

Hawaii

Communities of Practice: A New Way of Working

GOAL

The vision for Hawaii is to build a partnership that works collaboratively to provide quality education and comprehensive support services for all children with disabilities; a community of practice

- where members are passionately committed to and driven by shared interest and purpose;
- where members work collaboratively to solve problems and resolve issues;
- where members engage in continual learning in real situations; and,
- where members take full responsibility for advancing and sustaining their efforts.

This project is viewed as a first step in actualizing that vision. The project goal is to build an effective community of practice that specifically focuses on a shared agenda of education, mental health, and families. Additionally, improvements in the delivery of school-based mental health services to Hawaii's youth are expected outcomes.

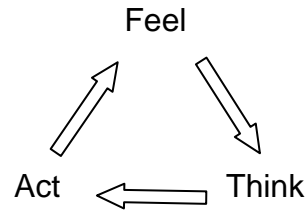
STRATEGY

The project will utilize two conceptual models to frame and guide project activities. The models are congruent and complementary.

- 1 The "Feel→Think→Act" conceptual model (Figure 1) from John Dewey's works is currently being used in a sister IDEA Partnership initiative, "Collaborative Professional Development/Adult Learning." The model emphasizes a developmental sequence of relationship building (feel), creating a common knowledge base through thinking together (think), and then agreeing on and carrying out a plan of action (act). It was chosen by the professional development initiative, as it is now, because of the need to accommodate and respond to the diverse views and concerns of key

partners in the Hawaii education system.

Figure 1.



- 2 The 4-Phase implementation model (Figure 2) is described in the synthesis brief, “Communities of Practice: Activities Sponsored by the Office of Special Education Programs,” Project Forum at the National Association of State Directors of Special Education (NASDSE). The dynamic implementation process is offered in the document as guidelines for states to initiate communities of practice. It consists of four phases that are very similar to the Dewey construct.

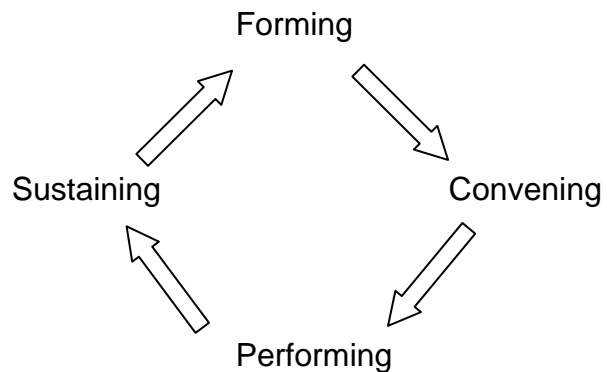
Phase I involves forming the community, i.e. bringing together a group of people who share similar concerns but who may represent a wide range of perspectives or affiliations, including different stakeholder groups, agencies, and/or organizational roles.

Phase II is convening the community of practice, which involves a deepening level of interaction. Community members arrive at common understandings of key issues and apply what they have learned together while grappling with these concrete issues in planning the first action steps.

Phase III is performing, i.e. the newly formed community of practice has collaboratively defined its shared purpose and action. Members develop an action plan and implement the plan.

Phase IV involves sustaining the community of practice, recognizing that it is important to create a sense of belonging and synergy. Members work together to improve the community building process and the 4-phase cycle is repeated as other issues emerge.

Figure 2



PROJECT ACTIVITIES

The following actions are planned for year one of the project. A chart summarizing the project activities, the expected outcomes, and timeline is displayed in Table A.

Action I (Phase I; Feel)

Bring together a cross sectional group of state and local partners for a statewide forum to talk about advancing school behavioral and mental health services using a community of practice approach.

The forum is expected to:

- A. Affirm partner interest and commitment to a shared purpose;
- B. Begin building ownership and a sense of community;
- C. Begin creating a learning culture at the individual and organizational levels;
- D. Surface issues--challenges and opportunities to providing quality school-

- based behavioral and mental health services; and,
- E. Formally establish a collaborative working partnership, a network of self-selected stakeholders.

Action II (Phases I and II; Feel and Think)

Form a Core Group to define beginning activities for the community of practice on education, mental health, and families. Critical, interested stakeholders will be invited to join this leadership group. Core Group members will:

- A. Deepen their understanding of collaboration and the communities of practice approach through readings, study sessions, and discussion.
- B. Jointly learn about and analyze the key issues that need to be addressed in order to deliver quality behavioral and mental health services to Hawaii's children;
- C. Identify the urgent priority issues;
- D. Define the shared goals and purpose for the community of practice that is focused on education, mental health, and families;
- E. Describe a proposed agenda that responds to the priority issues and the shared goals and purpose;
- F. Generate a plan to make the shared goals and vision explicit; and,
- G. Continue to identify and invite other critical partners to join the Group as appropriate.

Action III (Phases I, II and III; Feel, Think, and Act)

Convene the community of practice on education, mental health, and families to share the work and recommendations of the Core Group and generate an action plan. Practice Groups may be formed to address the identified priority issues and to develop and implement issue-focused action plans.

Action IV (Phase IV; Act)

Develop and carry out a plan to sustain the community of practice on education, mental health, and families. The Core Group will also find ways to improve the community building process and implement the cycle as new issues emerge.

EVALUATION

The “Z” Logic Model will be used to guide project design and performance measurement and evaluation. The model provides a reflective process that enables ongoing program improvement and helps clarify and strengthen project outcomes.

SUMMARY

The nation-wide effort to install the communities of practice approach in special education at all levels, federal, state, and local, is both timely and necessary. To initiate this strategy through focused, issue-based communities of practice, such as the community on education, mental health, and families, makes it practical and worthwhile. While the need for advancing the delivery of quality mental health services in Hawaii is evident, the need for a collaborative process to accomplish this is just as critical. The benefits of this collaborative process, where stakeholder groups commit to a shared purpose, goals and agenda and share their knowledge, experience, and expertise, are powerful and long lasting. This project serves as an excellent vehicle to begin collaborative problem solving to address priority issues in special education.

The targeted outcomes will strengthen the current delivery of school-based behavioral and mental health services to Hawaii’s youth. But the greater value is in the community of practice approach. The relationships developed, the collaborative strategies learned, the culture that’s created, the concept of a shared agenda among all stakeholders will have far-reaching and long-lasting impact. This is the first step in a challenging, but exciting journey to embrace the community of practice approach in all aspects of special education in Hawaii.

Table A: Summary of Project Activities, Expected Outcomes, and Timeline

Strategy	Action	Activity	Outcomes	Timeline
Phase I (Feel)	<u>Action I</u> Convene Statewide Forum I	IA. Affirm interest, commitment	Participant commitment	Sept 05
		IB. Build ownership, sense of community	Participant ownership	Ongoing
		IC. Create learning culture	Participant behaviors	Ongoing
		ID. Surface issues	List of issues*	Sept 05
		IE. Establish collaborative partnership	List of partners	Sept 05
Phase II (Think)	<u>Action II</u> Form Core Group and Define Beginning Activities	IIA. Deepen understanding of CoP	Participant understanding	Ongoing
		IIB. Learn about and analyze key issues	Participant participa- tion/understanding	Oct 05 - Mar 06
		IIC. Identify priority issues	List of priority issues	Mar 06
		IID. Define shared goals and purpose	Statement of shared goals and purpose	Mar 06
		IIE. Describe shared agenda	Description of shared agenda	May 06
		IIF. Generate plan to make goals/vision explicit	Plan to make goals/ vision explicit	May 06
		IIG. Expand Core Group membership	Revised list of Core Group members	Ongoing
Phase III (Act)	<u>Action III</u> Generate and Implement Action Plan	IIIA. Convene Statewide Forum II	Conduct of Forum II	July 06
		IIIB. Generate Action Plan	Action Plan	July 06
		IIIC. Form Practice Groups	Formation of Practice Groups	July 06 – Sept 06
		IIID. Develop and implement action plans	Action plan and im- plementation timeline	Sept 06 Aug 07
Phase IV	<u>Action IV</u> Sustain CoP	IVA. Develop plan to sustain CoP	Plan to sustain CoP	Aug 06
		IVB. Implement plan	Implementation timeline	Sept 06 Aug 07