



# Partners as Assets: Developing an Organizational Strategy to Optimize Partnerships to Advance Community Wellbeing and Health



**COLORADO**  
Department of Health Care  
Policy & Financing

Image: Group of Individuals with hands in the center by hannah-busing



# Session Objectives

- Identify how local partnerships between behavioral health (BH) Providers and community-based organizations can improve outcomes.
- Consider the costs and benefits for various types of partnerships.
- Develop a plan for optimizing an array of partnerships and optimizing support via intermediaries, such as Regional Accountable Entities (RAEs), to meet organizational strategic goals.
- Identify strategies to sustain and grow partnerships using the data they collect and monitor for care planning and continuous quality improvement.



# Partnering to Meet Population Needs



## TAKE A MOMENT TO REFLECT

- Take a moment to consider the reasons that your agency has developed partnerships.
- Think of a few examples of partnerships your organization either has now or wants to have in order to expand access to care and/or improve the quality of care people are receiving in your community.
- Pick a partnership example or planned partnership that you believe will make a significant impact.
- At the prompt, use the chat function to share it with the group.



# Why Partner?

Behavioral health organizations partner for a variety of reasons, such as to:

Access local services for clients that the organization does not provide

Reach populations affected by behavioral health disparities that the organization may not have traditionally served (e.g., cultural brokering)

Coordinate care for those who have complex needs and engagement across multiple systems

Optimize local resources to support those who have the greatest needs

Improve care for populations that require specialized attention

Achieve improved outcomes for shared clients (e.g., performance metrics related to incentive payments/value-based payments for improvements in quality, population health, and access to care)





# Strategic Partnership Planning

“If you bring the appropriate people together as peers in constructive ways with good content and context information, they will create authentic visions and strategies for addressing the shared concerns of the organizations and the community.”

-David Chrislip, *The Collaborative Leadership Fieldbook*,  
Tamarack Institute

# Types of Partnerships

Partnerships could support:



Outreach and  
engagement



Care Coordination



Shared services

- To facilitate access to behavioral health care for populations affected by behavioral health disparities
- To address needs for a person/group
- To support enhanced/expert attention to behavioral health conditions that exceed capacity of either partnering organization



Bi-directional referrals



Enhanced Care

# Collaboration Spectrum

Partnerships in the “blue zone” require trust, time, and attention

	Compete	Coexist	Communicate	Cooperate	Coordinate	Collaborate	Integrate
Definition	Competition for clients, resources, partners, public attention	No systematic connection between organizations	Inter-organization information sharing	As needed, often informal interaction, on discrete activities or projects	Organizations systematically adjust and align work with each other for greater outcomes	Longer-term interaction based on a shared mission, goals, shared decision-making, and resources	Fully integrated programs, planning, and funding

Source: Tamarack Institute





# Standard Partnership Types

988 Suicide and Crisis Lifeline call center and BH Crisis Care providers

Inpatient and residential psychiatric and substance use treatment programs,

Emergency departments, inpatient acute care hospitals and hospital outpatient clinics

Schools, Child welfare/foster care, juvenile justice agencies

Probation and parole, Re-entry agencies, specialty courts

Shelters and housing agencies

Drop-in centers, Recovery Centers, harm reduction programs

Federally qualified health centers/rural health clinics), Indian Health Services

Department of Veterans Affairs medical centers

Independent outpatient clinics

Educational and vocational programs

Aging and disability resource centers

Social and human service providers (insurance navigators, food pantries, transportation programs, intimate partner violence centers, faith-based programs, self help resources, etc.)



# Steps for Establishing a Partnership:

1 - Identify the opportunity for a partnership

2 - Identify partnering organizations that could address the need

3 - Convene leaders from each organization to:

- Align goals
- Establish a commitment to partner, and
- Confirm mutual expectations

4 - Convene managers from each organization to:

- Identify roles and responsibilities for each organization
- Plan for evaluating the partnership
- Design shared protocols/tools for referrals, service coordination, delivery, policies and procedures related to client consent requirements and data sharing with care coordination and reporting, etc.
- Cross train the workforce to support the partnership, if indicated

5 - Develop Memorandum of Understanding/Written agreement

6 - Meet regularly to review progress and continually improve the partnership based on outcomes





## Thought Exercise

- What are some “shared values” your organization seeks in its partnership organizations?
- What steps/actions can you imagine taking to address a disconnect around these core values?



# Resourcing and Formalizing Sustainable and Effective Partnerships

# Funding Partnership Arrangements

## Partnership Costs

- Time spent developing and nurturing partnerships (will vary based on partnership complexity, size, duration and goals)
- Workforce for delivery of shared services
- Data sharing and infrastructure
- Evaluation

## Funding Strategies

- Alignment of agendas/shared goals for mutual advantage
- Grants/Cooperative Agreements
- Institutional investments
- New models for financing care (e.g., CCBHC Demonstration, Pathways HUB)
- Value Based Care contracts

# Formalizing the Partnership Plan

Every Agreement must be customized to reflect the specific partnership.

## Standard components include:

- Roles and responsibilities for each partner related to:
  - planning and monitoring the partnership
  - conducting referrals
  - coordinating care
  - sharing information
- Terms/timeframes
- Compliance with privacy and confidentiality requirements (HIPAA and 42 CFR Part 2, requirements specific to the population)

## Some agreements for shared services also address:

- Mutual understanding and obligations related to client choice, accessibility, insurance and liability
- Plan for compensation





# Developing Your Partnership Plan

# Planning Your Partnerships



Review community needs assessments, annual surveys (consumer and stakeholders), and program data to assess population needs.



Review referral patterns to identify where shared populations are greatest and where low referral rates indicate the need for more formal outreach.



Use program data to identify areas for external reinforcement.



Convene partnership strategy planning sessions or integrate this planning into your formal strategic planning process.



Use the hyperlink shared in the chat or provided in the training description to build your plan.



# Who to Include in Partnership Planning



Consumers and Families



Front Line Staff  
Closest to  
Community



Staff who  
Attend  
Community  
Coalitions



Program  
Directors



Staff who  
Conduct Intake



Representatives  
from the Quality  
Department

# Reviewing Partnerships for Sustainability and Growth



Establish a “champion” for each partnership to:

- Support the relationship
- Assist other staff responsible for implementing the partnership
- Hold accountability for reviewing and reporting progress/value
- Establishing and reviewing expectations for the partnership
- Conducting routine check-ins



Seek opportunities to build/expand the relationship



Review value of the partnership

To better inform our future trainings as well as request topics for office hours, please complete this short survey. Use the QR code or short URL to access it. Your feedback is important. Thank you!



<https://bit.ly/bhprovidertrainingsurvey>



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# Appendix A: Additional Resources

## Office Hours

Last Friday of the month (April-June) @ 12pm MST, [Register Here](#)

## Listserv

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: [Register Here](#)

## HCPF Safety Net Provider Website

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <https://hcpf.colorado.gov/safetynetproviders>

## TTA Request Form and E-Mail

Request TTA support or share your ideas, questions and concerns about this effort using the [TTA Request Form](#) or e-mail questions and comments to: [info@safetynetproviders.com](mailto:info@safetynetproviders.com)



# Appendix B: References

- David Chrislip: The Collaborative Leadership Fieldbook
- The Collaboration Spectrum Revisited. The Tamarack Institute chrome-extension://efaidnbnmnibpcajpcglclefindmkaj/https://www.tamarackcommunity.ca/hubfs/Resources/Publications/Collaboration%20Spectrum%20Revisited\_Liz%20Weaver.pdf
- National Council for Mental Wellbeing, Certified Community Behavioral Health Clinics Contracting and Community Partnerships Toolkit, January 2024 <https://www.thenationalcouncil.org/resources/ccbhc-contracting-and-partnerships-toolkit-for-ccbhc-expansion-grantees/>

