BUILDING TO A SUM GREATER THAN ITS PARTS:

A Hands-On Guide to Cultural Integration in Community Health Partnerships and Alliances

OCTOBER 2019

California Health Care Foundation

ABOUT THE AUTHORS

About Catalyz

Catalyz is a Seattle-based consulting firm that helps clients bring a human-centered design approach to improve their customer, patient, or employee experiences and services. Catalyz's design-based approach is rooted in developing empathy for those being served and a nimble, prototype-driven approach to testing out new ideas. Catalyz is also dedicated to helping clients and their staff develop the key capabilities needed to thrive in the 21st century — curiosity, collaboration, communication, critical thinking, and creativity. For more information, visit Catalyz.io.

Ben Grossman-Kahn

Ben is the CEO and co-founder of Catalyz. He has an M.ED in Learning, Design, and Technology from Stanford, is a graduate and former lecturer and coach at the Stanford d.school, and has focused for the past decade on leading teams and developing programs that support innovation and cultural transformation. Ben's prior accomplishments include work with companies, including Nordstrom, Starbucks, Kaiser Permanente, and Capital One, but he considers it his greatest honor to support patient-centric transformation in the health care industry. Ben would like to dedicate this project to the memory of his grandfather, Moses Grossman, former chief of pediatrics at San Francisco General Hospital (now Zuckerberg San Francisco General Hospital & Trauma Center) and a tireless advocate for the city's most vulnerable children.

Tim Schmuckal

Tim is a principal at Catalyz who brings a multidisciplinary approach to the company's innovation and human-centered design work. After receiving a JD from the University of Michigan, he practiced intellectual property law for two national law firms. At Expedia legal, he served on integration teams for the company's mergers with Hotels.com, Hotwire, and TripAdvisor. As CEO, Tim led a creative agency through a challenging but successful culture and business model transformation. The common thread of his work is helping people and organizations thrive.

About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

For more information, visit www.chcf.org.

TABLE OF CONTENTS

The Powerful and Lasting Impact of Organizational Culture on Community Health Partnerships

Today's rapidly shifting health care landscape is leading community health centers (CHCs) to embrace new strategies for improving and expanding care. Although partnerships have long been an effective means of boosting community health capabilities, the population health, clinical integration, and value-based care transformations now underway are spawning new kinds of relationships and alliances.

Small, safety-net CHCs and individual physician practices are pursuing mergers and consolidations as a way to maintain long-term viability. Other CHCs are partnering with behavioral health entities or community-based organizations to deliver integrated care and to address social determinants of health.

Whether the partnership is a management services organization, independent practice association, merger, acquisition, hospital partnership, or payer alliance, the strategic imperatives driving today's alliances are similar: to stabilize CHCs and enable them to extend their reach in a complex, increasingly connected operating environment.

"We can't fulfill our mission without our partners. We have to be humble. We absolutely need them." — Health Center CEO

Connective Tissue

Properly executed, community health partnerships can generate important benefits, including improved operational efficiencies through shared clinical and administrative services, stronger continuity of care, and greater leverage with payers.

A successful union, however, is not guaranteed and multiple factors can undermine partnership cohesion and progress. Community health leaders experienced in creating new alliances say one of the most critical but often overlooked factors essential to positive results is a mutual understanding of — and approach to integrating — the partners' respective cultures.

Culture is broadly defined as the way organizations align people and practices with desired strategies, actions, and outcomes. In partnerships, the combined culture becomes the connective tissue that determines, for better or worse, how effectively the two organizations can work together.

If partners establish a common approach for leveraging cultural strengths at the outset of the relationship, new, consensus-driven norms and practices can emerge over time as the organizations collaborate. Staff, systems, strategies, and infrastructure gradually evolve in a spirit of cooperation to coalesce around a new hybrid culture that supports common goals.

Culture Clash

Conversely, partnerships that fail to prioritize and proactively address culture do so at their peril. Literature reviews and conversations with community health leaders consistently point to culture-related issues as a primary obstacle to successful partnerships, both in the nonprofit and for-profit sectors. Culture clash, in fact, is commonly recognized as a top reason for merger failures, and leaders surveyed acknowledge culture is a difficult concept to understand and address (see Appendix, page 96, for *partnership statistics sources*):

- 80% find culture hard to define.
- 64% report cultural integration in nonprofit mergers is more challenging than anticipated.
- 70% or more of corporate mergers fail to achieve their desired results.

The inherent risks surrounding culture are made worse by the low priority that the topic typically receives during a partnership's planning and execution phases. With mission-critical operational and financial tasks usually the primary focus, cultural and human factors often take a back seat.

Failing to invest sufficient time and attention in how partners work together will likely lead to friction, lack of coordination, and poor knowledge-sharing. In worst-case scenarios, partnering efforts can collapse. California CHC leaders point to several recurrent cultural challenges they've seen that undermine new community health relationships. These include:

- Clashes between working teams around communication and decisionmaking styles that result in frustration and negatively impact leadership's ability to maintain partnership momentum.
- The failure to address staff concerns about how their mission and values may be affected by partnerships, with resulting increases in turnover as well as negative effects on morale.
- Missed opportunities for partners to learn from one another and develop services and approaches to care that capitalize on the strengths of both organizations.

Faced with these kinds of issues, more than one community health partnership launched with great expectations has instead continued to struggle to achieve desired outcomes. In one instance shared in the course of this guidebook's development, tensions between personnel continued to linger nearly 20 years after their respective organizations merged.

A Scarcity of Practical Guidance

Proactively attending to culture supports the larger goals of the partnership by helping the partners achieve higher levels of knowledge sharing, improved coordination, and the development of new programs and services that can bring together the best of both organizations.

A focus on culture also spins off important secondary benefits, which include:

- Establishing a positive reputation as a partner is vital to maintaining strong relationships with your community and funders.
- Creating a positive reputation for workplace culture is key to an organization's ability to attract, develop, and retain talented staff.

As critical as cultural awareness is, achieving it in the context of partnership planning is easier said than done. While the existing literature and guidance on partnering recognizes the importance of human and cultural integration on a theoretical level, it generally lacks practical tools to help leaders achieve positive cultural results.

This guidebook is an attempt to fill that void and help community health organizations mitigate cultural risks associated with partnering while simultaneously harnessing cultural strengths to build a sturdier, more effective partnership. Tools include actionable insight, hands-on exercises, and real-world examples. The content was developed from lessons learned through the course of extensive interviews with leaders of California CHCs whose organizations have been engaged in a variety of partnership activities.

The exercises, many of which were tested at these same CHCs, are designed to illuminate both cultural hazards and opportunities and target leaders and staff alike. Beyond providing a common language and useful tools for managing cultural issues, this guidebook also should help foster widespread awareness of the vital role culture can play in an organization's long-term stability and success.

How This Guidebook Was Created

The content of this guidebook was created by consultants skilled in human-centered design and developed from multiple interviews and workshops conducted with CHC professionals across California. Over the course of nearly a year, representatives of 13 organizations identified as possessing significant expertise in partnering were interviewed.

The consultants also spoke with 21 leaders who'd been involved in a broad range of partnership types, ranging from mergers to alliances with hospitals and community-based organizations. Entities represented in these conversations varied significantly in size, the communities they served, and the types of services offered.

As part of the interview process, leaders were asked to reflect on lessons learned from both highly successful partnership efforts and from those that did not achieve the desired outcomes or, in some cases, failed to get off of the ground. Their insights formed the basis for priority areas addressed in this guidebook and helped establish the framework for the exercises herein.

Real-world perspective also helped illuminate six key domains or potential friction points where culture presents the greatest potential to either help or hinder community health partnering efforts. In addition to the field interviews, the consultants drew from existing literature and research to define foundational concepts and structures related to organizational culture.

For more information about the community health organizations that were interviewed, see *Organizations Interviewed for This Guidebook* in the Appendix.

Using the Guidebook

The group activities presented in the guidebook are designed to support community health leaders and organizations through successive stages of cultural awareness. That said, the partnership journey is not always linear, and organizations may follow a path that makes these tools applicable at multiple points throughout the process.

The three primary stages of cultural awareness addressed in this guidebook include:

STAGE 1: UNDERSTANDING YOUR OWN CULTURE

In this stage, you'll learn how to define what culture is and how to talk about it. Through activities and exercises, leadership and staff will learn the ways culture manifests in your organization and how to identify your cultural strengths. These tools and activities are useful to employ before initiating working sessions with a partner.

STAGE 2: CRAFTING YOUR SHARED CULTURE

Next, you will learn how to talk about culture with your partner and how to become intentional in crafting techniques that will enable combined staff and leadership teams to leverage the strengths of each organization. The activities in this section are optimally conducted in the early stages of a partnership.

STAGE 3: ELEVATING YOUR PARTNERSHIP

The final stage of awareness focuses on cultural insights that apply to the ongoing working relationship between CHCs and their partners. Six domains, or potential friction points, where culture often appears in the community health setting have been identified. Tools are introduced that will enable your team to identify potential problem areas and take targeted action to reduce friction, increase collaboration and knowledge sharing, and improve patient care. This section also includes case studies that illuminate real-world examples of how CHCs overcame specific cultural hurdles. Stage 3 activities and insights are best applied in the context of active, ongoing partnerships.

Get fluent, know yourself

CRAFTING YOUR SHARED CULTURE

Be humble, be curious

UNDERSTANDING YOUR OWN CULTURE

ELEVATING YOUR PARTNERSHIP
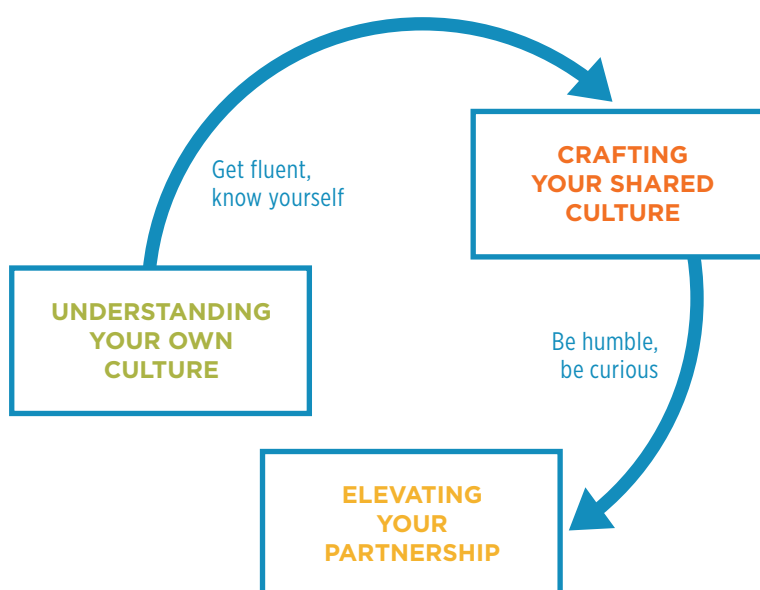
STAGE 1:

UNDERSTANDING YOUR CULTURE
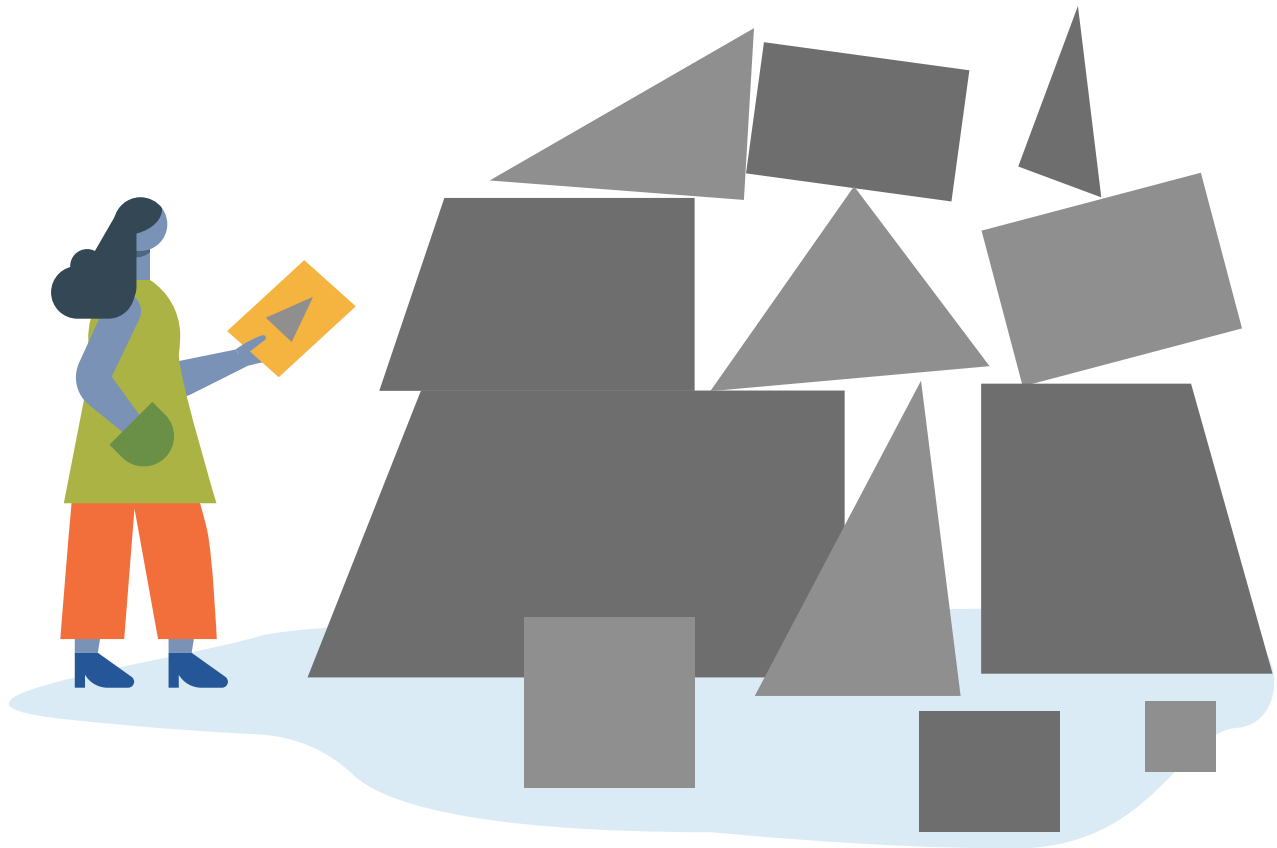
STAGE 1:
UNDERSTANDING YOUR CULTURE

This stage is designed to help you quickly get up to speed on the fundamentals of working with culture. It will help you define your own organizational culture in preparation for your partnership journey and will support you and your partner or partners in establishing a shared understanding of each entity's culture.

GUIDING PRINCIPLES:

GET FLUENT

Learn fundamental culture terms and concepts and understand how culture manifests in ways that are both easily observed and hidden.

KNOW YOURSELF

Be able to articulate the values and cultural artifacts that drive your organization and the strengths that make you valuable as a partner to others. This self-awareness is foundational to being able to discuss culture with your partners.

ARTIFACTS

ESPOUSED VALUES

UNDERLYING ASSUMPTIONS

Developing a Common Language

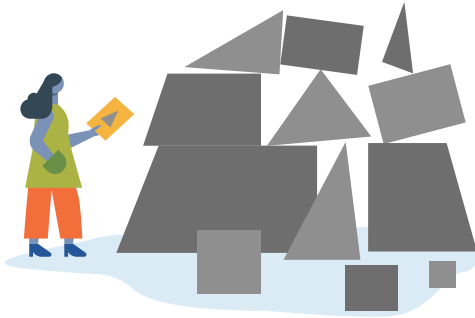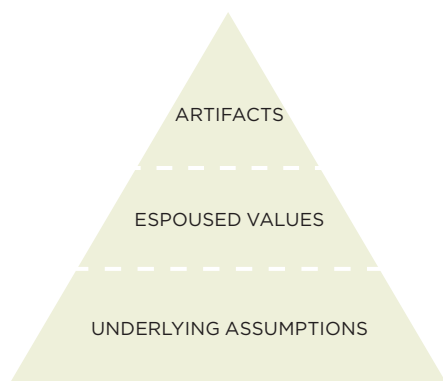Often referred to but seldom defined, the concept of organizational culture is the source of reoccurring confusion and misunderstanding. Using simple terms and common language can empower partners and their teams to discuss and address often-complex and elusive cultural issues more effectively.

According to research conducted by organizational development expert Edgar Schein, elements commonly referred to as culture — such as behavior, norms, and explicit values — are expressions of powerful core assumptions that are often unconscious and invisible. Understanding these assumptions is key to understanding how people, teams, or groups act or think.

Unfortunately, achieving this level of awareness is difficult, and that's why many cultural change efforts stall out. An important first step to working with culture, therefore, is to understand and articulate the values driving your organization and see how they manifest themselves in what Schein defines as "artifacts."

Schein Culture Model

Artifacts: The things about an organization that you can see, hear, read, or touch.

Examples: Manner of dress, office layout and decor, how meetings are conducted, communication style, logo and brand, rituals, and company lore.

Espoused Values: The explicit justifications people would present for how and why things are done. If you asked a person to describe their organization's culture, they likely would recite some form of an espoused value.

Examples: Vision and mission statements, list of core values, strategy documents, "About" statements on websites.

Underlying Assumptions: The unspoken, invisible, and likely unconscious fundamental beliefs and worldview broadly shared by the teams, groups, and organizations.

Examples: Belief that health care is a right, not a privilege; belief that substance use disorder is a disease, not an individual flaw; or belief that disrupting racism is key to improved health outcomes.

1.1: Know Your Culture

GROUP ACTIVITY | USE WORKSHEET 1.1

Stage 1 activities are designed to help your organization define its own culture and identify some cultural "superpowers" that you collectively bring to any partnership. Organizations should complete these activities before utilizing any of the other tools in subsequent sections of the guidebook.

What is organizational culture and how is it revealed? This activity will help you and your leadership team address culture by identifying specific ways in which culture influences behaviors and priorities in your organization.

TIME
45-55 MINS

MATERIALS
Printed copies of
Worksheet 1.1:
Know Your Culture

Blank paper

Whiteboard/Flipchart

Markers

PARTICIPANTS
Senior leadership and
department heads

**FACILITATOR
NEEDED?**
Yes

WHAT

An exercise that helps leaders and managers understand how culture works in practice by applying the Schein Culture Model to their own organization.

WHY

Working effectively with culture requires a solid understanding of core concepts and how to make use of them in practice. This exercise helps leaders and managers understand the connection between specific cultural values and beliefs and how they manifest in more tangible behaviors and artifacts. After completing this activity, leaders will be better prepared to answer the questions, "What is culture, and what is our organization's culture?"

WHEN

- Conduct this activity prior to partnering or in the early stages of partnership.
- Use this activity when your leadership is unsure how to talk about your organizational culture or describe it to staff and partners.

HOW

Step 1: Print out copies of Worksheet 1.1 and bring to the meeting along with pens and a stack of blank paper. Start by reviewing the Schein pyramid's three levels of culture. Identify examples from each of the three levels and discuss as a group.

Step 2: Follow the instructions on the worksheet. Make sure to capture a finalized summary that includes the consolidated list of beliefs, values, and artifacts.

Step 3: Consider sharing or discussing the output of this activity with your staff and invite their feedback on whether results match their experiences and observations.

Worksheet 1.1:
Know Your Culture

Instructions

Step 1:

Use the diagram on page 2 to review and discuss the three levels of culture identified by Edgar Schein (Schein Culture Model). Ask each participant to write down the important values and beliefs of the organization. Remind them that beliefs are the high-level assumptions and truths that guide the organization (i.e., health care is a right, not a privilege) while values should capture key principles that guide how people behave and make decisions.

Step 2:

Take turns sharing the lists from above with the group. Compare and discuss results. Ask for specific examples of how and when people have relied on these values and beliefs to solve difficult problems or promote mission objectives.

Step 3:

As a group, select two values from the group discussion that are viewed as most crucial for your organization's long-term success. Write them in the boxes provided in the triangle's middle row (one per box).

Step 4:

Now, identify as many artifacts as you can think of that reflect or express each selected value. Use the space inside the triangle at the top. For instance, if "collaboration" is the value, then open and candid conversations or flatter organizational charts could be artifacts. Share and discuss the results. Make sure to capture the final results on one worksheet that can be shared with staff and partners to help articulate your organization's culture.

Discussion Prompts

1. How often does your staff or leadership team talk about these topics, either internally or with your partners? How do you feel your organization is doing in terms of bringing its values to life in the day-to-day work?

2. Were there any questions or disagreements about which values or beliefs were the important ones? Do staffers who work in different departments share similar perspectives or do they experience these values differently?

Continue to next page

Worksheet 1.1: Know Your Culture

PAGE 2 OF 2

SCHEIN CULTURE MODEL (THREE LEVELS OF CULTURE)

ARTIFACTS

The tangible aspects of culture: The things that you can see, hear, touch, and sense in the working environment.
- **Physical environment:** Office décor and layout, patient rooms, dress, brand and logos
- **Behaviors:** How people deal with conflict, give feedback, celebrate successes
- **Practices:** How meetings are conducted, decisions are made, teams collaborate

Artifacts 1:

_____

_____

_____

Artifacts 2:

_____

_____

_____

VALUES

The things we find most important that help explain and prioritize how and why things are done in a specific way:
- You see it, you own it
- Expect respect
- We are staff- and client-centered

Value 1:

_____

_____

Value 2:

_____

_____

BELIEFS OR ASSUMPTIONS

The often unspoken or unconscious truths underlying our values and artifacts:
- Universal right to health care
- Non-judgmental care

Important Beliefs:

_____

_____

_____

_____

Important Values:

_____

_____

_____

_____

1.2: What Are Our Cultural Superpowers?

GROUP ACTIVITY | USE WORKSHEET 1.2

Every organization has its own set of "superpowers," or unique strengths that underlie a team's ability to improve client health and wellness and deliver mission impact. What are yours?

WHAT

An exercise designed to help organizations discover their unique cultural qualities and capabilities. Participants will identify and break down their organization's "hero moments" to uncover the cultural strengths that enabled these defining episodes or events.

WHY

Identifying and articulating one's own cultural assets can be difficult. In many cases, they're invisible to us and typically we don't take time to reflect on elements that make our organization powerful or unique. This exercise is designed as a simple and fun way for your team to reflect on what your superpowers might be and position you to share and discuss this knowledge in your partnership conversations.

TIME
45-55 MINS

MATERIALS
Printed copies of Worksheet 1.2:
Cultural Superpowers
Whiteboard/Flipchart
Markers

PARTICIPANTS
Leadership team and department heads

FACILITATOR NEEDED?
Yes

WHEN

- Conduct this activity prior to partnering or in the early stages of a partnership.
- Conduct this activity before discussing details about how your organization and staff will participate in partnership activities, since the exercise is designed to help you articulate the strengths that your staff will be able to contribute.

HOW

Step 1: Print out copies of Worksheet 1.2 and bring to the meeting, along with pens and blank paper. Start with a warm-up exercise: Ask everyone to share what superpower they would like to have. Go around the table and have everyone state the superpower they chose and why. Transition into the activity by using the phrase, "Today we are going to talk about our organization's superpowers."

Step 2: Follow the instructions on the worksheet, making sure to keep time and allowing space for each participant to share.

Step 3: At the end of the activity, capture a photo of the whiteboard or flipchart with the final list of superpowers. Have someone type this up and share with your staff as well as your partners.

Worksheet 1.2:
Cultural Superpowers

PAGE 1 OF 2

Instructions

Use this worksheet to better understand the defining cultural strengths and moments of your organization.

Step 1: Hero Moments

(10 mins) As a group, brainstorm a healthy list of "Hero Moments," or examples of your organization performing at its best. These can include pivotal events, going above-and-beyond for clients, or overcoming adversity. Select the top three examples and record in the space provided to the right.

Step 2: What are our Superpowers?

(15 mins) Pair up in teams of two. In the lined columns on the right, write down the culture strengths or superpowers that enabled each of these three hero moments (i.e., "no egos;" "our staff has 'lived the life,'" "no task is beneath us"). When finished, each team selects the top three-to-five cultural superpowers. Write them one per note on Post-Its.

Step 3: Identifying our Strengths

(5-10 mins) Have each team share the top superpowers they identified on a whiteboard or flipchart. Once all items are on the board, review and discuss. Combine similar items into themes or categories. Review the categories that were identified: Do these reflect how you'd describe your organization's greatest strengths? Capture this compilation or final list with a photo or on a separate piece of paper. Consider sharing with staff or other partnering organization.

Discussion Prompts

1. How might these superpowers show up on a day-to-day basis?

2. How have these strengths surfaced in the past when you've worked with partners or other agencies?

3. There is a saying that your greatest strength, taken too far, can become your greatest weakness. In what scenarios might these superpowers become liabilities or hinder your organization's ability to be a good partner?

Continue to next page

Worksheet 1.2: Cultural Superpowers

PAGE 2 OF 2

Hero Moment #1:
_____
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_____
_____
_____
_____

Cultural Superpowers:
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Hero Moment #2:
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Cultural Superpowers:
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Hero Moment #3:
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Cultural Superpowers:
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_____

Examples of Cultural Superpowers: *Ability to reframe a difficult situation to see all perspectives. Ability to empathize with clients. Ability to work across teams and departments. Ability to quickly help a client in need.*

CRAFTING YOUR SHARED CULTURE

STAGE 2:
Crafting Your Shared Culture

Each partner comes to the table with its own distinct culture. Stage 1 was designed to help you define and articulate your own culture. In Stage 2, we look at how you can begin to craft a shared culture that leverages the strengths of each organization in the ways that are consistent with partnership objectives.

GUIDING PRINCIPLES

BE INTENTIONAL

In partnering scenarios, a working culture will emerge, either by design or unconsciously. Make time to identify which staff will be involved in the partnership planning and discuss the behaviors and activities that are needed to achieve the desired partnering outcomes.

BE CANDID AND TRANSPARENT

Culture issues can be complex, and when not discussed or addressed, they may snowball into significant problems. Be direct and transparent with your partner and with your own organizational team when challenges arise and problem-solve together.

What Is a Shared Culture?

A shared culture is the one that develops as partners work together, adjusting or adapting their individual practices and norms as they attempt to find the common ground that will allow them to execute the goals of the partnership. However, a shared culture usually will not develop in a manner that most effectively furthers the partnership objectives unless it is consciously crafted and given leadership attention. Moreover, the greater the cultural differences between partners, the more work will be required to mitigate potential friction and achieve the full benefits of the partnership.

Consider, for example, a partnership where two organizations have very distinct and different decisionmaking styles. Partner A uses a top-down approach in which the CEO quickly and definitively makes all decisions. Partner B relies on a more consensus-driven methodology that invites all impacted staff to weigh in on the decision. While each of these approaches may make sense for the respective organizations, it is important when working together to recognize differences and discuss how to make decisions in ways that won't alienate either party.

The following activities are designed to help you begin crafting your partnership culture by sharing your strengths, identifying similarities or differences in your core values, and establishing working agreements and rituals to help guide your collaboration. The activities focus on leveraging cultural strengths, establishing common ground, refining communication techniques, and assessing progress and problems.

2.1: Partner Superpowers

GROUP ACTIVITY | USE WORKSHEET 2.1

Stage 2 activities help new partners get to know each other's respective cultures and then start forging a hybrid culture that draws from the strengths of both organizations.

Every organization has unique cultural strengths and perspectives. This activity is designed to help foster discussion about how each partner can bring those superpowers to bear in support of partnership activities and outcomes.

TIME
40-50 MINS

MATERIALS
Printed copies of Worksheet 2.1: *Partner Superpowers*

Whiteboard/Flipchart

Markers

PARTICIPANTS
Core partnership working team with equal numbers of participants from both organizations

FACILITATOR NEEDED?
Yes

WHAT

A fun and simple way for partners to think about how to take advantage of their strengths over the course of the partnership, while also identifying key technical and soft skills that may be required to successfully implement partnership strategies and activities.

WHY

People tend to perform best and feel most energized when they believe their strengths and skills are being recognized and properly applied. This activity provides a shared language and framework for partners to think through how to identify and leverage the unique capabilities of the emerging organization.

WHEN

Use this activity at one of the initial partnership planning or kick-off meetings.

HOW

Step 1: Print out copies of Worksheet 2.1 and bring to the meeting along with pens. Start with a warm-up exercise by asking everyone to share what superpower they would like to have. Go around the table and have everyone state the superpower they chose and why. Use the phrase, "Today we are going to talk about the superpowers that our organizations can collectively bring to this partnership" to transition into the activity.

Step 2: Follow the instructions on the worksheet and leave at least 10 minutes to talk about the discussion prompts at the bottom.

Step 3: At the end of the activity, make sure to capture any action items or follow-up communication that might be needed and let the group know you will share these as soon as possible.

Worksheet 2.1:
Partner Superpowers

PAGE 1 OF 2

Instructions

Step 1:

If you haven't already, have both partners complete the Cultural Superpowers (Worksheet 1.2). Bring your Superpowers worksheet to use with this activity.

Step 2:

Discuss and have one scribe fill out the Key Partnership Activities section with the high-level types of activities that will be needed for this partnership to be successful. Activities might include items such as "datasharing," "coordinating transportation logistics," or "merging staff and office space."

Step 3:

Thinking about the activities from Step 2, discuss and record what technical expertise or skill sets might be needed. For example, "data analysis and privacy protection," "expertise in coordinating transportation," or "expertise in managing office space and human resource processes." Next, consider what soft skills might be required to support this partnership. Examples might include "leading teams through change," "strong cultural competency with client community," or "strong trust with providers."

Step 4:

Review the items recorded above and discuss where each partner may bring specific strengths or have staff who have the desired expertise. For the soft skills, have each partner share any superpowers (from their Worksheet 1.2) that may be relevant to the partnership. Record them in the Superpower columns to the right. Use this sheet to document which superpowers each partner may have and discuss how these can be used to strengthen partnership outcomes.

Discussion Prompts

1. Did you identify any strengths or skill sets that might be needed that neither partner possess? If so, how might you bring someone in with the relevant expertise or develop it yourselves?

2. Are there any areas of strength where the partners overlap? If so, how can you make sure you don't get in each other's way or duplicate efforts?

Continue to next page

Worksheet 2.1: Partner Superpowers

PAGE 2 OF 2

Partner 1 Superpowers:

Key Partnership Activities:

Partner 2 Superpowers:

Technical Skills Needed:

Soft Skills Needed:

2.2: Working Agreements

GROUP ACTIVITY | USE WORKSHEET 2.2

Every organization has its own set of rituals, behaviors, and norms that have evolved from the underlying culture. This activity will enable your partnership working team to establish shared expectations that can help guide appropriate behaviors. The expectations or working agreements also can assist in cross-partner collaboration and communication.

TIME
15-20 MINS

MATERIALS
Printed copies of Worksheet 2.2: *Working Agreements*
Post-It notes
Sharpies
Whiteboard/Flipchart
Markers

PARTICIPANTS
All members of core working team

FACILITATOR NEEDED?
Yes

WHAT

A working agreement is a set of simple norms or shared expectations that are discussed and agreed upon by a working team. Working agreements can include everything from meeting etiquette (e.g., start times, what to do if someone arrives late, etc.) and communication expectations (e.g., 48-hour response to emails, don't expect responses after 6pm and on weekends, etc.) to norms for fostering effective collaboration.

WHY

Many working teams jump into the business of consolidation and operations planning without first establishing shared norms. By creating working agreements, all participants know what to expect, how best to contribute, and what behaviors and working styles are appropriate to support the goals and working culture of the new partnership.

WHEN

Use this worksheet when a new working team is kicking off or an existing working team is encountering friction in how they interact.

HOW

Step 1: Give each participant a pad of Post-It notes. Introduce the concept of "working agreements" and invite everyone to brainstorm a few norms they would like to introduce to the working team. Ask them to include the outcome they hope each working agreement will achieve. (One example: By not providing recaps to those who arrive late to meetings, it is hoped that a respect for everyone's time will be instilled in the group and meetings won't routinely run over.)

Step 2: Have participants pair up and share their working agreements with a partner. Ask each pair to cluster any similar agreements.

Step 3: Bring the whole group together and invite each pair to share what they came up with in regard to the working agreements. Once again, look for opportunities to consolidate similar agreements to create the smallest overall set. Once all agreements are on the board, ask the group if they have objections to any of the items. If concerns exist, discuss and ask how the expectation could be modified to make it more agreeable. When finished, write the final list of agreements on Worksheet 2.2 and share with all members of the working group.

TIP

As new members join the team, provide them with a copy of the existing working agreements and ask if there are any new ones that they would like to propose.

Worksheet 2.2:
Working Agreements

PAGE 1 OF 2

Instructions

Step 1:

Give each member of the working team a few minutes to brainstorm "working agreements," or shared commitments for how this group will communicate, collaborate, and work together. For each idea brainstormed, make sure to also capture what outcomes you hope it will help the group achieve (e.g., faster decisionmaking, increased trust, etc.).

Working agreements can include everything from meeting cadence and rituals (bi-weekly touching base), communication expectations (i.e., 48-hour response to emails, communicate via email/slack, etc.) to norms designed to foster safe and effective collaboration (i.e., check in on everyone's mood and energy at the start of meetings).

Step 2:

Have everyone pair up with another working team member and share their working agreements and associated outcomes. Look for opportunities to cluster or identify similar themes.

Step 3:

Have each pair put their themes/working agreements on the board. Discuss each one, why it might be important, and how you would intervene if it was not being followed. Ask if there are any agreements that anyone is concerned about or would like to discuss further. These working agreements should represent a shared commitment from the working team on how you want to work together.

Worksheet 2.2: Working Agreements

PAGE 2 OF 2

Our Working Agreements:

Outcome This Helps to Achieve:

1. _____ > _____

2. _____ > _____

3. _____ > _____

4. _____ > _____

5. _____ > _____

2.3: Team Check-in

GROUP ACTIVITY | USE WORKSHEET 2.3

Some teams are all business, while others prefer to take time to connect before starting a meeting or working session. This exercise is designed to provide a nonthreatening means of bridging the gap between working styles and provide a quick, simple way for teams to check in with each other before pursuing their meeting agenda.

TIME
3-5 MINS

MATERIALS
Printed copies of Worksheet 2.3: *Team Check-In* for first few meetings

PARTICIPANTS
All members of a working team, subcommittee, or participants in working calls of more than 30 minutes

FACILITATOR NEEDED?
Yes, for the first time this is introduced, but not required for future usage

WHAT

A simple framework for helping people articulate how they are feeling, including the energy and emotional state they're bringing to the working session.

WHY

In the development of this guidebook, CHC leaders consistently pointed out that while some teams value making time to check in and visit with each other, others prefer to get down to business immediately. This format offers a friendly and standardized way to check in that doesn't take much time. Ongoing usage of this framework also provides a shared language for partners to use in helping convey how their energy or focus may shift from day to day.

WHEN

Introduce this worksheet in the first or second partnership meeting so that all working team members have context, and then use at the start of any extended meeting, working session, or conference call through the duration of the partnership formation period and beyond.

HOW

Step 1: Introduce the four-part check-in framework described in Worksheet 2.3. Walk through each of the four quadrants and explain what they represent. Emphasize that there is no good or bad quadrant to be in (those new to this exercise will often feel pressure to always check in as a 1 or 2). Let them know it is helpful to understand if someone is, in fact, at a 3 or 4, since this allows the team to follow up and determine if there is any help they can provide. Similarly, if someone is at a 4, it might not be the best day to ask them to participate in a prolonged brainstorm session.

Step 2: Demonstrate the check-in, for example, "I'm checking in as a 2. I'm feeling good and looking forward to our time together today, but my coffee hasn't kicked in yet." Invite each person to check in.

Step 3: Start future meetings and working sessions with this same format. Over time, it should start to feel more comfortable and intuitive. If participants don't respond to this specific framework, invite them to come up with their own short ritual for checking in that might be more meaningful to them.

Worksheet 2.3:
Team Check-in

Instructions

Step 1:

Use the numbered 2x2 grid to identify your current energy and mood state.

1 = high energy + high mood

2 = high mood + low energy

3 = low energy + low mood

4 = low mood + high energy

Step 2:

At the start of a call, meeting, or working session, take a minute for each participant to check in and share how they're feeling. For example, if you're checking in as a 1, then you are feeling good — high energy + high mood — and maybe you slept well. If you are checking in as a 3 — low energy + low mood — perhaps you're feeling down about something and/or are physically exhausted.

Step 3:

Using this system, have everyone take turns checking in. Give them the opportunity to share reasons why or give more context if they wish.

Why Use It

1. Team check-in is a simple ritual that gives everyone an opportunity to be transparent on the energy they are bringing into working sessions.

2. By helping everyone understand how we are showing up, we can avoid assumptions that often occur when collaborating with others. For example, if someone checks in as 3 then the team knows that if they look upset or distracted it is probably not related to what the team is discussing.

Worksheet 2.3: Team Check-in

PAGE 2 OF 2
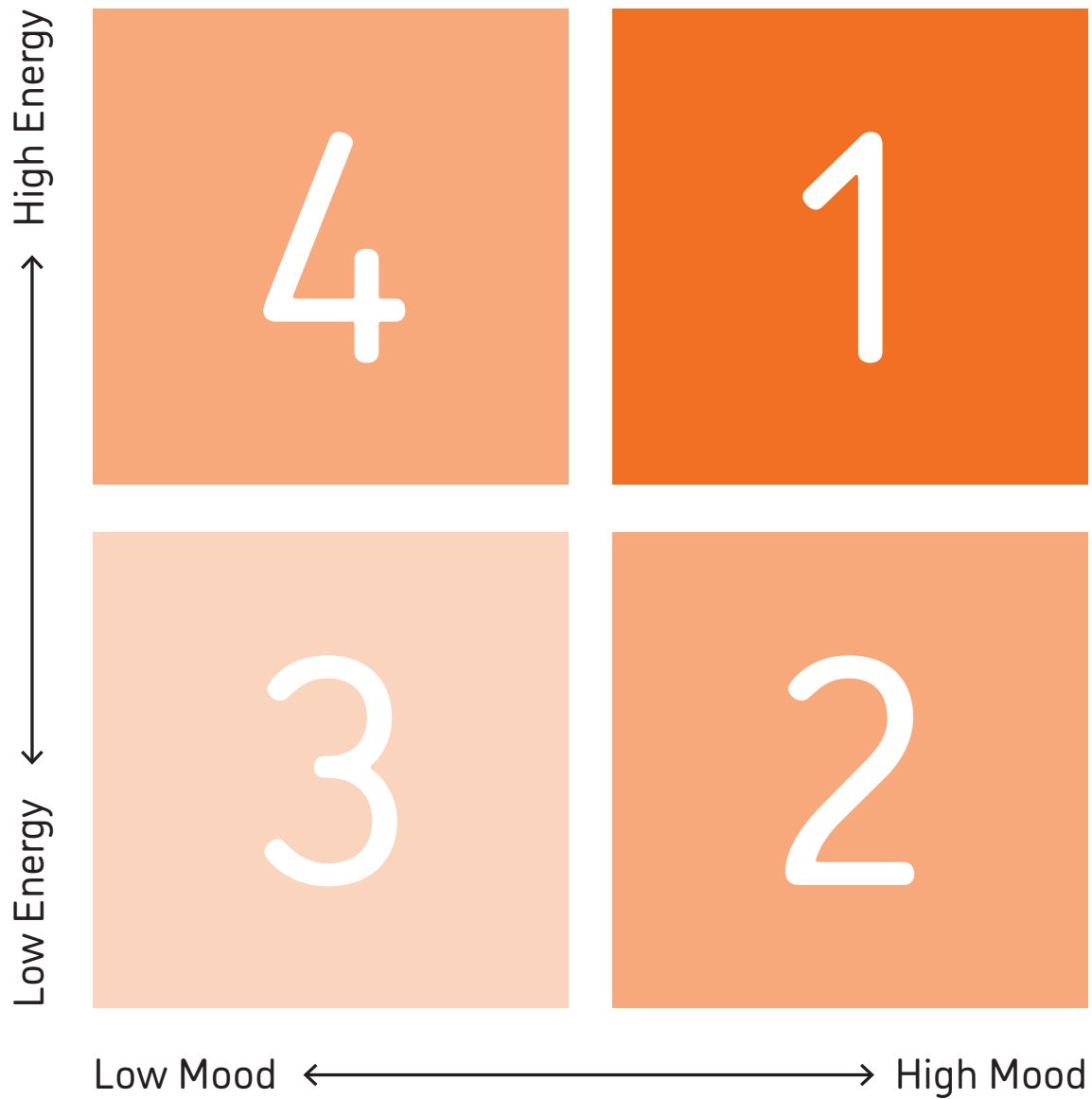
2.4: Partner Retrospective

GROUP ACTIVITY | USE WORKSHEET 2.4

A simple exercise for a team or group within the partnership to stop and assess the current state of the partnering efforts.

TIME
20-25 MINS

MATERIALS
Printed copies of Worksheet 2.4: *Partner Retrospective*

Post-It notes

Whiteboard/Flipchart

Markers

PARTICIPANTS
Working teams of all levels

FACILITATOR NEEDED?
Yes

WHAT

A flexible and fun exercise that helps partnership teams review and identify what is working well, what is slowing them down, and what could be done differently moving forward.

WHY

The exercise promotes ongoing dialogue and feedback between partners, allows for the identification of incremental improvements, and helps prevent tensions from building up over time.

WHEN

Use this exercise on a regular basis, such as once a month, or after significant partnership milestones.

HOW

Step 1: Schedule a time when all participants may best be able to engage in a thoughtful and unhurried manner.

Step 2: Introduce the retrospective format from Worksheet 2.4 and follow the instructions.

Step 3: Make sure to document any new techniques or processes that emerge from the retrospective and discuss who will take responsibility for pursuing implementation.

FACILITATOR TIPS

- *Set the tone. The spirit and purpose of this exercise is thoughtful reflection, candid assessment, and a group commitment to continual process improvement.*
- *Create a safe space for free and honest sharing. While it is important to clearly identify what isn't working, extended sessions of critiquing, rehashing, or judging of ideas are counterproductive.*
- *Insights and better results come when everyone's voice is heard. Ensure that no voice dominates and that there's equitable time for all.*
- *Look for ways to improve team performance, even if it's through incremental steps. Make sure groups walk away with one or two changes or new ideas to try so that the activity feels meaningful and actionable.*

Worksheet 2.4:
Partner Retrospective

PAGE 1 OF 2

Instructions

Step 1: Individual Reflection

This exercise is designed to help your team take a step back to reflect on your partnership efforts to date. Take a few minutes to allow each person to consider the four prompts below, and use Post-Its to capture their responses:

1. What's slowing us down?

2. What's been working well?

3. What could we start doing or do more of?

4. What should we stop doing or do less of?

Step 2: Responses to Prompts

When everyone is finished writing down their reflections, bring the group together and go through the prompts one at a time, inviting everyone to share their thoughts. Move through the prompts until all four have been discussed.

Step 3: Capture Any Follow-up Actions

Review all of the Post-Its and discuss any next steps or actions that can be taken in response to the feedback shared in this session.

Is something really slowing down the team? Are there things that are propelling the work forward that should be done more frequently? Is anything blocking the team from moving forward? Spend a few minutes brainstorming potential steps to address these priorities before wrapping up.

Discussion Prompts

1. What is working well that we should do more of?

2. What are one to two things that we could try doing differently to improve our results and partnership?

3. What have been our biggest takeaways so far?

Continue to next page

Worksheet 2.4: Partner Retrospective

PAGE 2 OF 2

What's slowing us down?

What's been working well?

What could we start doing or do more of?

What should we stop doing or do less of?

ELEVATING YOUR PARTNERSHIP

STAGE 3:
Elevating Your Partnership

The insights and activities presented in stages 1 and 2 of this guidebook introduced simple ways to discuss culture for both internal team members and partners, and provided tools to help establish a shared working culture in the new organization. These sections consequently dealt primarily with the fundamentals of culture present in virtually all organizational settings. Stage 3 focuses on cultural issues that often emerge in community health settings and which may not surface until after partnership formation is complete.

GUIDING PRINCIPLES

BE HUMBLE

Organizations that are most effective at partnering demonstrate strong situational awareness and model the humility to serve as either mentor or mentee as context demands. As one leader told us, "I'm perpetually convinced that there is a better way to do things."

BE CURIOUS

Be prepared to rethink assumptions about how your organization accomplishes its goals. Try to be curious and learn how your partner approaches important issues, such as client care, staff retention, and community engagement. Create opportunities for two-way sharing. Even smaller CHCs often have unique expertise or innovative approaches that larger organizations can learn from.

Friction Points

Interviews with CHC leaders revealed six domains or potential friction points where culture and operations frequently intersect. What happens in these areas from a cultural perspective can have a major impact — for better or worse — on partner perceptions, the organization's financial health, and even overall partnership objectives.

Key friction points identified by CHC leaders include:

- **The Balancing of Mission and Margin** — The ongoing tension between CHCs' imperative to deliver high-quality care to underserved populations and the need to maintain a healthy and sustainable revenue model.
- **Approach to Client Care** — The philosophy, protocols, and attitudes that shape how organizations respond to, and engage, with clients.
- **Mission and Identity** — The unique values, cultural competencies, and behaviors CHCs develop to provide safe and welcoming environments for the populations they serve.
- **Learning and Collaboration Styles** — The rituals, norms, and expectations that guide how meetings are run, information is shared, and new ideas are introduced in an organization.
- **Leadership and Decisionmaking** — The ways in which information is disseminated, decisions are made, and the degree to which staff is empowered and engaged in the decisionmaking process.
- **Approach to Operations** — "The way things get done" at CHCs, including processes, practices, and staff responsibilities.

In this stage, you will learn how to diagnose your own partnership and identify which of these potential friction points may need further attention. You also will learn about the opportunities and challenges that can arise in each area, as well as tools and activities that can be used to help address these issues.

The ultimate objective of Stage 3 is to help organizations resolve culture-related issues that surface after the partnership is underway and in so doing, ensure the ongoing vitality and efficacy of the partnership. Note that the tools and activities provided in Stage 3 are not designed to all be used all at once. Rather, based on the assessment and diagnostic activities below, leaders and partnership teams are encouraged to select the areas that are most relevant to their current partnership status or scenario.

3.1: Diagnosing Cultural Friction and Opportunity Areas

GROUP ACTIVITY | USE WORKSHEET 3.1

Stage 3 activities help organizations maintain a healthy culture and avoid potential pitfalls and friction points as partnerships evolve and mature.

Every partnership is unique. Some are small and involve only a few staff members from two organizations, while others require significant coordination and combined resources, programs, and space. This diagnostic activity is designed to help partners identify where they may want to invest further time and attention to address cultural aspects of their partnership.

TIME
45-55 MINS

MATERIALS
Printed copies of
Worksheet 3.1:
*Diagnosing Cultural
Friction*
Pens

PARTICIPANTS
C-suite leaders who are
involved in partnership

**FACILITATOR
NEEDED?**
Yes

WHAT

A method for identifying the cultural factors that are most likely to either create friction or unlock opportunities that can increase the value of your partnership.

WHY

This tool is designed to help partnership teams identify the areas where further time and attention may be warranted. After completing this diagnostic, leaders can identify additional activities from this toolkit that may be helpful.

WHEN

This tool is best used in the early stages of a partnership, although it also may be helpful for existing partnerships that are observing significant friction or conflict between partners.

HOW

Step 1: Schedule a time when the leadership of the partnering working group can meet for at least 45-55 minutes.

Step 2: Warm up by inviting each person to share one or two examples of areas where they believe the partnership is going well and one or two examples of struggles or challenges that have emerged from a people-and-culture perspective.

Step 3: Let everyone know this activity will help the team put a name to the types of friction or challenges that they may be observing and come away with action steps.

Step 4: Follow the instructions on Worksheet 3.1. When the activity is complete, note the areas identified for further action or discussion and review the tools in the toolkit that are designed for those areas.

Worksheet 3.1:
Diagnosing Cultural Friction

Instructions

Step 1:

Discuss the vision for this partnership and the specific goals and outcomes desired. Assign a scribe for this exercise and ask them to write these goals/outcomes in the top box.

Step 2:

Next, consider the activities that will be required to achieve the items defined in Step 1. Make sure to discuss and consider both internal-facing activities (e.g., collaboration between staff, sharing resources and information, etc.) as well as client-facing activities (e.g., hosting events, conducting outreach or offering new client services).

Step 3:

Consider each of the six culture friction points in the middle column. How might they emerge or play a role in the activities captured above? Has tension in any of these areas already surfaced in your partnership work? As a group, discuss which of these six areas might be at play in your staff and client interactions and partnership work. Next, identify the ones most likely to result in friction (and how) in the column to the left (i.e., the need to resolve conflicting approaches to client care or address different decisionmaking styles). Do the same for the ones that offer opportunities to enhance partnership outcomes or generate increased value from partnering and record in the column to the right (i.e., opportunity to provide new services for the client population or share best practices for staff retention).

Step 4:

Review and discuss the two lists. Identify activities from this guidebook that can be used to intervene or support improved outcomes for the cultural areas you've highlighted.

Worksheet 3.1: Diagnosing Cultural Friction

PAGE 2 OF 3

VISION: _____

GOALS: _____

OUTCOMES: _____

Internal-Facing Activities: _____

Client-Facing Activities: _____

Continue to next page

Worksheet 3.1: Diagnosing Cultural Friction

PAGE 3 OF 3

Friction:	6 Cultural Friction Points	Opportunities:
	MISSION AND FINANCES • Reimbursement models • Are missions aligned?	
	APPROACH TO CLIENT CARE • Philosophies of care • Types of populations served	
	LEADERSHIP AND DECISIONMAKING • Decisionmaking styles • Priority level of partnership	
	MISSION AND IDENTITY • Core values and founding missions • Cultural competency to serve clients	
	LEARNING AND COLLABORATION STYLES • Approach to teaming and meetings • Process for learning and sharing	
	APPROACH TO OPERATIONS • Staffing models • Differences in process and policies	

3A. The Balancing of Mission and Margin

FRICTION POINT: *"[Our] philosophy on 'profitability' is a common one to be debated by our board — what's our philosophy and goals on generating margins and operating income? Some can be uncomfortable with the idea of pursuing strategies that seek to generate healthy margins."*

— COO, Regional Health Council

Lessons from the Field:
THE BALANCING OF MISSION AND MARGIN

PROBLEM
Leadership adopted a set of business practices to prepare for the significant growth anticipated from new partnerships and strategic plans. Staff viewed a new metric — patients per hour — as overly focused on employee productivity at the expense of client-centric care.

SOLUTION
Reframing the metric in terms of client access made the intent clear and highlighted the importance of the initiative. This change also helped shift the conversation to the resources that staff would need to achieve the new metric.

KEY TAKEAWAY
Leadership realized it needed to explain the relationship between the new approach and the overarching goal of increasing access to quality care. They helped staff understand that the metric was carefully researched, based on industry standards, and would result in several thousand additional hours of care per year — something that would have a material impact for the community.

Typically, a CHC's culture and identity are central to their story and to their involvement in the community they serve. Staff who are alumni of the programs that they support tend to have a strong sense of loyalty to the founding team and are heavily invested in maintaining the traditions and services that were transformative to their own experience.

That said, CHCs in today's evolving funding environment that are unwilling to modify their culture to address new financial realities or are otherwise incapable of balancing mission and margin risk being left behind or losing the ability to serve their community altogether. The hazards of inflexibility can be made worse by operational changes requiring organizations to deliver higher volumes of care or new policies that are accompanied by increased financial limitations.

The activities in this section are designed to foster healthy conversations with your own staff and your partner about the financial realities associated with delivering on your mission, and how partners can develop a financially viable partnership without sacrificing the underlying mission of either organization.

Real-World Challenges	Interventions
1. Larger, county-funded programs and local behavioral health clinics may be incentivized towards different outcomes and measurements.	**1.** Discuss each partner's approach to funding and the outcomes that their services are measured on to ensure both mission and financial needs are aligned.
2. Staff who lack awareness of financial realities may feel bitter or resentful toward larger partners who impose new policies or targets that affect the number of clients served or how much time providers have per patient.	**2.** As a leadership team, discuss when and where it is appropriate to have frank discussions with staff about what is driving the need to balance sustainable margins against organizational mission.
3. Staff may struggle to identify how to stay true to their core values and identity while also evolving their day-to-day practices to be more efficient and productivity-driven.	

3A.1: Reflecting on Mission and Finances

GROUP ACTIVITY | USE WORKSHEET 3A.1

Executive teams typically are privy to detailed financial information and an overview of their organization's financial health, but managers and other senior staff may have less access or awareness. This activity is designed to foster healthy and productive discussions around how each staff member understands the role they play in driving mission outcomes while sustaining financial health.
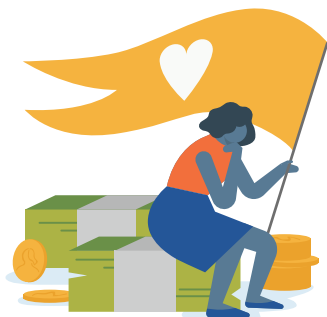
TIME
30-40 MINS

MATERIALS
Printed copies of
Worksheet 3A.1:
Reflecting on Mission and Finances
Pens

PARTICIPANTS
C-suite down through
manager level

**FACILITATOR
NEEDED?**
Yes

WHAT

An individual reflection exercise followed by group discussion to learn and discuss how each leader and manager views the relationship between missions and margins within their organization.

WHY

This activity is designed to provide a structured method for talking about often-sensitive business realities that nonetheless are critical to long-term sustainability in the community health arena.

WHEN

Use this worksheet to guide conversations with your managers prior to a new partnership or ahead of a funding opportunity that may require shifts in how teams approach client care.

HOW

**Step 1:** Provide a few minutes for each participant to review and fill out Worksheet 3A.1.

Step 2: Follow the instructions on the worksheet.

Step 3: Discuss any patterns or insights observed. Has anything changed the way participants think about their role in the organization? What questions remain? Is there any follow-up that would be helpful, such as a crash course for managers and staff from your finance team?

Worksheet 3A.1:
Reflecting on Mission and Finances
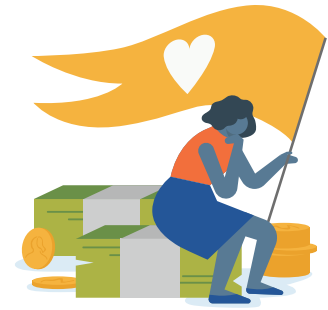
PAGE 1 OF 2

Instructions

Step 1:

This discussion guide is designed to elicit thoughtful conversations among your leadership about the ongoing tension between delivering on your mission while maintaining a sustainable business model.

To prepare for similar discussions with your partner, have the senior members of your leadership team fill out this reflection sheet. Be sure to include whoever is responsible for finances.

Step 2:

Take turns sharing responses with the group. It's generally more effective to proceed question-by-question. Ask clarifying questions but hold off discussing until group sharing is completed.

Step 3:

Discuss any patterns or insights that emerge. Does everyone have the same perception of the organization's current financial health?

Step 4:

As a group, discuss what might be needed to stay financially sustainable while pursuing a greater mission impact.

Discussion Prompts

1. What needs to be true for your organization to maintain the viability of services that may be involved in the partnership?

2. Is the need to generate revenue impacting staff or staff perceptions in any way?

3. How do you think your staff would describe the financial health of your organization?

4. Looking ahead, do you see opportunities to increase your impact or the number of clients served?

Continue to next page

Worksheet 3A.1: Reflecting on Mission and Finances

PAGE 2 OF 2

My current role: _____

What brought me to a mission-driven organization: _____
_____
_____
_____
_____

I see our organization's core mission as: _____
_____
_____
_____
_____

Some of the ways I think this organization can increase mission impact while maintaining financial stability are:
_____
_____
_____
_____

I'd describe our organization's approach or philosophy to generating revenue, operating efficiency, and financial
issues generally as: _____
_____
_____
_____

I would describe the current financial health and sustainability of our organization as: _____
_____
_____
_____

3A.2: Balancing Mission and Finances

GROUP ACTIVITY | USE WORKSHEET 3A.2

Talking about money can be challenging in any situation. In community health partnerships, it may be particularly awkward, since the focus — for the most part — is on the organization's mission and improving care. This tool offers a set of discussion prompts to help partners engage in a robust conversation about how best to balance mission and margin.

TIME
30-40 MINS

MATERIALS
Printed copies of
Worksheet 3A.2:
*Balancing Mission
and Finances*

PARTICIPANTS
Senior leaders or board
members from both
partner organizations

**FACILITATOR
NEEDED?**
Yes

WHAT

A simple discussion guide with prompts that invite partners to share their approaches to financial growth, reimbursement, and achievement of mission impact, and what will likely change when both partners align around similar financial objectives and beliefs.

WHY

Help the partners engage in a frank discussion about their approach to funding services and programs.

WHEN

Ideally, conduct this activity as a lead-in to more in-depth discussions between partners about the financial/reimbursement models that the partnership relies on for its funding.

HOW

Step 1: Introduce this exercise to the rest of the group and give everyone a few minutes to review the discussion questions in Worksheet 3A.2 and jot down some notes.

Step 2: Follow the instructions on the worksheet and make sure each person has a chance to share their response to each of the prompts.

Step 3: Be sure to document any actions captured in the final part of the worksheet that promote mission impact and financial health for both partners.

TIP

If your leadership team has not discussed finances recently, consider using the Reflecting on Mission and Finances activity (Worksheet 3A.1) with the internal team before engaging in this activity.

Worksheet 3A.2:
Balancing Mission and Finances

PAGE 1 OF 2

Instructions

This activity is designed to help guide discussion between partners around the delicate and ongoing balance between mission and finances.

Step 1:

Take a few minutes for each partner and their team to review the two topics and associated questions and consider how they would respond.

Step 2:

Have one spokesperson from each partner take turns sharing their team's response to the Mission Topics. Briefly compare and discuss these responses. Repeat this process for the Finance Topics.

Step 3:

Have each partner share their experiences or approach for balancing mission goals (e.g., access to care) with financial health and sustainability. Discuss specific examples and lessons learned.

Step 4:

Together, list at least three things you might try or do in your working relationship to promote greater financial sustainability and mission impact.

Discussion Prompts

1. Identify and learn from specific scenarios where you needed to make tradeoffs between mission impact and financial objectives.

2. Consider these questions: Do the people in your organization know what they need to do to further the mission? Do they know what to do to further the organization's financial health?

Continue to next page

Worksheet 3A.2: Balancing Mission and Finances

PAGE 2 OF 2

Mission Topics

Mission Impact: What are your organization's priority areas, including any specific initiatives or goals?

_____

_____

_____

Goals for Our Partnership: How do you envision this working relationship helping with or supporting these mission priorities?

_____

_____

_____

Integrity of Mission and Values: Is there any area of this working relationship where you're concerned about having to adapt or strain important practices, principles, or values?

_____

_____

_____

Being a Good Partner: What are the best things your partner can do to support your mission goals? What should they avoid or be aware of?

_____

_____

_____

Finance Topics

Financial Objectives: How do you define financial success for your organization? What are your financial priority areas?

_____

_____

_____

Financial Growth and Efficiency: How would you describe your approach, practices, or "culture" when it comes to finances, as well as your staff's attitudes and perspectives?

_____

_____

_____

Reimbursement or Business Model: How does the way you're reimbursed for sevice shape or influence the way you provide care to clients (e.g., length of visits, staffing?)

_____

_____

_____

Friction or Challenges: Does the way that we're collaborating on services or allocating reimbursements create financial or operational complications for you?

_____

_____

_____

Three Actions to Promote Mission Impact and Financial Health

1. _____

2. _____

3. _____

3B. Approach to Client Care

FRICTION POINT: *"Our team is grounded in trauma-informed care; we know how to de-escalate situations. Our partner, as a housing provider, is more focused on logistics and safety."*

— CMO, Community Health Center

Lessons from the Field:
APPROACH TO CLIENT CARE

PROBLEM
A dispute arose when a staff member from a primary care clinic working onsite at a partner's housing shelter objected to the shelter's decision to evict a patient for an alcohol and drug policy violation.

SOLUTION
The staff members involved escalated the matter to their respective CEOs, who issued a coordinated response on the same day. The partners then designed a revised approach to joint care activities at the shelter and used implementation as an opportunity to cross-train housing staff on a trauma-informed approach to care.

KEY TAKEAWAY
A culture conflict that could have strained or derailed a relationship ultimately served to make that relationship stronger. The partners went on to co-design a new shared space and together pursued a grant application for a new program.

The protocols and attitudes that shape how organizations respond to, and engage with, clients can differ depending on the CHC's funding models, core values, and client populations. Entities that serve family populations, for example, may have detailed, codified policies, while those that work with individuals battling substance use disorders could rely on more flexible and creative approaches to providing necessary care.

Given the variance in organizational experiences and philosophies, it's no surprise that differences in patient protocols can be a source of tension. These problems frequently surface in partnerships that combine primary care and behavioral health organizations, and can have their origins in individual providers' different educational and licensure backgrounds.

While it's true that policy and procedure differences can undermine new partnerships by causing confusion, friction, and arguments, they also offer rich opportunities for cross-training and teaching across the clinical and operational spectrum.

To capitalize on diverse patient interaction and clinical care philosophies, it is important that partners take the time to share their approaches and the reasoning behind them. These conversations may initially occur at the executive level. But it is perhaps more important to discuss policies and procedures with the frontline staff from both partners, since they may be asked to work together to coordinate care and may not understand why their new colleagues are treating clients differently.

The following activities are designed to encourage thoughtful reflection on the philosophies that drive how each organization serves clients, the cultural competencies that may be required to make patients feel safe and welcomed, and how to encourage sharing of best practices between partners.

Real-World Challenges	Interventions
1. Frontline staff may make inaccurate assumptions about their partners or argue over how to respond to more challenging patient scenarios.	**1.** Make time to share practices across partners and learn from each other.
2. Clients may perceive that they are not welcome if a partner organization responds differently than previously had been the case.	**2.** Share resources such as handbooks or paperwork that reflect desired language and approach.
3. Patients may be confused if they receive mixed messages from staff, since patients generally assume they are interacting with a single, monolithic organization.	**3.** Discuss how to clearly communicate to both patients and staff when different policies or protocols exist.
	4. Look for opportunities to combine knowledge and create new protocols that combine the expertise of both organizations.

3B.1: Client Scenarios—How Would Your Respond?

GROUP ACTIVITY 3B.1

This activity is designed to help leaders anticipate and identify potential tensions or variance in how their staff might approach challenging patient scenarios. Use the provided scenarios or come up with your own based on past experience. Look for opportunities to share best practices or to brainstorm new ways to approach these situations.

TIME
15-30 MINS

MATERIALS
List of scenarios to discuss (below)

PARTICIPANTS
Executive leadership from both partners plus managers who set standards for client care

FACILITATOR NEEDED?
No

WHAT

A set of prompts that can be used to discuss how your organization would most effectively respond in a range of situations.

WHY

Discussing these hypothetical scenarios with a partner can help identify potential care policy conflicts. By identifying places where each organization might respond differently, you can proactively prepare staff while identifying opportunities to cross-train and learn from each other.

WHEN

Use this activity in the early stages of partnership, prior to frontline staff interactions or before clients interface with staff from multiple agencies.

HOW

Step 1: At your next partnership meeting or call, introduce one or two of the scenarios below and then take turns discussing how your organization has been trained to respond. If you complete the scenarios or find they are not relevant to this partnership, try to brainstorm a few others that might occur in the course of client care.

Scenarios:

A client shows up for treatment under the influence of a prohibited substance. How would your staff respond?

A client repeatedly misses their scheduled appointment. What is your policy regarding this behavior?

A client comes in who is clearly in need of some essential living items, such as food or personal care products. Is your staff empowered to take action, up to and including purchasing items?

Step 2: If you identify variability in your approaches, discuss the policy, philosophy, or funding constraints that may dictate how each organization would respond.

Step 3: Discuss and identify opportunities to learn from each other and unify or combine approaches.

Potential Action and Next Steps

- Schedule time to cross-train staff.
- Clearly communicate a single set of expectations to all staff.
- Communicate to staff why they might be asked to respond to patients differently than in the past and how to convey this change to patients.

3B.2: Best Practices in Serving Clients

GROUP ACTIVITY | USE WORKSHEET 3B.2

Regardless of size, every organization has their own set of practices, playbooks, or policies that ideally provide effective and innovative ways to improve patient care and experience. This activity is designed to help partners share these practices and support a two-way dialogue when it comes to idea sharing.

TIME
15-20 MINS

MATERIALS
Printed copies of
Worksheet 3B.2:
*Best Practices in
Serving Clients*

PARTICIPANTS
Staff or managers from
both partners that work
in a similar function
(medical, finance,
operations, etc.)

**FACILITATOR
NEEDED?**
Yes

WHAT

Examples of best practices that partners may want to share could involve having staff include their preferred gender pronoun in email signatures, a handbook with language that is written in a trauma-informed way, or a policy that has been proven to decrease no-show appointments.

WHY

You likely have some practices and policies that you believe are particularly effective or responsive, and that your staff is proud to have helped develop or implement. Sharing provides an opportunity to highlight these and identify opportunities to extend the practice organization-wide.

WHEN

Introduce this activity after a partnership has kicked off and consider running with different departments (e.g., medical, human resources, operations, etc.)

HOW

Step 1: Fill out the Best Practices Worksheet 3B.2 ahead of time or make time to fill it out during a meeting.

Step 2: At the start of partnership meetings or working sessions, invite one member of each partner team to share a best practice from their organization.

Step 3: As a team, briefly discuss this practice. Is it shared across partners or is it currently unique to one of the partners? If the latter, is there interest in introducing it across both organizations?

Potential Action and Next Steps

Consider and identify the most effective way to introduce these practices across partners by answering these questions:

- How will you communicate this practice to your organization(s)?
- How will you evaluate the adoption and efficacy of this practice after an initial trial period?

Worksheet 3B.2:
Best Practices in Serving Clients

PAGE 1 OF 2

Instructions

Step 1:

Fill out the worksheet with best practices. These can be client-facing or internal. Give priority to practices that are important or unique to how you engage your clients and staff.

Step 2:

Schedule time with the leadership team of your partner to review these. Consider inviting any staff who were involved in developing or implementing the practice.

Step 3:

Share the listed practices with your partners. Discuss whether your partnership activities may impact your ability to maintain these practices and whether there is a need for crosstraining across staff.

Step 4:

Identify any next steps that may be needed, including communicating these practices to staff, scheduling a training session, or communicating with clients if you anticipate any changes that they may encounter.

Discussion Prompts

1. If a partner is interested in adopting one of the practices, who would be the best person(s) to consult with them?

2. Have you had any lessons learned as your organization has evolved this practice?

3. Do you have any practices that are important for your partner's staff to be aware of? If they interact with your clients, what do they need to know to ensure this practice is maintained?

Continue to next page

Worksheet 3B.2: Best Practices in Serving Clients

PAGE 2 OF 2

What is it...

Practice 1:

_____

_____

_____

_____

_____

Practice 2:

_____

_____

_____

_____

_____

Practice 3:

_____

_____

_____

_____

_____

What did it come from...

Practice 1:

_____

_____

_____

_____

_____

Practice 2:

_____

_____

_____

_____

_____

Practice 3:

_____

_____

_____

_____

_____

Why we do it...

Practice 1:

_____

_____

_____

_____

_____

Practice 2:

_____

_____

_____

_____

_____

Practice 3:

_____

_____

_____

_____

_____

3B.3: What Makes Our Clients Feel Welcome?

GROUP ACTIVITY | USE WORKSHEET 3B.3

Map out and share how your staff makes patients feel welcome at each step of the patient journey.

TIME
60 MINS

MATERIALS
Printed copies of
Worksheet 3B.3: *What
Makes Our Clients
Feel Welcome?*

Three different-colored
stacks of Post-It notes

Pens

PARTICIPANTS
Partnership staff who
are involved in designing
or delivering client
experience

**FACILITATOR
NEEDED?**
Yes

WHAT

Your organization likely does many small (and large) things to make clients feel valued. From hiring staff and physicians who speak the languages of the communities you serve to the signage on your walls and the way you deliver care, all of these touchpoints are valuable to share with your partners. This activity provides a template for you to articulate the ways in which you make clients feel at ease and welcome.

WHY

This activity is designed to help partners understand how they can make their services and spaces more welcoming to clients who've been referred from a different community or clinic.

WHEN

Use this activity when you're planning to refer clients between partner sites or programs.

HOW

Step 1: Prior to meeting, ask meeting participants to gather any materials or artifacts they use to make clients feel welcome. These could include photos of the clinic space, a training manual for staff, or posters on the walls.

Step 2: Schedule 45-60 minutes for both partners to fill out, share, and discuss Worksheet 3B.3.

Step 3: Walk through worksheet instructions.

Step 4: After both partners have shared, review the worksheets together and discuss the following: For items identified as something a partner would like to adapt or adopt, are there any existing materials or references that can be shared? Is there a staff member with expertise who could consult on the introduction of the practice? If multiple items were selected, how would you prioritize them and what resources would be needed to adopt?

For those practices identified as being potentially problematic or conflicting, discuss how best to resolve the issue. High priorities for resolution would be any practices with the potential to scare away clients or make them feel unwelcome or unable to access services.

Worksheet 3B.3: What Makes Our Clients Feel Welcome?

Instructions

Step 1:

Use this worksheet to reflect on what you do at each client touchpoint to make them feel welcomed.

Step 2:

Schedule time to discuss with your partner. Take turns walking through each of the *Patient Journey* elements. Where possible, collect additional collateral — such as photos, handouts, or other artifacts — related to each of these touchpoints.

Step 3:

Give each participant three different-colored dot stickers or Post-Its and ask them to tag the Patient Journey worksheet using the following criteria:

- **Color 1:** Shared practice
- **Color 2:** Something we'd like to adapt/adopt
- **Color 3**: Potentially a conflict or problematic for our clients

Step 4:

Discuss next steps for any items marked as "Would like to adopt" or "Potentially problematic."

Discussion Prompts

1. Do all of your patients have the same experience? Or do clients of different programs or services experience these touchpoints differently?

2. Which places in this journey are the most challenging? Where is there the most potential for clients to have a less than optimal experience? How do you mitigate that?

Continue to next page

Worksheet 3B.3: What Makes Our Clients Feel Welcome?

PAGE 2 OF 2

1. Community Outreach Experience
Events, messaging, etc.

_____
_____
_____
_____
_____

2. Transport/Arrival Experience
What does our building exterior look like?
How do clients know this is a space for them?

_____
_____
_____
_____
_____

3. Front-Desk Experience
How we greet, make clients feel welcome?

_____
_____
_____
_____
_____

4. Moving Through Our Space
Artifacts on walls, types of spaces, etc.

_____
_____
_____
_____
_____

5. Engaging with Our Services
Intake process, first interaction with staff, etc.

_____
_____
_____
_____
_____

6. Follow-up Experience
Post-visit calls, feedback collection, etc.

_____
_____
_____
_____
_____

3C. Mission and Identity

FRICTION POINT: *"We wanted to work with them, but there were barriers. Our staff thought they were `not culturally appropriate' and lacked the language capacity to serve our population."*

— Community Services Manager, Community Health Center

Lessons from the Field:
MISSION AND IDENTITY

PROBLEM

A large community health center (Partner A) had merged with another partner located in a different region (Partner B). At their annual staff recognition event, a longtime staff member from Partner B was given a 20-year-service award, which consisted of a plaque that included their name as well as the name of Partner A.

The staff member, a former patient who'd been extremely dedicated to the mission and founder of Partner B, cried and threw the plaque in the trash. The staff member explained that they had dedicated 20 years to supporting Partner B, not Partner A, and they were very disappointed that this was not acknowledged on their award. The bad feelings were compounded a few weeks later when a staff member from Partner A scolded the individual for displaying a banner with the logo of Partner B at a community fair. The staff member's morale and level of engagement were significantly impacted, which led to questions about whether they wanted to continue working for the merged organization.

Many CHCs have an origin story that is closely tied to either the organization's founder or a specific mission or population. Staff often take pride in their connection to this heritage and consequently may resist partnerships that they perceive will negatively impact or marginalize that mission or force them to work in ways that run counter to their values. A key insight that emerged from CHC interviews was that during a merger, little things can often feel like big things. One telling example involved staff who had been through a merger but who continued to resist using the larger organization's official letterhead for nearly a decade after the partnership was complete!

As part of their mission, many CHCs have developed strong cultural competencies in serving specific client populations. This expertise can manifest in various ways, from staff who speak the language of their clients or share similar backgrounds to planning events or physical environments that have been designed with community members in mind.

Throughout the research for this guidebook, numerous stories emerged of staff harboring negative cultural assumptions about their partner organizations. The opinions ranged from "they don't have food that our clients eat" to "they can't be the best because we're the best." Once staff had the chance to meet and/or tour each other's facilities, however, it usually became clear that the previously held assumptions were unfounded. As a result, staff was able to dispel organizational myths that had discouraged cooperation and partnership in the past.

The activities in this section are designed to help partners gain empathy for the communities, clients, and staff central to each partner's identity, while sharing origin stories and challenging mutually held assumptions.

3C: MISSION AND IDENTITY (CONTINUED)

KEY TAKEAWAY

Staff, particularly frontline workers or program alumni, usually feel a strong sense of connection to the identity of their organization and the founding team. It therefore is important to look for ways to acknowledge and honor the heritage of all organizations in a partnership or merger scenario, and consider the trade-off between standardizing identity-related artifacts, such as logos, letterhead, or signs, and allowing elements or symbols of the predecessor organizations to endure.

Real-World Challenges	Interventions
1. Staff involved with partnerships may hold assumptions about a partner agency and as a result, may be hesitant to refer clients.	**1.** Create galleries on each site that honor the history of the facility's programs, staff, and founders.
2. Pride or competition may prevent staff from establishing mutual trust, proactively sharing information, or coordinating client care.	**2.** Give staff the chance to lead tours for partners and share their organization's history.
3. Organizations may be dealing with their own internal transformation efforts that complicate external partnerships, such as transitioning from the founding executive director to a successor or going through an internal cultural shift.	**3.** Bring staff together to hold training and informational sessions on culturally appropriate ways to engage with a specific audience.
	4. Reframe differences between organizations or the communities they serve as strengths, which each partner can learn from.
	5. Look for opportunities to gather data (such as a short survey, mutual site visit, or patient satisfaction scores) or create situations where staff can meet and share with each other to help establish trust and dispel rumors.

3C.1: Who Are Our Partnership Personas?

GROUP ACTIVITY | USE WORKSHEET 3C.1

The identity of a community health organization extends beyond its clients and staff to include other groups, such as funders, community members, and board members. This activity is designed to help partners consider the full spectrum of stakeholders and how these parties collectively can be included in the partnership journey.

TIME
30-45 MINS

MATERIALS
Printed copies of Worksheet 3C.1: *Personas*

PARTICIPANTS
Anyone involved in planning communication strategies or community engagement for a partnership

FACILITATOR NEEDED?
Yes

WHAT

A worksheet to help guide discussion and reflection on how the partnership may impact various stakeholder groups

WHY

It's easy to focus on the impact partnership activities may have on patients and staff. But it is also important to remember that many other stakeholders may have questions or concerns about the partnership. These individuals can include community members, board members, and funders. This activity can help ensure all perspectives are being considered and all concerns are being addressed. For example, if the partnership will take place outside of the home county of one of the organizations, what questions or concerns might funders have and how will you address them?

WHEN

Use this worksheet when you are planning to refer clients between partner sites or programs.

HOW

Step 1: Prior to meeting, consider sending out a survey, or meet with the different personas listed on the worksheet, to gather their feedback and input.

Step 2: Fill out Worksheet 3C.1, either prior to meeting or as a team.

Step 3: Go through each persona group one at a time and discuss the questions and concerns they may have, as well as ways in which they may be impacted by the partnership.

Step 4: Conclude by documenting any next steps or messaging that may be needed to address concerns or to engage any of the personas in follow-up activities.

Worksheet 3C.1:
Who Are Our Partnership Personas?

PAGE 1 OF 2

Instructions

Step 1:

Use this worksheet to reflect on how each of these personas may be affected by a partnership.

Step 2:

As a group, discuss the following questions:

1. How will each group be impacted by the partnership?

2. What has been their involvement in partnering discussions or activities to date?

3. What communications have been shared with them?

4. What questions or concerns might each group have?

5. Have these been addressed in the partnering planning?

Step 3:

Based on the discussion, capture any follow-up communications or activities that were identified for any of the personas, as well as any actions that might be helpful to address concerns or questions that any of the persona groups might have.

Discussion Prompts

1. Do your frontline staff members who will be working together have similar levels of responsibility?

2. What stories are being told by your communities about how they view your staff/services?

Worksheet 3C.1: Who Are Our Partnership Personas?

PAGE 2 OF 2

For each persona, jot your thoughts on the following:

How will they be impacted by the partnership? Have they been involved to date? How? What questions or concerns might they have?

General Community

_____
_____
_____
_____

Frontline Staff

_____
_____
_____
_____

Board Members

_____
_____
_____
_____

Funders

_____
_____
_____
_____

Patients

_____
_____
_____
_____

Administrative/Operations

_____
_____
_____
_____

Providers

_____
_____
_____
_____

3C.2: What Are Our Deal Breakers?

GROUP ACTIVITY | USE WORKSHEET 3C.2

As mission-driven organizations, community health centers (CHCs) and those they partner with must consider mission impact in addition to other important operational, regulatory, or financial considerations. This activity will help you and your partners identify key values that drive decisionmaking and affect important strategies surrounding prioritization. Partners also will explore whether they are aligned on the issues that matter most.

TIME
20-30 MINS

MATERIALS
Printed copies of
Worksheet 3C.2:
Deal Breakers
Pens

PARTICIPANTS
Leadership from all
organizations involved in
the partnership

**FACILITATOR
NEEDED?**
Yes

WHAT

A worksheet to help guide discussion and reflection on when and where partners may need to make tough decisions regarding how they prioritize their resources.

WHY

One of the greatest assets of many community health organizations is that they are strongly mission-driven. This means specific expectations exist among staff, patients, and community members. In a partnership environment, it is important to be upfront and transparent about each partner's respective core values and how they may affect decisions throughout the course of the partnership.

WHEN

Use this worksheet in the early stages of a partnership.

HOW

Step 1: Prior to meeting with their new partner, the senior leadership team should discuss and fill out Worksheet 3C.2.

Step 2: Schedule time at an upcoming meeting for each partner to share what they included in the worksheet and leave time for questions and discussion.

Step 3: Think about activities and decisions that may be on the horizon for the partnership. Can you anticipate anything that might challenge or test the values or priorities of either partner? For example, if one partner was founded with a religious mission, how might that impact decisions surrounding fundraising, programming, or community engagement?

Step 4: Conclude by documenting any next steps or further conversations that may be needed to address identified concerns or red flags.

Worksheet 3C.2:
What Are Our Deal Breakers?

Instructions

Step 1:

Identify the values, services, and priorities that matter most to your organization by filling out each section honestly. Use the *We will always choose* section as an opportunity to identify your strategic priorities.

Examples: "We will always choose not to compromise current patient care even over growth" or "We will always choose to maintain X services, even if it may create a risk of funding loss."

Step 2:

Share results with your partner and compare what matters most to both organizations.

Step 3:

Take time to really understand where each partner would make the difficult decision to walk away to better establish what matters most and why.

Discussion Prompts

1. Can you identify any core values or priorities that you both share?

2. Do any of your priorities seem to be in conflict? If so, how might this show up in your partnership?

Continue to next page

Worksheet 3C.2: What Are Our Deal Breakers?

PAGE 2 OF 2

We would drop everything in order to: _____

_____

_____

_____

_____

_____

_____

We would never compromise, and would be willing to walk away from funding/
partnership, if... _____

_____

_____

_____

_____

_____

_____

_____

We will always choose:

_____ over _____

_____ over _____

_____ over _____

_____ over _____

_____ over _____

3D. Learning and Collaboration Styles

FRICTION POINT: *"Either they are far more organized than we are or providing only one service makes it less complicated."*

— Executive Director, Community Health Center

Lessons from the Field:
LEARNING AND COLLABORATION
STYLES

PROBLEM

A community health center (CHC) with a history of successful mergers and a smaller health center with a strong, distinct culture pursued a merger. The partners spent an extended period of time discussing how to make the merger work but did not create similar opportunities for sharing cultural values or client practices. As a result, staff of the smaller organization became concerned that their unique approach to serving their population was not being heard. Given the pressing financial challenges that the smaller site faced, the organizations pushed through with the essential elements of merger while adopting a "we'll figure it out" approach to secondary issues.

KEY TAKEAWAY

The failure to acknowledge or address the concerns of staff led to increased exits and turnover and greater financial and operational pressure on an already-stressed program. Had the partners taken time to speak to cultural concerns during the early phases of the partnership, a greater number of staff may have remained throughout the transition.

In community health settings, an organization's approach to collaboration is revealed in multiple ways, from the manner in which they deliver care to the way clinics and workspaces are laid out. Some CHCs, for example, are shifting to a team-based care model or patient panels, while smaller providers and many community-based organizations continue to rely largely on a single clinician.

In the same vein, different organizations have their own norms and rituals when it comes to running meetings, sharing information, and leveraging data. Some may be data–driven, regimented, and all business, while others operate more intuitively and value taking time to connect with colleagues.

It's understandable that many CHC leaders and staff are focused on "getting the job done" and doing more with less. But an exclusive emphasis on results can create missed opportunities for learning from partners and sharing new approaches to client care, service delivery, and staff engagement.

Similarly, larger organizations frequently have a formal process for onboarding new partners, yet lack an equivalent system for learning from smaller organizations. Because a smaller entity often will lack formalized approaches to knowledge-sharing, a pattern of one-way information flow can develop and richer cross-sharing between all parties can become haphazard and infrequent.

For these reasons, it is important for partners to take the time to share and explain how they approach collaboration and learning, both from a client-facing perspective as well as internally. They also should discuss which approaches or processes make the most sense for joint partnership activities.

The discussion guides in this section will help each individual and organization involved in partnership activities identify and share effective collaboration methods. A simple framework for providing feedback to a partner in a way that is collaborative and actionable also is provided.

3D: LEARNING AND COLLABORATION STYLES (CONTINUED)

Real-World Challenges	Interventions
1. When considering co-locating or sharing space, organizations that take different approaches to team-based care may have conflicting expectations about space design, provider autonomy, and care coordination. **2.** Different approaches to meeting structure and format can create friction for working teams and undermine trust-building and decisionmaking. **3.** A lack of openness to alternative ways of doing business or a failure to promote two-way knowledge-sharing can leave smaller partners feeling devalued and ignored.	**1.** Bring a mindset of curiosity and flexibility into partnership discussions and be intentional about creating time and space to learn from each party. **2.** Make time to share and understand each partner's preferred meeting style. One approach could be that whoever hosts the meeting gets to provide the meeting protocol. **3.** Include staff who will be participating in the partnership planning early in the process so there is time to develop trust. Don't wait until the last minute to facilitate introductions between partner staff. **4.** Create both formal and informal ways to support two-way sharing between partners, such as lunch-and-learns or the sharing of one best practice or story at the start of each partnership meeting.

3D.1: User Guide to Working with Me

GROUP ACTIVITY | USE WORKSHEET 3D.1

This two-page guide provides an opportunity for members of new working teams or partnership committees to share their strengths, what they hope to contribute, and their preferred ways of collaboration and communication.

TIME
15-20 MINS

MATERIALS
Printed copies of
Worksheet 3D.1:
*User Guide to
Working with Me*

PARTICIPANTS
Any staff involved in
a working group or
recurring partnership
meeting

**FACILITATOR
NEEDED?**
Yes

WHAT

A simple, one-page cheat sheet that members of working teams can fill out to share the strengths that they hope to bring to the team, as well as tips on how to work with them more effectively.

WHY

Taking time to discuss these simple but important topics can help prevent disruption and frustration down the road. By understanding how to best involve each member of the team, groups can leverage each individual's strengths and avoid collaboration pitfalls and friction that might occur between those with different communication styles.

WHEN

Use this user guide when a new working team is kicking off and when new members join the team.

HOW

Step 1: Schedule 15-20 minutes during a new working team's first or second meeting. Have each team member fill out Worksheet 3D.1. Encourage everyone to use this exercise as an opportunity to think about their strengths as a working partner, as well as past scenarios when they've encountered challenges in collaborating or communicating with others.

Step 2: Follow the instructions on the worksheet.

Step 3: After sharing, discuss what each participant has taken away. Do they see opportunities to modify the way they communicate information, give feedback, or assign tasks?

TIPS

When a working team has diverse ideas about communication or how best to engage in collaborative discussions, it is helpful to create some working agreements that establish shared expectations for meeting norms (see Working Agreements, Worksheet 2.2).

If two team members identify a potential conflict or divergence in their collaboration styles (e.g., one considers interrupting and interjecting a sign of engagement, while the other believes interruptions are rude), discuss actions that will make both parties comfortable when engaging with each other. One example: A visual cue that can be used when one team member is feeling that they are not being heard.

Worksheet 3D.1:
User Guide to Working With Me

Instructions

Step 1:

Have each member of the partnership working team fill this guide out for themselves. Use this as a chance to reflect on what you are hoping to contribute to this working team and what others should know about you in order to collaborate most effectively.

Step 2:

Share results with each other. For larger groups, we suggest dividing up into pairs and having each pair share their worksheets with each other in 5-minute rounds and then rotate. In small groups, it may be faster to just share one at a time.

Step 3:

Consider documenting these forms for the entire working team in a place where they can be referenced throughout the duration of your partnership.

Discussion Prompts

1. Based on the strengths each person brings and the activities that energize/drain them, how might you allocate tasks or responsibilities?

2. Are there similarities in how team members prefer to work or communicate? Are there any significant differences? If so, what might you do to prevent/mitigate friction down the road?

Continue to next page

Worksheet 3D.1: User Guide to Working With Me

PAGE 2 OF 2

Why I think I'm here: _____

_____

_____

_____

Superpowers/Strengths I bring to this project: _____

_____

_____

_____

Activities/Tasks that energize me: _____

_____

_____

_____

Activities/Tasks that drain my energy: _____

_____

_____

_____

What lens am I bringing to this work? (i.e., finance, medical, ops, strategy, etc.): _____

_____

_____

_____

Good ways to work with me:
(e.g., How I like to communicate and work together/How much information I need to make a decision/How I work on deadlines, etc.):

_____

_____

_____

_____

3D.2: User Guide to Giving Feedback

GROUP ACTIVITY | USE WORKSHEET 3D.2

Feedback can be a gift, but providing it also may prove challenging or anxiety-provoking to give or receive. This tool introduces a framework for offering feedback in ways that are objective, respectful, and actionable.

TIME
10-15 MINS

MATERIALS
Printed copies of
Worksheet 3D.2: *User
Guide to Giving Feedback*

PARTICIPANTS
Any partnership staff
who are collaborating
with others closely

**FACILITATOR
NEEDED?**
No

WHAT

A framework to help guide feedback conversations and create shared language for how partners can more effectively provide feedback to each other.

WHY

In new partnerships, it is inevitable that some individuals will periodically seek to offer feedback to colleagues about observed behaviors or interactions. This activity establishes a shared language and structure for providing feedback that is constructive, collaborative, and respectful.

WHEN

Use this activity when conflict arises between two members of a working team or when new partnership teams observe tension in their working sessions.

HOW

Step 1: Review Worksheet 3D.2 and become familiar with the basic approach/formula. Of particular importance is the first step, wherein you share the behavior you have observed, while your partner communicates whether they have observed that behavior in themselves. The last step is also important, since it asks both partners to collaborate on developing behavioral changes or actions that each can adopt to make feedback concrete and actionable.

Step 2: Find a colleague to practice this technique with. Take turns giving mock feedback using the worksheet's four-part framework. Afterward, give your partner "feedback" on their feedback techniques.

Step 3: The next time you want to provide feedback, use this framework.

Worksheet 3D.2:
User Guide to Giving Feedback

PAGE 1 OF 3

Instructions

Giving and receiving direct feedback can be challenging. This framework is designed to help you share feedback in a way that is respectful and direct and invites both parties to collaborate on next steps.

Step 1:

Think of a recent or ongoing situation with a colleague where you felt frustrated. Look at the sample script and Mad-Libs™ list on the next page and then try writing down your feedback using this script.

Step 2:

Find someone to practice scripts with. Practice giving your feedback and then check with your partner. Was your observation clear and behavioral-based? Did you express what you need clearly?

Step 3:

Incorporating any partner feedback, repeat Step 2 until you feel comfortable. Swap roles.

Step 4:

Share this feedback with the actual individual in question. Make sure they're in the right mindset to hear it, i.e., don't choose a day when they are running around frantically or dealing with a stressful situation.

Additional Notes: Make sure to pause after sharing your observation and give your colleague a chance to say whether they agree with it. This is often the source of feedback conversations gone awry. If they disagree with your initial observation, they are unlikely to be receptive to the rest of your feedback.

Make sure your feedback focuses on behavior, not attitude. "I've noticed you often talk over others in meetings" is more helpful than "I think you're rude."

Worksheet 3D.2: User Guide to Giving Feedback

PAGE 2 OF 3

Sample script:

Instead of saying this: I don't think you're a team player

Try this: When you consistently come to our meetings 15 minutes late **(Observation)**, I feel this project is not a priority to you **(Feeling)**. I need to know whether you still have time to commit to this project **(Need)**. Can you let me know if we need to change our meeting times so that you can fully attend, and let us know in advance if you will be late? **(Request)**

Use this as your feedback script:

When _____ happens,
<div align="center">Observation</div>

I feel _____
<div align="center">Feeling</div>

because I need _____ to happen.
<div align="center">Need</div>

How might we _____ ?
<div align="center">Request</div>

Needs Inventory List:

CONNECTION

acceptance
affection
appreciation
belonging
cooperation
communication
closeness
community
companionship
compassion
consideration
consistency
empathy
inclusion

intimacy
love
mutuality
nurturing
respect/
self-respect
safety
security
stability
support
"to know and be
known, to see
and be seen, to
understand and
be understood"

trust
warmth

PHYSICAL WELLBEING

air
food
movement/
exercise
rest/sleep
safety
shelter

PLAY

joy
humor

PEACE

beauty
communion
ease
equality
harmony
inspiration
order

AUTONOMY

choice
freedom
independence
space
spontaneity

MEANING

awareness
celebration
of life
challenge
clarity
competence
consciousness
contribution
creativity
discovery
efficacy
effectiveness
growth
hope

learning
mourning
participation
purpose
self-expression
stimulation
to matter
understanding

HONESTY

authenticity
integrity
presence

Continue to next page

Worksheet 3D.2: User Guide to Giving Feedback

PAGE 3 OF 3

Reflection notes:

3D.3: User Guide to Working With Us

GROUP ACTIVITY | USE WORKSHEET 3D.3

Create an opportunity for partners to share their unique ways of working and provide tips on how to collaborate more effectively.

TIME
15-20 MINS

MATERIALS
Printed copies of
Worksheet 3D.3: *User
Guide to Working with Us*

PARTICIPANTS
Any staff involved in
a working group or
recurring partnership
meeting

**FACILITATOR
NEEDED?**
Yes

WHAT

Every organization has its own strengths, communication styles, and ways of working. This worksheet is designed to help you and your team articulate the aspects of your working style that you want partners to be aware of.

WHY

By sharing and reviewing these guides at the beginning of a partnership or new working relationship, teams can set the partnership up for successful communication and collaboration. They also can provide context on any unique "ways of work" that may be important to understand. This activity works well in tandem with Stage 3, Activity 9, User Guide to Working with Me (Worksheet 3D.1), which is also in this section.

WHEN

Use this user guide in the first or second meeting of a newly convened working team.

HOW

Step 1: Have each partner fill out Worksheet 3D.3 as a team. Use this as a chance to reflect with your team on any rituals, meeting styles, or even quirks that may make your team unique to work with. What tips might you give a partner organization on how to share ideas and feedback, or how to communicate effectively with your group? Do you have any special norms, such as including a preferred gender pronoun in your email signature?

Step 2: Find a time for both partners to share the completed worksheets.

Step 3: After sharing the completed worksheets, discuss what you all have taken away. Do you see opportunities to modify the way you communicate information, give feedback, or collaborate?

TIPS

When a working team has diverse preferences for communication styles or how best to engage in collaborative discussions, it may be helpful to establish some working agreements (see Stage 2, Activity 2, Worksheet 2.2) to establish shared expectations for meeting norms.

Worksheet 3D.3:
User Guide to Working with Us

Instructions

Fill out this guide with your leadership team. Use this as a chance to reflect on what others should know about your team/organization in order to collaborate most effectively.

As you fill this out, please be as specific as possible!

Reflect on your organization's past involvement in working groups — What stood out about your best collaboration experiences? What were your most challenging collaboration experiences?

Share these observations in a meeting with the leadership teams and/or the teams that are most closely working together throughout the partnership.

Consider centralizing these forms for the entire working team so that they can be accessed and referenced throughout the duration of the partnership as new staff join the working team.

Continue to next page

Worksheet 3D.3: User Guide to Working with Us

PAGE 2 OF 2

Some of our meeting rituals/protocols are: _____
_____
_____
_____

Our collaboration style is: (Formal/Informal)
Some of the ways this might show up in our partnership are: _____
_____
_____
_____

What makes us quirky… what might be unique about working with us: _____
_____
_____
_____

How we communicate information (email, in-person, intranet, in meetings): ____
_____
_____
_____

How do we celebrate wins/big milestones? _____
_____
_____
_____

How do we respond when things are not going well? _____
_____
_____
_____

3E. Leadership and Decisionmaking

FRICTION POINT: *"They see things as black-and-white. For us, in behavioral health, there's a lot more grey."*

— CEO, Community Health Center

Lessons from the Field:
LEADERSHIP AND DECISIONMAKING

CHALLENGE

A regional behavioral health center decided to integrate with a larger organization to maintain an ability to grow and serve clients. The larger entity had been seeking to expand into behavioral health.

SOLUTION

The leadership team drafted separate memos for each staff to communicate what would be changing with the merger, and equally important, what would not. The memos addressed benefits and program continuity, and offered assurances that no layoffs were planned. Partnership leaders also convinced a key deputy director to stay on for an additional year to help convey the benefits of the merger to the community.

KEY TAKEAWAY

By proactively addressing the concerns of staff and community members, acknowledging that different messages were needed for staff on each side, and speaking directly to what was and was not changing, leaders from both partners helped assuage fears and ensure a smooth transition.

CEOs, executive directors, and other senior CHC leaders or board members can have strong and sometimes conflicting leadership styles. These differing approaches are usually a reflection of the kinds of services or organization they oversee and can affect the degree to which staff feel informed or empowered, as well as how information flows through the organization.

For these reasons, different leadership styles can have a major impact on partnership cohesion. For example, in a partnership where one executive is comfortable making decisions quickly with limited input from their staff but their counterpart relies on a more consensus-driven approach, the former partner can become frustrated at the time it takes to make decisions. Conversely, the latter partner may feel that all variables necessary to make an informed decision haven't been fully considered and that the counterpart leader is simply shooting from the hip.

Beyond the challenges associated with differing leadership styles, it is also important to remember that in most partnerships, each organization has its own set of internal projects that — like the partnership formation efforts — also consume time, resources, and intellectual bandwidth. These competing priorities may cause delays in decisionmaking or leadership absences at key partnership events, either of which can cause frustration if the relevant parties have not been alerted ahead of time.

It's no secret trust plays an essential role in partnership success. While executive leaders in a new partnership may have frequently worked together in the past and consequently have developed strong trust, that same foundation does not always exist for others involved in partnership discussions. With this in mind, it is important to make time early in partnership formation to involve all leaders and provide opportunities for them to develop relationships and rapport.

Trust likewise is important in cases where existing leadership will be transitioning out following completion of a merger. The transition period should be designed to minimize disruptions to staff, patients, and community members, all of whom may have a long-standing relationship with the departing leader or leaders.

Finally, the span of authority and access to information for leaders at smaller organizations may be diminished when they partner with a larger entity. The impact of these changes can include frustration, resistance, and staff turnover. These factors can impact staff morale and overall sentiment about the partnership.

This section includes a tool to help leaders visually communicate competing priorities and tasks, as well as a framework to help staff discuss and process the changes a partnership may require. A cheat sheet guide to different decisionmaking styles also is included for reference when discussing which decisionmaking styles may be most appropriate to the partnership.

3E: LEADERSHIP AND DECISION-MAKING (CONTINUE)

Real-World Challenges	Interventions
1. Trust between chief executives does not always extend down to the manager or staff level. **2.** Decisions that may be black-and-white for a community-based organization or dental provider can be less clear for a behavioral health program. **3.** The risk of turnover, particularly at the leadership level, increases if team members don't see a clear role for themselves in the new organization. **4.** Community engagement can be undermined if some believe a trusted leader or founder has been pushed out. **5.** Leaders of smaller programs and CHCs can struggle to adjust to reduced spans of authority, more limited access to information, and additional levels of hierarchy to overcome to gain task, resource, or personnel approval.	**1.** Share the factors that need to be weighed for each partner when making a decision. **2.** Be transparent around the decisionmaking process and timelines. **3.** Discuss how you will approach joint decisionmaking. **4.** Have frank and honest transition planning discussions with leaders early in the process. **5**. Look for opportunities to partner in modest ways to build trust between staff and to establish the foundation for deeper and more intensive partnerships.

3E.1: What's on Your Plate?

GROUP ACTIVITY | USE WORKSHEET 3E.1

This activity is designed to help leaders and working team members visualize the competing priorities, projects, and time commitments that they must balance. The objective is to build empathy and clarify how partnership activities can fit in with other existing priorities.

TIME
20-30 MINS

MATERIALS
Printed copies of
Worksheet 3E.1:
What's on Your Plate

PARTICIPANTS
Senior leaders who
are needed to make
decisions or help move
partnership activities
forward

**FACILITATOR
NEEDED?**
Yes

WHAT

A worksheet to help partner teams communicate all projects and initiatives they're involved in and the time they have available to spend on partnership activities.

WHY

In some instances, a partnership may be the top priority for those working on it, while in other cases, it may be one of multiple, high-priority projects. This activity is designed to help partners build transparency and establish expectations around communication, meeting frequency, and response times. If workloads prove excessive, this activity also may indicate that it would be optimal to postpone partnership activities until other tasks are completed and schedules clear up.

WHEN

Use this worksheet during a kick-off meeting when determining the extent of senior leadership team involvement.

HOW

Step 1: Prior to meeting, fill out Worksheet 3E.1.

Step 2: Ask each leader to share what they included in the worksheet.

Step 3: Look for potential red flags. Has one partner prioritized the partnership significantly higher or lower than the other? Are there any other upcoming events or projects that may compete for time and attention? If so, how might these impact response times, availability, or overall partnership progress?

Step 4: Discuss and record any action steps that emerge from this discussion. Possible next steps could include:

- Identifying a proxy who can attend partnership meetings and make decisions on behalf of the leader they represent.
- Developing a timetable for partnership meetings and reaching key milestones that are in line with the availability and bandwidth of each leader.

Worksheet 3E.1:
What's on Your Plate?

Instructions

Step 1:

Fill in the Top 3 Priorities and All the Things I Spend Time Doing lists to capture all of the activities and strategic priorities you are currently juggling.

Step 2:

Fill in the monthly, 3-month, and 6-month plate worksheet with the estimated percentage of time needed for each item. You can start with the gray lines as a guide on how to divide the space.

Step 3:

Share this sheet with your partnership working team. Use the ensuing conversation as an opportunity to gain empathy for each other and to develop a better understanding of the tasks and priorities facing each team member.

Discussion Prompts

1. Use this exercise to identify potential sources of tension or misunderstanding in your partnership.

   For example, if partnership activities are the number-one priority for one team member but only the third priority for another, this could lead to frustration or a slowdown in decisionmaking and partnership progress.

2. Use the insights to discuss appropriate cadences for communicating and collaborating on partnership activities. If a team member is clearly overextended, consider whether they need to be a part of all activities or if another colleague can be brought in to help cover for them.

Continue to next page

Worksheet 3E.1: What's on Your Plate?

PAGE 2 OF 2

Top 3 Priorities Right Now:

1. _____

2. _____

3. _____

All the Things I Spend Time Doing:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

My Current Monthly Plate:

_____

_____

_____

_____

_____

_____

_____

_____

_____

My 3-Month Plate:

_____

_____

_____

_____

_____

My 6-Month Plate:

_____

_____

_____

_____

_____

3E.2: Decisionmaking Styles

GROUP ACTIVITY | USE WORKSHEET 3E.2

While leaders might intuitively recognize they make decisions differently, it can sometimes be difficult to articulate those variances. Use this worksheet to help define and discuss different approaches to decisionmaking, and then select the most appropriate approach for each stage or aspect of the partnership.
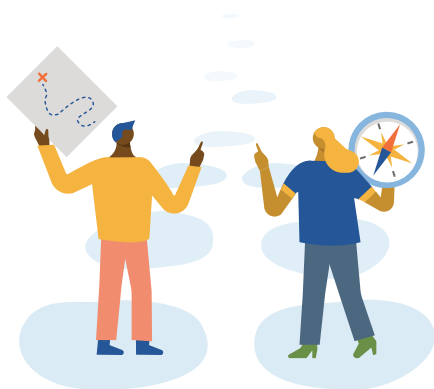
TIME
15-20 MINS

MATERIALS
Printed copies of
Worksheet 3E.2:
Decisionmaking Styles

PARTICIPANTS
Senior leaders from each
partner organization

**FACILITATOR
NEEDED?**
Yes

WHAT

A simple cheat sheet that includes an overview of different decisionmaking styles and when a specific approach may prove most useful or appropriate.

WHY

Decisionmaking styles can be deeply rooted in culture or mission. For example, an organization founded on a feminist mission might practice more collaborative decisionmaking, while a primary care or dental clinic might use a more authoritative approach. Regardless of the style, it can be helpful to clarify how decisions will be made so that everyone is on the same page. This worksheet will help prompt discussion and alignment around which decisionmaking style or styles will be used to make partnership decisions.

WHEN

Use this worksheet when you are planning the process and timeline for making decisions that will move the partnership forward.

HOW

Step 1: Review Worksheet 3E.2 with your partnership working team and invite each member to share their thoughts about how the partnership's decisionmaking process has unfolded so far.

Step 2: Follow the instructions on the worksheet.

Step 3: It may be helpful to occasionally revisit this worksheet through the duration of the partnership to check on how each partner feels the process is going and whether new discussions about decisionmaking are needed.

Worksheet 3E.2: Decisionmaking Styles
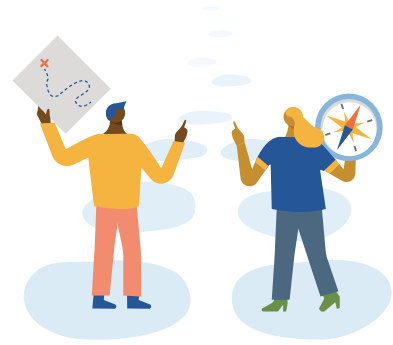
PAGE 1 OF 2

Instructions

There is no one right approach to decisionmaking. Groups should select a method that is appropriate to the work, the types of decisions that will be made, and the composition of the working group. This cheat sheet is designed to support discussion around which decisionmaking style or styles may be most appropriate for partners working together.

Step 1:

Have each partner share which of these decisionmaking styles they currently use in their organization and why.

Step 2:

Discuss the different types of decisions that will have to be made in the course of your partnership — i.e., financial decisions, program decisions, staffing decisions, etc. As a group, talk about which decisionmaking approach you want to apply to each of these decisions.

Step 3:

Discuss how you will resolve if either partner feels decisions are not being made fast enough (or too fast) or without the right people involved.

Discussion Prompts

1. What additional training or coaching might be needed if staff or leaders are being asked to use a different approach than they are used to?

2. If there is a significant difference in speed between partners when it comes to making a decision, how will you resolve? Can you agree to a timeline or working agreement (i.e., 5 days after we meet) for making important decisions?

Continue to next page

Worksheet 3E.2: Decisionmaking Styles

Collaborative

The group's opinions are solicited and heard, but one person makes the final decision.

GOOD WHEN:

You want to hear all voices but still enable one person to make the final decision.

LESS HELPFUL WHEN:

- The decision is likely to require significant resources or time from multiple members of the group.
- There is not a single "senior" member of the group.

Types of partnership decisions this may be appropriate for:

_____

_____

_____

Authoritative

One person makes decisions based on his/her opinion or expertise.

GOOD WHEN:

- Decisions need to be made quickly.
- Leader has significantly more context than rest of group and there is not time to bring all up to speed.
- More useful for a straighforward solution to resolve.

LESS HELPFUL WHEN:

- You need to develop buy-in from the group.
- Decision will significantly impact stakeholders.

Types of partnership decisions this may be appropriate for:

_____

_____

_____

Delegative

Decision is delegated to member or subcommittee who have the most context or experience.

GOOD WHEN:

Decision is only relevant to one person and risks are minor or you want to empower staff to take ownership of smaller pieces of the project.

LESS HELPFUL WHEN:

- Decision requires input from multiple group members.
- Multiple members feel strongly about the topic.

Types of partnership decisions this may be appropriate for:

_____

_____

_____

Consensus

Decisions are made by the group, with every voice weighing in equally.

GOOD WHEN:

- Decisions will impact all parties or require significant involvement or engagement.
- You want to support a "flat" team environment.

LESS HELPFUL WHEN:

- Decisions need to be made quickly.
- One person or partner has significantly more context or will bear the brunt of any follow-up actions that stem from a decision.

Types of partnership decisions this may be appropriate for:

_____

_____

_____

3E.3: Leading Teams Through Change

GROUP ACTIVITY | USE WORKSHEET 3E.3

This worksheet is designed to help leaders plan their communication strategies for conveying the changes that a partnership may require and to engage their team in discussion and reflection on how they feel about those changes.
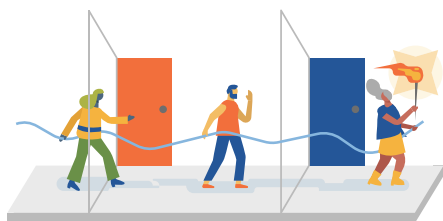
TIME
30+ MINS

MATERIALS
Printed copies of
Worksheet 3E.3:
Leading Teams

PARTICIPANTS
Staff who may be
anxious about the
changes that a
partnership could
bring, leaders who
need support in
communicating the
change

**FACILITATOR
NEEDED?**
Yes

WHAT

This framework is designed to help leaders and their teams articulate and discuss the following elements of transition:

- What is not changing
- What new behaviors, processes, or workflows may be required
- What legacy behaviors, processes, or ways of work may need to be left behind

WHY

There's an old saying that "people don't fear change, they fear loss." Many change efforts, however, fail to take the time to diagnose losses that staff may experience during a period of change. They also fail to identify the many ways of working that will remain the same. This tool will help you tell your change story in a way that addresses the above factors, while helping staff put a name to what they may be afraid of losing.

WHEN

Use this worksheet when preparing to discuss upcoming changes or transitions with your staff.

HOW

Step 1: Using Worksheet 3E.3, identify the partnership-related project you want to focus on during the discussion. In Column 1, identify what will remain the same throughout the period of change. Examples could include items, such as:

- Roles and responsibilities that will stay the same
- Existing programs that will continue to be supported
- Organizational structures/values that will remain unchanged

Step 2: Fill out the "Emerging" column. What are the new systems, workflows, programs, or strategies that will need to be developed as part of your partnership or merger? Consider some of the questions your staff may have, including:

- What is the timeline for when these changes will occur?
- What training or support will be provided?
- Why are these new ways of working necessary?

Step 3: Fill out the "Legacy" column. This column should include items that may need to change, evolve, or disappear as the partnership unfolds. They may include:

- Programs or services
- Staffing models or roles
- Staff or patient events
- Staff responsibilities or patient protocols

3E.3: LEADING TEAMS THROUGH CHANGE (CONTINUED)

Step 4: Discuss the completed worksheet with your team. Leave plenty of time to discuss the "Emerging" and "Legacy" columns. It is not uncommon for staff resistance to change to be rooted in the fear of loss, including the loss of authority, values, or identity, or a reduced ability to provide appropriate care to clients. Acknowledge and appreciate these feelings, and then brainstorm with your staff about how you collectively might mitigate the sense of loss.

Example: If a staff member is worried that a new partnership may require them to spend more time filling out paperwork and less time interacting with patients, what are some ideas about how they could maintain their sense of connection to clients? Ideas might include taking turns filling out the paperwork, having staff share patient stories at the start of each meeting, or demonstrating how the partnership will lead to overall improvements in patient care.

Worksheet 3E.3: Leading Teams Through Change
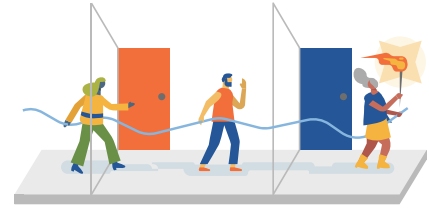
PAGE 1 OF 2

Instructions

Identify the partnership or change effort you'd like to focus on in this discussion and write it in the box at the top of the worksheet.

Step 1:

Fill out the Core column — Identify what will remain the same throughout this change.

Step 2:

Fill out the Emerging column — What are new ways of working, new programs, or new ways of serving clients that will need to be developed as part of the partnership?

Step 3:

Fill out the Legacy column — This column should include things that may need to change, evolve, or end as the partnership moves ahead.

Step 4:

Discuss with your team. Leave plenty of time to discuss the Emerging and Legacy columns.

Discussion Prompts

1. It is sometimes said that "people don't fear change, they fear loss." Are there any "losses" that staff might be facing, particularly in the legacy column? For example, new ways of working might require staff to give up areas of control or responsibility of, from their perspective, or reduce their ability to connect with clients.

2. If your team identifies anything they are afraid of losing, how might you mitigate that sense of loss? Alternatively, how might you make space to mourn that loss and then move on?

Worksheet 3E.3: Leading Teams Through Change

PAGE 2 OF 2

What is the change effort or partnership activity that you would like to focus the discussion on?

_____

_____

_____

Core

What is not changing for your team/organization?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Identifying what will remain the same throughout this change, could include items, such as:

- Roles and responsibilities that will stay the same
- Existing programs that will continue to be supported
- Organizational structures/values that will remain unchanged

Emerging

What are some new behaviors, values, or actions your team must adopt?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Consider some of the following questions your staff may have, including:

- What is the timeline for when these changes will occur?
- Will any training or support be provided?
- Why are these new ways of working required?

Legacy

What is not changing for your team/organization?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Consider things that may need to change, evolve, or stop as part of the partnership or merger, and may include:

- Programs or services
- Staffing models or roles and staff patient events
- Staff responsibilities or patient protocols

3F. Approach to Operations

FRICTION POINT: *"Our organization prides itself on innovative services; we care for people with complex problems. Our partner was focusing on family population. Their administrative controls were a little tighter and a little less creative."*

— Director, Community Health Center

Lessons from the Field:
APPROACH TO OPERATIONS

CHALLENGE

A hospital experiencing a high number of urgent care/primary care visits sought out a partner to help develop a retail primary care site within the hospital.

SOLUTION

The leader of the primary care organization met separately with each of the clinic's departments to explain the vision for the partnership and to discuss how it would impact staff operations on the ground level. The leader emphasized the potential complexity of the partnership and, significantly, told staff that the merger would not go forward unless all personnel supported it. The staff ultimately agreed that the partnership made sense for the community being served. It's worth noting that the primary care organization traditionally had been highly selective in hiring and evaluated all staff based on their core values, a factor which arguably contributed to the consensus that emerged.

Operational policies and procedures of CHCs are driven by many factors, including funding requirements, state and federal regulations, as well as the needs of the population and communities they serve.

The size of a health center also may affect their approach to operations: Smaller CHCs frequently have more homegrown procedures and may provide greater leeway to staff, while larger organizations typically have implemented more standardized and automated processes and systems.

Here's an example of the differing approaches: A smaller CHC that receives a grant for a single site program may use a portion of the funding to provide the program leader with a raise. Conversely, a larger CHC that has multiple contracts and staff working across a number of sites may be required to allocate funds in a more restrictive or codified manner.

When staff from partners with dissimilar approaches to funding, compensation, or hiring work together, it can create tension if staff realize they are being paid differently or if they're subject to differing work expectations. One common challenge involves medical assistants: Those employed in private practices typically are given greater responsibility than those who work in county-funded programs, given the stricter regulations facing government-funded entities.

Combining staff, programs, and policies consequently requires a thoughtful approach on how best to bring the necessary elements together. In the field interviews that formed the basis for this guidebook, CHC leaders consistently said that they struggled to balance the advantages of standardization against the need to leave room for staff to innovate, particularly when employees were grappling with the new demands that a partnership can bring.

When working to determine the appropriate level of operational, process, and policy standardization, it is important to remember that it's often the little things that are perceived as most significant by frontline staff or veteran employees. For example, when two organizations merge, can the smaller partner keep their old logo and letterhead? Can they continue to participate in a community event that helps them connect with their population, even if the larger partner does not fund participation for other affiliated partners?

In this section, activities are provided to help guide discussions around potential differences in how staff are hired, incentivized, and managed. A simple exercise also is included that can help leaders clarify where and when partnerships would benefit from centralized practices, and how they can retain important legacy activities, programs, or artifacts.

3F: APPROACH TO OPERATIONS (CONTINUED)

RESULT

The retail site was able to launch with a core suite of services within three months of partnership initiation by leveraging existing systems. The partners pointed out that by starting small with a clearly defined community benefit, they were able to move more quickly than otherwise would have been the case. They also were exploring the possibility of more complex care offerings further down the road.

Real-World Challenges	Interventions
1. Staff may be resistant to implementing new protocols that differ from how they've traditionally done things.	**1.** Have discussions early on to evaluate where practices differ and the degree to which a partnership will require standardization.
2. Tension can develop between staff that are compensated, credentialed, or evaluated differently.	**2.** Establish clear expectations and operating principles about what must be standardized and where each partner can maintain their own approach.
3. Some staff may need to be retrained or let go if they cannot meet new credentialing requirements.	**3.** Look for ways to incorporate operational elements that may not scale well in a standardized approach.
4. Differing organizational norms may lead to inconsistent client experiences or the loss of policies that were developed to serve specific populations.	**4.** Schedule site tours or lunch-and-learns that give each partner the chance to share their practices, ceremonies, and programs.
5. How do you align the standardized processes of larger organizations with homegrown solutions used by smaller partners?	
Resentment among leadership and staff at smaller partners can fester if they believe their expertise is not being acknowledged or valued.	

3F.1: Staff Expectations

GROUP ACTIVITY | USE WORKSHEET 3F.1

Use this guide to share and discuss how staff are hired, trained, and evaluated and to understand scenarios where partner staff working together may have different incentives, responsibilities, or expectations.

TIME
30-45 MINS

MATERIALS
Printed copies of
Worksheet 3F.1:
*Staff Expectations
Discussion Guide*

PARTICIPANTS
Partnership leaders who
are involved in hiring,
managing, or evaluating
staff

**FACILITATOR
NEEDED?**
Yes

WHAT

This activity is designed to help partners share their unique approaches to hiring and managing staff.

WHY

When staff from multiple organizations are brought together, unexpected issues relating to compensation, personnel evaluations, and job responsibilities can sometimes surface. This activity can help mitigate these potential conflict areas while providing partners with an opportunity to share best practices surrounding how they identify and retain the most qualified personnel.

WHEN

Use this worksheet when staff from partners are expected to be working together or closely interacting.

HOW

Step 1: Fill out Worksheet 3F.1.

Step 2: Discuss each section individually, and then talk about whether any action items are needed to resolve significant differences that have been uncovered, or if opportunities exist to share best practices.

Step 3: Discuss any follow-up items identified. How could these issues affect partnership activities? How will compensation and scope-of-work issues be addressed if staff raise questions? Can anything be done to mitigate the risks of staff conflict?

Worksheet 3F.1: Staff Expectations

Instructions

This worksheet is designed to support conversations between health care partners on the various ways in which they attract, engage, and retain staff. Use this worksheet to understand:

A. Any significant differences in your approach to managing staff that need to be addressed if your staff are working or co-locating together.

B. Opportunities to share best practices for hiring, retaining, and supporting your staff.

Step 1:

With your partner, go through each of the columns one at a time and discuss the topics/questions at the top. Use the space provided to capture notes on key programs, policies, or documents that are referenced in the conversation.

Step 2:

At the bottom of each column, note whether further action is needed to address significant differences in staff engagement or expectations between partners. For example, medical assistants working for a private provider may have significantly different responsibilities than those in a county-funded program — How will you resolve this if they are working together or integrating?

Step 3:

Note any sharing or crosstraining opportunities. Does one partner have a handbook or worksheet to guide staff performance reviews that might be helpful to view as an example?

Continue to next page

Worksheet 3F.1: Staff Expectations

PAGE 2 OF 3

Hiring

What is not changing for your team/organization?

Partner 1

_____
_____
_____
_____
_____
_____
_____

Partner 2

_____
_____
_____
_____
_____
_____
_____

○ Action Needed
○ Sharing Opportunity

Goal Setting

What are some new behaviors, values, or actions your team must adopt?

Partner 1

_____
_____
_____
_____
_____
_____
_____

Partner 2

_____
_____
_____
_____
_____
_____
_____

○ Action Needed
○ Sharing Opportunity

Performance

What is not changing for your team/organization?

Partner 1

_____
_____
_____
_____
_____
_____
_____

Partner 2

_____
_____
_____
_____
_____
_____
_____

○ Action Needed
○ Sharing Opportunity

Continue to next page

Worksheet 3F.1: Staff Expectations

PAGE 3 OF 3

Growth

How do we evaluate our staff? What is our approach to giving performance feedback?

Partner 1

_____

_____

_____

_____

_____

_____

_____

_____

Partner 2

_____

_____

_____

_____

_____

_____

_____

_____

❍ Action Needed
❍ Sharing Opportunity

Exit

What is our process/steps for letting someone go?

Partner 1

_____

_____

_____

_____

_____

_____

_____

_____

Partner 2

_____

_____

_____

_____

_____

_____

_____

_____

❍ Action Needed
❍ Sharing Opportunity

Post-Exit

How do we stay engaged with our alumni network?

Partner 1

_____

_____

_____

_____

_____

_____

_____

_____

Partner 2

_____

_____

_____

_____

_____

_____

_____

_____

❍ Action Needed
❍ Sharing Opportunity

3F.2: Where Do We Standardize Versus Innovate?

GROUP ACTIVITY | USE WORKSHEET 3F.2

No easy answers exist for determining where practices should standardize in a partnership scenario. This discussion guide was developed to help organizations establish some guardrails and prompts for helping leaders think through this important topic.

TIME
30 MINS

MATERIALS
Printed copies of
Worksheet 3F.2:
Standardize vs. Innovate

PARTICIPANTS
Leadership teams,
chief medical officers,
and those involved in
compliance

**FACILITATOR
NEEDED?**
Yes

WHAT

A worksheet to help clarify where standard policies, rules, and procedures must be followed and where opportunities exist for staff to continue to rely on legacy processes or artifacts. Examples of mandatory standardization might include licensure and care standards, while negotiable items could involve letterhead, logos, or participation in specific, traditional events.

WHY

One of the most common questions that surfaces in a merger situation is "Where do we standardize across our programs, and where do we let programs bring their own flavor and culture to the work?" The ability to retain programs, events, or policies that have been uniquely developed over time for specific patient populations is important for staff engagement and client trust.

WHEN

Use this guide when merging programs, integrating a new clinic or provider, or planning to co-locate staff from multiple programs.

HOW

Step 1: Warm up by asking each participant to think of one thing that their organization does that is special or unique, and then share with each other.

Step 2: Fill out Worksheet 3F.2 and follow the instructions.

Step 3: Discuss how you will communicate to staff any practices that need to be transitioned to a more standardized approach. Consider leveraging the "Leading Teams Through Change" tool (Stage 3, Activity 3E.3, Worksheet 3E.3) to help with that conversation.

Worksheet 3F.2:
Where Do We Standardize
Versus Innovate?

Instructions

Use this worksheet to guide discussions between partners about where staff are expected to adhere to consistent standards and where providers or programs have room to develop unique practices that help them better serve their client population and/or engage and retain staff.

Step 1:

As a warm-up, take a few minutes to fill out the two boxes at the top of the page — Use this to start brainstorming the most important areas where you may need to develop consistent standards across the partnership. Also identify events, policies, or programs that may be important in serving the unique needs of your population and creating a welcoming environment for patients and staff.

Step 2:

Fill out and discuss the Must Haves column. Capture the policies, procedures, or systems that all programs are required to use (e.g., EHR system, HR policies, requirements tied to funding, etc.). Next fill out the Room to Innovate column. Discuss and capture the areas where leadership is okay with programs, practices, events, or approaches to care that differ from those used by the rest of the organization. For example, this could include clinic operating hours, investing staff time and funds in community events, or policies that are only needed for a small subset of the client population.

Step 3:

Discuss how you will communicate the items in both columns to your staff and what resources you can provide to help them understand where they have room to get creative and where they must adhere to policy.

Continue to next page

Worksheet 3F.2: Where Do We Standardize Versus Innovate?

PAGE 2 OF 2

Things that help us scale and manage costs:

- Policies and Procedures
- Systems and Tools
- Staffing Protocols

_____
_____
_____
_____
_____
_____
_____
_____

Things that feel important or special to our clients and staff:

- Events and Rituals
- Artifacts Related to Identity
- Population-Specific Policies

_____
_____
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_____
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_____
_____

MUST HAVES:

_____
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ROOM TO INNOVATE:

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_____

Measuring Progress

As with many elements of health care, the hard truth about working with culture is that the work is never done. Ongoing attention and care consequently must be paid to the key cultural topics highlighted in this guidebook. Conducting regular status checks with leaders and staff is helpful to understand where progress is being made and where additional attention may be required. It is also important to celebrate success and highlight bright spots where culture has become an enabler for improved patient outcomes or greater staff engagement.

CELEBRATE WINS!

It is important to celebrate wins both big and small. Consider coming up with a small ritual that the partnership team can do to celebrate "micro-wins" (i.e., a 10- second golf clap, or bring bagels/donuts to the next meeting) as well as make time to pause and celebrate larger wins or milestones in your partnership; make sure to include the staff who are instrumental in bringing partnership activities to life!

To support leadership in assessing their organization's cultural progress, a diagnostic survey (Questions for Partnering Survey) has been provided here that can be shared with those involved in the partnership formation as well as staff most directly impacted by partnering activities.

The survey questions are designed to assess progress as it relates to each of the three stages of culture awareness outlined in this guidebook. These questions include some that will be most relevant for leaders and others that may be more appropriate for frontline staff. In the spirit of continual improvement, leaders should review the survey results carefully, assess progress toward goals at each stage of cultural awareness, and determine the appropriate action or activities to perform.

How to Use This Tool

Step 1: Review the questions below and select those which are most relevant to your partnership, activities, and programs. Note that some sections have two sets of questions: One that is appropriate for leaders and those involved in partnership working teams and a second that targets frontline staff affected by the partnership in their day-to-day activities.

Step 2: Add the selected questions into a survey tool (i.e., SurveyMonkey, Typeform, etc.) and send out to your selected audience. We suggest including a message or cover letter similar to the one below:

Hi,

As you may be aware, we are currently involved in a [partnership] with [X organization]. We recognize that our partnering efforts require the support and expertise of many staff members, and are committed to making sure you have the appropriate context for these activities, as well as the information you need to serve patients. We also are committed to creating opportunities to learn and share with our partners.

Please take a few minutes to complete the following brief survey. Your responses will remain anonymous and will help us identify where to focus our efforts as a leadership team.

Thank you!

Step 3: Have all leaders involved in the partnership collectively review the compiled data and identify opportunities to celebrate as well as areas that may require additional focus and energy. Responses that score an average response of 3.5 or above are worthy of celebration and acknowledgement, while scores of 3 or lower warrant further discussion and activity, including additional exercises from this guidebook.

Questions for Partnering Survey

Partnership Culture Goals	Assessment *1= Strongly Disagree* *5= Strongly Agree*

KNOW YOUR CULTURE (STAGE 1)

Cultural Fluency	○ 1
1. Our team understands how to talk about culture and can describe the three levels of culture awareness. 2. Our team is able to describe our culture and how our values translate into everyday behaviors.	○ 2 ○ 3 ○ 4 ○ 5

Know Your Cultural Strengths	○ 1
FOR LEADERS 1. Our team understands our cultural strengths and what makes us unique as an organization. 2. We make time as a leadership team to assess our own culture and invest time in culture-building activities. FOR STAFF 1. The leaders at my organization have communicated a vision that motivates me. 2. I could explain what my organization's core values are to someone who doesn't work here. 3. I understand how the work I do contributes to supporting our organizational values and mission.	○ 2 ○ 3 ○ 4 ○ 5

CRAFT THE PARTNERSHIP CULTURE (STAGE 2)

Leverage Partner Strengths	○ 1
1. I understand the strengths that our partner(s) bring to this relationship. 2. We are committed as partners to determining how best to leverage our respective organizational strengths.	○ 2 ○ 3 ○ 4 ○ 5

Be Intentional About How Partners Work Together	○ 1
1. We have taken time to discuss and craft working agreements that help us function more effectively together. 2. We have crafted an approach to how we mutually communicate and collaborate that helps us achieve our partnership goals.	○ 2 ○ 3 ○ 4 ○ 5

ELEVATE THE PARTNERSHIP (STAGE 3)

Mission and Finances FOR LEADERS 1. I understand our partner's funding mechanisms and how they are reflected in their service model. 2. We have made time to discuss the financial realities necessary for this partnership to be viable and how these realities may impact our approach to care. FOR STAFF 1. I understand how our partnership helps to support our mission. 2. When we make changes to our patient service model, our leadership team communicates why we are making them.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
Approach to Client Care FOR LEADERS 1. We regularly discuss where our approaches to care may differ and identify opportunities to cross-train. 2. We make time to learn from our partner and look for ways to incorporate their best practices into our team. FOR STAFF 1. I have opportunities to talk with partner staff about our approach to client care. 2. I have opportunities to learn and share best practices with staff from our partners. (If yes to the above, consider adding an open-ended follow-up to this question by asking for specific examples.)	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
Mission and Identity FOR LEADERS 1. I understand our partner's values and mission and how they might influence their approach to working with us. 2. I understand how our partner creates a welcoming environment for their patients and what we can do to make their patients feel welcome when interacting with our staff. 3. We make time to identify assumptions that our staff might hold about our partner and find ways to challenge those assumptions if and when they don't match reality. FOR STAFF 1. I understand how to interact with clients that our partner sends to us and how to make them feel welcomed.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
Learning and Collaboration Styles FOR LEADERS 1. Our partnership meetings reflect the cultures and working styles of both organizations. 2. We make space for two-way sharing between partner organizations. 3. I understand how to collaborate effectively with each member of our partnership working team. FOR STAFF 1. I was brought into the partnership discussions at the appropriate time. 2. I have opportunities to both learn from our partners and share my expertise.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Leadership and Decisionmaking

FOR LEADERS

1. Decisions related to our partnership are made at the appropriate pace and by the right people.
2. I understand the organizational and cultural factors that influence my partner's approach to decisionmaking.
3. I believe all partners have prioritized partnership activities appropriately.

FOR STAFF

1. Our leadership team effectively communicates what changes our partnership(s) require and how they will impact me.
2. I am included in discussions around changes that our partnerships may require or that affect me directly.

○ 1
○ 2
○ 3
○ 4
○ 5

Approach to Operations

FOR LEADERS

1. I understand the key policies and procedures of our partner(s) and the reasons why they are in place.
2. Our partnership leaders are effective at balancing the need for consistency with the reality that different populations may require different protocols.
3. I believe this partnership has allowed my organization to maintain key protocols and policies that are important to our staff and patients.

FOR STAFF

1. I have opportunities to be innovative in how I serve our patients.
2. I understand the policies and procedures of our partners and why they exist.

○ 1
○ 2
○ 3
○ 4
○ 5

Final Thoughts on Culture

Bringing together two or more organizations — each with its own distinct culture, ways of working, and client populations — is no easy task. While this guidebook is designed to help you identify how cultural issues may surface in your partnership and provides tools to strengthen culture awareness, each partnership will likely require a unique combination of discussions and interventions. With this in mind, here are three final thoughts to help summarize some of the core themes explored in this guide.

Think big, start small

Today's complex, fast-moving health care environment requires that CHCs become more proactive in seeking out opportunities to partner. Don't wait until partnering is the only path to survival. Continually scan for opportunities to connect with others, even on small projects. These initial projects can help lay the groundwork for future collaborations. They also provide opportunities to build new knowledge about different cultures, working styles, and patient communities. Smaller partnerships also can be easier to get off the ground and can help staff and funders understand the potential improvements to care that aligning with other organizations can achieve.

Stay humble and be curious

Delivering comprehensive person-centered care to patients is a complex process and few organizations can do it alone. It requires a substantial level of coordination between partners. It also entails being curious and intentional about learning from each other. Look for ways your leadership team and staff can learn from others and bring back new ideas. Vehicles for learning could include a monthly conference call or a show-and-tell between small groups of local partners that focus on best practices and effective approaches to care.

Honor your legacy, but don't be afraid to evolve

Expanding health care services for safety net populations may require new solutions or approaches that challenge conventional wisdom or long-standing practices. Rather than focusing on protecting legacy behaviors and ideas, successful partners will be open to new ways of working and be willing to experiment with approaches to providing care. Developing a culture that is open to change and welcomes new knowledge, no matter how small or incremental, will lay the groundwork for continual learning and evolution.

Appendix

Organizations Interviewed for This Guidebook

Interviewee	Location	Services Offered	Partner	Partnership Type
Asian Health Services	Oakland	Primary medical, behavioral health, dental, HIV, urgent care, pharmacy services, and advocacy programs	Alameda County Food Bank Integrating youth programs	Community-based organization, social determinants of health, merger and acquisition
Clinica Sierra Vista	Fresno, Kern, and Inyo counties	Primary medical, dental, and behavioral health services	Regional partnering culture	Consortia
Dientes Community Dental Care	Santa Cruz County	General dentistry, hygiene, and oral health education	MidPen Housing, Santa Cruz Community Health Centers Oral Health Access Santa Cruz County	Community-based organization, social determinants of health, CBO – Steering Committee
HealthRIGHT 360	San Francisco and 13 counties	Primary care, mental health, substance use treatment, dental, and social support and re-entry	Prototypes Women's Community Clinic	Merger
Indian Health Council	Valley Center and North San Diego County	Medical, dental, behavioral health, pharmacy, and health promotion services	Palomar and Temecula Hospitals Health Center Partnership of San Diego	Hospital consortia
LifeLong Medical Care	Berkeley, West Contra, Costa, Alameda, and Marin counties	Primary health, pre- and post-natal, chronic disease and HIV treatment, urgent care, and dental services	East Bay Community Recovery (Behavioral Health)	Merger and acquisition
OLE Health	Solano County	Primary care, dental, behavioral health, pharmacy, and nutrition services	NorthBay Healthcare	Hospital
Open Door Community Health Centers	Humboldt and Del Norte counties and surrounding rural areas	Chronic disease and HIV/AIDS treatment	North Country Clinic, Humboldt Medical Group, and Redwood Family Practice	Merger and acquisition
MidPen Housing	San Mateo and 10 other Northern California counties	Nonprofit developer, owner, and manager of affordable housing	Dientes Dental, Santa Cruz Community Health Centers	Community-based organization, social determinants of health
NorthBay Healthcare	Solano County	Hospital and primary and urgent care	OLE Health	Hospital

Santa Cruz Community Health Centers	Santa Cruz County	Comprehensive primary care services	MidPen Housing Dientes Dental Health Improvement Partnership	Community-based organization, social determinants of health, CBO coalition
West County Health Centers	Sonoma County	Primary health, dental, behavioral health, wellness, teen, HIV, and homeless health care services	West County Community Services Guerneville School District	Community-based organization, social determinants of health
Women's Community Clinic	San Francisco	Primary care and women's health services	HealthRIGHT 360	Merger

Links to Websites of Organizations Interviewed

Asian Health Services

Clinica Sierra Vista

Dientes Community Dental Care

HealthRIGHT 360

Indian Health Council

LifeLong Medical Care

OLE Health

Open Door Community Health Centers

MidPen Housing

NorthBay Healthcare

Santa Cruz Community Health Centers

West County Health Centers

Women's Community Clinic

Sources for Partnership Statistics

- **Culture clash is commonly identified as a top reason for merger failure**
  Dale Stafford and Laura Miles, "Integrating Cultures After a Merger," Bain Brief, December 11, 2013.

- **80 percent find culture hard to define**
  Assessing Cultural Compatibility: A McKinsey Perspective on Getting Practical About Culture in M&A, June 2010.

- **64 percent report cultural integration in nonprofit mergers is more difficult than anticipated**
  Donald Haider, Katherine Cooper, and Reyhaneh Maktoufi, "Mergers as a Strategy for Success," 2016 Report from the Metropolitan Chicago Nonprofit Merger Research Project, https://chicagonpmergerstudy.org/ (PDF).

- **70 percent or more of corporate mergers fail to achieve their desired results**
  Clayton M. Christensen et al., "The Big Idea: The New M&A Playbook," *Harvard Business Review*, March 2011.

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At HealthRIGHT 360's invitation and with their generous collaboration, we spent 10 months visiting their program sites, interviewing staff, and testing out new tools and programs to support cultural integration across their family of programs. In the second phase of this work, we tested an additional set of tools and activities with the leadership teams from Santa Cruz Community Health Centers and Dientes Community Dental Care, and received invaluable feedback on some of the tools and materials in this toolkit.