Quick Guide: How to Create Clear Roles and Responsibilities Across Partners

ARCvi Domain: Working Together

Best practices for coordinated, participant-centered service delivery in CVI

When several agencies serve the same participant, unclear roles can lead to duplication, missed follow-up, safety risks, and frustration for both staff and participants. Clear partner roles help programs coordinate care, reduce confusion, and create shared accountability for participant well-being without making any one organization responsible for everything.

How do I create clear roles and responsibilities across partners when serving participants in a CVI program?

Start with a shared understanding of the participant population, the goals of the partnership, and the core functions each partner is expected to perform. Then make those decisions explicit. Good partnerships do not rely on assumptions or informal understandings; they use written workflows, clear handoff expectations, and regular communication so staff know who leads what, who supports whom, and what happens when a participant's needs change.

CVI programs will often have different types of relationships with different referral partners, and not every connection needs to be formalized in the same way. Even so, it is important to clearly define and document the partnerships your program returns to most often—especially those that provide core services many participants need repeatedly.

The strongest cross-agency relationships are built on trust, shared goals, clear expectations, and practical communication protocols. Partners should agree on who handles outreach, case planning, crisis response, service referrals, documentation, and transition or step-down. They should also decide what information can be shared, with whom, and under what privacy and consent rules. The aim is simple: participants should experience a coordinated system of care, not a set of disconnected programs. This document is aimed at both assisting CVI partners who have *different partners for different program components* but also for connections between CVI program staff and their referral partners.

Core Practices

- **Build around a shared mission.** Partners should agree on what success means for participants and what the collaboration is trying to achieve. Shared goals help align services and reduce duplication.
- **Clarify what each partner will and will not do.** This is especially important for after-hours response, transportation, emergency material supports, home visits, legal advocacy, and clinical services.
- **Use written protocols, not memory.** Simple tools such as MOUs, referral workflows, case-conference agendas, and role grids create consistency and protect against confusion when staff change.

- **Create communication and information-sharing rules.** Partners benefit from having a communication protocol and data-sharing agreement that specifies what is shared, when, how, and with whom.
- **Plan for disagreements and drift.** Partners should decide ahead of time how they will handle missed handoffs, slow follow-up, disputes over responsibility, and changes in participant risk.
- **Define what counts as a completed referral.** Partners should agree on whether a referral is complete when information is shared, when contact is made, when an appointment is scheduled, or when services actually begin.
- **Build warm handoffs into high-priority referrals.** For services participants use most often or need urgently, referrals should include direct introductions, scheduling support, and follow-up whenever possible.
- **Set expectations for referral follow-up.** Partners should agree on how they will confirm whether a participant was reached, engaged, waitlisted, declined, or needs another option.
- **Review roles regularly.** Roles often need to evolve as the collaboration grows, services expand, or staffing changes. Revisit any agreements at least annually and whenever major changes occur.

A Simple Partner-Role Framework

Function	Lead partner	Support partners	What to clarify
Intake / referral	Who receives or confirms referrals?	Who can refer and who follows up?	Eligibility, timeline, warm handoff, participant contact rules
Participant engagement	Who owns relationship-building and re-engagement?	Who helps if contact is lost?	Expected contact frequency and field safety rules
Case planning	Who leads the service plan?	Which partners contribute updates?	How goals are revised and documented
Crisis response / safety	Who is first call for urgent concerns?	Which partners are notified?	Escalation steps, retaliation concerns, after-hours plan
Service referrals	Who makes and tracks referrals?	Who confirms uptake? CVI program staff or referral agency staff?	Barriers to access, transportation, missed appointments
Transition / closure	Who decides when services step down?	Who remains connected after closure?	How progress and remaining needs are communicated

Quick Checklist

☐ We have identified one lead staff person at each of the main referral agencies (those we are referring participants to)

☐ We have a written referral and handoff process.

☐ We know what information can be shared and what requires consent.

☐ We have a standing structure for case coordination and problem-solving.

☐ We have a plan for disagreements, missed handoffs, and urgent situations.

☐ Participants know who their main point of contact is.

☐ We have agreed on what counts as a completed referral.

☐ We know which referrals require a warm handoff rather than just sharing contact information.

☐ We have a plan for how referral partners will confirm whether a participant was reached, engaged, waitlisted, or declined services.

☐ We have identified backup options if a referral partner cannot take the participant or there is a long waitlist.

Why this matters: These materials and practices emphasize that strong partnerships need shared goals, diverse membership, clear structure, and realistic plans for resolving barriers to accessing services and supports for CVI participants. The National Center on Substance Abuse and Child Welfare (NCSACW) has developed many tools and documents that can help create strong partnerships –and many of these tools and resources are relevant to CVI programs. For instance, the NCSACW "relationships brief" adds that lasting collaboration depends on trust, commitment at all levels, clear roles, communication protocols, and shared outcomes with accountability. For CVI programs, those lessons are most useful when translated into concrete service workflows centered on participant safety, dignity, and follow-through.

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