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on **Substance Abuse**
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Systems Approach Workbook

Collaboration

April 2014

Who should read this brief?

- Leaders and decision makers in the substance use and related fields, in roles such as regional directors, program managers, agency directors and service coordinators.
- Managers, service providers and diverse partners involved in meeting the complex needs of clients with substance use problems.

How is collaboration relevant to the Systems Approach?

- No one program, agency or sector can address the problem of substance use alone.
- Collaboration among a variety of sectors is important in developing effective treatment and support systems. It results in improved services, better client outcomes and more satisfying working relationships across the service continuum.
- This module provides practical tools and activities for organizations to determine when and how they should collaborate, and how to sustain collaboration to improve overall client care. It also provides examples of collaboration at the service, regional and provincial levels.

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This document was published by the Canadian Centre on Substance Abuse (CCSA).

Suggested citation: Canadian Centre on Substance Abuse. (2014). *Systems Approach Workbook: Collaboration*. Ottawa, ON: Author.

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Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

This document can also be downloaded as a PDF at www.ccsa.ca.

Ce document est également disponible en français sous le titre :

Manuel d'Approche systémique : Collaboration

ISBN 978-1-77178-126-8



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Introduction

A *Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy* (the Systems Approach report) advocates for improving the quality, range and accessibility of services and supports through a tiered continuum. This continuum involves a range of sectors and service providers working together to address the broad spectrum of risks and harms associated with substance use. The extent to which these services and supports are accessible and effective in meeting client needs is largely dependent on the quality of collaborative relationships within and between these different tiers. A growing trend in Canada and around the world is the administrative integration of mental health and addiction services. The Systems Approach report and the resources developed to support its implementation, including this module, are intended to apply in both integrated and non-integrated contexts.

This module begins by making the case for the importance of collaboration for developing improved services, better client outcomes and more satisfying working relationships for service providers across the continuum. It then presents practical resources, organized into a four-stage conceptual framework:

1. Contemplating collaboration
2. Preparing to collaborate
3. Taking collaborative action
4. Sustaining effective collaboration

Collaboration and coordination are two of the eight Guiding Concepts underlying the Systems Approach Tiered Model.

This framework encourages strategic and comprehensive planning. However, collaboration can happen organically and not all of the steps described in this module will apply in all cases. Collaboration is important at all levels; therefore, this module is intended to apply at the system, regional, organizational, program and client levels, each of which will have different contexts and levels of formality. The three examples provided at the end of the module illustrate collaboration at the service, regional and provincial levels.

Before getting started, it is important to be clear about the term “collaboration” because the characteristics of collaboration will differ depending on the context and goals for working together. The term is often used synonymously with other concepts such as “integration” and “partnership,” or as a point along a continuum moving toward integration. Other definitions speak specifically to service-level collaboration. For example, Kates and colleagues (2011) describe collaborative mental health as “care that is delivered by providers from different specialties, disciplines or sectors working together to offer complementary services and mutual support.”

This module supports collaboration at both the system and service levels. It therefore adopts the following broad definition of collaboration:

Any form of cooperative enterprise, whether it be shared or collaborative care, a partnership, a network, a community coalition or various forms of integration, to increase the chances of achieving some common objective compared to acting alone as an individual or organization.¹

¹ Canadian Centre on Substance Abuse, Canadian Executive Council on Addictions, & Mental Health Commission of Canada. (2014). *Collaboration for addictions and mental health care: Best advice*. Ottawa, ON: Canadian Centre on Substance Abuse.



This module also recognizes that many different types of collaboration can occur at different levels in the system of care, as illustrated in the adaptation presented in Table 1 of Kates and colleagues' (2011) continuum of collaboration models.

Table 1. A Continuum of Interagency Collaboration Models

Effective communication	Information moves effectively between different providers and services
Consultation	Service providers with different areas of expertise provide advice, guidance and support to one another (see Example 2 at the end of this module)
Coordination	Service providers coordinate care plans and clinical activities, and interprofessional educational programs
Co-location	Service providers are located in the same setting; for example, addiction specialists working in a primary care office (see Example 1 at the end of this module)
Integration	Multiple service providers work on a single team, with shared responsibility for care planning, decisions and records

The Case for Collaboration

Collaboration enhances client outcomes. It is often difficult to separate the problems that people with substance use issues face; because many are interrelated, addressing an issue in one area can affect other areas. For example, a client might be more likely and better able to actively address his substance use issues if he is also receiving help to find stable, safe and supportive housing. Likewise, a service provider might have more success in engaging clients in substance use treatment if the service provider understands the potential impact of mental health issues and connects its clients to appropriate mental health supports. Being able to collaboratively address the range of problems associated with substance use can create the tipping point toward action and healthy change. In this way, the impact of services available in a comprehensive and collaborative care continuum can be greater than the sum of the continuum's parts.

It is not possible to meet client needs by working alone. The clients served in addiction, mental health and most other health and social services are diverse and often have complex issues. Clients include individuals, families and supports, but can also include groups, communities and entire populations. With this diversity comes a range of stakeholders from sectors, organizations and programs that all have a vested interest in supporting the well-being of these clients. Despite this shared interest, health and social systems are generally divided by mandates and boundaries that are intended to help focus services, reduce duplication of effort and efficiently meet increasing demands. Unfortunately, this works only for clients with clear and discrete issues that fall within these boundaries. Individuals with substance use problems often have a complex profile of inter-related issues, including physical, mental, social and spiritual. Specialized services and supports rarely have the mandate or resources to fully and seamlessly address the varying levels and types of problems that clients present with. It therefore becomes necessary to effectively collaborate with other health and social service professionals, programs and organizations that will address the multiple needs of clients in their recovery.

The guiding concepts of **no wrong door** and **availability and accessibility** highlight the need for the system to link clients to a full continuum of services and supports.



People with mild to moderately severe substance use problems tend to be unidentified and underserved. Only a very small minority of individuals with mild to moderately severe substance use problems² access help from specialized addiction services. It is far more likely that they will be in contact with other health and social services, such as primary health care, but for reasons other than their substance use. Unfortunately, most of these services fail to identify substance use risks or problems, including addiction and mental health issues. These are missed opportunities to provide access to prevention, brief intervention and referral services. Even when substance use problems are identified, primary care and other community services are often challenged to connect people to specialized services, often because of lack of knowledge or available resources, or because of lengthy waiting lists. As a result, many people do not get the help they need. Collaborative connections across multiple sectors, supported and guided by substance use expertise and capacity, can help address this gap to better identify and address risky and harmful behaviours related to substance use and other addictions.

Clients need support as they move along their care pathways. When clients are connected to specialized treatments and supports, their needs typically evolve. For example, clients might require less intensive services as their problems stabilize or more intensive services if their problems become more acute. As clients begin to address their substance use, they often also feel more prepared and supported to work on other issues in their lives. Given the challenges in navigating the often-disconnected health and social service system, one of the most important tasks to initiate when clients enter specialized services is to develop a support plan to connect them to the supports and services they will need while they are in care and after they leave the program. Services that are more skilled at developing collaborative relationships with other sectors will have far more success in accomplishing this goal and providing clients with a comprehensive, seamless experience.

Collaboration can be a better way of doing business. Service providers who work together to develop integrated, client-centred plans of care are more likely to realize benefits beyond improved client outcomes. Collaboration can also result in more effective and efficient use of resources by avoiding redundant or contradictory practices that result in clients experiencing a “revolving door.” Collaboration can also free service providers to focus their specialized efforts on what is most helpful to the client when and where it is needed.

Ontario Works, which provides income support for people without means, found that it was not enough to simply refer people to substance use treatment. By looking at the needs of the person they were referring, including transportation needs and whether they had pyjamas and clothing to wear while in residential treatment, they were able to more successfully engage clients in these services.

Working together adds value. Collaboration requires individuals who are skilled at developing relationships, negotiating boundaries and resources, and inspiring stakeholders to see the merits of working together. Although these skills have not typically been a formal component of professional training, they can be developed through practice. Cultivating collaboration and communication skills around a particular area can also build capacity to better understand and work more effectively and efficiently with a broader range of partners. Collaboration can, in turn, better reflect clients’ complex needs, as in, for example, a collaboration of First Nations Elders, vocational supports, police and probation officers.

² These client population categories are used in the Systems Approach report and elsewhere in the *Systems Approach Workbook*.



Stage One: Contemplating Collaboration

Those who contemplate collaboration with other systems, organizations, services and service providers are striving to better identify and respond to the risks and harms related to substance use in their communities and ultimately provide better outcomes for their clients. The materials presented in this section are intended to support and kindle interest within people working in the substance use and mental health systems, including systems planners, funders, administrators, managers and frontline staff. The materials presented for this first stage are also relevant to partners in other sectors. Because everyone has a role to play in reducing the harms associated with substance abuse, individuals with lived experience as well as family members, neighbourhoods, communities and other groups should all be part of the response.

Why Collaborate?

A first and important step when contemplating collaboration is to clearly define the specific **need** for collaboration. This task can uncover assumptions and questions that require further exploration before making a decision on whether and how to collaborate. The following questions will help with this process.

Other Resources

System Mapping Tools provides a guide with customizable templates that can be used to illustrate components of the tiered system and the collaborations that can connect them.

What Need Might Collaboration Address?

List the concerns that led you to consider collaborative connections. Are your needs:

- **Specific** to risks and harms associated with substance use?
 - For example, a “revolving door” in the emergency department for people with substance use problems
- **Secondary** to risks and harms associated with substance use?
 - For example, lengthy waiting lists to access family counselling
- **Related** to risks and harms associated with substance use?
 - For example, inability to respond to clients’ housing or primary care needs
- Completely **unrelated** to substance use?
 - For example, the need to develop project management expertise to support an upcoming system change

How might collaboration meet these needs?

What Are Your Options for Collaboration?

- List the connections you already have.
- List connections you know exist, but with which you have not yet collaborated.
- List those connections you would like to have, but that do not exist, as far as you know.



Keep in mind that collaboration can occur in various forms (as presented in Table 1). Different types of collaboration will better suit different situations depending on the need to be addressed, the level at which collaboration is being considered, the timelines available and so on. Based on these parameters, develop a client journey map (at the service level) or system map (at the system level) to help identify opportunities and considerations that will inform the nature of the collaboration.

Deciding to Collaborate or Not to Collaborate

However promising they can be, collaborations involve work and do not guarantee success. Consider whether:

- Your values and goals are aligned with those of potential collaborative partners;
- The interests of the people you serve will be protected or advanced;
- Strategic barriers, such as conflicting policy, exist; and
- The task is feasible (for example, do you have the necessary time and human resources).

As with most strategic ventures, collaboration efforts will be influenced by both challenges and opportunities. Even if collaboration seems like a “no-brainer,” challenges that have not been considered could negatively affect success. Likewise, there may be opportunities that can be leveraged to support collaboration.

Exercise 1: Decisional Balance

Table 2 presents common factors in favour of and against collaboration. Identify which of these factors are relevant to your specific context and goals, and rate their potential impact on your collaboration efforts using a scale from 1 to 10. This activity will indicate the nature and extent of collaboration required and can help you decide whether to proceed. It will also help you identify where you should focus your efforts if you need to tip the balance in favour of collaboration.

The list of opportunities and challenges is intended to prompt consideration of an entire range of factors. Not all factors listed in Table 2 will apply to all collaborations or have equal weight in different contexts. Also note that challenges are not absolute barriers to collaboration, but instead highlight areas where special attention might be required before moving ahead.



Table 2. Decisional Balance

Collaboration: Opportunities		Collaboration: Challenges	
Factors	Rating (1-10)*	Factors	Rating (1-10)*
Potential partner(s) are clearly identified		History of conflict with potential partner	
History of establishing and maintaining successful collaborations		Confusion or lack of clarity regarding partners' mandates and missions	
Collaboration aligns with goals of agency or service		Concerns regarding resource implications	
Collaboration provides legitimacy for informal frontline connections already taking place		Concerns regarding other stakeholders (e.g., conflicts or possible duplication with potential partners)	
Collaboration offers potential to use resources more efficiently		Lack of experience in collaborating	
Collaboration offers the potential for more effective service provision for client group		Uncertainty about benefits of investing in effort	
Active interest and commitment from potential funders and important stakeholders		External pressures from would-be collaborators or other stakeholders, but lack of internal motivation, commitment or support	
Collaboration offers clear benefits to client population		Lack of knowledge about how to proceed even if reasons for doing so are clear	
Values and practices of partners complement yours		No current connections with potential collaborators	
Collaboration is perceived as a priority		Stakeholder resistance	
Collaboration is supported as a key activity		Perceived conflict in values and practices	
Potential partners and stakeholders are expecting collaboration		Difficulties in engaging or generating interest with desired partners	
Strong internal commitment to collaborate		Pressure of other priorities	
Strong internal readiness to collaborate		No additional financial resources available to support collaboration	
Clear goals related to collaboration have already been established		Other:	
Financial resources are available to support the collaboration		Other:	
Other:		Other:	
Other:		Other:	
Total of Factors in Favour		Total of Factors Against	

* 1 = least potential for impact on collaboration; 10 = most potential for impact on collaboration.



Exercise 2: Assess Your Collaboration Vital Signs

If the decision balance from Exercise 1 favours collaboration, it is important to assess the extent to which the necessary ingredients for collaboration are present. Complete the exercise below by circling the appropriate number to assess whether collaboration is a “healthy” decision.

How important is it that you collaborate? (0 for absolutely unimportant to 10 for absolutely essential)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
--

How ready are you to collaborate? (0 for completely unprepared to 10 for absolutely prepared)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
--

How confident are you that collaboration will produce benefits? (0 for not at all confident to 10 for absolutely confident)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
--

How committed are you to collaborate? (0 for not at all committed to 10 for absolutely committed)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
--

Exercise 3: Commit to Action

If your results from the first two exercises indicate that you should proceed with your collaboration efforts, it is now time to commit to action – specifically, a timeframe and action plan for next steps. You can begin by brainstorming your options for the nature and scope of the collaboration that will address the identified need, and then decide which among these should be prioritized and made actionable. In doing so, it is helpful to distinguish between steps that are relatively easy to achieve and those that are the most important to advance your work: both are important early targets that help maintain momentum.

Our options:

- 1.
- 2.
- 3.
- 4.
- 5.

Easiest option:

Most important option:

Option to be taken:



Our immediate next steps will be:

Next Steps	Target Completion Date
1.	
2.	
3.	

Exercise 4: Communicate Your Decision

You and a partner or partners have made a decision to collaborate. It is very likely that you will be asked to provide a rationale for your plan – by management, colleagues and possibly even clients if the collaboration will change the way they receive services.

Begin by identifying which stakeholders should be informed in this early stage of collaboration and what their interests and priorities might be.

Prepare responses to the following questions and consider tailoring the message to respond to your different stakeholder groups. Consider discussing these questions with your collaborating partner or partners to ensure consistent understanding and messaging.

Other Resources

The **Change Management Workbook** identifies key concerns related to managing change and suggests approaches for effectively communicating organizational changes, such as new partnerships or service delivery methods.

- a) What is the rationale for your decision?
- b) What is the most important benefit that you expect as a result of the collaboration?
- c) How does your decision to collaborate relate to the values, mission and goals of your system, organization or program?
- d) How will collaboration help to address challenges and priorities in the current system?
- e) How will collaboration improve client-centred care?
- f) What will be the impact of collaboration on the different people in your organization?
- g) What are the resource implications of the collaboration?
- h) How will you define and measure the success of the collaboration?



Stage Two: Preparing to Collaborate

The task of Stage One was to answer the question, **Why collaborate?** The focus of Stage Two is how to plan a successful collaboration. This section is for partners who:

- Have made a clear decision to collaborate with others to reach a shared goal; **or**
- See enough positive factors in favour of collaboration that they feel confident in taking action despite some obvious challenges.

In either case, collaborative efforts are more likely to succeed with careful planning and preparation. Even when pulled along by a tide of external energy and support, collaborative goals and plans must be clear and individuals must be accountable for their success. Building a solid foundation will improve the chances that collaboration is both successful and sustainable.

Benefits and Challenges

The decision to collaborate is rooted in the belief that working with others will make a positive difference for the people receiving services. Benefits can be direct (e.g., creating a new connection to provide a needed service or support) or indirect (e.g., finding new ways of working together for more efficient service provision; providing a gender and diversity perspective to system planning).

Collaboration will require that all partners do things differently. Even with a shared goal and anticipated benefits, working together can have its challenges and barriers. Identifying and exploring these obstacles in detail will better prepare partners to avoid or mitigate stumbling blocks and continue to move in the desired direction.

Preparing Key Points

Connect

- Identify who needs to know
- Identify who needs to participate

Consult

- Start the process of collecting information
- Seek input and advice

Engage

- Build trust by getting people to know one another
- Build commitment by sharing values and goals

Clarify

- Goals and roles
- Expectations and obligations

Share

- Information, resources, facilities
- Decisions with those who need to sign off

Exercise 5: Assess Your Environment's Readiness for Collaboration

This exercise encourages you to think broadly and comprehensively when preparing for collaboration. Consider your current environment from the following viewpoints:

- The **systems** or programs involved;
- The presence or absence of supportive **policy**;
- The system, organizational or program (**agency**) mandates and cultures; and
- The **clients** and their needs.

For each of these domains, list the benefits and opportunities related to collaboration, as well as the associated challenges and barriers. Finally, based on the level of readiness, identify the next steps required to move each domain to the next level.



	System	Policy	Agency	Client
Benefits and opportunities				
Challenges and barriers				
Next steps				

Identifying the Terms of Collaboration

Best practice evidence suggests that preparation and formal structure enhance the likelihood of successful collaborative work. The following exercises prompt potential collaborative partners to answer questions that will ensure that terms of collaboration are comprehensive, explicit and clear.

Exercise 6: Define the Type of Collaboration

Referring back to Table 1, approximately where along the continuum will the collaboration fall?

Effective communication	Consultation	Coordination	Co-location	Integration
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Exercise 7: Stakeholder roles and responsibilities

As you put your plan into action, all stakeholders must have a clear understanding of what is expected of them. Everyone has at least one role to play if collaboration is to be successful. Therefore, you must clearly define the roles within the collaboration, ideally with your partners.

Consider the following questions:

- Who are the key people at all levels who have a stake in the collaborative process?
- What are their roles?
- What are their responsibilities?
- What are their accountabilities?
- What infrastructure is needed to support communication?

In defining roles, clearly specify each member's **obligations** and **expectations**:

- **Obligations** are the responsibilities each member has in relation to other collaborative stakeholders, whether they are fellow collaborating partners, service users, funders or other stakeholders.
- **Expectations** are the things each member can reasonably assume will be provided by someone else.



For example, funding agencies provide resources to programs to deliver specific services and supports. Agencies expect funders to follow through with their financial commitments, while agencies themselves are obliged to provide a specific level of service and to measure and report on their progress. On the front line, a client and service provider might enter a collaborative agreement whereby each expects the other to honour scheduled appointments. The implications of failing to meet obligations will be different for each partner and should be identified in advance in more formal contexts such as service provision agreements.

The key is to have a clear and **shared** understanding of the roles, expectations and obligations of all members in the new collaborative arrangement. Ideally, these should be defined to the point that each collaborative partner has tasks that are specific and measurable, making them easier to track. Clear role definitions also inform the development of governance and accountability structures that will guide collaboration efforts from the earliest stages of planning to the end of the collaboration life cycle. (Governance and accountability structures are explored further in Stage Three.)

Exercise 8: Risk Management

As with any change in practice, collaboration brings with it some degree of risk, which varies according to the context, level and type of collaboration, and the partners involved. Careful planning can help to mitigate or avoid risk. Work with your partners to respond to the following questions:

- How will risk be monitored and addressed?
- What ethical issues require consideration?
- How will your clients' confidentiality be protected?
- What protections will be in place for intellectual property?
- What other relevant liability issues need to be considered?
- What are the respective partners' roles in ensuring accountability for each of the considerations above?

Exercise 9: Evaluation

Developing and implementing mechanisms to collect and report on evaluation data will communicate tangible evidence of the benefits of collaboration. Consider the following questions:

- How do you define success? Keep in mind that the definition might differ for each partner.
- How will you know when goals have been achieved? What will be different?
- What data or information can be collected to track the impact of the collaboration (intended and unintended) and the progress made toward your goals?
- Who is responsible for collecting this information?
- At what points will the information be analyzed? The timeline will vary depending on the anticipated length of the collaboration, funding requirements (if applicable) and available resources.

Exercise 10: Agreements

Any collaborative relationship requires agreement between partners regarding how things will be done differently to meet a shared goal. Now that you have worked out the details regarding roles and responsibilities, evaluation and so on, you are well-positioned to set out an agreement in writing. When developing the terms of your agreement, consider the following questions:



- What is the type or model of collaborative arrangement?³
- How formal should the collaboration be?
- Is there a need for a written Memorandum of Understanding or Terms of Reference?⁴
- What is the approval process to formally authorize the collaborative arrangement, if required?
- What resources will be required and from whose budget will they need to come?
- Will resources be shared? What are the terms of this arrangement?
- How will the impact of the collaboration be evaluated?
- Who will make the decision to renew or dissolve the collaborative arrangement based on evaluation results? How will the decision be made? Note that providing an opportunity for client input is important.

³ The *Systems Approach Workbook* provides additional resources on system-level collaboration. The **System Thinking and Complexity** module discusses the impact of working collaboratively within a complex system and the **Integrating Substance Use and Mental Health Systems** brief focuses on effective collaboration as a priority when considering integration.

⁴ See Appendix C for an example of a Memorandum of Understanding.



Stage Three: Implementing Collaboration

Working Collaboratively

This stage shifts the focus from planning to implementation. Reaching this step is a significant accomplishment and is evidence of a commitment to working collaboratively and skill in doing so. The next challenge is to carry out the plan successfully, whether starting fresh or building on activities already underway. This stage of the collaborative journey must have a strong start and the new collaborative relationships must be given the space and supports to grow and thrive.

Before undertaking this third stage, be sure you clearly understand the nature of the collaboration and assess whether the foundation for collaborative action has been established. Review the tasks in the Readiness Checklist before implementing plans for collaboration. Not all of these tasks have to be accomplished before moving ahead. Some can be in process, some not yet begun and others might not apply. Each of these tasks will represent varying levels of risk in the action stage if they are not completed. Every collaboration is different and partners should decide if enough of these tasks have been completed to form a solid foundation from which to proceed to the action stage.

Readiness Checklist

- Your partners are identified.
- You and your partners have formally committed to participating.
- Key stakeholders at all levels of the partner organizations are engaged and ready to go.
- Understanding of the collaboration is clear and shared.
- Obligations and expectations are agreed on by all partners.
- Lines of authority for decision making are clear.
- Processes for decision making are defined and understood.
- Resource implications have been mutually identified and accepted.
- Processes are in place to collect stakeholder feedback about how the collaborative arrangement is progressing.
- Communication channels in support of collaboration are in place.
- Training needs have been identified and a plan to address them has been made.



Leadership and Accountability

Leadership is an essential ingredient for all stages of collaboration and it changes as the collaboration progresses. In the planning and preparing stages, leadership skills are needed to develop a shared vision for collaboration and to engage different participants to work together for a common cause. The action stage continues to rely on these skills but also requires new leadership abilities to organize and coordinate the work of diverse participants, and to train and empower these participants to carry out their new roles and tasks. Accountability mechanisms are also important to ensure work is completed as envisioned. Leadership focus, therefore, moves from **designing** a collaborative change to **acting** in a coordinated and effective way.

Other Resources

The **Leadership** module provides additional guidance for leading changes such as new collaborations in substance use systems.

Evidence from both research literature and practical experience emphasizes that collaboration is best supported by formal and purposeful infrastructure. Depending on the scope, type and complexity of your collaboration, a **Steering Committee** can help provide strategic guidance and support for your initiative. While Steering Committee membership can be consistent throughout all stages or evolve depending on the needed expertise at each stage, it should always be guided by a formal **Terms of Reference**⁵ that clearly defines the purpose, objectives and outcomes of the group, as well as the roles and responsibilities of its membership.

Terms of Reference for Committees and Working Groups

- Purpose is described.
- Membership and associated responsibilities are clearly outlined.
- Leadership is identified (e.g., chair, other functions).
- Desired outcomes are stated (tasks and deliverables).
- Objectives of the group are detailed in reference to time frames.
- Reporting lines are explicit: who the group reports to and what groups it oversees.
- Timeframe for the collaboration has been identified.

Another way that organizations and partners explicitly define and declare their collaborative relationships is by developing and signing a **Memorandum of Understanding**. Doing this in the preparation stage offers clear guidance and direction to leaders responsible for establishing the infrastructure needed to meet the terms of the agreement. In the action stage, it is important to return to the Memorandum of Understanding to assess the extent to which the terms require revision to reflect challenges or opportunities that emerge in the course of implementation.

Finally, depending on the size and complexity of the collaboration, it could be necessary to break down tasks into more manageable pieces and assign them to one or more **Working Group**. As with a Steering Committee, working group members should be guided by clearly defined roles and responsibilities, ideally outlined in a formal Terms of Reference.

⁵ For an example, refer to the York Region Child & Family Collaborative Terms of Reference available at: <http://www.cfcollaborative.ca/child-care-services-in-york-region/child-family-collaborative/terms-of-reference>.



Communication

Teams maximize their potential when members bring a range of complementary skills that can be mobilized to respond to different situations. Communication therefore becomes critical to ensure individuals know what skills are available and have effective channels to communicate their need for these skills. Communication is also important to ensure that feedback regarding collaborative efforts – including emerging strengths and challenges – reaches those who have the ability to make necessary adjustments.

As in earlier stages, effective communication is also needed outside of the collaborative network to include stakeholders in the larger system as well as the broader public, where appropriate. In the action stage, this communication can help to ensure that the enhanced services provided by the collaborative arrangement are understood and used appropriately. Promoting the success of your collaboration can also help to more effectively advocate for policies and resources that better meet client needs and support collaborative efforts.

Other Resources
The **Working with Teams** brief provides tips and tricks that will help working groups function effectively.

Exercise 11: Prepare an Action Plan

A detailed project or action plan can bring a collaborative partnership to life in a systematic way that stays true to agreed roles and objectives. Your plan does not require sophisticated software or project management expertise, although for complex changes, these can help. You do need to be able to break down the major components of your work into concrete and discrete tasks that can be assigned to individuals who will be accountable for their completion. Your project plan should include targeted completion dates and should be explicit regarding each task’s intent and actual accomplishments (refer to Table 3 for a template). Finally, the action plan should be reviewed and updated on a regular basis and progress shared with relevant stakeholders. A range of tools are available to help develop action plans, including RACI (Responsible, Accountable, Consulted, Informed) charts, project charters and SWOT (Strength, Weakness, Opportunities, Threats) analyses.⁶

Table 3. Template for a Collaborative Action Plan

Task	Responsibility	Timeline	Expected Deliverable	Actual Deliverable

⁶ More information on these tools and their application is available in the Systems Approach *Working with Teams* module.



Stage Four: Sustaining Effective Collaborations

Partners at this stage of the process have gone beyond what some people call the “rhetoric of partnership” and have actually created a collaboration. Getting to this point is a considerable accomplishment, but the journey is not over. At this stage, the challenge is to sustain and perhaps even enhance collaborations to keep them healthy and able to adapt, learn and grow. Indeed, this “stage” is open ended, as sustaining a collaboration requires ongoing effort. When the novelty of new activity leads to patterns of regular, predictable and dependable operations, collaboration has moved **from active change to sustainability**.⁷

The skills used to get a collaboration started are not necessarily the same as those that keep it going. Because of the potential change in requirements, it is important to pause when entering this stage and re-evaluate who now needs to be involved. At the outset of the process, leaders or champions are needed to inspire and engage partners to consider the possibility of a new way of doing business. Sustaining change, however, requires leaders or champions who are able to inspire and engage partners to persist in the face of difficulties. It is important to ensure you now have leaders who can successfully manage and **administer collaborative activity**, so that collaboration becomes an embedded part of regular operations, and that you have implemented strategies for **keeping team morale positive**. These skills are vital to sustaining collaboration goals.

The essence of collaboration is the quality and strength of its relationships. The ability to **prevent conflict** or to recognize it early and resolve it when it develops is critical to keeping collaborations healthy and productive. A positive culture can also be cultivated by recognizing and rewarding behaviours that are supportive of collaborative goals. Recognition can be provided through tangible gifts and awards, verbal feedback and praise, or any other way that lets people know their work is recognized and respected. Rewards and recognition also help communicate to the larger community that collaboration is valued, thereby encouraging collaborative “spread” beyond its initial boundaries.

It is also important to **evaluate** the impact a collaborative arrangement is having in relation to its original goals and objectives. **Analyzing collected data** will help demonstrate successes and indicate where adjustments might be required. Analysis can also illustrate emergent processes and impacts that can be built upon as the collaboration evolves. If evaluation results suggest that improvements are needed or collaborative relationships require adjustments, being straightforward with stakeholders about these findings is important. Open communication, particularly with those who are asked to collaborate, conveys the clear message that leadership is vigilant and responsive to the ongoing need for course corrections and improvement.

Keeping It Going: Key Tasks

- Manage conflict
- Develop trust and interdependence
- Share and communicate
- Recognize and reward each other
- Regularize (i.e., create a rhythm)
- Manage and administer the collaboration
- Orient new team members to the collaborative culture
- Evaluate and report on collaborative activity
- Renew and revise plans and goals
- Narrate the story

⁷ Refer to the *Systems Approach Workbook* for more information on considerations across stages of system change, from background to sustainability.



As the collaboration develops into an established arrangement, it is important that **stories be told** – about the altruistic motivation that led individuals to work together, about their good work and, most importantly, about how well-designed, coordinated and cooperative systems can make a real difference to clients. These stories can include the voices of funders who acknowledge how collaborative activity improves the quality, accessibility and quantity of work they are resourcing. Other anecdotes might express the views of frontline staff who can describe their improved ability to open up more services and supports for the people in their care. Perhaps the most powerful and important voices to share are those of the clients, including family and community members, who can speak to the ways in which collaboration has made a direct impact on the quality of their lives.

One final caveat regarding collaboration: **groups have lifecycles** and sometimes should be allowed to end so that something better might be built. Collaborations are not necessarily meant to exist forever. They can be scaled or revised to reflect lessons learned and changing contexts. Sometimes collaborations fail despite best intentions or are replaced by new practices in the ongoing process of knowledge development and quality improvement. Other times collaborative arrangements, because they accomplished the work they set out to do, are no longer needed. Regardless of why a collaborative effort has come to an end, it is important not to be fatalistic: endings often lead to renewal, transformation and the discovery of new goals and motivations. Take every opportunity to understand what was of value in your collaborative effort and the lessons it taught you. This knowledge and inspiration should be preserved and passed on to tomorrow's champions.

Leaders in healthy systems engage in regular reflection and self-assessment. Being willing to ask, honestly and openly, “How are we doing?” is a courageous step. Timelines for assessing collaborations should have been established as part of initial agreements, where appropriate. Examples of established processes and tools that can be used to structure collaboration assessment are available online.⁸ A comprehensive assessment should include the considerations described in the following textbox. For more informal collaborations or where resources do not allow a comprehensive approach, agencies should attempt to collect data that will indicate the impact on the initial problem the collaboration is intended to solve, and on client services.

⁸ For example, the Partnership Self-Assessment Tool, available at http://depts.washington.edu/ccph/pdf_files/project%20site%20final.pdf.



Assessment Considerations

Impact: Does the data or information collected indicate that the collaboration has had an impact on the problem it was initially intended to address?

Synergy: Is the whole working more effectively than the parts would independently?

Leadership: What are the means through which formal and informal leadership is exercised in the collaboration? Do these means provide adequate stewardship for what needs to be done?

Efficiency: Do things get done in ways that are better for the people you serve through active collaboration? Do the members benefit from efficiencies through their collaborative connections?

Administration and Management: How would you rate the following items:

- Communication among partners and outside the collaboration
- Organization of activities within the collaboration
- Timeliness of decision making
- Ability to seek additional resources

Resources: Does the collaboration have the skills and expertise it needs to fully accomplish its work? Does it make effective use of the skills and expertise of its members?

Communication: Is communication clear, consistent and timely, both within and external to the collaboration?

Information Sharing: Are useful data and information collected and made available?

Decision Making: How do members feel about how decisions are made? Is anyone feeling left out of the loop? How could decision making improve?

Participation: What are the benefits? What are the drawbacks?

Overall Satisfaction: All in all, is this collaboration worth it? For whom and why? For whom is it not and why?

Exercise 12: Collaboration Assessment

When assessing your collaboration, think back to the original need that the collaboration was established to address. It might also be helpful to return to any mapping exercises completed in the planning stage to answer the following questions:

- What was the context at the time the collaboration was first considered?
- Where were we headed?
- How far have we come?
- Where are we now? Is the terrain the same or different?
- Are we still working toward the same shared goals?
- Have there been unintended consequences, positive or negative?
- Where do we want to be at the next point in time (e.g., one, five, 10 years from now)?
- What are future milestones?
- What should we do to ensure we have the cohesion and commitment to reach those milestones?
- **What do we need to continue doing? Stop doing? Start doing?**



Stop — Start — Continue

Action	Items
Stop	<ul style="list-style-type: none">•••
Start	<ul style="list-style-type: none">•••
Continue	<ul style="list-style-type: none">•••

The outcome of this component should inform the renewal or revision of agreements to continue the collaboration.



Conclusion

Addressing the risks and harms associated with substance use is a complex challenge. Individuals with substance use and other addiction problems often do not make it to the services provided by the specialized addiction sector nor are their addiction issues identified by other health and social services providers with whom they come into contact. Even with contact, no one program, agency or sector has the mandate or resources to address the range of physical, mental, social and spiritual needs that develop as a result of problematic substance use. As a result, clients often independently navigate between independent service silos rather receive support to move seamlessly through a coordinated system.

In response to these challenges, the Systems Approach report recommends the development of a tiered continuum of services and supports to improve access and care, coordinate services and make better use of existing investments in supports for people with substance use problems. If this tiered continuum represents the bricks for a more responsive and effective system, collaboration is the mortar that brings services and clients together.

This module makes the case for collaboration and offers ideas, resources and tools for contemplating, preparing, building and maintaining effective collaborations. Like the other topics in the *Systems Approach Workbook*, success in your collaborative work will depend on a good understanding of challenges and opportunities, commitment to change, careful planning and communication and, most importantly, leadership. It is hoped that this module will help strengthen collaborative efforts and ultimately enhance system change work in the months and years ahead.



Appendix A: Examples of Collaborative Work in Canada

Example 1: Collaboration between Services

Addiction Liaison Nurses in Hospital Emergency Wards

Many people with substance use problems do not independently access specialized services, but do connect with other parts of the health system, including overburdened hospital emergency rooms. In response to this trend, in 2006 the Direction nationale des urgences, an initiative of the Québec ministère de la Santé et des Services sociaux, invited the Centre de réadaptation en dépendance de Québec (CRDQ) to participate in a pilot collaboration. The objectives of the pilot were to improve emergency room efficiency and to better meet client needs relating to alcohol, drugs, gambling and concurrent disorders. Although the precise model varied over the course of the project and between pilot sites in the Chaudière-Appalaches (CRDCA) and Capitale-Nationale (CRDQ) regions, the one consistent component was an addiction liaison nurse (ALN) who was employed by the treatment centre and working in the hospital. Through this **co-location collaboration**, nurses were able to reach potential clients in a time of crisis and offer assessment and rapid access to services that would meet their substance abuse or gambling needs.



Evaluations conducted by the CRDQ–CRDCA research team indicated that the establishment of an addiction liaison team at the Centre hospitalier de l'Université Laval significantly reduced the length of stay and increased the identification and treatment of people with substance use problems who reported to the emergency room. The research team also conducted a qualitative study to examine the barriers, facilitators and elements to consider when implementing collaboration between ALNs and a hospital. Going into the collaboration, clarifying roles and responsibilities was key, particularly with regard to ensuring community beds were available for hospital referrals and determining legal responsibilities with regard to referrals. There was also concern about whether the ALNs were taking over existing roles such as social work at the hospital or being overly prescriptive with physicians regarding patient care. However, the reception on both sides was positive overall, and continued to improve as familiarity and clarity evolved. The evaluation conducted by the CRDQ–CRDCA research team indicated several key factors in the success of the collaborative model:

- Regular dialogue between the ALN and hospital colleagues to promote integration of the ALN as part of the team;
- A coordination committee consisting of leadership from the specialized addiction service centre, the hospital and other key partners; and
- Providing constant promotion and education on substance abuse, associated problems and available services to both clients and hospital staff.

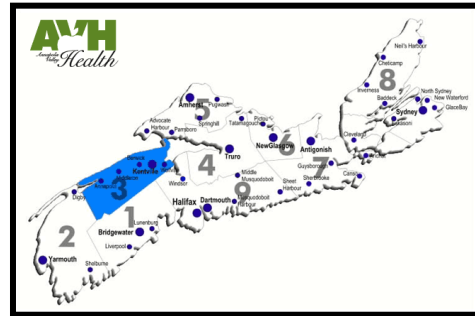
Based on the promising results of the collaboration model to date, it has since expanded to five more hospitals in the Chaudière-Appalaches and Capitale-Nationale and other regions of Quebec, while increasing the staff and resources involved in the original pilot sites.



Example 2: Collaboration in a District Health Authority

Annapolis Valley Health Service Partnerships: Meeting Clients Where They Are

In late 2009, Addictions Services in the Annapolis Valley Health District (AVH) agreed to use the principles and recommendations from the Systems Approach report to guide needs assessment, service planning and future development. This agreement provided an opportunity for Addictions Services to experiment with an approach that would more effectively reach and engage the large number of community members in the AVH who struggled with substance use and gambling issues, but who did not typically approach or use the formal addiction service system.



It was clear to AVH staff that nearly all individuals with substance use or gambling problems were, at some point, engaged with other health and social services (e.g., emergency medical services, child protection services, income assistance services, justice services). While their addictive behaviours often affected the frequency or intensity with which those services were required, individuals did not always approach the most appropriate service, nor were their addiction issues being addressed. It became clear that screening and referral processes were particularly important and needed to be welcoming, quick and reliable, regardless of where a client's request for assistance was first made.

AVH also saw an opportunity to strengthen client support and build collaborative professional relationships across different systems by providing evidence-based and common training. Motivational interviewing (MI) techniques were identified as an effective means of encouraging clients to take steps to address their addiction problems. Four levels of MI learning activity were developed: Level 1 and Level 2 workshops, virtual coaching sessions, and community of practice development. In 2010 and early 2011, all 32 Addictions Services staff completed the Level 1 training, along with more than 100 of their colleagues from mental health, public health, other health specialty services, corrections, community services, education and non-profit agencies.

Since the initial training, participation from all the professional groups has been considerable in the advanced training, virtual sessions and community of practice activities. Addiction Services staff are seeing increasing capacity on the part of colleagues outside the addiction system to consistently screen clients and provide appropriate support. Those colleagues are also more comfortable consulting with Addiction Services staff and in making referrals when necessary. The staff in other agencies also report that their MI skills can be generalized and work well with other health behaviours relevant to their clients.

These initial successes led AVH to extend its approach further by making addiction services and supports available to four primary healthcare centres on a pilot basis. From September 2010 to February 2011, a clinician was assigned to each centre for one half-day a week with the goal of increasing capacity for substance abuse and gambling screening, brief intervention, referral and consultation in the primary care setting.



Example 3: Collaboration in a Province

Creating Connections: Alberta's Addiction and Mental Health Strategy

In 2008, a major restructuring of the health system in Alberta resulted in the formation of a single third-party health services entity, Alberta Health Services (AHS). It replaced nine regional authorities, the Alberta Mental Health Board, the Alberta Cancer Board and the Alberta Alcohol and Drug Abuse Commission (AADAC). As part of AHS, the then-separate addiction and mental health service systems were directed to collaborate to design a new, integrated service and support system, guided by a common long-term strategy.⁹



Since 2008, the leadership of the integrated addiction and mental health service system has been on a steep development path, working to manage structural change while continuing to develop and implement many significant improvements to their existing support and service areas. The role of AHS was to set the agenda for the addiction and mental health system by ensuring a coordinated, well-monitored approach with the legislated authority and standards in place to meet the mandate. AHS was to provide the operational support to the evolving system.

To support the design of a complete service and support continuum, the leadership of Alberta Health and Wellness (AHW) and AHS formed a multi-ministry working group to develop a province-wide, five-year strategic plan. Throughout the planning process other agencies, key stakeholders and interest groups were consulted, as was a national, non-partisan expert panel that was engaged to review and provide feedback on the strategy document.

In 2011, the strategy document, *Creating Connections: Alberta's Addiction and Mental Health Strategy*, was released. The Strategy established five strategic directions, each with specific priorities, key results to be achieved and supporting initiatives:

1. Build healthy and resilient communities.
2. Foster the development of healthy children, youth and families.
3. Enhance community-based services, capacity and support.
4. Address complex needs.
5. Enhance assurance (quality service and client–patient safety).

One feature that made Alberta's planning process unique was the extensive involvement of other ministries, agencies and organizations. This involvement allowed partners outside the formal addictions and mental health system to assess and adjust their policies to support the approach, to commit to specific actions and responsibilities, and to agree on development timeframes. The strategy document and the process that produced it is an excellent example of how provincial organizations can come together around common strategic goals and action plans.

⁹ *Creating Connections: Alberta's Addiction and Mental Health Strategy* is available at <http://www.health.alberta.ca/newsroom/pub-mental-health.html>.



Appendix B: References and Additional Resources

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Appendix C: Sample Memorandum of Understanding

Memorandum of Understanding

Between

Annapolis Valley District Health Authority (“AVH”)

and

Middleton Collaborative Practice

(Collectively the “Parties”)

1. Introduction

- 1.1 This Memorandum of Understanding (“MOU”) describes an arrangement between the Parties for the provision of conducting a six-month pilot project focusing on consultation, screening and brief interventions for substance use and gambling patients of primary care settings which will introduce the best practice into primary health care settings.

2. Statement of Work

- 2.1 The objective of the pilot project is for the parties to work collaboratively to build capacity (in relation to consultation, screening and brief interventions of alcohol, substance use and gambling) for primary care teams, including primary care providers and administrative support.

3. Responsibilities

- 3.1 AVH and Middleton Collaborative Practice are to work cooperatively to exchange knowledge and together constructively enhance capacity to optimize care for this patient population.
- 3.2 AVH Addiction Services will:
 - a) Provide an Addiction Services clinician for half-day coverage per week to be available for the purpose of consultation with staff, screening, brief intervention and referral of your primary care practice setting patients.



- b) Document all brief interventions and staff consultations, which will be tracked in a database and stored on a secure server.

3.3 Middleton Collaborative Practice agrees:

- a) Keep private, treat as confidential, and not make public or divulge during as well as after the term of this MOU, any information or material to which Middleton Collaborative Practice, its directors, officers, employees, independent suppliers, subcontractors, members, partners, volunteers, agents and assigns become privy as a result of acting under this MOU, without the prior written consent of AVH.
- b) Provide office space with Internet connection.
- c) Primary care team members will participate in all evaluation activities including feedback surveys initiated by AVH and a focus group led by a contracted consultant scheduled near the end of the pilot term. These evaluation activities will focus on measuring whether the goals of the pilot project were achieved, what worked well, what didn't work well, and recommendations for future work. Evaluation reports will be shared with both Parties.
- d) Work collaboratively with clinicians to provide ongoing evaluation of project initiatives.

4. Employees

4.1 AVH and Middleton Collaborative Practice agree that:

- a) Notwithstanding the terms of this MOU, Middleton Collaborative Practice officers, members, employees, servants, agents and volunteers covered by this MOU shall not be employees of AVH but shall at all times remain the employees of Middleton Collaborative Practice.
- b) Middleton Collaborative Practice officers, members, employees, servants, agents and volunteers acknowledge that any and all information which has or is being disclosed about identifiable individuals, including, but not limited to, information about patients of AVH ("Personal Information"), has or is being disclosed to Middleton Collaborative Practice for the sole purpose of Middleton Collaborative Practice providing goods/services to AVH pursuant to this Agreement. Accordingly, Middleton Collaborative Practice shall exercise all reasonable precautions (and in no event less than those generally used in the health care industry) to protect Personal Information from unauthorized access, disclosure, copying, use or modification and, in any event, treat any information which is "personal information" as defined in the *Personal Information Protection and Electronic Documents Act* (Canada) (or substantially similar legislation enacted in Nova Scotia) and the *Freedom of Information and Protection of Privacy Act* (Nova Scotia), as amended, in accordance with these Acts. Middleton Collaborative Practice agrees to maintain a privacy policy acceptable to AVH and to indemnify AVH for all damages, costs and expenses incurred by AVH as a result of the failure of Middleton Collaborative Practice to comply with its obligations under this Section.



5. Research and Evaluation

- 5.1 Any research performed will follow established AVH guidelines and be consistent with AVH policies and procedures. All research data will be treated within the confidentiality rules of AVH and will be, and shall remain, the property of AVH, and AVH will hold all copyright and moral rights to such research.

6. Term

- 6.1 The Term of this MOU is September 20, 2010 to March 18, 2011.

7. Liability

- 7.1 Middleton Collaborative Practice acknowledges:

- a) that notwithstanding the role provided by AVH:

- i) Middleton Collaborative Practice officers, members, employees, servants, agents and volunteers remain the sole legal responsibility of Middleton Collaborative Practice;

- b) that Liability coverage:

- i) for Middleton Collaborative Practice employees, including Workers' Compensation requirements, is provided and funded by Middleton Collaborative Practice;

- c) that AVH does not carry insurance or liability coverage for the protection or benefit of Middleton Collaborative Practice, or their officers, members, employees, servants or agents in the event of accidental or other injury;

- 7.2 Middleton Collaborative Practice acknowledges that to the extent that the acts, errors, omissions or negligence of its officers, members, employees, servants, agents or volunteers acting within their scope of duties, result in a claim or proceeding against AVH, its officers, directors, agents, or employees, Middleton Collaborative Practice alone will be responsible and liable for the payment of any damages awarded, costs of settlement, or any legal costs or other costs incurred by AVH arising from resolving liability issues or claims in a manner so as to absolve AVH from any and all liability or expenses;

- 7.3 AVH acknowledges that to the extent that the acts, errors, omissions or negligence of its officers, directors, agents, or employees acting within their scope of duties, result in a claim or proceeding against Middleton Collaborative Practice, its officers, members, employees, servants, agents or volunteers, AVH alone will be responsible and liable for the payment of any damages awarded, costs of settlement, or any legal costs or other costs incurred by Middleton Collaborative Practice from resolving liability issues or claims in a manner so as to absolve Middleton Collaborative Practice from any and all liability or expenses.

8. Representatives



8.1 The Parties' representatives for all matters pertaining to this MOU will be:

- a)
- b)

9. Settlement of Disputes

9.1 Any disputes concerning the interpretation or implementation of this MOU will be resolved only through consultation between the Parties and will not be referred to a court, national tribunal or any other third party for settlement without the consent of all Parties.

10. Termination

10.1 Any Party may withdraw from this MOU on presentation of a 30-day written notice to the other Parties.

11. Effective Date and Signature

11.1 This MOU has been signed on behalf of the participants by the duly authorized individuals named hereunder, and shall become effective on the Effective Date.

Name

Name

Signature

Signature

Date

Date