

Building Successful Community Partnerships

Work sheet

Focus: _____

People or agencies: For now, list no more than 10. Don't restrict to currently active people or agencies. Instead, list those with the most potential to support this goal. If feasible, it's more informative to list people (e.g., Sue Smith at DSS; Joe Jones at DSS; Tammy Tanner at the court) than just the agency.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Type of tie (circle only one for this exercise):

Directed (could go in one direction but not the other, or could go both ways):

Referrals of individual children/caregivers related to the focus above

Information (e.g., ask for information or advice)

Reliance for other kinds of help (e.g., "frequency with which you typically turn to each person")

Trust

Competition

For person-to-person ties: energy depletion/generation(e.g., the people who give you the most energy and enthusiasm for this project)

Undirected (assumed to be two-way):

Memoranda of agreement

Joint membership (e.g., in a local system of care collaborative)

Joint programs

Draw network here:

- Write down each person/agency name
 - Position on page has no meaning, so just put spread out enough so you can see all the ties once you've drawn them all in
 - If individual people, put those in any given agency near each other so you can see ties within that agency as well as ties to other agencies
- If directed tie, use an arrow head for each way you believe that tie goes
- If you listed individuals, you may want to write under each person's name expertise(e.g., relating to mental illness, addiction, the legal system, privacy and information sharing, or knowledge of specific families) and/or beliefs about your focus (e.g., passionate supporter vs. skeptical or hostile)

Social Network Analysis

What % of possible ties does your network have? (for directed ties, each arrowhead = 1 tie and a two-directional tie counts as 2 ties)

Is each needed inter-agency connection present at all? (e.g., between a given mental health provider and the local substance abuse treatment provider)

If you examined individuals within agencies:

Are there more connections for some types of people than others (e.g., managers vs. front line staff; administrative vs. clinical)?

Are the people who need specific types of information directly connected to the people who have that information? Do they know who the individuals with that information are?

If you used directional ties:

What % were reciprocated?

Who has the most arrows pointing in? [for undirected: who has the most ties]

Is this person/agency overburdened? If so, who else could help?

If these are person-to-person ties, how well do formal and informal power align?

Who has the most arrows pointing out?

What would happen to your network if you deleted that person/agency?

Who has the fewest arrows pointing in? Does your community need more engagement from any of them? If so, why are they not connected now? Who could best foster that engagement?

Fancier stuff you can do more easily with software: Calculate the average number of steps from one person/agency to another

Sources:

Cross, R., Ehrlich, K., Dawson, R., & Helferich, J. (2008). Managing collaboration: improving team effectiveness through a network perspective. *Calif Manage Rev*, 50, 74-98.

Cross, R., Singer, J., Colella, S., Thomas, R. J., & Silverstone, Y. (Eds.). (2010). *The Organizational Network Fieldbook: Best Practices, Techniques and Exercises to Drive Organizational Innovation and Performance*. San Francisco: Jossey-Bass. See esp. pg 129 for question about sources of energy.

Provan, K. G., Veazie, M. A., Teufel-Shone, N. I., & Huddleston, C. (2004). Network analysis as a tool for assessing and building community capacity for provision of chronic disease services. *Health Promot Pract*, 5(2), 174-181.