

Children's Behavioral Health Highlights

Building Collaborative Teams to Support Youth and Families

Issue #1

Introduction

Care coordinators and family partners commonly work together as a dyad to support youth and families. Each plays a unique role on the team bringing a different set of skills and perspective to the work. These differences in function and role complement one another, enhancing the often complex work of coordinating care for youth with serious behavioral health challenges and their families. While a team-based or dyadic approach to the work has numerous benefits, if not managed well, miscommunication and misunderstandings can damage the working relationship between the care coordinator and family partner, undermining the work with the family.

At the Carson Center for Human Services Community Service Agency (CSA)¹ leaders at the organization observed that conflicts between family partners and care coordinators were sometimes getting in the way of providing quality care to the families served by the CSA. As part of a learning community convened by the statewide Wraparound coaches, leaders at the CSA undertook an initiative focused on strengthening communication and collaboration between family partners and care coordinators.

This brief will describe the steps Carson took to foster teamwork between the family partner and care coordinator teams, the results of their efforts, and lessons learned for other organizations interested in improving communication and collaboration between individuals working as a team to support youth and families.

While the example offered here focuses on strategies for fostering teamwork between care coordinators and family partners, these same strategies may have relevance for other practitioners who work as part of a dyad or otherwise partner to coordinate care for families such as in-home therapists and therapeutic training and support workers or even outpatient therapists and therapeutic mentors.

Defining the issue

Through a series of focused discussions with staff members, agency leaders recognized that family partners and care coordinators did not have a well operationalized definition of effective collaboration. This is a common issue in many areas of human service practice. Values such as “collaboration” or “strength-based” that guide the work are not always well specified enough to help practitioners understand how the value translates into specific tasks or activities. What does good communication “look like” when working with another team member? How does one

¹ The Carson Center CSA is now operated by Behavioral Health Network (BHN).

“do” collaboration? Getting clear about the specifics of these important concepts was a critical first step in improving family partner and care coordinator teamwork.

Agency leaders sent out an anonymous survey and held focused meetings with family partners and care coordinators to gather data about communication barriers and opportunities. They used this information to generate a list of specific collaboration and communication “best practices.” This list essentially served to break-down these abstract concepts into concrete activities. These concepts were then grouped into a few categories.

Scheduling and meeting preparation/follow-up

- De-brief after meetings or calls to ensure both the family partner and care coordinator are “on the same page.”
- Develop a joint agenda ahead of each meeting or call with a family.
- Follow-up by phone/email or in-person after individual meetings with the family to ensure important information is relayed.
- Schedule time to work on documentation together.
- Schedule time together to review progress on goals with the family.
- Schedule visits at the same time with the family when feasible and appropriate.

Respectful communication

- Be kind.
- Do not assume or expect things to happen without discussing them first.
- Do not assume your way is the “right way.”
- If you don’t know something, ask.

- Listen to one another – don’t interrupt.
- Take time to understand your team member’s strengths.
- Treat one another as equals.

Conflict resolution

- Be up front with one another about concerns.
- Schedule “dyad” supervision time to discuss disagreements.
- Talk to one another as soon as a question or concern comes up to try and resolve the problem quickly.
- Work-out differences of opinion *before* meeting with the full team and/or family.

The fact that the list of “best practices” was generated by the care coordinators and family partners themselves helped achieve a high level of buy-in from the staff members for what eventually became “communication and collaboration practice standards.” It also helped the standards feel more authentic and practical.

Moving to implementation

Once the standards for effective communication and collaboration were established, the leadership team had to ensure all staff members were familiar with the standards. A joint training for family partners and care coordinators on the standards was held which included a rich discussion about how to apply the standards in real life situations and ways to overcome barriers to implementing the standards.

While training on the standards was

important, supporting care coordinators and family partners in their ongoing use required other strategies. The senior care coordinator and senior family partner understood that they needed to apply the standards to their own interactions, modeling for staff how to make the standards work. As the senior staff began using the standards, staff observed that the senior leaders were indeed communicating and collaborating better. This served as a powerful incentive for the family partners and care coordinators to begin using the standards more deliberately in their own interactions.

The Carson team began using the Dyad Supervision Questionnaire which is a series of questions answered by the care coordinator and family partner prior to attending dyad supervision.² The questionnaire includes items such as: “What phase of Wraparound are you in with this family?” and “On a scale of 1-10 how would you rate your engagement with this family?” The questionnaire helped to structure the dyad supervision time and to identify areas of congruence or disagreement between the care coordinator and family partner which could be explored together with the supervisors.

Ongoing data collection and performance monitoring became an important part of the quality improvement aspect of this work. Staff at Carson monitored the

² Dyad supervision occurs with the senior care coordinator and the senior family partner together with the care coordinator and family partner.



The Children's Behavioral Health Knowledge Center, located at the Massachusetts Department of Mental Health, was established in Chapter 321 of the Acts of 2008: An Act Relative to Children's Mental Health. The Center's mission is to ensure that: the workforce of clinicians and direct care staff providing children's behavioral health services are highly skilled and well trained; the services provided to children in the Commonwealth are cost-effective and evidence-based; and the Commonwealth continues to develop and evaluate new models of service delivery. The Knowledge Center fills a gap in the children's behavioral health system by serving as an information hub, through its Annual Symposium, [website](#), workshops, and webinars.

number of complaints from staff about communication and collaboration problems, and measured pre-meeting preparation and post-meeting debriefing rates. The team also turned the communication standards into a self-assessment tool to help the care coordinators and family partners monitor application of the standards in their day-to-day work (see attachment). The data from this tool is also used by the senior supervisors to diagnose issues between the family partner and care coordinator teams.

Future planning

As the family partner and care coordinators began seeing positive results, the Carson leadership team saw the potential for collaboration and communication among other partners. Discussions about how to better define the roles of outpatient clinicians, in-home therapists, and therapeutic mentors have begun, as often this lack of clarity of role has contributed to communication problems with these other members of the team. Future work will also include how to operationalize concepts like coordination and “effective communication” when working with behavioral health providers who are not located at the CSA.

Conclusion

Identification of values and principles such as “teamwork” or “collaboration” are a critically important aspect of program development. They set the tone for the work with youth and families, inspire staff, and help define the program and its activities.

Yet, simply stating these values and principles is not enough. For the Caron Center supporting the care coordinators and family partners in working together meant getting clear about how to embody important values such as teamwork and effective communication. While taking the time to do this took effort, it has resulted in improved family partner and care coordinator collaboration. As noted by one staff member, “My overall take away

Additional reading and resources

A Case for Co-Training Wraparound Facilitators & Support Partners
<http://www.vroonvdb.com/a-case-for-co-training-wraparound-facilitators-and-support-partners/>

Building a Quality Family Partner Foundation: Tips for Implementers
[http://www.nwi.pdx.edu/NWI-book/Chapters/Miles-4b.4-\(fam-part-tips\).pdf](http://www.nwi.pdx.edu/NWI-book/Chapters/Miles-4b.4-(fam-part-tips).pdf)

from this is that the work and energy required in the upfront has led us to a place that promises to bring great change to our CBHI programs as a whole and we are optimistic and excited for the future.”

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Care Coordinator and Family Partner Self-Assessment

	All of the time		Half of the time		Never
Scheduling					
How often do you and your partner schedule visits or meetings together?	5	4	3	2	1
Working as a dyad					
How often do you and your partner attend visits or meetings together?	5	4	3	2	1
How often do you and your partner meet or talk with one another to plan and update one another in between those visits or meetings?	5	4	3	2	1
Working independently					
If you have contact with a family or provider by yourself, or go alone to visits or meetings, how often do you prep with your partner before that happens?	5	4	3	2	1
If you have contact with a family or provider by yourself, or go alone to visits or meetings, how often do you de-brief with your partner after that happens?	5	4	3	2	1
	Same day	Next day	Same week	Next week	Never
How long after this solo effort does it take for the de-brief meeting to occur?	5	4	3	2	1
	All of the time		Half of the time		Never
Managing differences of opinion					
If you and your partner disagree on a course of action, how often can you reach a shared opinion on the issue?	5	4	3	2	1
If you and your partner disagree, how often can you “agree to disagree”/maintain your individual opinions, while still carrying out a unified course of action in the situation?	5	4	3	2	1
Conflict resolution					
If you and your partner have a conflict, how often do you speak with them directly about it?	5	4	3	2	1
If you and your partner have a conflict, how often can you successfully resolve it after talking directly with them?	5	4	3	2	1