



## SECTION #9

# Faith-Based Culture and Community

- Key Ministry Presentation: Helping Churches Support Individuals and Families Affected by Mental Illness
- Faith-based Resources List
- SAMHSA: One Voice, One Community: Building Strong and Effective Partnerships Among Community and Faith Organizations
- SAMHSA: Information for Faith-Based and Community Leaders

# Helping Churches Support Individuals and Families Affected by Mental Illness

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**Cultural Influence and Health Care Series:**  
**Faith-Based Culture and Community**  
**Sponsored by Stark County MHAR Board**  
**Presented at Malone University**

**June 21, 2018**



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# Educational Objectives

Through participating in this activity, attendees will:

- Identify seven barriers to church participation for children and adults with common mental health conditions and their families.
- Explore potential areas of collaboration between churches and mental health/social service providers in serving families impacted by mental illness.
- Discuss ways in which mental health professionals and support staff can advocate for inclusion of persons with mental illness within their places of worship.



# Building a bridge between two worlds...



# Why the disconnect between churches and the mental health community?

## Why churches are resistant

- What pastors have been taught about mental illness
- Existence of “parallel” mental health system
- Fear that mental health professionals will seek to undermine efforts to encourage attendees to live in accordance with their faith.

## Why the mental health community is resistant

- Concern that churches discourage evidence-based treatments
- Lack of recognition of how religion shapes the thoughts and actions of individuals outside of worship services.
- We often sit on opposite sides of a cultural divide



# Why would mental health agencies & professionals partner with churches?

- Approximately one quarter of persons seeking mental health care turn to a member of the clergy first.
- More people with mental health issues turn to clergy than psychiatrists.
- One in six persons who approach clergy for help are experiencing serious mental illness
- The intensity of care and support provided by churches doesn't match the severity of illness.



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# Persons of faith with mental illness want more support from their churches

- 74% want churches to help families find local resources for support and dealing with the illness
- 63% want churches to talk about it openly so the topic is not so taboo
- 61% want churches to improve people's understanding of mental illness
- 58% want churches to provide training for members to better understand mental illness
- 57% want churches to increase awareness of how prevalent mental illness is today



# A big disconnect!

- 68% of pastors believe their churches maintain mental health referral lists, compared to 28% of family members of adults with mental illness.

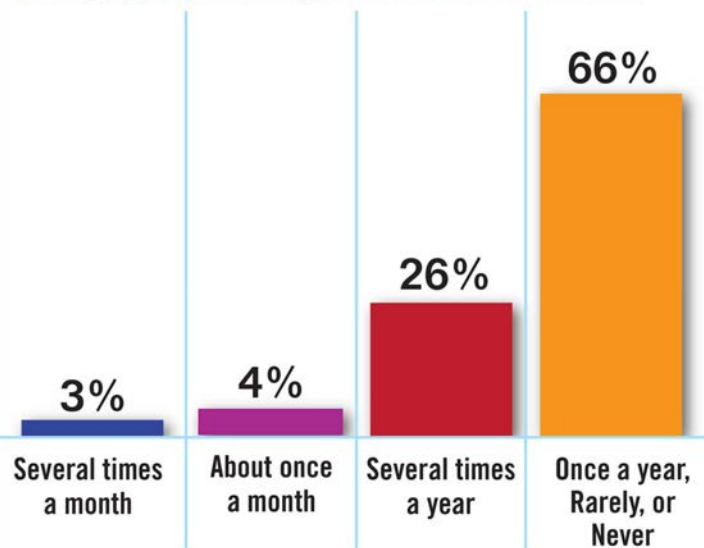




# Talking about mental illness

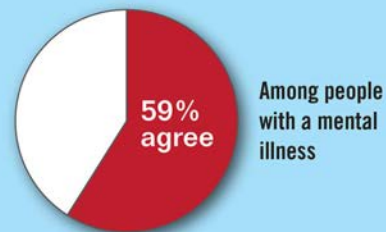
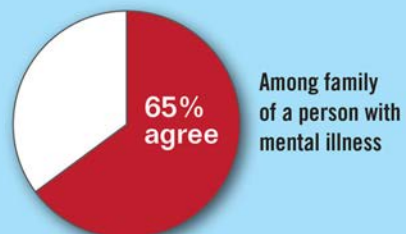
## TALKING ABOUT MENTAL ILLNESS

How often pastors speak to the church in sermons or large group messages about mental illness.



Notes: 1% Don't know. Numbers do not total 100% due to rounding.

Want their church to talk openly about mental illness, so the topic will not be a taboo.



# Services churches can provide to families affected by mental illness

- Counseling
- Respite
- Referral services
- Meals
- Short-term financial support for treatment needs
- After-school programs
- Extracurricular activities
- Tutoring at-risk kids



# Why is church involvement difficult for families affected by mental illness?

- Attributes of common mental conditions cause difficulty functioning in common ministry environments.
- Church culture – our expectations for how people should act when we gather together



# Some church activities are especially stressful...

## Churchgoer Leaps Through Window To Escape Holding Hands In Prayer Circle

August 17, 2017



Share on Facebook



Tweet on Twitter



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# Seven barriers to including families impacted by mental illness at church...

- Stigma
- Anxiety
- Capacity for self-discipline-*executive functioning*
- Sensory processing differences
- Necessary social communication skills
- Social isolation
- Past experiences of church



# Stigma as a barrier...

**WHAT THEN IS WRONG WITH THE “MENTALLY ILL?” THEIR PROBLEM IS AUTOGENIC; IT IS WITHIN THEMSELVES.**

*Jay Adams*

- Mental illness defined as sin or a parenting problem
- If it's not a disability, why would disability ministry serve them?
- Widespread perception they're not welcome at church



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# A perception churches need to overcome among outsiders

## PEOPLE WHO DISAGREE:

If I had a mental health issue, I believe most churches would welcome me.



# Anxiety as a barrier...

CORE DIFFERENCE:  
PEOPLE WITH ANXIETY  
MISPERCEIVE RISK IN  
UNFAMILIAR  
SITUATIONS

- Social anxiety
- Separation anxiety
- Agoraphobia

Fears specific to church:

- Fear of scrutiny
- Performance worries
- Anxiety results from lack of faith



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# Executive Functioning as a barrier...

COGNITIVE ABILITIES INVOLVED  
IN MODULATING OTHER  
ABILITIES AND BEHAVIORS

- Behavioral inhibition
- Verbal working memory
- Non-verbal working memory
- Emotional self-regulation
- Reconstitution



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**“People in the church believe they can tell when a disability ends and bad parenting begins.”**



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# Sensory processing as a barrier...

**PERSONS WITH SENSORY PROCESSING DIFFERENCES MAY EXPERIENCE AS AVERSIVE NOISE, LIGHT, TOUCH AND SMELLS THAT OTHERS FIND ENGAGING**

## **Challenges for kids:**

- Pick up and drop-off times
- High energy worship
- Aggression

## **Challenges for adults:**

- Greeting times (hugging, handshakes)
- High-energy worship
- Multiple conversations in close proximity



# Social communication as a barrier...

**WHAT CHALLENGES MIGHT SOMEONE ENCOUNTER AT CHURCH IF THEY STRUGGLE TO PICK UP ON SOCIAL CUES?**

- Body language
- Tone, inflection of voice
- Facial expressions

**Church-specific challenges:**

- Small groups
- Small talk
- Bullies
- Unfamiliar situations



# Social isolation as a barrier...

**HOW DO FAMILIES FIND  
YOUR CHURCH IF THEY  
DON'T CONNECT WITH  
FAMILIES ATTENDING  
YOUR CHURCH?**

- Often a consequence of mental illness for established families
- Less involved in activities attended by others who attend church
- Time, financial burdens of pursuing treatment
- Lack of affordable child care leaves parents with fewer social outlets



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# Past experience of church as a barrier...

## THE APPLE OFTEN DOESN'T FALL FAR FROM THE TREE!

- Children of parents with bad (or no) church experiences aren't going to church
- Kids depend on parents for transportation
- Parents struggle with mental health issues too!
- Inconsistent attenders?



# Areas of potential collaboration between churches and the mental health system

- Facilitating referrals
- Educating pastors and church staff
  - Mental Health First Aid
  - Becoming trauma-informed
  - Training in evidence-based counseling approaches
- Promoting availability of mental health support
- Innovations
  - Respite care
  - Recruiting families for foster care/adoption
  - Placing counselors/therapists in churches, schools
  - Housing



# What can individuals serving in mental health care do?

- Advocate for a mental health inclusion strategy in your church
- Volunteer to serve as a mental health liaison in your church
- Offer to start a mental health support group in your church
  - Grace Groups (Mental Health Grace Alliance)
  - Fresh Hope groups (Fresh Hope)
  - Celebrate Recovery (Saddleback Church)
  - NAMI





# Coming alongside churches interested in mental health ministry

MENTAL HEALTH RESOURCES  
FROM KEY MINISTRY



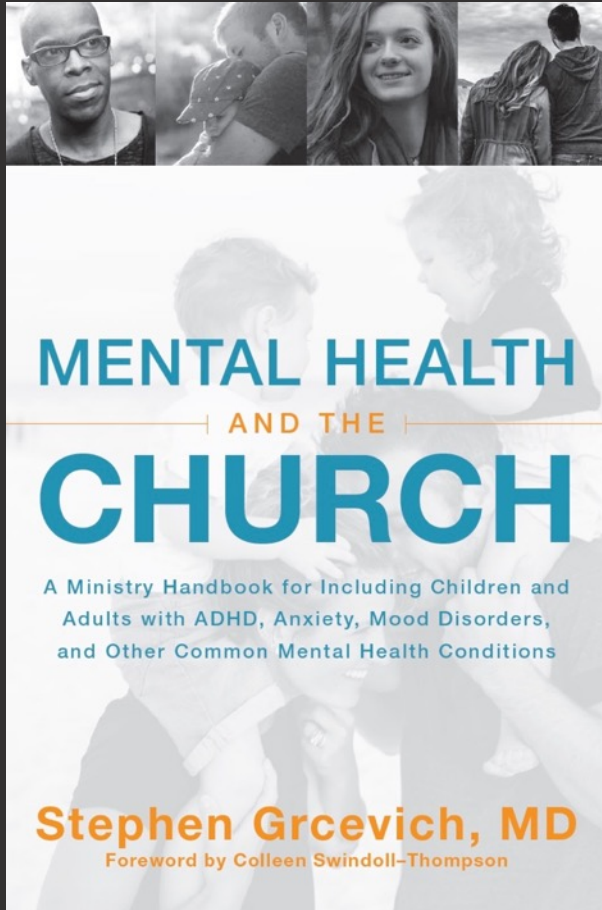
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# Help from Key Ministry

- Training
  - Conferences
  - Video training
  - Book study
- Consultation
  - Available to church teams
- Resources
  - Networking with other ministries
  - Social media, sermon videos, research to support your ministry
- Support



# Connect with Key Ministry



- [www.keyministry.org](http://www.keyministry.org)
- Twitter: @KeyMinistry
- [www.facebook.com/keyministry](http://www.facebook.com/keyministry)
- [www.keyministry.org/contact/](http://www.keyministry.org/contact/)



# Stay in Touch!

Key Ministry Website: <http://www.keyministry.org>

Church4EveryChild...Key Ministry Blog:  
<http://www.church4everychild.org>



<http://www.facebook.com/keyministry>



<http://www.pinterest.com/keyministry/>



<http://twitter.com/#!/drgncevich>  
<http://twitter.com/#!/KeyMinistry>



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**Cultural Influences and Health Care Series:  
Faith-Based Culture and Community**

*June 21, 2018*

**WEBSITES & DATA RESOURCES**

***General Resources***

Key Ministry Website

<http://www.keyministry.org>

Church4EveryChild: Key Ministry Blog

<http://www.church4everychild.org>

United Church of Christ (UCC) Mental Health Network

[mhn-ucc.blogspot.com/](http://mhn-ucc.blogspot.com/)

NAMI: Faith & Spirituality

[nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Faith-Spirituality](http://nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Faith-Spirituality)

For Community and Faith Leaders: Creating Community Connections for Mental Health

[mentalhealth.gov/talk/faith-community-leaders](http://mentalhealth.gov/talk/faith-community-leaders)

SAMHSA: Faith-based and Community Initiatives (FBCI)

[samhsa.gov/faith-based-initiatives](http://samhsa.gov/faith-based-initiatives)

***Education Resources***

Temple Israel - Canton

[templeisraelcanton.org/](http://templeisraelcanton.org/)

Reform Judaism

[urj.org/what-we-believe/what-reform-judaism](http://urj.org/what-we-believe/what-reform-judaism)

Islamic Society of Northeast Ohio

[isneo.org](http://isneo.org)

Islamic Council of Ohio

[ic-ohio.org](http://ic-ohio.org)

Islamic Society of North America  
[isna.net/](http://isna.net/)

Ohio Baha'i  
[ohiobahai.org/](http://ohiobahai.org/)

The Bahá'í Faith  
[bahai.org/](http://bahai.org/)

### ***Support Group Resources***

**Reformer's Unanimous Addictions Program - Canton Baptist Temple**  
Phone: 330-933-3244  
Email: [mfisher@cantonbaptist.org](mailto:mfisher@cantonbaptist.org)

**Hope United's Faith-based Support Groups:**  
The Well, Loving with Grace, and Love Bears All  
[hopeunited.life/support](http://hopeunited.life/support)

### ***Additional Resources***

Stark County CIRV- Community Initiative to Reduce Violence  
[facebook.com/Stark-County-CIRV-Community-Initiative-to-Reduce-Violence-751812381569235/](https://facebook.com/Stark-County-CIRV-Community-Initiative-to-Reduce-Violence-751812381569235/)

# Information for Faith-Based and Community Leaders

## Introduction

On June 3, 2013, President Obama convened a National Conference on Mental Health at the White House. Dozens of commitments by organizations representing media, educators, health care providers, faith communities, and foundations to increase understanding and awareness of mental health were announced at the conference.

Increasing awareness of mental health issues and making it easier for people to seek help will take partners working together. Faith and community leaders can play a significant role in helping to educate individuals and families about mental health.

## What is mental health?

Mental health is an essential part of overall health and well-being of individuals, families, and communities. A person's mental health includes how they handle stress, manage emotions, relate to other people, make decisions, and perceive the world and their sense of purpose in life.<sup>i</sup>

Mental health problems affect virtually all communities in our country. Approximately one in five Americans over age 18 will experience a mental health problem this year.<sup>ii</sup> There are 45 million adults with any mental illness over the age of 18 in the United States<sup>iii</sup> and currently suicide is the third leading cause of death among 15-24 year-olds.<sup>iv</sup> However, we know that people can and do recover from mental health problems.

## Important Information for Faith and Community Leaders

By taking part in this important discussion about mental health, faith and community leaders can help individuals and families in need by lifting up messages of support and providing information on how to access services if necessary.

- When individuals and families face mental health problems, many turn to trusted friends and communities. As leaders and members of congregations, and faith-based and other community organizations, your voices add great value to efforts to reduce negative attitudes about mental health conditions and those who experience them.
- Faith and other neighborhood leaders are often first responders when an individual or family faces a mental health challenge or when a community experiences a traumatic event. Knowing how to respond to these events can make a huge difference in how the individual and community copes and heals.

- Negative attitudes and discrimination of people with mental illnesses can impede recovery.<sup>v</sup> Religious and civic leaders can help lessen negative attitudes, fear, and discrimination against people with mental illnesses by creating a safe and supportive environment where people can openly talk about mental health issues. Empathy and active listening can help build relationships and support recovery for people living with mental illnesses.
- Community connectedness and support, like that found in faith-based and other neighborhood organizations, are important to the long-term recovery of people living with mental illnesses.<sup>vi</sup>
- Your understanding of behavioral health and the many pathways to recovery can help people achieve their full potential.

## What Can Faith and Community Leaders Do To Become Part of Community Conversations About Mental Health?

If they chose to do so, faith and other community leaders can have a significant role in increasing understanding and awareness of mental health, encouraging individuals experiencing mental health problems to seek help, and helping to build resilience and well-being in individuals and communities.

These leaders can help by taking steps such as:

- Identifying opportunities to discuss the importance of mental health, facts about mental illness, and the role that the religious and other community organizations can play in supporting individuals living with mental illnesses and encouraging them to seek help.
- Organizing additional meetings, dinners, or other gatherings for members of your congregation or community to have conversations about mental health.
- Creating a welcoming, supportive, safe and non-judgmental environment to address mental health issues within the congregation and in community settings.
  - Let people know it is okay to talk about mental health.
  - Talk about mental health with an approach that supports prevention, treatment and recovery.
  - Encourage people experiencing mental health problems – and their families – to seek help and assist them in finding help when needed.
  - Promote positive mental health through fellowship.
  - Foster opportunities to build connections with individuals and families dealing with mental health challenges through a spirit of trust and acceptance.



- Recognize and support individuals with mental illnesses regardless of whether they are doing well or needing additional assistance.
- Consider offering your organization’s meeting spaces for community conversations and support groups focused on addressing mental health issues.
- Planning and facilitating a community conversation using SAMHSA’s *Toolkit for Community Conversations About Mental Health*. The toolkit provides information about how to plan a community conversation, how to guide these discussions, and includes information about mental health issues to use during the discussion.
- Sharing the *Toolkit for Community Conversations About Mental Health* with your colleagues and leaders in other organizations.
- Developing relationships with local mental health service providers and helping to direct individuals and families in need to available services and supports in the community.
- Inviting local experts on mental health issues to speak at community gatherings and educational hours.
- Committing to ongoing involvement and outreach.

If you or someone in your community is looking for experts to serve as speakers or to link to other local services, please visit [MentalHealth.gov](http://MentalHealth.gov) for a list of partner organizations that can serve as a resource.

*Together* we can help improve America’s health and the health of our families and communities.

For more resources visit [www.MentalHealth.gov](http://www.MentalHealth.gov) and [www.SAMHSA.gov](http://www.SAMHSA.gov).

### **Where can I find help for myself, a congregation member, a family member, or a friend?**

If the situation is potentially life-threatening, get immediate emergency assistance by calling **911**, available 24 hours a day.

- If you or someone you know are suicidal or in emotional distress, contact the **National Suicide Prevention Lifeline at 1 (800) 273-TALK (8255)**. Trained crisis workers are available to talk 24 hours a day, 7 days a week.
- To find help in your community, contact the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) **Treatment Referral Line at 1-800-662-HELP (4357)** available Monday through Friday from 8 a.m. to 8 p.m. EST.
- You can also access the **Treatment Locator** online by visiting [www.SAMHSA.gov](http://www.SAMHSA.gov) or [www.MentalHealth.gov](http://www.MentalHealth.gov).

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<sup>i</sup> U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; National Institutes of Health, National Institute of Mental Health.

<sup>ii</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings* (NSDUH Series, H-45, HHS Publication No. (SMA) 12-4725). Rockville, MD. Retrieved from [http://www.samhsa.gov/data/NSDUH/2k10MH\\_Findings/2k10MHResults.htm](http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHResults.htm)

<sup>iii</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings* (NSDUH Series, H-45, HHS Publication No. (SMA) 12-4725). Rockville, MD. Retrieved from [http://www.samhsa.gov/data/NSDUH/2k10MH\\_Findings/2k10MHResults.htm](http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHResults.htm)

<sup>iv</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2010). *National Vital Statistics System, National Center for Health Statistics. Web-based Injury Statistics Query and Reporting System (WISQARS)* [online]. Retrieved from [http://www.cdc.gov/injury/wisqars/pdf/10LCID\\_All\\_Deaths\\_By\\_Age\\_Group\\_2010-a.pdf](http://www.cdc.gov/injury/wisqars/pdf/10LCID_All_Deaths_By_Age_Group_2010-a.pdf)

<sup>v</sup> Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, National Association of County Behavioral Health & Developmental Disability Directors, National Institute of Mental Health, & The Carter Center Mental Health Program. (2012). *Attitudes Toward Mental Illness: Results from the Behavioral Risk Factor Surveillance System*. Atlanta, GA: Centers for Disease Control and Prevention.

<sup>vi</sup> U.S. Department of Health and Human Services, Office of the Surgeon General. (2011). *National Prevention Strategy*. Washington, DC: National Prevention Council. Retrieved from <https://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf>.

# ONE VOICE, ONE COMMUNITY:

Building Strong and Effective Partnerships  
Among Community and Faith Organizations



Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover



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# 1. Introduction

No single organization or person can address the multitude of services needed to help people affected by mental health or substance use conditions. The Government is no exception. While the Government can provide financial support and technical assistance to communities to deal with these challenges, it recognizes that the best sources are the people who live, serve, and work in the community and the best results are often seen when they undertake such action together.

Today, in the United States, community partnerships are being established around many local challenges, including efforts to promote wellness and overcome issues associated with mental health and substance use conditions. In addressing these matters, unlikely alliances are being formed among community service organizations, the Government, the private sector, health and education systems and, in recent years, with grassroots faith-based organizations.

There is a growing national recognition that partnerships including faith-based organizations are beneficial and offer a unique perspective in responding compassionately to the human condition. The U.S. Department of Health and Human Services' Substance Abuse Mental Health Services Administration (SAMHSA) recognizes the valuable contribution and crucial roles that these organizations play in community prevention, treatment, and recovery efforts.

To encourage community partnerships among community and faith-based organizations, SAMHSA convened the first *Community Leaders and Interfaith Partnership Summit* (the 2010 Summit) in the Washington, DC, area. SAMHSA invited leaders of faith and secular organizations from 15 economically depressed U.S. communities with documented high rates of mental and substance use conditions.

The goal of the 2010 Summit was to provide an opportunity for leaders to establish a framework for community partnerships to meet the diverse needs of individuals and families once they returned home. In many cases, these leaders worked in the same community—often laboring to solve the same problems and sometimes even supporting the same people—but did not know each other or work together.

The 2010 Summit challenged participants both to solidify the partnerships formed during the 2010 Summit and engage new community stakeholders in their efforts.

Alliances established as an outgrowth of the 2010 Summit represent a coming together of leaders from several service sectors:

- Community-based and faith-based prevention, treatment, and recovery programs
- Federal Qualified Health Centers
- Social service organizations
- Education
- Law Enforcement

Sustaining a community collaborative effort is not an easy endeavor. It takes more than just developing a framework for community partnerships. For a collaborative partnership to succeed, it requires effective leadership and technical assistance to support the sustainability of the collaborative effort.

To improve the likelihood that these community partnerships would remain intact when people returned to their communities, SAMHSA employed two significant technical resources—a consultant facilitator and an organization coach. The facilitator assisted each group with creating an actionable strategic plan to advance the collaborative agenda. The organization coach helped leaders and facilitators navigate through emerging challenges and complex issues in the new partnerships.

As of the writing of this publication, 10 of the original 15 communities are in their second year together and remain active in their communities and with SAMHSA. These community collaboratives show real promise as models for establishing locally-driven alliances—joining faith and secular partners to address community issues, specifically those touching individuals and families coping with substance use and mental health conditions.

The following list represents 10 of the active community partnerships working together as a result of the 2010 Community Leaders and Interfaith Summit:

- Birmingham Recovery Network (BRN) — Birmingham, AL
- Community Health Interfaith Partnership (CHIP) — Atlanta, GA
- Families Moving Forward (FMF) — Milwaukee, WI
- Los Angeles Community Health and Moving People to Success (L.A. CHAMPS) — Los Angeles, CA
- Michigan Community Coalition for Change (MC3) — Detroit, MI
- New York Recovery Community Coalition (NYRCC) — New York, NY
- Northern California Care Coalition (NCCC) — Oakland, CA
- One Purpose, One Voice — Columbia, SC
- Southeast Louisiana Behavioral Alliance of Community and Faith-Based Organizations (SELA) — New Orleans, LA
- We Connect DC Metro Collaborative — Washington, DC



## Scope of the One Voice, One Community Video and Guide

**T**he *One Voice, One Community: Building Strong and Effective Partnerships Among Community and Faith Organizations* video and guide highlights and chronicles some of the unique experiences of the SAMHSA 2010 Summit community partnership teams. They provide general instruction and outline the steps taken by these teams in finding common ground and establishing a foundation for sustained strategic partnerships among community and inter-faith leaders to support prevention, treatment, and recovery needs in their communities. These products offer strategies, benefits, and building blocks for developing a community collaboration model generally; they specifically assist the organizations to focus on the diverse needs associated with mental health and substance use conditions.

In the video, community partnership team members further elaborate on the benefits and challenges of working together (secular and faith). The intent is to help communities, which are interested in starting a collaborative or need help in enhancing an existing one, to understand the basic considerations necessary to ensure a successful partnership that brings together secular and faith organizations.

Although the guide devotes significant discussion to partnerships between faith and secular organizations, the underlying information is applicable for any community partnership. For that reason, these tools should be of value to readers/viewers whether they are involved in the development or the enhancement of local partnerships that are purely community-based, exclusively faith-based, or combine stakeholder types.

This guide covers six critical areas:

- Building a Case for Sustainable Partnerships between Secular and Faith-Based Organizations
- The Planning Phase
- Organizational Structure
- Membership
- Leadership
- Leveraging Community Resources



## 2. Building a Case for Sustainable Partnerships between Secular and Faith-Based Organizations

### Faith-Based Organizations in Perspective

If asked to list community organizations that help people coping with mental health or substance use disorders, or that offer supportive services to them and their families, the response probably will depend on the person being asked. For many service *providers*, a list of government, private, or even grassroots clinics, treatment centers, and hospitals typically comes to mind. However, when the same question is posed to service *recipients*, especially those from a faith background, the responses are likely to include a range of services and supports, including many offered by churches and other faith-based organizations (sometimes referred to as *FBOs*).

Faith-based organizations have a long-standing history in the community of providing support to people in need. They often are the first place to which people turn when facing life challenges — for themselves or for family members. Because of their position at the heart of many communities, FBOs over time have developed unique and commonly recognized resources that strengthen the whole community's service delivery system.

As far back as 1872, FBOs have provided spiritual counseling, shelter, food, child care, healthcare, social services, transportation,

literacy support, job readiness training, and a host of other resources within the community. They have been at the forefront, addressing significant societal problems and working across racial, social, economic, and even faith lines to meet needs and to support the quality of life of individuals and families.

Today, FBOs range in size and scope, from very small operations focusing on a specific issue to some of the nation's largest and most dynamic organizations. Whatever their composition, on a daily basis, they address the needs of those within their communities. Moreover, they make those services available through the contributions of time, finances, and other resources of congregants and supporters, often without government assistance.

There are far-reaching benefits of having faith-based organizations active in the delivery of social services in general and behavioral health and recovery support services in particular. The services offered by these groups not only address basic substance use and mental health needs but assist in shaping individuals' lifestyles in many ways. FBOs are instrumental in promoting wellness and enhanced quality of life, in treating mental and substance use disorders, and in preventing relapse. Many are excellent referral sources and key resource partners to substance use and mental health programs.

## Community Partnerships Involving Faith-Based Organizations

In recent years, because of rising need, limited resources, and a realization that holistic approaches increase success outcomes, service providers are finding it essential to work together in unprecedented ways. That message of collaboration is coming from government sectors, from the philanthropic world, and from academia. It is challenging service providers to rethink how, and with whom, they function and to determine if, by partnering with others, they can meet more of the need in a more effective way.

While some question the value of partnering with faith groups, the facts bear out that FBOs are vital resources for any community seeking to address the basic needs of individuals and families affected by substance use and mental health conditions. Through their connection to people, FBOs hold a central position in the community. They are poised to reach hearts and to assist people to transform their lives so that they can thrive.

For many secular community agencies, however, establishing valuable and sustainable partnerships with faith-based groups may pose significant challenges. Some may lack a clear understanding of the various faiths within the community, the cultures surrounding each, and the steps to begin a dialogue. Others may have reservations about whether culturally diverse organizations really can work together successfully.

In some respects, the skeptics are right. These partnerships can be challenging.

Services that faith groups provide often are faith-driven; that is, the services adhere to the tenants of the Bible, the Koran, the Torah, and so forth. They may be fueled by, and not easily separated from, the dictates of the providers' faith. They may be less couched in best prac-

tices and outcomes than in spiritual and life transformation, which is challenging for those secular service providers who sometimes view spirituality as an unproven mode of service delivery or pathway to recovery. Consequently, for some, the differences may pose an insurmountable challenge to incorporating faith groups into community partnerships.

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*For many secular community agencies, however, establishing valuable and sustainable partnerships with faith-based groups may pose significant challenges.*

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Despite the challenges, though, faith groups bring a host of benefits to the community partnership table. They are:

- Trusted, credible, and have personal relationships within the communities they serve
- Cultural cornerstones within the community
- Responsive to emergent community needs (e.g., natural disasters, family emergencies, community trends) and can customize programs and services to address these conditions
- Located in the community and can reach underserved individuals whose needs might not otherwise be met
- Social healers

In reality, in order to meet the multiple needs of people struggling with behavioral health disorders, communities must move to harness the power of *both* faith and secular community organizations. Both sectors bring unique strengths and vital resources to the table. Consequently, stakeholders on both sides must be viewed as critical to any communitywide effort and as equal partners in the relationship.

To build such relationships, though, members must find common ground, common values,

and common beliefs. That does not mean that they all must hold the same beliefs — faith or otherwise. On the other hand, it does mean that they must unify around a mission for their community effort that transcends their differences. They must agree on a collaborative framework to drive their planning activity. They also must commit to working together to carry out a sound implementation plan. Arriving at such a meeting of the minds takes time but, for the sake of the community, it is worth the investment.



## 3. The Planning Phase

People usually are drawn to a community partnership because of a community issue or problem that requires action. However, jumping in and starting to work together before a good plan is in place invites both costly missteps and time delays. If a community collaborative is going to be successful in addressing community problems, it must first take the time to plan its approach.

The initial planning to develop a community partnership framework began at SAMHSA's 2010 Summit. Planning sessions helped participants consider if, and then how, they might work together.

### Assistance from a Neutral Facilitator

At the Summit, SAMHSA assigned a facilitator to help each team with the partnership formation process. Upon returning home, each team was assigned a permanent facilitator to provide support around interpersonal, communication, and conflict-resolution skills. The facilitator served as an objective third party during strategy sessions, bringing the value of impartiality to the discussion. As each group progressed through the various group-formation stages, the facilitator helped team leaders to guide the process so that the group stayed on track, that participants had their voices heard, and that time was

used efficiently and effectively. (*A copy of the SAMHSA facilitator position description appears at the end of this section.*)

#### *Building Blocks — Employing the Skills of a Facilitator*

- **Take time at the beginning of the process to determine the facilitator's role, expected length of service, and compensation.** Clarity is important for setting expectations about key matters, such as scope of services, timeframe, pay, and deliverables.
- **Select a neutral facilitator.** Choose a facilitator who is not officially affiliated with any of the member organizations to eliminate an actual or a perceived bias.
- **Choose a facilitator who understands the strategic thinking process.** The facilitator's role is not to be a subject-matter expert on the target issue(s). Instead, the facilitator's role is to assist the partnership in the process of forming, of defining itself and its direction, and of developing a plan of action to advance its strategy.
- **Realize that the facilitator is not the group leader.** The facilitator supports the team's leadership but is not a formal or permanent part of the team's leadership structure.

- **Bring the facilitator relationship to a close at the right time.** If the facilitator is not a good fit for the group, is not meeting performance expectations, or reaches the end of the engagement period, bring the ongoing relationship to an end.

## Building Relationships

**B**uilding relationships is not easy for anyone. That task becomes even more difficult when bringing together people who are not accustomed to working together. Thus, before the 2010 Summit groups started actual planning, SAMHSA encouraged team members to begin getting to know one another. Relationship building is a crucial initial, and ongoing, element of any partnership-development process. It takes on added importance when convening faith and secular groups that may not have interacted previously.

During the 2010 Summit, the community teams were encouraged to set aside time for sharing, learning, and forming as a group. Especially in the community-interfaith context, being intentional about exposure to members' histories, cultures, values, and beliefs is essential to forging a successful partnership.

Upon returning to their communities, their relationship-building models varied. Many teams incorporated a relationship-building exercise into each group session. Some rotated meeting locations among member facilities, which allowed for tours, program or capabilities presentations, or just being on one another's turf. Others planned special events, such as potlucks, which permitted participants to interact in an informal setting. However carried out, such activities allowed members to learn about one another and to appreciate their differences and similarities in order to find common ground.

When organizations represent diverse service sectors and are culturally different, sometimes language can become a barrier to developing

successful relationships. The 2010 Summit teams were very diverse, representing government, various health professions, faith organizations, law enforcement, education, and other community sectors. These diverse disciplines often approach a single issue from many perspectives and often use very different language in the process. Accordingly, it is useful to help team members develop common terminology in order to communicate effectively around the discussion table.

### *Building Blocks — Building Relationship*

- **Take the time.** Building relationships and trust takes time, especially in a setting that brings segments of the community together that may not have interacted previously. Make the investment, at the group's launch and throughout its lifetime, to facilitate the work that follows.
- **Start from a position of respect.** Members represent different segments of the community, and each adds value. Create an environment in which participants are acknowledged and appreciated for whatever they have to offer.
- **Educate each other in non-offensive ways.** Highlight one organization at each session. Host meetings in various members' locations. Encourage informal interaction between meetings. Explore creative ways to help people get to know one another and build relationships.
- **Avoid jargon.** Try to use terms that all will understand. Where technical terms or acronyms are necessary, define them so that everyone around the table will feel a part of the discussion.

## Defining Community

**O**ne of SAMHSA's underlying reasons for holding the 2010 Summit was the recognition that mental health and substance use issues will not be solved solely

at the federal level. Meaningful progress is most evident with local efforts — supported by government, but spearheaded by people in communities. An essential question, however, needed answering: What is *community*?

Defining *community* is a significant initial planning step for any community collaborative. Selecting the target community sets the stage for identifying potential stakeholders as well as the information to be collected,

**FIGURE 1**  
**Community as Defined by SAMHSA 2010 Summit Teams**

Team	Target Community
Birmingham Recovery Network	Birmingham, AL (citywide)
Community Health Interfaith Partnership	Atlanta, GA (citywide)
Families Moving Forward	Milwaukee, WI (citywide)
Los Angeles Community Health and Moving People to Success	Los Angeles, CA (citywide)
Michigan Community Coalition for Change	Detroit, MI (citywide)
New York Recovery Community Coalition	New York, NY (citywide)
Northern California Care Coalition	Northern California/Bay-area (regional)
One Purpose, One Voice	Columbia, SC (neighborhood/zip code)
Southeast Louisiana Behavioral Alliance of Community and Faith-Based Organizations	Southeast Louisiana (Baton Rouge, Hammond, and New Orleans)
We Connect DC Metro Collaborative	Metropolitan Washington, DC (regional)

problem(s) to be addressed, meeting locations, and other important planning points.

### *Community Based on Geography*

The most familiar way to define *community* is in terms of geography. Coalitions with a focus on geography may address issues occurring within a particular zip code, school district, city, county, state, or region. As shown in FIGURE 1, geography was the basis for defining community by 2010 Summit teams.

### *Community Based on People*

*Community* also can be defined from a human perspective. For instance, an organization's activity may support people who share a characteristic (such as race, religion, or profession) or the people it serves (such as people with addictions or children enrolled in a particular school).

### *Building Blocks — Defining Community*

- **Make this an early task of the group.** Reaching consensus on the definition of *community* is perhaps the most essential initial step. It should guide all future thought and action for the group.
- **Be willing to adjust the initial definition of community, after a community assessment, if needed.** Alter the group's initial definition of *community* if needed to direct team efforts and vital resources to the geographic area or to the people or group most closely associated with the target problem.

## Assessing the Community's Current State

**A**nother preliminary planning step is to determine the current state of the community. Here, the group reaches

consensus on the primary community problem(s), how those issues are being addressed currently, and where gaps exist. One method to engage in such thinking is through community assessment. *Community assessment* is the process of gathering and analyzing multiple data sources to get a clear picture of the current status of matters within the community. (A *sample asset inventory tool* appears at the end of this section.)

### Creating a Problem Statement

Although community partners share a mutual concern regarding a general subject area (e.g., mental health, substance abuse, homelessness), their varied backgrounds and perspectives may lead them to see that target area differently. Accordingly, an essential task is to agree on one or a small number of community challenges within the general target area that the group collectively views as pressing.

Developing problem statements is one approach for reaching such consensus. A *problem statement* is language that concisely identifies each issue that needs to be addressed. Consider the following sample problem statements.

- Ex. 1: Suicide among youth ages 13 to 19 in Midcity has increased each of the last 3 years.*
- Ex. 2: In the past 6 months, XYZ County has had 10 fatal motor vehicle accidents involving drunk drivers.*

Developing a problem statement early in the planning stage can be especially helpful in a diverse setting, such as one with secular and faith organization representatives. This process encourages people to set aside differences and to coalesce around a small number of common concerns.

Creating a problem statement also helps the group refine the focus of its work. After deciding what constitutes *community*, this step narrows the focus further by taking the many

possible community issues and whittling them down to a small number that have meaning for this collection of people and/or organizations.

### Exploring Current Community Opinions and Efforts

On a daily basis, people and organizations are doing good work in an effort to chip away at a range of community challenges. Thus, before launching a community partnership regarding an issue, it is wise to investigate the prevailing community positions on that issue and the efforts that already are in place to address it.

SAMHSA 2010 Summit teams explored current community status through several methods. Groups hosted focus groups or listening sessions for community members, service providers, youth, clergy and faith organization representatives, or business and community leaders. Some conducted data searches, examining local statistics, service directories, and other sources to determine the scope of the issues and the associated resources currently employed within the community. Still others combined the two approaches. Whatever the methodology, the exercise enabled each group to identify that community's starting point with respect to the target challenge(s).

Gathering present-state information also permits the group to determine if there are multiple, existing resources needing coordination or areas with service gaps. Such information is useful as the group moves to the next phase of deciding its role in the life of that community around each target issue.

### Building Blocks — Assessing the Community's Current State

- **Begin by outlining the problem.** While skipping the problem statement step is tempting, avoid doing so. Outlining the problem not only focuses the team's work, it also contributes to teambuilding, as people begin to recognize the common ground that exists among them.



- **Take time to assess the community’s current state using outside sources.** Although members function in the community daily, step back and elicit community insight and/or examine independent information to test group members’ impressions about the current state of affairs. This yields third-party input for group decisionmaking and allows for adjustments in thinking, if necessary.

## Setting the Foundation — Mission, Vision, and Values

Each organization around the coalition table has its own foundation — a mission, vision, and set of values. The critical question in the partnership setting is: *What is the foundation of this collective body?*

During planning, the collaborative should develop its own mission, vision, and values statements. Members should work together to craft statements that highlight their shared positions, especially when combining faith and secular entities. These statements remind group members about what unites them, and they serve as the basis for recruiting new partners.

### Mission

An organization’s *mission* is its reason for being. The *mission* expresses why the body exists, what it is in place to do.

Each community collaborative should create its own mission statement. Draw from the information learned during the community assessment, and think through why the group should exist — the purpose(s) that group members are joining forces to accomplish. (*Three examples of 2010 Summit team mission statements appear in FIGURE 2.*)

### Vision

An organization’s *vision* represents what it sees for itself or its community in the future. Especially where diverse interests come together, visioning allows participants to arrive at a shared picture of the future and to downplay matters that potentially divide them. (*Sample vision statements from 2010 Summit teams are included in FIGURE 3.*)

## FIGURE 2 Sample Mission Statements

### Example 1

Community Health Interfaith Partnership (C.H.I.P.) — Atlanta, GA

We operate as an interfaith, community-based coalition to enhance the behavioral health of our neighbors and promote the well-being of our community.

### Example 2

Families Moving Forward (FMF) — Milwaukee, WI

Families Moving Forward — Milwaukee is a community of concerned service partners that are dedicated to the empowerment of families and individuals by providing collaborative, strength-based services designed to improve their quality of life.

## Values

Values statements outline the beliefs, and sometimes the behaviors, that members of the partnership hold as guiding principles.

In a faith-secular community service setting, values may include statements, such as:

*“We value the diversity of our community and commit to reflecting that diversity in our organization.”*

*“We value partnership between the faith and secular communities, and we will operate in a*

*way that recognizes the strengths and contributions of each.”*

*“Irrespective of the challenges he or she faces, each individual in the community deserves respect and dignity.”*

However phrased, value statements (such as those in FIGURE 3) set out the underlying philosophy of the group. Moreover, the procedure of arriving at such a common understanding is a critical part of continuing the group formation process.

### FIGURE 3 Sample Vision Statements

#### Example 1

Los Angeles Community Health and Moving People to Success (LA CHAMPS)  
— Los Angeles, CA

To create a healthy community that provides holistic and integrated services to people who are underserved.

#### Example 2

We Connect DC Metro Collaborative — Metropolitan Washington, DC

To promote healthy communities for all people in the Washington, DC, metropolitan area.

#### Example 3

Southeast Louisiana Behavioral Health Alliance of Community and Faith-Based Organizations (SELA) — Southeast Louisiana

As its vision, the SELA Alliance devotes its resources collaboratively to insuring that a seamless continuum of recovery services are available in southeast Louisiana so that any individual and their family who are living with addiction or mental illness has access to the services they need to lead productive and satisfying lives and that the community experiences the very best and effective treatment and prevention services available.

### Building Blocks — Setting the Foundation

- **Keep it simple.** Although lofty sounding mission, vision, and values statements may impress, these statements need to be clear and simple. Clarity and simplicity allow people to understand the statements without explanation, and they make them more likely to be remembered so that any team member can be an effective and accurate ambassador.
- **Ensure that there is consensus around the statements.** Because these statements are the foundation for the alliance, people around the table must believe in the sentiments they express. Keep fine-tuning the language until the group has created a version that everyone can champion.

### Determining Strategy

Once the group has set a mission, the next task is to decide how the collaborative will advance its mission. That involves the creation of *strategy*.

Following the 2010 Summit, SAMHSA asked each community team to arrive at between one and three strategic initiatives that it would undertake to advance its mission. Over their first year, the groups developed a range of strategic initiatives (see FIGURE 4). Some were short term in nature, able to be completed within a few weeks or months. Other initiatives were long

term and complex, spanning more than a year with interim milestones. Whether simple or complex, effective strategy is both consistent with the underlying mission and realistic for the resources available.

### Building Blocks — Determining Strategy

- **Ensure that strategy aligns with the mission.** People have lots of great ideas about what a group can do. Ensure that the strategies selected are consistent with the group's mission.
- **Take on only what is realistic.** While a long list of goals may appear impressive, it really is not. It is better to settle on one solid strategic initiative that the group realistically can accomplish than a long list of grand plans that will never get done.

### Outlining an Action Plan

Charting strategic initiatives is fine. However, it helps to have a detailed plan for accomplishing the strategy.

An *action plan* breaks down the strategy into manageable steps. To create an action plan, consider each function that is a part of completing the initiative. Then, map out the steps associated with each function. For every step, assign a responsible person and set the date by which that step needs to be completed.

**FIGURE 4**  
**2010 Summit Team Strategic Initiatives**

<b>Team</b>	<b>Strategic Initiative(s)</b>
Birmingham Recovery Network Birmingham, AL	Behavioral health provider network/ referral entity
Community Health Interfaith Partnership Atlanta, GA	Provider education around the state's mental health lawsuit settlement  Clergy and non-mental health professional education and mental health first aid
Families Moving Forward Milwaukee, WI	Provider education and technical assistance regarding upcoming Medicaid eligibility changes  Behavioral health provider network/ referral entity
Los Angeles Community Health and Moving People to Success Los Angeles, CA	Education around healthcare reform
Michigan Community Coalition for Change Detroit, MI	Behavioral health provider network/ referral entity  Behavioral health advocacy body
New York Recovery Community Coalition New York, NY	Behavioral health advocacy body  Recovery center support service resource
Northern California Care Coalition Northern California	Behavioral health and support services targeting prison re-entry population
One Purpose, One Voice Columbia, SC	Behavioral health provider network/ referral entity
Southeast Louisiana Behavioral Alliance of Community and Faith-based Organizations Southeast Louisiana	Behavioral health provider network/ referral entity  Behavioral health advocacy body
We Connect DC Metro Collaborative Metropolitan Washington, DC	Behavioral health provider network

Creation of action plans serves several purposes. Action planning is a reality check for the group. By mapping out the actual steps required to move forward with any strategy, the group can assess critically whether the effort is doable given its existing or expected resources. Assigning tasks allows responsibility to be spread throughout the group. Further, employing target dates helps to keep the activity on track and the process moving.

#### *Building Blocks — Outlining an Action Plan*

- **Avoid skipping this step.** Development of an action plan can be tedious. Yet, its cre-

ation helps later work to flow much more smoothly.

- **Expect to schedule periodic plan check-in sessions.** At planned times, team members should report on progress regarding their assignments. Updates allow the group to check the overall schedule, to make needed plan changes, or to reallocate resources to compensate for new situations or unexpected challenges.

## APPENDICES

### Technical Assistance and Training for Grassroots Faith and Community Based Organizations Projects

#### Facilitator Overview

##### Team Facilitator

###### Overview:

SAMHSA assigns each community team a facilitator for the initial period of the team's existence. Note that the facilitator is NOT the team leader. However, this person is responsible for guiding the discussion during segments of the team's meetings that are dedicated to strategic thinking and planning. The presence of the facilitator allows team members, especially team leaders, to participate fully in the group discussion rather than having to split focus between participant and group facilitation roles.

A team facilitator should be skilled in interpersonal skills, communication skills, and conflict-resolution skills. The facilitator serves as an objective third party in strategy sessions, bringing the value of impartiality to the discussion. This person carries no baggage, prior history, hidden agenda, or subjective thinking that can often lead the discussion in the wrong direction. A skilled facilitator helps to guide the team through a process that addresses a specific topic or issue — knowing what questions to ask, when to ask them, how to ask them, and most importantly, how to involve everyone in the room. The facilitator watches the group in action and silently observes participants' verbal and nonverbal language, tone of voice, and content of their comments to understand issues that are sensitive, topics that need more time for discussion, or times to avert potential conflict. As the discussion progresses, the facilitator takes the information that has been shared and reflects it back to the group in a collective fashion. The facilitator is the team leaders' in-meeting partner for keeping the group on track and helps to maximize discussion time. The intended result is to have participants leave knowing that their voices were heard and their time was used efficiently and effectively.

Among the facilitator's responsibilities are:

- Working with team leaders to create a meeting agenda
- Preparing a facilitation approach for the meeting's strategic thinking segments, and guiding the discussion during that segment of the meeting
- Participating in post-meeting debriefing with team leader(s)
- Creating and sustaining a participatory environment during strategy sessions
- Guiding the group through thoughtful, dynamic, and appropriate outcome-oriented discussion

- Ensuring that all participants have the opportunity to contribute during meetings, by creating an environment in which comments are valued and group members are treated with fairness, equity, and respect
- Managing the clock so that, to the extent possible and appropriate, discussion flows and the group is able to cover the intended topic(s)
- Collaborating with the team’s secretary or meeting scribe to capture an accurate high-level record of the discussion and decisions
- Taking part in monthly facilitator conference calls and monthly team coaching calls

## Community Asset Inventory Tool

### Part 1: Background

#### What is community asset mapping or inventorying?

Community asset mapping is the process of developing an inventory of the human, material, financial, entrepreneurial, and other resources within a community, even those that are underutilized. It is a means of discovering and analyzing data about the target community. In many respects, it can be likened to a treasure hunt; the goal is to find the nuggets — the hidden, and not-so-hidden, treasure that already exists to address a particular issue. The process is intended to yield a comprehensive description of the community’s capabilities, qualities, services, and other resources. For the purposes of this document, the term *community asset inventory* will be used.

#### What can a community accomplish by undertaking an asset inventory?

Asset mapping offers a range of benefits related to your target subject:

- It allows a community to create a picture of where it stands at a designated point in time regarding its existing infrastructure (e.g., community capabilities, services, resources).
- Mapping allows communities to highlight their strengths.
- By identifying current assets, the community is better able to identify areas in which there are resource gaps.
- The mapping process assists communities to understand where and how to build for the future. Essentially, it provides the data that enables communities to build from the inside out, by first tapping into and starting from the point of existing strength.
- Asset mapping helps to minimize the duplication of services among organizations.

- If the resulting information is available for later use, the mapping data can be useful in reducing the time spent searching for resources.
- Mapping can be a first step in relationship building by pinpointing possible partners and additional stakeholders.
- Asset mapping opens up and engages the community by acknowledging and using the talents of a range of people and/or organizations that have a connection and an investment in the community.

#### **How long does asset inventorying take, and how frequently should it be done?**

It is possible to complete an asset-mapping project in less than a month. However, the time-frame may be longer, depending on the methodology selected and the resources available for completion. Communities may view the mapping as a discreet event to be undertaken at designated intervals, such as annually or bi-annually. Another approach is to consider the mapping as an ongoing project that is updated continually as new information about community resources and programs becomes available.

#### **How do you do an asset inventory?**

There is no single way to do asset mapping. You will find a range of resources at the end of this tool. However, we have borrowed from the experiences of a number of communities and resources to prepare the following suggested approach. Readers should feel free to adapt their approaches as appropriate for their teams and their communities.

### **Part 2: Sample Community Asset Mapping Approach**

#### **Step 1. Define the community**

Determine the area that is to be the subject of your mapping. This may be a neighborhood, select zip codes, a city, a metropolitan area, or a region. The goal is to clearly articulate the focus area for this effort.

#### **Step 2. Create the problem statement(s)**

Devise language that identifies the exact issue(s) the coalition intends to address. Be as specific as possible; the way you define the problem at this point will guide the collection and analysis of data that is to follow. (Example: “Rising numbers of individuals released from drug treatment programs in XX become homeless.”)

Note: There well may be a correlation between the coalition’s problem statement(s) and its mission. For instance, it is likely that the group exists (mission) to address the expressed concern (problem), or the group’s mission may be to tackle two or more specific problems that exist within a community.



### Problem Statement Pointers

- Express the problem clearly so that the statement can (1) stand on its own rather than requiring an explanation and (2) be measurable.
- If your coalition intends to address two or more issues (e.g., mental health treatment *and* substance abuse recovery), develop a separate statement for each problem under consideration.
- Have the statement focus on behaviors and conditions (i.e., frame the statement in terms of too few good conditions/ behaviors or too many bad conditions/behaviors).
- Avoid casting blame in the statement; make it as neutral and matter-of-fact as possible.
- Try not to jump ahead by inadvertently weaving solutions into the problem statement.
- Finally, remember to be respectful to the community.

### Step 3. Plan out the asset data collection

Frame the data categories. There are multiple levels of information to be gathered, and it is important to plan out how you will secure this data. Devise a separate data collection plan for each problem statement. Below are samples:

- Level 1 is general demographic data. This is information that helps your coalition to paint a picture of the community as a whole.
- Level 2 is individual data. Individual data reflects unique gifts, skills, and capabilities of individuals living in the community and who are involved in making a positive impact on the problem you have identified. (For instance, think of the woman who has become a surrogate grandmother to the community and who feeds and cares for countless children on a daily basis, or consider the auto repair shop owner who is committed to mentoring and training ex-offenders returning to the community.)
- Level 3 assets are those at the citizen association level. These are groups of local people who have come together to pursue common goals and who have contributed to overcoming your target problem.
- Level 4 represents assets at the traditional, institutional level. This category might include assets related to the identified problem statement that are found in government, hospitals, and educational institutions.

Level 1: Demography	Level 2: Individuals	Level 3: Citizen Associations	Level 4: Traditional Institutions
<ul style="list-style-type: none"> <li>• Population</li> <li>• Gender</li> <li>• Race/Ethnicity</li> <li>• Household income</li> <li>• Household size</li> <li>• Poverty level</li> <li>• Educational levels</li> <li>• Primary language</li> <li>• Drug usage/prevalence</li> <li>• Mental health prevalence</li> </ul>	<ul style="list-style-type: none"> <li>• Standout people within the community                             <ul style="list-style-type: none"> <li>o Skills</li> <li>o Talents</li> <li>o Experiences</li> <li>o Service</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Nonprofit organizations</li> <li>• Clubs</li> <li>• Citizen groups</li> <li>• Businesses</li> <li>• Community centers</li> <li>• Fraternal organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Government (e.g., police, fire, schools, libraries, social service agencies, recreational centers)</li> <li>• Churches</li> <li>• Colleges/Universities</li> <li>• Hospitals and private care facilities</li> <li>• Utilities</li> <li>• Transportation</li> <li>• Media</li> </ul>

**Identify possible data sources.** Brainstorm as a group about possible sources of information about the assets in each of the categories you decide to use. At this point, be careful not to slip into actual information gathering or speculating about what you will find. This step simply is an attempt to list possible data sources.

Typical Demographic Data Sources	Possible Asset Data Sources*
<ul style="list-style-type: none"> <li>• Maps</li> <li>• Census records (<a href="http://www.census.gov">www.census.gov</a>)</li> <li>• SAMHSA (<a href="http://www.samhsa.gov/">www.samhsa.gov/</a>)</li> <li>• State government records</li> <li>• County government records</li> <li>• Local government records</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone book/Internet (<a href="http://www.superpages.com">www.superpages.com</a>)</li> <li>• Chamber of Commerce Directory</li> <li>• Statewide Business Council Publication</li> <li>• State or County Economic Development Agency</li> <li>• City/County Web site</li> <li>• Board of Education</li> <li>• Social service agencies</li> <li>• Local newspapers or media Web sites</li> <li>• Public or college libraries</li> <li>• Police records</li> <li>• Fire/Emergency medical records</li> <li>• Public hospital data</li> </ul> <p>*Note: Some information may be accessible only through a Freedom of Information Act or similar formal request.</p>

Develop a quick list of asset categories needed to address the matter highlighted in the problem statement. Do a quick brainstorming exercise to generate this list. Again, avoid trying to solve the problem. Only identify resource categories. (See the list below for examples.) The intention is to give some clues to the team member(s), who will be the researchers in this area, about where they may find assets.

<b>Sample Asset Categories</b>	
<ul style="list-style-type: none"> <li>• Healthcare services</li> <li>• Mentors for teens</li> <li>• Faith community support</li> <li>• Facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Community awareness</li> <li>• Money for training</li> <li>• Educational materials</li> <li>• Group and one-on-one counseling</li> </ul>

Finalize your data collection tools. Be sure you decide the specific information you want team members to attempt to learn about your community's assets. Attached are sample formats; however, whether you use these or amended versions, it is important to agree upon a format for each data category.

<b>Individual Asset Inventory</b>					
Community: _____			Date: _____		
Problem: _____					
Person's Name	Address	Phone	Email	Prior Efforts Connected to Problem Statement	Outcome(s) of Prior Efforts
Page ____ of ____					

Associational Asset Inventory						
Community: _____ Date: _____						
Problem: _____						
Association Name	Contact Person	Phone	Email	Type of Organization	Prior Efforts Connected to Problem Statement	Outcome(s) of Prior Efforts

Page \_\_\_ of \_\_\_

<b>Institutional Asset Inventory</b>						
<b>Community:</b> _____				<b>Date:</b> _____		
<b>Problem:</b> _____						
<b>Institution Name</b>	<b>Contact Person</b>	<b>Phone</b>	<b>Email</b>	<b>Type of Business or Institution</b>	<b>Prior Efforts Connected to Problem Statement</b>	<b>Outcome(s) of Prior Efforts</b>
Page ____ of ____						

**Make research assignments.** This clearly is not a one-person task. To complete data collection in a timely manner, it is essential for the group as a whole in some fashion to undertake this task. Below is a sample chart to assign and track progress regarding data collection assignments.

Be sure to designate a person as the point person for this research effort. This will be the individual checking in with team members regarding their progress, the person whom team members can call if they hit a brick wall or experience a glitch, and the person who can make reassignments if warranted.

**Step 4. Commence research**

Now, dispatch the team. Learn about your community, and uncover its hidden treasures!

Community Asset Inventory Assignments					
Community: _____			Date: _____		
Team Member Name	Phone	Email	Assignment (Individual/ Association/ Institution)	Prior Efforts Connected to Problem Statement	Outcome(s) of Prior Efforts

### Step 5. Create a community profile

Reconvene the team. Start with the team members who were assigned to demographic data. Have them report their findings. Allow the group to discuss — comment, ask questions, note missing or inconsistent information, and offer possible sources of additional, useful data.

Based on what you know so far from the data that has been collected, develop a community profile. The community profile provides a good snapshot of the community as a whole. It also helps to put the problem into context. (Revisit the profile in the next session, if necessary, to incorporate additional facts.) Below is a sample format.

<b>Community Profile</b>	
<b>Community:</b> _____ <b>Date:</b> _____	
<b>Population</b>	
<b>Gender</b>	
<b>Major Ethnic, Racial, and Cultural Groups</b>	
<b>Household Size</b>	
<b>Educational Attainment</b>	
<b>Income Levels</b>	
<b>Primary Language</b>	
<b>Other Indicator:</b> _____	
<b>Other Indicator:</b> _____	

### Step 6. Debrief the data collected for each problem statement

With an overall picture of the target community in mind, the team can move to studying the community's existing assets related to the problem(s) it has chosen to address. If your team is undertaking more than one community problem, debrief each issue separately. If possible, have a non-member serve as recorder so that all can participate in the discussion. If this is not possible, rotate recording responsibilities, perhaps by data category, so that no one person is pulled away from the entire conversation.

Follow the basic, three-part process used to generate the community profile. It is helpful to work the process through one data category at a time before moving on to the next type of asset data. Also, tackle only one problem statement at a time.

Part 1: Report Out	Part 2: Discuss	Part 3: Go Deeper
<p>Have the person or small group responsible for the data category outline what was learned during the research phase. Use a recorder to capture the information on a flipchart so that the group can follow along.</p>	<p>After the team or person reports on findings, allow the group the chance to ask questions or make comments. This is a time to note incomplete or inconsistent information and to offer additional data sources. During discussion, be attuned to highlights and trends that begin to appear, and make note of them. The challenge is to keep the group focused on asset identification; try to minimize discussion that moves into problem-solving or blame.</p>	<p>Be sure to carve out time to take the discussion beyond just a listing of presumed assets.</p> <ul style="list-style-type: none"> <li>• Looking critically at each asset identified, does the team understand the connection between that resource and the problem statement/team mission or vision?</li> <li>• Although there may be additional assets that your team will discover over time, do you have enough knowledge about existing assets in this category to make informed decisions in your planning effort? If not, what else do you need? Who will retrieve it? When will you report back?</li> </ul>



Below is a template for a community asset inventory.

<b>Community Asset Inventory</b>					
<b>Community:</b> _____			<b>Date:</b> _____		
<b>Problem, Issue, or Concern Being Addressed</b>	<b>Affected Geographic Area(s)</b>	<b>Resources Needed</b>	<b>Community Assets (Individuals)</b>	<b>Community Assets (Associations)</b>	<b>Community Assets (Traditional Organizations)</b>
<ul style="list-style-type: none"> <li>• [insert]</li> <li>• [insert]</li> </ul>	<ul style="list-style-type: none"> <li>• [insert]</li> <li>• [insert]</li> </ul>	<ul style="list-style-type: none"> <li>• [insert]</li> <li>• [insert]</li> </ul>	<ul style="list-style-type: none"> <li>• [insert]</li> <li>• [insert]</li> </ul>	<ul style="list-style-type: none"> <li>• [insert]</li> <li>• [insert]</li> </ul>	<ul style="list-style-type: none"> <li>• [insert]</li> <li>• [insert]</li> </ul>

### **Step 7. Refine the asset map**

Once the team believes that it has uncovered an acceptable, initial level of asset data for a problem statement, you will translate that data into an asset map. Essentially, the asset map is a summary of the data from each category.

Again, work on one problem statement at a time. Using the flipcharts and/or transcribed notes, chart out each data category. In each category, list the asset(s) and the description, contact, and other standard information gathered for each.

### **Step 8. Determine how you will use this wealth of information the team now has**

This all becomes an exercise in futility, if the asset data the team has gathered just collects dust. Accordingly, the last step is to decide what you will do with the information you now have, as you seek to carry out your team's mission.

For some, asset mapping is used to generate a set of resource files or a visual depiction of a community's assets so that the gathering coalition can use it internally to identify partners, stakeholders, and service providers in its effort to achieve measurable outcomes with respect to the target problem. Other communities have used the data to create service/support directories or Web sites as a resource for the team and the community as a whole.



## 4. Organizational Structure

Considering the best structure for a collaborative is vitally important. The structure decided upon will drive how the organization will operate and the activities it will pursue. Decision-making around structure may be viewed as tedious and less than collaborative. That may be especially true in collaboratives between grassroots faith or secular organizations who may be unfamiliar with the various structural options available and, therefore, hesitant to engage in such discussions.

However, to develop a sustainable partnership, decision-making about structure is quite necessary. Seeking to reach consensus about organizational structure, method(s) of decision-making, and similar matters is not only necessary but critical to long-term sustainability. Resolving such issues requires an initial investment of effort, but the collaborative's ability to function smoothly is greatly improved once resolved.

SAMHSA's 2010 Summit teams typically approached the task of determining organizational structure in one of two ways. Several teams, with the support of their facilitators, involved the members of the collaborative in an extended session or in several meetings to settle structural issues. On the other hand, a few teams established subcommittees to identify the most appropriate structure and present

their recommendations to members for the final decision.

### Understanding the Options

#### *The Link Between Strategy and Structure*

Before beginning a discussion about organizational structure, it is helpful to review the organization's mission. (Vision also is meaningful to this discussion, particularly when the vision relates to the type of body the collaborative wants to become or how it wants to be viewed in the future). The organization's *mission* is its reason for existing and, as such, should be at the core of its every action. In addition to mission, a collaborative's strategy should also be considered. *Strategy* outlines the methods the collaborative intends to use to carry out its mission.

For example, a collaborative's mission may be to provide substance abuse prevention, treatment, and recovery support services in a holistic manner. The strategy to support that mission is the development of a service referral network, which allows members to help consumers find the resources that they need. Because the strategy involves only member-to-member networking, it may choose a less formal structure—one that involves advertising services to the general public.

### Research

Consider the following things when deciding the structure for the collaborative.

- Legal structure
- Membership eligibility (individuals and/or organizations)
- Meeting frequency and notice
- Meeting procedure (e.g., Roberts Rules of Order)
- Decision-making approach and votes per person or organization
- Leadership structure, eligibility, tenure, selection, vacancies, and meeting frequency
- Committees (standing and/or ad hoc)
- Conflicts of interest
- Contracting by/with the organization
- Representing the organization
- Changes to the structure

There are many available resources on these topics. Consult the facilitator about community-specific resources. Internet searches can provide substantive information, examples, templates, and case studies. Also, other local coalitions may be useful sources of information. Explore how those bodies are structured, the basis for their decisions, and the experiences (positive and negative) associated with their choices.

### Examples of Collaborative Structures

Three primary types of organizational structure emerged for the 2010 teams.

**Informal Collaboratives.** Several 2010 Summit teams opted to remain loosely organized without a formal legal structure. Funds flow through a fiscal agent, which is another organization that is legally recognized and receives and disburses funds on behalf of the partner-

ship. Informal collaboratives rest solely on the basis of relationships and govern those relationships largely through the use of the memorandum of understanding (MOU). (*See the Membership section for additional information about MOUs.*)

The level of formality in these partnerships varies. Some function very loosely, with no official approach to organization and no decision-making requirements. Others have established ground rules or guidelines for how they will proceed together.

**State-Recognized Legal Entities.** Some teams have a State-based legal status. This option gives the community organization the legal ability to perform official business in its own name (e.g., enter into contracts, receive and manage funds), without having to work through another organization, and may shield them from liability in the event of lawsuits or similar actions.

State laws vary in this area. Some States offer limited-liability status, while others grant State-level, nonprofit status to organizations. Therefore, research into available State options is recommended.

**Federally Recognized Nonprofit Entities.** Some groups choose to pursue Federal nonprofit status. People commonly refer to these entities as *501(c)(3) organizations*, a name that comes from Section 501(c)(3) of the Internal Revenue Code.

Collaboratives may be organized as 501(c)(3) exempt organizations, operating exclusively as charitable entities; that is, no shareholders—public or private—are to benefit from the organization's profits. All earnings must be used to further the organization's mission and the public good. These organizations must also meet specific requirements regarding internal governance, advocacy, and other matters.

## Selecting the Structure

Selecting an organizational structure is not the job of one person or a small group. This is a process that should involve the entire team in some manner. Whether all partnership members contribute to the research or the preliminary work is delegated to a subcommittee, the final decision should be made by the entire partnership. Members of the collaborative must settle whether this decision will be made based on simple consensus, a vote of the majority, or some more stringent level of agreement.

## Outlining the Organizational Structure

Documentation of the agreed-upon structure is critical. Recording the organizational decision-making details serves several purposes: it presents an official record of the collaborative's decisions; it provides a resource that can be distributed to each member so that the individual or organization understands the framework of, as well as rights and responsibilities of participation in, the partnership; and it also acts as a reference point during meetings, or at other times, when uncertainty arises about how to move forward, procedurally, on a matter.

Bylaws are perhaps the most common format for documenting organizational structure.

*Bylaws* govern the internal operations of an entity. They can be as simple or as complex

as the group desires; there are no set requirements. However, if an organization seeks legal recognition by a State or Federal entity, there may be certain provisions that should be included in its bylaws; check the Federal or State governing body for additional information in those instances. (*As an example, the bylaws of the Southeast Louisiana Behavioral Health Alliance of Community and Faith-Based Organizations appear at the end of this section.*)

### Building Blocks — Organizational Structure

- **Choose a structure based on sound reasoning.** Revisit the mission and vision. Research available options before selecting a structural approach. Align the partnership's structure to its intended outcomes, its chosen strategy, and the level of risk members are prepared to assume.
- **Include all members in making the final decision.** In a community partnership, share background information and the rationale for recommendations with all members in a timely manner, and make decision-making open to all members.
- **Document structural decisions.** Whether it is a simple recitation of decisions or a formal set of bylaws, record the details of the chosen organizational structure and related processes. Documentation should be made available to all members and revisited periodically to ensure continued relevance and accuracy.

## APPENDIX

# Southeast Louisiana Behavioral Health Alliance of Community and Faith-Based Organizations

### Bylaws

Adopted 03/10/2011

#### ARTICLE I – NAME

The name of the organization shall be Southeast Louisiana Behavioral Health Alliance of Community and Faith-Based Organizations. The organization may be referred to as SELA Alliance for brevity.

#### ARTICLE II – VISION AND MISSION

**Section 1:** The SELA Alliance is a formal community collaboration of agencies, entities, and individuals committed to the provision and advocacy for programs and services for individuals and families in Southeast Louisiana who are living with substance abuse or mental health problems. The purpose of the SELA Alliance is to unite private, public, and faith-based entities in a coalition devoted to providing a continuum of care for targeted individuals and their families that supports the recovery process for them and enhances prevention of such problems in the community at large.

**Section 2:** As its vision, the SELA Alliance devotes its resources collaboratively to insuring that a seamless continuum of recovery services are available in southeast Louisiana so that any individual and their family who are living with addiction or mental illness has access to the services they need to lead productive and satisfying lives and that the community experiences the very best and effective treatment and prevention services available.

**Section 3:** The mission of SELA Alliance is to establish an interdisciplinary, interfaith team that will partner and collaborate to create an open access comprehensive system of behavioral healthcare and prevention in Southeast Louisiana.

#### ARTICLE III – MEMBERSHIP

**Section 1:** The SELA Alliance is a Coalition of faith-based, private and public organizations and agencies.

**Section 2:** Any organization, agency, or individual in the field of or having a commitment to the issues of substance abuse and mental health services and those services that support the continuum of care are eligible for membership.

**Section 3:** The SELA Alliance is a membership organization. Membership will be defined by the Board of Directors. The Board of Directors will be elected from the general membership of the SELA Alliance. The Board of Directors will provide governance for the organization.

**Section 4:** All representative groups/entities/individuals will sign a memorandum of understanding that pledges attendance, willingness to participate in emerging group agendas and projects, and support of the group's efforts. This Memorandum of Understanding may include at some future time increased responsibilities, which the SELA Alliance will develop as more concrete projects develop.

**Section 5:** Representatives from faith-based, private and public member agencies serving the target group are expected to be actively engaged in SELA Alliance activities.

**Section 6:** Member organizations may determine an individual as representing a respective organization. The organization may also determine an alternate representative.

**Section 7:** For matters related to the Alliance membership, each member agency will be given one vote in all business presented before the full SELA Alliance general membership.

#### **ARTICLE IV – MEMBERSHIP MEETINGS**

**Section 1: The SELA Alliance Membership Meetings:** Regular meetings of the SELA Alliance shall be held at a time and place to be decided by the Board. Representatives from faith-based, private and public arenas serving the target group meet to support a collaborative agenda described in their mission statement. There shall be a minimum of six (6) meetings annually. At the discretion of the Board, the Regular Membership Meetings may be combined with the Regular Meetings of the Board.

**Section 2: The SELA Alliance Annual Membership Meetings:** The annual meeting of the SELA Alliance Membership shall be held in conjunction with the regular meeting of the Board in December, or at any such time as may be decided by the Board.

**Section 3: Notice of Meetings:** Notice of the time and place of each annual and regular meeting of the Membership shall be emailed or mailed to each member at least seven (7) days prior to the meeting.

**Section 4: Procedure of Meetings:** Every Membership meeting shall be presided over by the Chair, or in the absence of the Chair, the Vice-Chair. The Secretary of the organization shall act as Secretary of the meeting, but in the absence of the Secretary, the presiding officer may appoint any person to act as Secretary of the meeting. All meetings shall be conducted in accordance with the parliamentary authority described by these bylaws, or otherwise adopted by the Board.

**Section 5: Member Vote:** Each member organization will have one vote in matters related to general membership, including voting for open Board positions at the Annual Meeting. A member vote may be cast by the designated organization representative or alternate representative.

**Section 6: Proxy votes:** Membership organizations may not vote by proxy at membership meetings.

**Section 7: Rules of Order:** Robert's Rules of Order, newly revised, shall serve as a parliamentary authority for all meetings of this organization.

## **ARTICLE V – BOARD OF DIRECTORS**

**Section 1: Duties:** The Board of Directors, hereinafter referred to as the Board, shall have the authority to control and manage the affairs and property of the organization, to adopt rules and regulations governing the action of the Board. The Board shall have full authority, for purposes of the organization, to establish the annual budget of the organization, to distribute and direct payment of monies received by the organization, and to conduct fundraising for financial development activities as necessary to fulfill budgetary requirements.

**Section 2: Number and Term:** The Board shall consist of up to twenty-five (25) members. Directors shall serve two (2)-year terms.

**Section 3: Qualifications of Perspective Board Members:** Potential Board members must be in good standing as SELA Alliance members for at least one (1) year.

**Section 4: Method of Election of Board of Directors:** The members of the Board shall be elected from candidates presented by the nominating committee at the SELA Alliance Annual Membership Meeting, provided a quorum of the Board shall be present. Once the nominating committee determines the number of available Board seats, the candidates with the greatest number of votes from the general membership will be seated in the open Board seats. Each member organization will be able to cast one ballot.

**Section 5: Method of Election of Officers:** The officers shall be elected by the seated Board of Directors from candidates presented by the nominating committee as well as nominations from the floor to by seated Board members. Nominated officers must be Board members. A majority of votes cast shall be necessary to elect. The nominating committee should give each member notice of the name and qualifications of those nominated for membership seven (7) days in advance of the meeting.

**Section 6: Resignation:** Any Director may be removed for cause at any special or regular meeting of the Board of Directors, when duly called, with notice of the intent to remove, naming the specific Director. The Board of Directors may declare vacant the office of any Director who is either absent from three (3) consecutive regularly scheduled meetings of the Board of Directors without having been excused by the Chair for such absence prior to its having occurred; or, has not complied with assigned responsibilities.

**Section 7: Vacancies:** The nominating committee may present candidates for consideration for any vacant Board positions or Officer positions that might occur prior to the Annual Membership meeting. Vacancies in the Board of Directors shall be filled by a vote of the majority of the remaining members of the Board of Directors for the balance of the year. Officer vacancies shall be filled by a vote of the majority of the Board for the balance of the year.

**Section 8: Compensation:** The Directors shall serve without compensation.

## ARTICLE VI – MEETINGS OF THE BOARD OF DIRECTORS

**Section 1: Regular Meetings:** Regular meetings of the Board of Directors shall be held at a time and place to be decided by the Board. There shall be a minimum of six (6) meetings annually. At the discretion of the Board, the Regular Membership Meetings may be combined with the Regular Meetings of the Board.

**Section 2: Annual Meetings:** The annual meeting of the SELA Alliance Membership shall be held in conjunction with the regular meeting of the Board in December, or at any such time as may be decided by the Board.

**Section 3: Special Meetings:** Special meetings of the Board may be called by order of the Chair or by any Director, upon written request of not less than one-fifth (1/5) of the entire Board. Any and all business to be transacted at any special meetings shall be specified in the notice thereof. Any and all business may be transacted at a special meeting.

**Section 4: Notice of Meetings:** Notice of the time and place of each annual, regular, and special meeting of the Board shall be given by or at the direction of the person or persons calling the meeting. Such notices shall be mailed or emailed to each Director at least seven (7) days prior to the meeting. Notice of any meeting need not be given to any director who submits a signed waiver of notice, whether before or after the meeting. Attendance at any meeting by a Director who has not protested lack of notice prior to, or at the commencement of such meeting, shall constitute a waiver of notice by such Director.

**Section 5: Procedure of Meetings:** Every meeting of the Board shall be presided over by the Chair, or in the absence of the Chair, the Vice-Chair. The Secretary of the organization shall act as Secretary of the meeting, but in the absence of the Secretary, the presiding officer may appoint any person to act as Secretary of the meeting. All meetings shall be conducted in accordance with the parliamentary authority described by these bylaws, or otherwise adopted by the Board.

**Section 6: Quorum:** Except as otherwise enacted by these bylaws, a quorum shall constitute a majority of the Board. A majority of the Board is defined as having a minimum of 50% plus one of the Board members present. A majority of Board members present may recess a meeting to another time and place until a quorum shall exist.

**Section 7: Action without Meeting:** Any action requires or permitted to be taken by the Board, or any committee thereof, may be taken without meeting if two-thirds (2/3) of the members of the Board, or committee, consent in writing (inclusive of email documentation) to the acceptance of a resolution authorizing the action. The resolution and written consent thereto by the members of the Board, or Committee, shall be filed with the minutes of the proceedings of the next regularly scheduled meeting of the Board or Committee.

**Section 8: Proxy votes:** Directors may vote by proxy. Any Director may ask another Director to carry their proxy vote to any meeting of the Board. The proxy vote must be specific an agenda item or action, and must be in writing (documentation turned over to the Secretary).



**Section 9: Rules of Order:** Robert's Rules of Order, newly revised, shall serve as a parliamentary authority for all meetings of this organization.

## **ARTICLE VII – OFFICERS**

**Section 1: Number of Officers:** There shall be five (5) officers of the Board of Directors, consisting of a Chair, a Vice-Chair, a Secretary, a Treasurer, and a Sergeant-At-Arms. The officers shall be elected as provided in the following sections of this article.

**Section 2: Elections:** Each of the officers shall be elected by a plurality of the Board of Directors for a one (1)-year term at the Annual Meeting from candidates presented by the Nominating Committee or any nomination from the floor. Terms begin on January 1 immediately following the election and shall continue through the calendar year.

**Section 3: Duties of the Chair shall be as follows:**

- Preside at all meetings of the Board of Directors, general meetings of the organization, and any special meetings (call the meeting to order and provide leadership for moving the group through the process of addressing agenda items);
- Develop an agenda for each meeting based on input from the membership;
- Ensure all members get proper notice of each meeting time/location/length/agenda;
- Represent the SELA Alliance in all business of the organization or appoint an appropriate designee;
- Appoint Committee Chairs for the standing committees;
- Appoint ad hoc or standing committees as needed;
- Act as signatory for the organization;
- Shall see all books, reports, and certificates required by law are properly kept or filed;
- Serve as ex-officio member of all committees, except the nomination committee;
- Call special meetings as necessary;
- Shall have such powers as may be reasonably construed as belonging to the chief executive of any organization;
- Preside over the Executive Committee; and
- Vote on matters coming before the Board of Directors in case of a tie.

**Section 4: Duties of the Vice-Chair shall be as follows:**

- Assist Chair in meeting agenda development;
- Perform the duties of the absent Chair with all the rights, privileges and powers as if they have been the duly elected Chair;
- Perform such duties as are assigned by the Chair;
- Serve on the Executive Committee; and
- Vote on all matters coming before the Board of Directors.

**Section 5: Duties of the Secretary shall be as follows:**

- Maintain the official records for the organization;
- Keep the minutes and records of the organization in appropriate books;
- Work closely with the Chair and be responsible for assisting in meeting agenda development;
- Notify membership of meetings;
- Review and make available to the general membership and Board the minutes of all proceedings of the Board of Directors at all meetings, whether regular or special;

- File any certificate required by any statute, federal or state;
- Shall give and serve all notices to members of this organization;
- Shall be the official custodian of the records of this organization;
- May be one of the officers required to sign checks and drafts of the organization;
- Shall submit to the Board of Directors any communications which shall be addressed to the Secretary of the organization;
- Shall attend to all correspondence of the organization and shall exercise all duties incident to the office of Secretary;
- Serve on the Executive Committee; and
- Vote on all matters coming before the Board of Directors.

**Section 6: Duties of the Treasurer shall be as follows:**

- Have responsibility for the funds of the organization and for the maintenance of accurate financial records;
- Review a financial report for presentation at each regularly scheduled meeting of the Board of Directors;
- Shall determine a written account of the finances of the organization and such report shall be physically affixed to the minutes of the Board of Directors of such meeting;
- Shall exercise all duties incident to the office of Treasurer;
- Serve on the Executive Committee; and
- Vote on all matters coming before the Board of Directors.

**Section 7: Duties of the Sergeant-At-Arms shall be as follows:**

- Enforce the rules of order at all meetings of the SELA Alliance;
- Serve on the Executive Committee; and
- Vote on all matters coming before the Board of Directors.

**ARTICLE VIII – COMMITTEES OF THE BOARD**

**Section 1:** The Chair shall have the power to designate which member(s) of each standing and ad hoc committee, except the nominating committee, shall be its Chair or Co-Chairs. Each Chair or Co-Chair shall be chosen from the elected members of the Board of Directors.

The Chair shall have the power to appoint such ad hoc committees of the SELA Alliance, in addition to the Standing Committees set forth below, as the Chair deems necessary and appropriate from the time to time in order to conduct more efficiently the business of the SELA Alliance. Members of the Committees need not be members of the Board of Directors. The Chair of the Board shall be an ex-officio member of all committees, except the Nominating Committee.

The place and time of the meetings of the Committees shall be determined by the Chair or Co-Chairs of that committee. Notice of such meetings shall be provided to each member at least seven (7) days prior to the meeting date.

The Board of Directors shall have the power, by a vote of not less than a majority of the entire membership of the Board of Directors, to remove at any time any member of any Committee of the Board or any Committee formed pursuant to these bylaws.

**Section 2: Executive Committee:** The Executive Committee shall be chaired by the Chair of the Board, and shall consist of the Chair, Vice-Chair, Secretary, Treasurer, and Sergeant-At-Arms and all chairs or Co-Chairs of the Standing Committees of the Board. The Executive Committee is charged with reviewing and recommending all budget, finance, personnel, fund development, and other management issues that may arise. The Executive Committee shall have the authority to act on behalf of the Board for actions that must be taken prior to the next meeting of the Board of Directors. Any such action shall be reported to the Board at its next regularly scheduled meeting.

**Section 3: Program Committee:** The Program Committee is responsible for the development of activities, programs, events, and outreach opportunities. This committee will also provide ongoing evaluation of services and SELA Alliance development.

**Section 4: Governance Committee:** The Governance Committee is responsible for the development, revisions, and maintenance of the organization's bylaws.

**Section 5: Finance Committee:** The Finance Committee is responsible for considering all financial decisions of the SELA Alliance.

**Section 6: Resources Committee:** The Resources Committee is responsible for identifying viable resources for the SELA Alliance.

**Section 7: Nominating Committee:** The Nominating Committee shall be responsible for vetting potential Board members and officers for the SELA Alliance. The Nominating Committee will preside over the election process at the Annual Meeting. The Committee will present candidates for consideration for Board membership that are to be voted on by the Board at the Annual Meeting, or in the event of filling an opening on the Board. The committee will also present a slate of Officers for consideration at the Annual Meeting. The committee is also responsible for presenting nominations for consideration by the Board of any officer positions that might be vacated during the year. The nominating committee shall consist of a minimum of three Directors of the Board. The Chair of the Nominating Committee shall be elected by its members at a meeting at which a quorum is present. The members of the Nominating Committee shall be elected by the Board of Directors.

## **ARTICLE IX – CONFLICTS OF INTEREST**

No member of the Board of Directors shall seek or accept anything of economic value from any person having or seeking to have any economic relationship with the SELA Alliance in return for doing or declining to do anything affecting the SELA Alliance. No member shall use his or her position to further facilitate the sale or promotion of products or services in which he or she has any direct or indirect financial interest.

## **ARTICLE X – CONTRACTS, CHECKS, DEPOSITORY, FUNDS, AND RECORDS**

**Section 1: Contracts:** The Board may authorize any officer or officer, agent or agents, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the SELA Alliance. This authority may be general or confined to specific instances.

All contracts which do not involve the expenditure of the SELA Alliance funds (including

contracts with funders which provide for acceptance of or re-allocation of grant funds) may be signed by the Chair without specific authorization from the Board.

All contracts, leases, or other documents binding the SELA Alliance which involve a commitment to or expenditure of five hundred dollars (\$500) or more, when such amount is not already included in the annual budget approved by the Board, shall be specifically approved or ratified by the Board of Directors by formal resolution. All such contracts, leases, or other documents binding the SELA Alliance which involve a commitment to or expenditure of less than \$500, when such amount is not already included in the annual budget approved by the Board, shall be approved by the Chair and Vice-Chairs.

**Section 2: Fiscal Agent:** The SELA Alliance may receive at some point funds for further development, as the group becomes a more defined force in behavioral health in southeast Louisiana. If this should occur, the Chair will facilitate finance operational and accountability issues with another defined business or private nonprofit entity on behalf of SELA Alliance as the result of a motion approved in a meeting. Two-thirds of all voting members will decide the Fiscal Agent.

**Section 3: Checks and Drafts:** All checks, drafts, or orders for the payment of money, notes, or other evidence of indebtedness issued in the name of the SELA Alliance shall be signed by an officer or officers, agent or agents and, in such manner, shall be determined by resolution of the Board. Signatories for checks, bank drafts, and/or any other form of financial instrument shall be the Chair, the Vice-Chair, and the Secretary, and such other persons as the Board of Directors may designate. Two authorized signatures shall be required on all financial instruments.

**Section 4: Deposits:** All funds of the SELA Alliance shall be deposited from time to time to the credit of the SELA Alliance in such banks, or other depositories, as the Board may select.

**Section 5: Gifts:** The Board may accept on behalf of the SELA Alliance any contribution, gift, bequest, or devise for the general purposes or for any special purposes of the SELA Alliance.

**Section 6: Books and Records:** The SELA Alliance shall keep correct and complete books and records of accounts and shall keep minutes of the proceedings of its members and Board, and a record of its Board, giving the names and addresses.

**Section 7: Audited Financial Statements:** The Board of Directors shall cause audited financial statements to be made available to the public, as according to law, not later than one hundred eighty (180) days after the close of the fiscal year. Such audited financial statement shall include a balance sheet as to the end fiscal year and an income statement and statements of changes in financial position for such fiscal year, accompanied by a report thereon of independent accountants.

## **ARTICLE XI – AMENDMENTS**

These bylaws may be repealed or amended from time to time by the Board of Directors at any regular or special meeting at which a quorum is present, provided that a copy of the proposed amendments or notice of the proposed repeal shall have been sent to all members of the Board of Directors with the notice of the meeting. Amendments to these bylaws shall be made by a vote of two-thirds those voting members who are present.



## 5. Membership

A community partnership is only as strong as the organizations represented. Members are the lifeblood of the entity. Determining the membership of the collaborative should be strategic. Consideration should be given to matters such as who should be involved, how to recruit them, and how to keep them.

### Ensuring Diversity

Most communities in America are diverse. They are made up of people of different genders, races, ethnicities, religions, professions, and the like. For that reason, collaboratives should seek to be reasonably inclusive of various segments of the community. While that may seem simple, it is not always. However, ensuring that the membership is representative of the community is central to responding adequately and appropriately to the diverse needs of the community, especially the many needs of individuals and families affected by mental health and substance use conditions.

The 2010 Summit community teams represented faith and secular service providers. They were people from different races and cultures. They also represented the administrative arms of government, education, and other commu-

nity sectors. However, even with these initial members, the teams were encouraged to make note of missing service providers that should be a part of the community partnership and to develop strategies for bringing them on board. After returning home, the collaboratives also recruited members from the judiciary, law enforcement, business, and other community sectors.

By creating a diverse body, a community partnership can be more effective. It is better positioned to see challenges and possible solutions from a range of perspectives. Membership diversity increases the likelihood of a collaborative's success because of the wealth of skills, connections, and resources that a diverse membership lends to the effort. Diversity also increases buy-in; there is greater respect for the group's efforts when people sense that their voices are heard and their positions are considered.

### Clarifying Membership

The concept of *membership* means different things to different people. To one, it may evoke images of privilege and perks. To another, it may raise ideas of involvement and camaraderie. To yet another, it just may mean more work. For those and other

reasons, community partnerships should define membership clearly for existing as well as prospective partners.

### *Membership Eligibility*

At the outset, it is important to decide who should be at the table of this collaborative. This is not a discussion of the actual candidates but a consideration of the types of people or organizations to be involved in the collaborative. To address substance use and mental health community issues, there are several likely groups to consider.

- Substance use prevention, treatment, or recovery service providers
- Mental health promotion treatment, or recovery service providers
- Grassroots, secular or faith organizations supporting people who are coping with substance use or mental conditions, or the families of those individuals
- Individuals or other entities committed to supporting people and/or families grappling with mental or substance use conditions

Also, decide whether the membership will be open only to organizations or whether interested individuals may also participate. (*An example of how one 2010 Summit team addressed membership categories appears in FIGURE 1.*)

In this respect, the collaborative should set guidelines regarding the type(s) of staff that may participate on behalf of organizations. For instance, for the 2010 Summit, SAMHSA invited organization *leaders* (e.g., executive directors, presidents, senior pastors). The rationale was that, to form community partnerships strategically, the people around the table needed to be decision-makers within their organizations.

### *Benefits and Expectations*

Benefits associated with community collaborations and partnerships are far reaching, impacting lives and demonstrating that community organizations (including faith-based organizations) can work together effectively to address and resolve community problems and issues.

Consider the following general potential pay-offs.

**Greater Collaboration and Information.** Forming strategic relationships among member providers and others is one of the most significant pay-offs of a collaborative partnership. Through the partnership, members become better informed about community services and resources.

**Better Resource Coordination.** By coordinating with other partners, members can avoid the duplication of services and fill in service gaps rather than developing programs that already exist. Because of this, community and faith-based organizations are able to steward their own resources better. They no longer have to start a new program every time a need is uncovered.

**Stronger Voice.** A single voice is indeed important. As community teams combine their many and diverse voices, they become greater advocates for the communities they represent and greater agents of change.

**Increased Resource Opportunities.** Today, the government and philanthropists are increasingly investing in efforts that address the challenges facing individuals and communities holistically. Community partnerships are well poised to access funding and other resource opportunities because of the established working relationships among members. Such

relationships tend to be stable and supportive. By working together, these organizations are positioned to respond quickly to a particular funding opportunity and they are able to produce strategic collective approaches to the target community issue(s).

Along with member benefits come member expectations, and it is good to inform members of the collaborative about what is expected of them. Member expectations can be as broad or as detailed as the collaborative desires.

### *Internal Expectations*

- Appointing a representative to participate in the collaborative
- Attending a certain percentage of the meetings
- Fostering collaboration and cooperation among the body
- Participating in strategic planning efforts of the coalition
- Promoting the collaborative's goals and direction

### *Event or Program Expectations*

- Supporting the collaborative's ongoing public awareness, advocacy, and education efforts
- Participating actively in functions and events
- Providing referrals, as appropriate, to partner services

### *Resource Development Expectations*

- Providing letters of support and/or oral testimony for funding opportunities of the collaborative

### *Documenting the Commitment*

As a way of documenting the members commitment, many of the SAMHSA 2010 Summit

teams required members to enter into a memorandum of understanding (MOU). Though usually not legally binding, MOUs are an excellent tool for signifying the mutual agreement of two or more organizations to work together.

There is no required MOU content and MOUs vary in length, formality, and complexity. Typically, MOUs for community groups begin with an overview of the collaborative. They cite what the signing organization can expect of the body and what the alliance expects of its members. The document is signed by authorized representatives of the partnership and the member agency. (*Sample MOUs from the SAMHSA 2010 Summit teams in Atlanta and Los Angeles appear at the end of this section.*) While not required for a community partnership to exist, MOUs can be effective in this setting. They become self-evident examples of the commitment of member organizations and can be readily displayed for prospective members, funders, and others as appropriate.

## **Approaching Membership Strategically**

As noted above, the membership of a community partnership should reflect the community in which the group is functioning. However, that recognition does not eliminate the need to be strategic about identifying and recruiting potential partners.

### *The Link Between Mission, Strategy, and Membership*

When considering who should be invited to the collaborative table, think about your mission and strategy. An organization's mission is at the heart of all that it does. That includes decision-making about membership.

Consider this mission statement: "We exist to educate the community about mental health wellness." That mission clearly can be realized by extending membership to various categories

of mental health and education organizations, to the faith community, and to others with whom there is a link to that mission. The connection to that mission is less obvious, however, if the group begins recruiting local restaurant owners.

In determining membership, also consider the group's strategy. *Strategy* determines how the body plans to carry out its mission. Return to the sample partnership above that is dedicated to educating the community about mental health wellness. Assume that one of its strategies is to establish wellness programs for ex-offenders. Given that, partnering in some way with law enforcement, the court, and the prison system will be critical for implementing this strategy.

### *Strategic Recruitment Planning*

Step 1 in approaching membership strategically is to determine the types of people or organizations that correspond to the group's mission and strategy. Step 2 is to develop an approach to recruitment. To carry out Step 2, consider creating an actual recruitment plan.

**Designate Recruitment Effort Leader(s).** Some groups place primary responsibility with a membership committee. Others spread this task throughout the alliance. Still others use a hybrid of the two models. For the actual footwork of recruitment, it is important to appoint one person or co-leads to this area of responsibility. This becomes the person or team that makes assignments, monitors recruiter progress, and prepares reports for each full-group meeting.

**Create a List of Prospective Member Organizations or Individuals.** Brainstorm to develop a list of possible partners whose missions, programs, and/or activities are consistent with the collaborative's direction.

**Determine the Right People Within Prospective Member Organizations To Involve.** While the United Way or First Baptist Church may be appropriate candidates for membership, the recruitment team must attempt to identify the best people to serve from those groups. If the collaborative is uncertain about the right person, seek out a key influencer within the organization who can be approached to begin the conversation.

**Identify Members With Personal Contacts to the Targeted Person Within Each Organization, Where Possible.** Although cold-calling is an option, a personal contact is a more effective recruitment tool. Accordingly, for each candidate or internal influencer, find out who, within the collaborative, is a possible contact. This helps to spread out responsibility for recruitment and it enables the collaborative to build on pre-existing relationships.

**Prepare Talking Points for Recruitment Conversations.** Talking points allow members to decide how they want to portray the organization to prospective members. Use of talking points allows consistent messages to be shared about the coalition. Further, this method may give a level of comfort to people who might not ordinarily volunteer for this type of assignment.

In developing talking points, remember that potential members are very busy people. Do not waste their time; be clear about the opportunity being presented and the commitment required.

Consider crafting recruitment talking points in four segments.

- 1) **Background.** Why the coalition has been formed, what it is in place to do, and how collective action can improve the likelihood of success (mission and strategy)



- 2) **Membership Expectations.** What membership entails
- 3) **Community/Collaborative Benefits.** How the community is improved and what the collaborative gains from having the person/organization at the table
- 4) **Prospective Member Benefits.** What the organization and this individual gain by participating

Participation in a community partnership must be mutually beneficial. Members must receive as much as they put into it. When approached about joining the group, potential partners are likely to ask “What is in it for me?” Be prepared to respond. To do so, it is important to understand the potential partner’s role in the community and how membership could enhance the overall mission of the collaborative.

**Set Target Timeframes for Making Contact With Candidates.** Membership recruitment is an ongoing process and function. However, each time new prospective members are identified, set target dates for connecting with them.

### *Membership Plan Implementation*

After planning comes implementation. Between meetings is when the lion’s share of the work is done—connecting with prospective members, tweaking talking points, and supplying additional information. Members with recruitment responsibility should generate a progress report to be submitted to the full membership so that everyone knows the status of this effort and can lend support where needed.

## **Retaining Members**

**G**etting people to come to one meeting or to sign on as members is one thing. Keeping them at the table is entirely different. Creating a sustainable community partnership requires that members come and

stay. Below are several keys to developing a community partnership that attracts members and retains them over time.

### *Building Relationships*

Relationships are the glue that holds the entire effort together. Building these relationships begins with encouraging members to become familiar with one another and to develop a level of respect for each other and for the role that each plays in the life of that community. Members must also find ways to overcome differences—of discipline, of faith, etc.—in order to effectively work together for the good of the community.

SAMHSA 2010 Summit teams have used various strategies to help the organizations within the collaboratives work together effectively. Teams have planned social gatherings. They have devoted time in meetings to highlight a member organization—its purpose, programs, upcoming events, and/or benefits to other coalition members or clients. Teams have rotated meetings among member sites so that people have the opportunity to tour facilities; meet staff; and gain greater familiarity with the history, culture, or service offerings. Efforts such as these contribute to retaining members.

### *Effective Communication*

Intentional communication is another contributing factor in retaining members in a community partnership. In building or strengthening a collaborative, it may be helpful to focus on how things are to be communicated.

### **Information Sharing Related to Meetings.**

Meetings often are the primary method of interaction among members. For that reason, it is important to share information—meeting schedules, locations, and pre-meeting materials—with participants so they are prepared for the discussion.

**Meeting Methods.** Several 2010 Summit teams adopted virtual services to enhance member participation. Virtual meetings are particularly useful in communities that span large geographic areas—where commuting to meetings is challenging because of the distance. The use of technology has contributed positively to member retention—whether conducting some meetings entirely by conference call or ensuring that conference lines are available during in-person meetings.

**Ongoing Communication Among Partners.** Ongoing communication contributes to building community among the membership, which ultimately leads to increased member retention. Therefore, interaction among members should not end when meetings adjourn. Interaction may continue through in-person meetings, e-mails, Google or Yahoo groups, social media (e.g., Facebook or LinkedIn), and similar technology.

### *Meaningful Tasks*

People remain involved when they feel that their contributions are valued and they are able to participate actively in discussions and decision-making. Valuing member contributions is very important to retention. By assigning meaningful tasks to members in areas of interest, or by encouraging them to share new information, they feel valued. In the long run, the collaborative as a whole benefits because of the delegated responsibility and the increased buy-in.

### *Productive Meetings*

Meetings are valuable opportunities for members to come together to engage in joint problem solving, action planning, decision-making, and progress evaluating. Meetings should be dynamic interactions between community partners at which new and innovative approaches for working collaboratively are identified and mapped out.

Unproductive meetings—meetings that are ill planned or not focused on achieving a defined goal—can cause members to stop attending.

Below are some key actions that make meetings more productive.

**Hold Meetings According to a Regular Schedule.** If too much time elapses between meetings or they are held inconsistently, members can become disengaged and move onto other priorities. Most 2010 Summit teams meet monthly, with subcommittees or workgroups meeting between sessions. To encourage active participation and improve attendance, many of the collaboratives established a consistent monthly meeting day and time (e.g., such as the second Tuesday of each month at 3:00 p.m.) Consider polling members to assess the best meeting dates and times.

Similarly, location can have a tremendous impact on participation at in-person meetings. Advance notice and effective planning are critical for meetings being held at locations that are a long distance from the offices or homes of most members. Information about parking, public transportation, and building entries is important to disseminate prior to the meeting so that participants can plan appropriately and arrive on time. The continued use of facilities that are hard to reach or inconvenient will have a negative impact on meeting attendance and, ultimately, on participation.

**Build the Meeting Agenda Carefully.** The agenda is the cornerstone of a good meeting. Meeting agendas should be developed in advance, with input from the members, leaders, and facilitator (if the group is working with one). It should be distributed prior to the meeting. Each agenda should include the items to be covered, the people responsible for leading the discussion on each topic, the timeframe for each topic, and the intended outcome (i.e., vote, discussion, or update).

### *Membership Benefits*

Members participating in collaborative partnerships look to gain as well as give. Be clear about how becoming and remaining an active member will benefit the organization and the community. This can be done in a number of ways. Examples of this, which SAMHSA has encouraged 2010 Summit teams to use, are below.

**Devote a Portion of Each Meeting to Capacity Building.** Set aside a part of each meeting for some information or skill-building that will benefit individual members or their organizations.

**Allow Members To Contribute to the Work in Different Ways.** People have different skill levels, competing interests, and changing availability. Be flexible about the time and effort that members can contribute.

**Offer Opportunities for Exposure and Networking.** Collaboratives that showcase members' unique and valuable contributions will be rewarded with loyalty and ongoing active participation from members.

#### *Building Blocks — Membership*

- **Ensure that the membership roster reflects the community it represents.** A collaborative will be better received by the com-

munity if it has deep connections to, and reflects the various segments of, the community.

- **Approach membership strategically.** The approach should be consistent with the group's mission and the strategy it has selected for carrying out that mission.
- **Clearly set out what the collaborative seeks from members and how it will benefit them.** Expectations and benefits should be discussed during recruitment and then demonstrated on an ongoing basis throughout the group's life together.
- **Pay attention to member retention.** Do not take member retention for granted. It is a matter of the utmost importance for team leaders. Through attention to relationships, growth opportunities, productive meetings, and the ongoing provision of member benefits, people will come, stay, and recommend others to the partnership.

**Members Benefit From SAMHSA's Support.** For 2010 Summit teams, a prime benefit has been SAMHSA's ongoing technical support—not simply for the development of the community collaboratives, but also for strengthening member organizations and the individuals in them. Teams around the country have had access to a range of capacity-building offerings—live workshops and informational sessions, webinars, conference calls, publications, and other technical support.

## APPENDICES

### Community Health Interfaith Partnership (C.H.I.P.) Memorandum of Understanding

This Memorandum of Understanding (MOU) constitutes an agreement among the entities comprising the Community Health Interfaith Partnership (C.H.I.P.) listed below for the following purposes:

- To begin formalizing C.H.I.P. as a coordinating body with a purpose, scope, and set of strategies common to its members aimed at identifying unmet needs for services and support to people affected by mental and addictive illnesses within the state of Georgia.
- To declare officially that the signatories are actively cooperating in ongoing efforts (1) to speak with one unified voice for those with mental and addictive illnesses; (2) publicize these needs in order to mobilize a compassionate and highly effective response within the community; (3) promote and facilitate cooperative action to generate holistic, multi-strategy, multi-sector solutions; and (4) advocate for their implementation.
- To provide documentation of the mission, vision, and goals of C.H.I.P. for all to see.
- To clarify and emphasize that each of the signatories is autonomous and operates according to its own respective rules and procedures and with this MOU each agrees to work toward C.H.I.P.'s common goals.

#### ARTICLE I. HISTORY OF C.H.I.P.

In the spring of 2010, SAMHSA convened the Community Leaders and Interfaith Partnership Summit. The purpose was to share a vision for responding to the needs of those affected by substance abuse and mental health disorders through community-level collaborations. The Atlanta team consisted of fifteen participants representing a wide variety of faith and community-based organizations, both public and private. Discussions focused on the particular challenges facing our community, as well as Atlanta's unique assets and resources.

Following the summit, the Atlanta team sought a diverse group of partners, including clinicians, service providers, faith-based non-profits, public agencies, and concerned citizens. As the group's numbers increased, so did its capacity to undertake significant work in the community.

In September 2010, the group adopted the name Community Health Interfaith Partnership to communicate its role in the community clearly.

#### ARTICLE II. C.H.I.P. VISION

A place in the community for everyone.

### **ARTICLE III. C.H.I.P. MISSION**

We operate as an interfaith, community-based coalition to enhance the behavioral health of our neighbors and promote the well-being of our community.

### **ARTICLE IV. C.H.I.P. GOALS**

1. Create a sustainable structure for coalition with core group of 60% of its members participating in advocacy, events, and affinity groups.
2. Develop a strategic plan including specific areas of focus (e.g., identifying and galvanizing our strengths/organizations, advocacy, toolkit for clergy and nonprofit leaders, needs analysis of metro Atlanta area).
3. Work with a wide range of partners to create informational events with clear objectives; measurable outcomes will be specific to every event.
4. Provide specific opportunities for C.H.I.P. service providers to collaborate with a Federally Qualified Health Center to plan and implement integration of mental health services into primary care.
5. Enhance working relationships with Federal agencies, i.e., SAMHSA, HRSA, SBA, to promote and build up C.H.I.P. partner organizations.

### **ARTICLE V. THE ROLE OF THE SIGNATORIES**

Responsibilities and activities undertaken by each signatory to this MOU in order to accomplish common goals will include but not be limited to the following:

- Promote and participate in planning processes necessary to develop C.H.I.P. as an organization that identifies unmet needs for services and support to people affected by mental and addictive illnesses within the state of Georgia.
- Foster cooperation and partnerships among members of C.H.I.P. in order to achieve common and individual goals.
- Provide letters of support and oral testimony for projects that address mental and addictive illnesses.
- Meet periodically to coordinate and integrate the work of each member's group into unified and meaningful strategies that advance the goals of C.H.I.P.
- Support ongoing public awareness, advocacy, and education components around mental and addictive illnesses.
- Join with agencies focusing on solutions around the issues of mental and addictive illnesses.

## ARTICLE VI. THE ROLE OF C.H.I.P.

Responsibilities and activities undertaken by the C.H.I.P. in order to accomplish common goals will include but not be limited to the following:

- C.H.I.P. will serve as the coordinating body in identifying unmet needs for services and support to people affected by mental and addictive illnesses.
- C.H.I.P. will publicize these needs in order to mobilize a compassionate and highly effective response within the community.
- C.H.I.P. will promote and facilitate cooperative action to generate holistic, multi-strategy, multi-sector solutions and we advocate for their implementation.
- C.H.I.P. will develop strategies for funding consistent with its goals and priorities.
- Coordinate educational and public awareness activities around the issues of mental and addictive illnesses with a focus on prevention and recovery.

## ARTICLE VII. TERMS OF THE MOU

The Community Health Interfaith Partnership is an organization comprising autonomous entities with common goals that agree to work together for the benefit of all. The memorandum will become effective when signed by two or more organizations. Any signatory may terminate its participation by written notification [insert].

\_\_\_\_\_  
*Organization Address (city, state, zip)*

\_\_\_\_\_  
*Phone (office)*

\_\_\_\_\_  
*(fax)*

\_\_\_\_\_  
*(cell)*

\_\_\_\_\_  
*Signature of authorized organizational signatory*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of authorized organizational signatory*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature of C.H.I.P. authorized organizational signatory*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of C.H.I.P. authorized organizational signatory*

\_\_\_\_\_  
*Title*

## L.A. CHAMPS

(Community Health And Moving People to Success)

*Vision: "To create a healthy community that provides holistic and integrated services to people who are underserved."*

L.A. CHAMPS was initiated when SAMHSA invited 18 Southern California social service agencies to attend a 2-1/2 day summit in Washington, DC from May 5-7, 2010, with the goal to encourage and support effective community partnerships among nonprofit community and faith-based organizations.

### Memorandum of Understanding

**As a member of L.A. CHAMPS, I agree to:**

1. Leverage L.A. CHAMPS resources to serve as a clearinghouse for other agencies in the coalition;
2. Provide linked referrals (client connections for services);
3. Physically attend (or conference call into) our meetings as scheduled on a regular basis (TBD), as available;
4. Promote intentional collaboration between faith-based and community-based organizations.

I hereby agree to commit to the L.A. CHAMPS Memorandum of Understanding:

Signed and agreed:

Name	Date
Organization	



## 6. Leadership

**L**aunching a community collaborative takes the effort of many individuals. It, by no means, is a one- or two-person undertaking. However, even with the many hands that are needed to establish the collaborative and accomplish its work, leadership—effective leadership—is pivotal. For positive and lasting results to be achieved, leadership must be intentional and impactful.

Effective leaders guide the planning and activities. They engage members in decision-making, set the direction of discussions, assist with consensus building, and the finding of common ground for their work together. They also promote respect and continually value the expertise of each member within the collaborative.

Because the success of a collaborative rests, in the beginning, upon the arms of its leaders, SAMHSA asked each of the 2010 Summit communities to select at least two individuals to assume leadership responsibilities.

SAMHSA recommended a team leadership approach for several reasons.

**Shared Leadership Spreads the Labor.** Leaders within the collaborative are people with very full calendars. Shared leadership lessens the burden that any one person has to bear.

**Shared Leadership Provides Backup Support.** Shared leadership helps to maintain continuity and momentum in the event that one leader is unavailable for a period or steps down from the role.

**Shared Leadership Encourages Balance.** Shared leadership makes it more likely that multiple views will be considered throughout the partnership's work.

### Understanding Leadership Options for Community Partnerships

**A**ll leadership models are not the same, even with a team-leadership approach. Leadership structures also vary in size and complexity. Consider the following leadership approaches selected by SAMHSA 2010 Summit communities.

#### *Informal Leadership*

Informal leadership has been used most widely by the 2010 Summit communities. In these communities, the groups chose co-leads, who share general team oversight responsibility and work closely with the facilitator to plan and guide meetings. They coordinate efforts with SAMHSA on behalf of the collaborative and



often are the primary spokespeople for the team in the community.

With these teams, leadership often just evolved. While some leaders were chosen through election, others simply volunteered or were appointed by consensus. The leadership role tends not to be highly defined in these groups, and such informality is acceptable to the team.

### *Core Group/Steering Committee*

A second leadership approach seen among 2010 Summit teams is the *core group* or *steering committee*. These terms are largely used interchangeably for a group-leadership concept that surrounds co-leads with a small group of key members who provide advice, connections, and so forth.

In communities using this approach, the core group often includes team members who have stepped up and made significant contributions of time, expertise, or other resources to advance the group's work.

### *Officers*

One 2010 Summit team has adopted an approach with formal officers. That team's leadership includes a chair and vice-chair, as well as a secretary and treasurer. As their titles suggest, each of these individuals performs specific functions on behalf of the group.

### *Board of Directors*

Collaboratives and coalitions that have obtained Federal or State nonprofit status, or that are actively moving in that direction, have established boards of directors. These boards may be the sole leadership body for the partnership, or the board may serve in conjunction with one of the leadership models outlined above.

A board of directors, in most instances, becomes the legal representative of the organization, carrying the legal responsibility to act in the best interest of the organization.

## **Developing a Leadership Structure**

It is helpful to set some parameters for leadership. Parameters should be set around what is expected of leaders, how long they should serve, and how the group will transition smoothly at the end of the term.

### *Role and Responsibilities*

Listed below are some of the responsibilities expected of a leader within a collaborative.

- Lead the group to create an inspiring vision and keep it at the forefront of all activities
- Focus the group on relationships and the continual building of trust
- Seek the maximum appropriate involvement (by current and new members and other stakeholders, as needed)
- Model behaviors that facilitate collaboration, including effective communication
- Ensure that group activities and efforts are consistent with the vision and are intended to carry out the group's action plan in an effort to demonstrate results
- Bring out the best in others

### *Term*

It is wise for community partnerships to define a period for leaders to serve. Setting leadership tenure allows the group to rotate the role among members. Doing so also provides a means to transition an ineffective leader out of the role in a less offensive way than by removal.

Year-long terms are most customary. At the end of the year, the team has the option to select new leadership or retain the current leader.

One 2010 Summit team developed an interesting alternate approach, rotating leadership responsibilities among the core group more frequently than once a year. This group has two leaders in place at any given time, with each leader serving a staggered 4-month term. Accordingly, a leader beginning in January serves through the end of April. The leader who was at the mid-term mark in January is replaced by a new co-leader in March, who then serves through the end of June. The rotation continues in that fashion until each core group member has served, and then the rotation is repeated.

### *Departure or Removal*

Leadership transition should be considered by any community collaborative. This sometimes is an uncomfortable topic; however, if the group is to be sustainable, if it is to exist and thrive for the long term, it should create a continuity plan to address leadership change. The team also should continually identify potential leaders among its pool of members and prospective members so that there is a natural pipeline of leadership candidates.

Setting leadership terms is a natural way to transition from one leader to another. In addition, during the planning period, it is wise for the group to outline situations and/or offenses that would warrant a leader's removal. Such initial planning can be helpful in two ways. First, similar to setting ground rules or developing member roles and responsibilities, such planning sets parameters for the leadership function in a proactive way before difficulties arise. Second, similar to a group's values statement, leadership parameters serve as guidelines regarding behavior that is and is not acceptable in the eyes of the group.

Consider, also, how a new leader will be selected in the event of an unplanned change (e.g., resignation or removal). One option is to have the person in a particular position (e.g., secretary, governance committee chair) assume the open role. Another option simply is to follow decisionmaking process in such instances (e.g., the decision will be made by the steering committee or the full membership).

Finally, decide the length of time the new leader will serve. Will he/she begin a completely new term, or will he/she simply serve out the remainder of the departing leader's term? Thinking through such details in advance allows the group to move swiftly in the event that a leader leaves. It also avoids some of the confusion, hard feelings, and jockeying for position that may accompany an unexpected leadership change.

## **Making Leadership Effective**

A leader should seek to make his/her term as beneficial as possible to the ongoing work of the collaborative or coalition. It is more important to be able to point to things actually accomplished during one's tenure in leadership than it is to simply be able to list leadership among highlights on a resume.

### *Leadership Traits/Shared Leadership*

No one person exemplifies every essential leadership trait. However, by using a shared leadership model, the partnership is likely to see more of those effective leadership traits in action than it would with a solo leader in place.

Certain characteristics are desirable for any leadership role:

- Charismatic
- Good communicators
- Compassionate

- Decisive
- Detail-oriented
- Empowering
- Knowledgeable
- Managers of personalities
- Skilled at helping people work together
- Visionary

In a community partnership setting, a few additional traits become pivotal.

**Effective Leaders Get Results.** The reason for having a leader is to accomplish something. That is how leadership is measured. A person may be nice, or well resourced, or a great communicator. Yet, those wonderful traits yield little if nothing gets done. Instead, a truly effective leader uses those natural and developed attributes to achieve something of significance.

**Effective Leaders Remember that Community Is at the Core of the Collaborative.** The community must both benefit from and contribute to the work to be done, and a good leader fosters such an approach for the collaborative.

In addition, an effective collaborative leader will be mindful of the community *within* the team. It is critical to acknowledge and respect the leadership around the table, not just in the co-chair seats. Recognize expertise, involve people in decisionmaking and direction setting, and foster relationships among members. Doing so will go a long way toward establishing an environment that encourages engagement, open brainstorming, honest feedback, joint problem solving, and accomplishing results.

**Effective Leaders Minimize Differences and Maximize Common Ground.** SAMHSA 2010 Summit teams represented different segments of the community because of the recognition that no single discipline, race, faith, or sector meets every need connected with mental health or substance use challenges.

Effective leaders will acknowledge the differences at the table but not let the collaborative get stuck on them. Leaders who are seeking results will encourage team members to discover areas of commonality. What are the community hopes, goals, and needs that cross the walls of race, religion, zip code, profession, or income level? True leaders set the tone for the partnership by promoting a focus on common perspectives.

**Effective Leaders Focus on Initiatives that Everyone Can Support.** Leaders understand that it is only in the areas of commonality that the collaborative will find ideas that it can embrace and carry out. It becomes crucial to set an overall mission and vision, to identify specific initiatives, and to devise implementation strategies that are grounded in the areas where there is unquestioned support.

**Effective Leaders Empower People by Inviting and Expecting Them To Contribute in Meaningful Ways.** People engage in efforts in which they have a stake, play an active role, and see that their efforts are making a difference.

Effective leaders look to involve all of the members of the collaborative. Some leaders tend to work only with people who appear to want to work (and sometimes overwork those people). They tend not to encourage other members to step up and take on new assignments or become involved at greater levels. However, because the goal of the collaborative is to achieve results, it is best to involve everyone in some way. It is important to specify the tasks and deliverables and to ask everyone to volunteer to do something. Recognize that availability and skill levels differ from person to person and from period to period. However, foster an environment of accountability so that all members of the partnership become invested in assuming responsibility, engaging creatively, and acknowledging progress.

**Effective Leaders Applaud Victories Openly and Often.** Recognition of the work achieved by the membership never hurts. People want to know that their efforts are appreciated and valued. Effective leaders create an atmosphere in which people's efforts are genuinely and regularly recognized, whether they are participants who come with little expectation of receiving praise or those needing more of a pat on the back. It is the role of the leader to learn what motivates the members of the team so that they can perform well and accomplish great things together.

### *Reflecting the Community*

In examining the leadership selections of SAMHSA 2010 Summit teams, it is apparent that the teams sought to have their leadership reflect the community. Teams have leadership pairings that mix secular and faith-based representatives, different service areas, races, and parts of the city or region. Such diversity among leaders is healthy in advancing the work of the partnership and in eliciting buy-in from the community by demonstrating inclusion and value.

### *Leading Leaders*

Bringing together organization *leaders* to form the community collaboratives was a novel community engagement approach by SAMHSA. In doing so, SAMHSA created an interesting scenario for the leaders of the collaboratives—that is, they would need to lead other leaders. Leaders were challenged to encourage, engage, and collaborate with a group of peers.

Because leaders have so much already on their calendars, it becomes critical for team leaders to continually demonstrate the benefits of involvement—for each member's organization as well as for each person. Each partnership representative must be able to convey to his/her organization how the work of this collabora-

tive aligns with its mission and vision in order to justify continued involvement. Further, tasks must be meaningful, communication must be targeted and timely, and meetings must be productive and enriching. Without a solid approach to the operation of the partnership, members will drift away, and thus the mission of the collaborative may not be realized or impactful to the community and its constituents.

### *Continued Growth*

Continued growth is of the utmost importance for leaders. People respect leaders who are humble enough to recognize that their journeys are not complete and who are willing to continue learning. People also respect leaders who seek out ways to build into the members of the alliance — as individuals and as organizations. The combination of those traits is another sign of effective leadership.

### *Building Blocks — Leadership*

- **Develop a shared leadership structure.** Shared leadership provides the partnership with a more robust range of effective leadership traits. It lightens the burden for leaders. It also increases the likelihood that leadership can be reflective of the community represented.
- **Plan out leadership roles, responsibilities, terms, and transitions.** Work through the roles, responsibilities, terms, and transitions during the planning phase to allow for a proactive, rather than a reactive, response to leadership changes. It sets the tone for the behavior of all members of the collaborative.
- **Work continually to make leadership effective.** It is important that leaders constantly assess their leadership effectiveness, find ways to improve the collaborative process, and achieve the mission of the collaborative.

## APPENDIX

### Technical Assistance and Training for Grassroots Faith and Community Based Organizations Projects

#### The Role of the Team Leader

**Overview:**

Each community team is expected to select co-leaders. As the title suggests, these individuals are responsible for encouraging the team's progress and activity and they serve as the primary team liaisons to SAMHSA. In the event that a project team leader fails to effectively carry out the responsibilities below, SAMHSA reserves the right to work with the team to identify new leadership.

The following are among the responsibilities of the team leaders:

- Providing Team Leadership
  - Creating an environment oriented to trust, open communication, creative thinking, and cohesive team effort, while not dominating discussions, meetings, or activities
  - Motivating and inspiring team members
  - Leading by example
  - Helping to resolve dysfunctional behavior within the team that could jeopardize progress
  - Facilitating problem solving and collaboration
  - Striving for team consensus and win-win agreements and intervening, when necessary, to aid the group in resolving issues
  - Supporting the continued capacity-building of team members to benefit the member organizations and the community as a whole
  - Encouraging creativity, risk-taking, and continuous improvement
  - Recognizing and celebrating team and team member accomplishments and exceptional performance

- Focusing the team on the tasks at hand or on internal and external customer requirements
  - Coordinating with internal and external customers, stakeholders, and colleagues, as necessary
  - Familiarizing the team with consumer/service recipient needs, specifications, and the techniques and tools to support task performance
  - Serving as meeting manager or chairman
  - Collaborating with the team's facilitator to set the meeting direction and projected outcomes
  - Initiating committees, as appropriate, to resolve issues and perform tasks to advance the group's effort
  - Ensuring that deliverables are prepared to satisfy project requirements, cost, and schedule
  - Helping to keep the team focused and on track
- Coordinating Team Logistics
  - Working with SAMHSA, its contractor, and other appropriate sources to obtain necessary resources to support the team's requirements
  - Overseeing budget, as well as resource allocation and usage, in carrying out team functions
  - Obtaining and coordinating space, equipment, etc. for team members
  - Establishing meeting times, places, and agendas
  - Managing the hiring and firing of staff and the involvement of volunteers
  - Delegating team roles, when appropriate and necessary, and monitoring performance
- Communicating team status, task accomplishment, and direction
  - Overseeing status reporting, within the team, regarding activities against the program plan
  - Keeping SAMHSA and its designees informed of task accomplishment, issues, and status through monthly reporting, team leader calls, and coaching calls
  - Serving as a liaison for communication with, and support to, other teams
  - Escalating issues that cannot be resolved by the team
  - Providing guidance to the team based on SAMHSA direction



# 7. Leveraging Community Resources

**L**everaging community resources is essential for any collaborative that seeks to meet the many service needs of the underserved or of individuals and families affected by substance use and mental conditions. Resources are essential for a partnership to advance its program and to offer services to help people in the community maintain their well-being and live productive lives. Therefore, resource development becomes an important topic for a community collaborative—what is needed and how it is to be acquired.

## Identifying Resource Types

**F**or many people, the topic of resource development begins and ends with money. In many respects, though, that is a limiting view. While a check certainly cannot hurt, a community partnership that focuses only on financial resources may overlook opportunities to fill many unmet needs through individuals or organizations that lack dollars but that have access to other valuable contribution modes.

Consider the following resource types that can assist a community partnership.

**Facility Resources.** Facilities are buildings, offices, meeting rooms, and other spaces. As a partnership plans meetings, programs, or

events, it will need places at which it can house those functions. Consequently, facility resources are vital.

**Financial Resources.** Monetary contributions are the most well-known resource type. With finances, a collaborative often can purchase the other types of resources included in this section. However, engaging a donor in providing one of the other resource types, especially a resource that involves an exchange of time and talent, sometimes results in a higher level and longer lasting commitment than is achieved simply through a cash contribution.

**Human Resources.** Human resources are people. This resource category involves the commitment of time and skill to the community effort. Note that human resources may be obtained through a donation of staff or volunteer hours.

**Material Resources.** This resource category includes items such as equipment or supplies. For instance, for a collaborative about to launch an educational campaign in the community, the donation of paper to print flyers would be an excellent and much-needed material resource.

**Service Resources.** Service resources are similar to human resources, except that the partnership does not necessarily get a person added to

its staff for some period of time; instead, it gets the donation of a needed service, on a one-time or recurring basis.

Using the flyer example above, a service donation might involve printing the flyers for the group's educational campaign. However, in thinking about the behavioral health arena, service resources also might entail connecting clients with services not available through one provider but accessible through a partner.

**Technical Support Resources.** Technical support resources are similar to service resources. There are many skills and much knowledge available within a collaborative and among community stakeholders. Therefore, teaching members of the collaborative or the community a skill or providing guidance around various matters is the type of technical support that can be extremely meaningful to a partnership, not just during its formation but throughout its lifetime.

## Establishing and Implementing a Resource Plan

Many collaboratives have only one plan regarding resources—raise as much money as possible. While that is one approach, it may prevent the collaborative from accessing the range of available resources. Instead, following a three-pronged approach to resource planning may be more effective.

### *The Link Between Mission, Strategy, and Resources*

Mission and strategy are central elements of resource development planning for a community partnership. Carefully crafting and fully understanding the organization's *mission* (what it was established to do) and its *strategy* (the approach it has selected to carry out that mission) helps the collaborative to identify ways to

leverage community resources and narrow the field of potential donors.

Keeping mission and strategy central also helps the partnership to relay its messages convincingly and consistently by considering how its mission and strategy connect with those of potential donors.

### *Strategic Resource Planning*

Resource planning extends beyond simply identifying prospective donors. It also includes action planning around strategy and mapping out the resources required for each step of that plan.

The great thing about planning in the context of a community collaborative is that it already has a wealth of resources around the table. Such resources extend beyond what each individual can offer; they also incorporate the assets associated with the staff, parishioners, members, and partners of each participating organization. In many respects, this is where the true benefit of leveraging resources is found.

By identifying the resources needed to carry out each action step, the alliance can determine which resources it has already accessed, which it can acquire through a current relationship (member or supporter), and those for which it must find a new source. This permits the group to plan strategically regarding the use of its current resource pool and its resource acquisition efforts.

### *Resource Plan Implementation*

As with any plan, development of an approach is only half of the battle. The approach also must be implemented. The same is true for resource development planning.

After the collaborative has outlined its resource needs and a plan for securing them, it should



assign those tasks to members. Dates should be given for the completion of each task. One approach is to create a resource development subcommittee to carry out this plan. Between meetings, subcommittee members and others with resource development responsibilities should coordinate their efforts and report progress and/or challenges. A subcommittee status report should be a part of each full meeting to apprise members of the progress of the workgroup.

#### *Building Blocks — Leveraging Community Resources*

- **Identify the community resources available to the collaborative.** Thinking only about monetary resources limits the range of resource-generating options. Understand

that valuable resources may be financial; however, they may easily take the form of facilities, people, materials, services, or technical support.

- **Plan the acquisition of resources strategically.** Resource planning should align with the organization's mission and strategy. It also should take into account the existing, available assets of the collaborative, its members, and other stakeholders.
- **Develop a realistic, ongoing implementation approach.** A plan without implementation strategies is of little use. A community alliance should think through the process to search for the variety of resources it will need to advance the work of the collaborative.

# APPENDIX

## Sample Resource Development Plan

### Section I: Need

To carry out the ABC program, Organization X will require the following resources for the following reasons:

#### Facilities —

- Location 1: Rationale
- Location 2: Rationale

#### Materials —

- Item 1: Rationale
- Item 2: Rationale

#### Services —

- Service 1: Rationale
- Service 2: Rationale

#### Staff or Volunteers —

- Position 1: Rationale
- Position 2: Rationale

#### Technical Support —

- Session 1: Rationale
- Session 2: Rationale

#### Funding —

- Amount: Rationale

## Section II: Tasks and Timeline

### Resource Development Workplan, Organization X

Task	Responsible	Due Date	Status
<b>Establish a Resource Team</b> <ul style="list-style-type: none"> <li>• Determine group structure, roles, and responsibilities</li> <li>• Obtain partnership approval of team charter</li> <li>• Recruit members</li> <li>• Hold first team meeting</li> <li>• Set meeting schedule</li> </ul>		06/30/12  05/01/12  05/15/12  06/01/12 06/25/12 06/25/12	
<b>Develop Resource Options for Each Need in Section I</b> <ul style="list-style-type: none"> <li>• Identify capabilities among Organization X membership</li> <li>• Perform a preliminary match of existing donors and needs</li> <li>• Brainstorm/research prospective donors for unmet needs</li> <li>• Devise a resource acquisition approach for each need</li> </ul>		08/31/12  08/15/12  08/15/12  08/15/12  08/31/12	
<b>Implement the Resource Acquisition Plan</b> <ul style="list-style-type: none"> <li>• Develop talking points/factsheet for use during contacts</li> <li>• Assign responsibilities to team members and other identified Organization X members</li> <li>• Solicit donations</li> <li>• Track progress</li> </ul>		09/30/13 09/15/12  09/15/12  09/30/13 Ongoing	



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