who have complex needs requiring intensive services and supports, and are at risk for or require out of home placements, school disruptions, or Juvenile Justice involvement; those with co-occurring and complex needs who interface with multiple systems. A central focus of the 4Cs involves preventing unnecessary system involvement for these youth and families. Barriers being addressed include situations such as:

- ❖ Family or provider is “stuck”: either many things have been tried, or the available options have the potential to cause undue harm
- ❖ Barrier may be improved by increased communication and understanding between various systems parts
- ❖ Issue presents a critical need for collaborative efforts: youth or family is at imminent risk for increased or unnecessary system involvement or safety risks
- ❖ Youth/family is involved with multiple systems (I/DD, Juvenile Justice, Behavioral Health, etc)

Conclusion

In the pursuit of safe and healthy children, families, and communities, effective and streamlined collaboration between child-serving entities is essential. The 4Cs represents a flexible space for providers across systems to build strong, cooperative relationships and increases access to this valuable resource. The Children’s Cross-system Collaboration Committee has been well received by our local community, and enthusiastic members wish to see this workgroup continue into the next stage of development.

During the pilot phase, the committee dedicated time and attention to conversations surrounding racial equity, the nature of effective interorganizational communication, the impact of collaborative learning opportunities, and understanding barriers to care from a Systems Thinking lens. Our team developed and implemented a family-driven, system-focused consultation process that prompted legislative advocacy and empowerment engagement. The workgroup generated a policy impact statement, *Improving Communication Between Counties: Standardizing clinical documentation and information sharing practices*, and deliberated on the impacts of Oregon Senate Bill 710, *Relating to Children in Care; declaring an emergency*.

This important work requires support from agencies and organizations who recognize the value of time dedicated to collaboration-focused work and relationship building. We hope that this committee can find the support needed to continue making positive system-wide impacts within Multnomah County.

Thank you for your consideration.

Resources

- Becker, D. (2020). Assessment of Multnomah County Consultation and Access to Resources Committee completed. Portland State University.
- Beckley, T.M., Martz, D., Nadeau, S., Wall, E., Reimer, B. (2008). Multiple capacities, multiple outcomes: delving deeper into the meaning of community capacity. *Journal of Rural and Community Development*, 3, 56–75.
- Berry, J. G., Hall, M., Neff, J., Goodman, D., Cohen, E., Agrawal, R., Kuo, D., & Feudtner, C. (2014). Children with medical complexity and Medicaid: spending and cost savings. *Health affairs (Project Hope)*, 33(12), 2199–2206. <https://doi.org/10.1377/hlthaff.2014.0828>
- Cheng, A.S. & Sturtevant, V.E. (2011). A Framework for Assessing Collaborative Capacity in Community-Based Public Forest Management. *Environmental Management*, 2012(49), 675–689. DOI: 10.1007/s00267-011-9801-6.
- Franz, J. (2008). *Planning for and implementing system change using the wraparound process*. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children’s Mental Health.
- Jansen, E., Hocevar, S.P., Rendon, R.G., & Thomas, G.F. (2008). Interorganizational collaborative capacity: development of a database to refine instrumentation and explore patterns. Naval Postgraduate School, Monterey, California. <http://hdl.handle.net/10945/445>
- Jivanjee, P., Brennan, E. M., Sellmaier, C., Gonzalez-Prats, M. C., & Members of the Pathways Transition Training Collaborative. (2016). *Achieving cross-system collaboration to support young people in the transition years: A tip sheet for service providers*. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.
- Mossor, L. (2021). Assessing for Interorganizational Collaborative Capacity: Child-serving systems within Multnomah, Clackamas, and Washington County. Portland State University.
- National Wraparound Initiative website. <https://nwi.pdx.edu/>. Accessed: December 10, 2020.
- Oregon Wraparound website. Accessed November 10, 2020: <https://oregonwraparound.org/about/>
- Oregon Health Authority, Oregon Department of Human Services. (2018). *Oregon’s Child, Youth & Family Continuum of Care: A System in Crisis – Proposed Systemic Solutions*
- Stroh, D.P. (2015). *Systems Thinking for Social Change: A practical guide to solving complex problems, avoiding unintended consequences, and achieving lasting results*. Chelsea Green Publishing.
- System of Care: Clackamas, Multnomah, Washington website. Accessed November 10, 2020: <http://www.systemofcare.net/>