

A well-functioning Community Collaborative requires:

- ✓ Diverse representation from the community it serves, including parent/caregivers and youth who have accessed behavioral health services
- ✓ Support from local leadership (local agencies and county government) and state leadership.
- ✓ Staff’s primary responsibility is to assist the CC in the development of the local SOC. These individuals are the intermediaries between the field and systems. They act as translators between the field realities and the standard setting/systems level analysis. They need to be able to facilitate the following CC activities
 - Developing of strategic plans including desired outcomes;
 - Monitoring the progress of the strategic plans, through gathering data and analyzing with a health equity lens;
 - Mapping resources and supports in the local SOC to identify the gaps/ duplications;
 - Implementing collective impact strategies with other cross-system partnerships across the CC catchment area to focus the commitment, resources and capabilities on a common goal; and
 - (Across Collaboratives) – Developing a Peer Network among the State and Collaboratives.

To become an effective and well-functioning, collaborative membership will need to develop the following skills:

- Understand the elements that support a flourishing SOC and be able to articulate the strengths and challenges of their own collaborative.
- Understand DMH/DD/SAS goals and objectives and know the performance measures and progress indicators to which that Tailored Plans will be held accountable.
- Recruitment of a multi- diverse membership – representative of community it serves.
- Recognize the significance of cultural and linguistic differences in their community and learning how to be responsive to the varying needs.

- Learn how to promote an authentic positive Collaborative climate without obscuring the underlying tension of conflicting idea.
- Educate/Train on Family Driven/Youth Guided Philosophy. Identify ways to operationalize this at both the Collaborative level and at the local service delivery level.
- Identify common issues to work on with other child-serving interagency/stakeholder groups.
- Learn how to use data in the strategic planning and monitoring process.
- Learn how to standardize practice within the Collaborative and be consistent in that practice. (Usually accomplished through development/evolving bylaws)
- Learn how to collect, analyze and use data to set specific objectives (within the CC's control) to impact the issue they've prioritized.
- Active participation in moving from planning into action quickly.

What help will be needed to get to this level of functioning and skill development:

- There are 24 LME/MCOSOC Coordinators, 17 Family Leads, and 69 local Community Collaboratives. Ambitious plan for expanding local SOC development capacity across the state. Will need to develop multiple co-design, consultation, and "make it happen" groups. Necessary to bring in **Implementation Science** expertise to help to stage the work and create an outline for implementation.
- Technical assistance expertise that will assist willing SOC Collaboratives in learning **how to identify outcomes** for their strategic plans and **use data to formulate the plan** and measure its progress.
- Given the #s of individuals who are part of the SOC Network (stated above) will need a technical assistance group that will be able to provide **ta coordination strategy and reporting process** across the CCs around the state.
- **Expertise in child policy reform and supporting cross-system implementation.** Able to use that knowledge to help CCs in local communities to connect/network with other local multi-agency partnerships.

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Rough Draft excerpt from SOC Vision 2025 Paper

- **Training in understanding the concepts of health disparity/health equity and technical assistance in applying those concepts to behavioral health data.**
- Partnering with the **State Collaborative** to use their resources to support components of the plan.