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Developing a strong interagency partnership must go hand-in-hand with the development of family participation; “these two processes must be fully developed and woven together to achieve the goal of true collaboration.” (p. 302). The framework reported on in this study was developed from a series of interviews with administrators, directors, direct service staff, and family members from nine system-of-care sites known for effectively building interagency collaboration. Interviews (N = 98) were structured to assist the authors in answering the following five research questions: (a) What are the components of strong and effective collaboration? (b) What structural and relational factors contribute to increased collaboration? (c) How has increased collaboration changed service to children and families? (d) What supports and impediments have been experienced in building collaboration, and (e) Has collaboration changed the way stakeholders perceive children’s mental health?

From these interviews, the authors devised a framework for interagency collaboration reflective of the respondents’ experience and insights; the model includes five developmental stages briefly summarized here.

1. **Individual Action.** At this stage the need for collaboration is identified, but there are no structures in place to move forward into collaborative action. Thus, a crucial catalyst for moving to the next stage involves the recognition that some aspect or element of the system must be changed in order to do so. This stage “suggests the awareness of the potential for work relationships and activities to be different” (p. 298).

2. **One-on-One.** Often, early efforts toward collaboration begin with a single individual who makes contact with another individual in another agency. This stage may result in the formation of a core group of potential collaborators and leaders who take responsibility for moving the collaboration forward. The recognition that partnership is a possibility becomes the impetus that moves the core group toward the third developmental stage.

3. **New Service Development.** Key issues identified by participants at this stage include the willingness to take risks, to share risks with other collaborators, and to “shift away from agency-centered thinking...to a more child-centered approach to providing services” (p. 300). As the group begins to solidify its collective vision and to see their initial ideas become realities, the notion of a formal collaborative structure begins to develop, which leads to the next stage.

4. **Professional Collaboration.** At this stage, there may be group decision-making, guidelines, procedures, and available funding for collaborative service delivery. With each participant holding a common vision for the collaborative process, this stage would appear to signal the development of a fully collaborative entity. However, participants reported that the interagency relationships they experienced at this stage gave them the opportunity to view children and their families at a much more holistic level (i.e., through other service agencies, at different service levels, etc.) than they had previously done. This new understanding of children and their families introduces the possibility of a fifth stage, whereby the family is fully incorporated into the collaborative process.

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(5) **True Collaboration.** Participants’ discussions of family participation revealed a four-stage developmental process toward full collaboration (i.e., as client, guest, participant, and full partner). Additionally, the process by which one moves from an outsider to the service delivery process toward full collaboration may take place at the individual (child) and system (community) levels. Yet successful family involvement at one level may not guarantee success at another level. Overall, participants (some of whom were family members) also indicated that there are challenges involved in determining clear roles for the family member, and that the involvement process is one that is negotiated, or “occurs over time.”(p. 301).

In summary, this framework for interagency collaboration improves upon previous models by emphasizing the developmental nature of collaborative efforts. Collaboration is a developmental process, although the evolution from one stage to the next may be “uneven in its progression” (p. 297). Thus, evaluations must take into account the stage to which the collaboration has evolved. Additionally, although often voluntarily initiated, collaborations must nonetheless include a system of formalized roles and responsibilities for administrators, directors, and direct service staff. Finally, unlike collaborations that provide family members with peripheral or short-term roles, respondents referred to “true” collaboration as one that includes parents as “full partners in service planning and delivery,” and “incorporates qualities of role clarity for families and service providers, interdependence and shared responsibility among collaborating partners, vision-driven solutions, and a focus on the whole child” (p. 297).