

A CLOSER LOOK

Interagency Collaboration ✧

“You bring powerful people to the table and they will push the system to change.”

—Don Crary (Walsh, 1999, p. 5)

OVERVIEW

Serving children involved in the child welfare system calls for services and support from a variety of human service and community organizations, which is often a challenging aspect of child welfare casework. Interagency collaboration, a core principle in systems of care, focuses on bringing together and engaging critical stakeholders, such as juvenile justice, mental health, education, law enforcement, and Tribal authorities, in a coordinated and integrated effort to serve children whose needs cross multiple systems.

This issue of *A Closer Look* considers the challenges and strategies associated with building and sustaining interagency collaboration in a child welfare driven system of care. The report draws on current research in the field as well as the knowledge and experiences of nine grant communities currently in the fifth year of a 5-year demonstration grant.



Improving Child Welfare Outcomes Through Systems of Care

In 2003, the Children’s Bureau funded nine demonstration grants to test the efficacy of a system of care approach to improving outcomes for children and families involved in the child welfare system and to address policy, practice, and cross-system collaboration issues raised by the Child and Family Services Reviews. Specifically, this approach is designed to improve the capacity of human service agencies to strengthen and support families involved in public child welfare through a set of six guiding principles:

1. **Interagency collaboration;**
2. Individualized strengths-based care;
3. Cultural and linguistic competence;
4. Child, youth, and family involvement;
5. Community-based services; and
6. Accountability.

A Closer Look is a series of short reports that spotlight issues addressed by public child welfare agencies and their partners in implementing systems of care approaches to improve services and outcomes for the children and families they serve. These reports draw on the experiences of communities participating in the Children’s Bureau’s Improving Child Welfare Outcomes Through Systems of Care demonstration initiative, and summarize their challenges, promising practices, and lessons learned. The reports provide information communities nationwide can use in planning, implementing, and evaluating effective child welfare driven systems of care.



Defining Interagency Collaboration

Interagency collaboration in systems of care is “the process of agencies and families joining together for the purpose of interdependent problem solving that focuses on improving services to children and families” (Hodges, Nesman, & Hernandez, 1999, p.8). A more general definition is offered by Linden (2002, p. 7), who states, “collaboration occurs when people from different organizations, produce something through joint effort, resources, and decision making, and share ownership of the final product or service.” This collaboration can occur on multiple levels, from frontline collaboration among caseworkers, families, mental health providers, teachers, and others, to collaborative relationships between policy-makers and administrators responsible for addressing organizational mandates, financing, and management. In addition to State and local organizations, interagency collaboration can involve public, private, and/or faith-based sectors as partners. As all agencies invested in serving youth and families are partners, participants may include parents and family advocacy groups, among others. (Robinson, Rosenberg, Teel, & Steinback-Tracy, 2003). In current child welfare practice, the child and family plan, or case plan, defines the services and supports needed by the child and family. An examination of these plans (Knitzer, Cauthen, & Kisker, 1999) reveals gaps created by lack of funding, differing mandates, differing organizational cultures, and lack of effective communication. Collectively, these problems point to the need for systemic change.

Interagency Collaboration in a Child Welfare Driven System of Care

For decades, many working in child welfare policy and practice have recognized that the children and families served by the child welfare system have needs that are linked to their home, community, and school environments. In addition, children and families often have emotional, health, and legal needs (Kortenkamp & Ehrle, 2002). No single agency has ever had the legislative authority, mandate, staff, or financial resources to meet all the needs of children and families within these environments. Caseworkers have always sought to connect children and families with services of other government and community-based providers. However, the siloed structures of agencies, each with its unique State and Federal mandates, categorical funding, and discrete and sometimes overlapping array of services, have presented some challenges.

Child welfare administrations have been involved in systems of care development since the mid-1980s, primarily by supporting the work of mental health systems addressing the needs of children with serious mental health disorders. Beginning in 2000, however, the Federal government implemented the Child and Family Services Reviews, which are results-oriented,





comprehensive reviews designed to assist States with continuous quality improvement of outcomes for the children, youth, and families in care. The first round of reviews pointed out the significant need for systemic change and increased interagency collaboration to ensure permanency, safety, and well-being. While the reviews are guided by a set of core values, there is considerable overlap between the Child and Family Services Reviews values and systems of care principles (Pires, 2007), making systems of care a potentially useful approach in the development and implementation of Program Improvement Plans.

Essential Elements of Interagency Collaboration

To achieve strong interagency collaboration, communities should develop mechanisms that engage stakeholders and support their involvement in all aspects of the design, implementation, evaluation, and change of the service delivery system. While interagency collaboration suggests a focus only on public agencies, family members and community-based organizations also should be included. In addition, effective interagency collaboration should be based on a shared vision, hold common goals, and be of mutual benefit for collaborative stakeholders.

To build and maintain interagency collaboration, a number of structures and functions are useful, including:

- Governance structures that focus on visioning, strategic planning, policy and practice changes, monitoring, and financing. While each community shapes its system of care differently, a governance or organizational structure must emerge to address these issues and clarify the roles of authority, responsibility, and mutual accountability. Agreeing on core values, common goals, and strategic plans allows partners to develop a common language, appreciate the knowledge and experience of others, assume the best intentions, and respect diverse perspectives (De Carolis, Southern, & Blake, 2007).
- Management structures that promote interagency collaboration at administrative and frontline levels both within and between organizations. At these levels, strategic plans are implemented, training and cross-training are coordinated, and interagency protocols for information sharing and case coordination are established.
- Monitoring and evaluation processes that ensure partners receive regular and relevant information regarding the impact of their efforts. This allows collaboration participants at governance, management, and practice levels to assess their effectiveness and adjust their plans based on outcomes.
- Communication that creates an open and credible process and identifies and addresses challenges to implementing collaborative processes. When collaborations develop clear and regular



channels of communication at all levels, partners can exchange information, perceptions, and feedback, and work as a cohesive team (De Carolis et al., 2007).

Challenges and Strategies in Developing Effective Collaboration

While interagency collaboration can produce tremendous benefits for children, families, and communities (Hodges et al., 1999), efforts to establish partnerships can encounter obstacles (Robinson et al., 2003). The experiences of the nine grant communities involved in the Improving Child Welfare Outcomes Through Systems of Care initiative provide useful information for administrators and stakeholders about the challenges and strategies associated with implementing the principle of interagency collaboration.

In working to build interagency collaboratives as critical elements of systems change, grantee communities identified and addressed three significant challenges: limited resources, significant time requirements, and staff turnover.

1. Limited Resources of Systems of Care Partners

Challenges

Grantees were unanimous in pointing to a lack of resources and constraints on time and funding as impediments to interagency activities. Nationwide, State and local agencies face limited human service



budgets, in some instances compounded by State budget deficits. In many cases, funding is siloed and restricted to particular services. Regardless of individual perspectives on the benefits of working together, limited resources increased the challenges at all levels for building interagency collaboration.

Strategies

While grantees faced challenges defining, prioritizing, and addressing the needs of children and families served, they mitigated the effects of limited resources by sharing an overall vision, mission, and objectives. Through this unifying approach, grantees identify common populations, respond to needs of the populations, and adopt policies that can be carried out through interagency collaboration. By targeting overlapping populations, grant communities are better able to identify duplicative or conflicting approaches to meeting service needs. Additionally, the collaborative process allows for braided funding to support practices geared toward serving common populations.

- In New York City, a small group conducted systematic outreach to encourage other partner agencies to participate in systems of care activities. One-to-one conversations with key agency personnel helped build trust, encouraged communication, and clarified the benefits of collaboration to the partners.
- In Colorado, the State legislature passed House Bill 1451, which strongly recommends that all human service agencies create memorandums

of understanding that detail how they will work together to blend financial and service resources, encourage greater input from families in shaping their case plans, and identify annual benchmarks they will work toward on behalf of children and families involved with two or more human service agencies.

- In Alamance County, North Carolina, a yearly retreat for systems of care stakeholders provides a forum for reviewing annual data on individual children and families served to identify service gaps and determine policy issues to be addressed in the coming year.

2. Building Interagency Collaboration Takes Time

Challenges

Building collaboration is a developmental process that takes time and considerable effort. Communities developing a system of care must allow sufficient time to establish structural elements such as cross-agency governance, formal collaborative groups at the supervisory and service levels, and formal interagency agreements. Moreover, communities need time to identify collaborative-specific staff, secure funds for flexible use, and develop a commitment to group

decision-making and problem solving (Hodges et al., 1999). Maintaining and deepening partnerships require progressive renewal of the commitment to common goals.

Strategies

Because collaboration requires a deep commitment over time, grant communities worked to ensure that collaborating partners were on board early on in the process and throughout the evolution of the system of care. By bringing collaborators together on a regular basis to review progress and revise strategies, communities increased trust among the organizations involved and gradually deepened their commitment to mutual goals and the change process.

- Cherokee County, Kansas, collaborated with both State child welfare personnel and local evaluators to complete a strategic planning process that resulted in specific goals, objectives, and a timeline for systems of care efforts and activities. Two meetings a month, which took place over an 18-month period, were designated for completing the process.
- Contra Costa County, California, reviews its System Improvement Plan monthly with its policy council by analyzing data on progress and barriers to meeting goals and objectives. Based on the review, the council revises and creates activities. The council reviews the strategic plan annually.
- Grantees agreed that recognizing incremental achievements in transforming their systems of care was essential for maintaining morale and measuring progress. Examples of incremental achievements included appointing the first family member to the governing body and completing important systems of care training.
- In grant communities that had previous systems of care for youth with emotional disturbances (Contra Costa County) and/or a State-mandated systems of care approach (Oregon), the existing governance structure supported interagency collaboration and facilitated progress for the child welfare sponsored initiative. In Contra Costa County, where this grant followed two prior systems of care grants focused on children's mental health, the governance committee leadership transitioned its focus to child welfare and identified new target populations that were sufficiently inclusive so all stakeholders would continue to benefit. The governance committee



now guides efforts funded through other sources as well. Similarly, the North Carolina Collaboration for Families, Youth, and Children, originally focused on developing a system of care for children and youth with serious emotional disturbances and their families, has expanded its mission to include children and families involved with the child welfare system.

- Grant communities without an established system of care devoted the initial years to building an interagency governance and collaborative case review structure that featured meaningful participation by families. This consisted of gathering all relevant partner agencies and families to create a common vision, mission, and strategic plan for their child welfare target populations. In some instances, developing the initial interagency agreement within 3–6 months gave partners the opportunity to experience the collaborative process without a long-term commitment, and then take additional steps to extend the partnership. In Cherokee County, the development of a vision, mission, and strategic plan took a little over 1 year to craft with technical assistance from outside the partnership. In New York City, the CRADLE in Bedford-Stuyvesant partnered with One City One Community, a cross-system effort designed to identify and eliminate policy and service barriers for children and families, to form a larger, more inclusive collaborative.

3. Staff Turnover in Key Positions

Challenges

Involving cross-agency partners, key community members, family partners, and evaluators from the earliest planning stages can make infrastructure



change both easier and more sustainable. Additionally, communities with stable leadership have historically been more successful developing a solid infrastructure and realizing system change. When key individuals resign, retire, or transfer, they often take with them institutional knowledge, interpersonal relationships, valuable experience, and credibility. For example, annual job rotations in the Oregon grant, and lack of a State administrative champion, compromised progress. In addition, frontline staff turnover is a particularly significant challenge to sustaining interagency collaboration for systems change.

Strategies

To address turnover, the grant communities worked to retain institutional memory for systems of care by hiring former child welfare staff as consultants. Because line staff turnover in child welfare is high, the grant communities developed continuous training programs for middle managers and frontline staff on key principles and strategies, thereby promoting institutional memory and culture change. Sites with limited history with systems of care made good tactical use of training and technical assistance offered through the grant to build capacity and support for interagency collaboration.

- To reduce expenditures, Oregon offered a retirement option for many older management level employees. Several of these experienced child welfare professionals were subsequently hired as contract employees to guide the systems of care demonstration in participating counties. They brought with them not only great knowledge but also considerable respect from internal and cross-agency colleagues.

- In New York City and North Carolina, senior middle managers helped stabilize the early systems of care effort and offered guidance both within the child welfare agency and across the partner agencies, with great success. New York and Pennsylvania developed continuous training processes for managers and frontline staff designed to reinforce systems of care principles and keep frontline staff and supervisors aware of potential opportunities for collaboration.
- Early in the grant program, the National Technical Assistance and Evaluation Center for Systems of Care presented a Community Leadership Institute and Family Summit to give systems of care leaders a better understanding of the complexities of systems change. This was especially helpful to communities without existing systems of care infrastructures.

Implications for Administrators and Stakeholders

The work of the nine grant communities indicates that formalizing interagency collaboration is a foundational element for systems change. Given the fiscal challenges, the multi-system needs of children



and families, and increased focus on outcomes, child welfare driven systems of care must resolve policy issues, identify community resources, reduce duplication and gaps in services, and improve access to effective services and supports from other organizations. For collaboration to be effective, all partner agencies must understand and agree that they will relinquish some control over processes, procedures, and resources in order to provide enhanced services to children and families and fulfill their mandates. Working within collaborative governance and interagency case planning environments, agencies and families can make tremendous strides in formulating and implementing more comprehensive care plans, as well as resolving policy issues and creating new policies that reflect the collaborative relationships developed within their systems of care.

Collaborative relationships not only promote improved child and family outcomes but also strengthen partner agencies through blended funding to support care plans, coordinated data systems, and cross-agency staff training. Agencies can also better leverage State and local funds with Federal resources to sustain appropriate services. Stakeholders in communities across the country have recognized that no organization can be truly effective working in isolation and that collaborative governance, collaborative case plan development, knowledgeable leadership, strategic planning, timely implementation strategies, and accountability offer the greatest promise for improving outcomes for children and families, achieving system reform, and improving communities.

The experiences of the nine communities involved in the demonstration initiative suggest several implications for action related to the development of new interagency collaboratives or the strengthening of existing collaboratives:

- Consistent leadership that focuses on building the necessary partnerships and processes to unify the interagency collaborative is critical for success.
- Buy-in to the vision and goals are essential for initiating and sustaining collaborations. If child welfare administrators initiate a collaborative process, the process must answer the “what’s in it for me” questions for each potential partner. At the outset, this may require identifying a common population and/or demonstrating the potential for

increased effectiveness and efficiency in meeting service mandates. Over time, partners can use data to assess effectiveness and promote deeper commitment.

- Buy-in of frontline staff often is overlooked. Caseworkers in grantee communities noted that mandates for interagency collaboration often compound existing demands for time and policy compliance. A collaborative process must consider and make allowances for the impact on frontline staff.
- Collaboration among organizations must take place at multiple levels. While interagency collaboration may begin at governance or frontline practice levels, the process must actively involve management and supervisory levels to ensure collaborative policies are embedded in procedures and frontline staff are enabled and supported in their efforts to work with other organizations.

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Improving Child Welfare Outcomes Through Systems of Care Demonstration Sites

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