Building Inter-Agency Partnerships to Prevent Child Maltreatment & Heal Hurting Families

2018 Florida Institute for Child Welfare Symposium

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Agenda

1. Summarize research on the effects of interagency partnerships on child/family outcomes, particularly for those in, or at-risk of entering, the CWS

2. Identify specific strategies for building interagency partnerships that help prevent child maltreatment

3. Explore a case study of an innovative child welfare-ECE partnership that increased maltreated children’s access to high quality preschool and child care in a highly diverse city
Levels of Child Maltreatment

**PRIMARY**
- Responds before maltreatment has occurred
- Available to general population

**SECONDARY**
- Responds...
  - when child/family is identified as at-risk for abuse/neglect
  - immediately after abuse/neglect has occurred to avoid reoccurrence
- Targeted services

**TERTIARY**
- Responds after child abuse/neglect has occurred to mitigate negative consequences
Outcome Research on Inter-Agency Partnerships Involving Child Welfare and Early Care & Education Agencies
SAFETY: Quality ECE may help prevent child maltreatment and foster placement

- Chicago Parent-Child Centers participants were half as likely to be abused/neglected by age 18 than controls (Reynolds & Robertson, 2003)

- Early Head Start participants had fewer CPS encounters between ages of 5 & 9 years than controls and slowed rate of subsequent encounters; also less likely to have substantiated physical or sexual abuse report (but more likely to have a substantiated neglect report) (Green et al., 2014)

- Low-income children in Head Start were less likely to experience neglect than children in other types of nonparental child care (Zhai, Waldfogel & Brooks-Gunn, 2013)

- Los Angeles County neighborhoods with higher rates of preschool enrollment and a greater supply of licensed child care relative to demand had lower rates of early child maltreatment (Klein, 2011)

- Young children reported to the CWS who attended Head Start had 93% lower odds of being placed in foster care 18 months later than peers not receiving ECE services (Klein, Fries & Emmons, 2017)
PERMANENCY: ECE may promote placement stability

- Children whose foster parents use child care assistance less likely to experience placement disruption

(Meloy & Phillips, 2012)
WELL-BEING: Quality ECE may promote school readiness for maltreated children

- Among children in highly rated ECE programs in MN, both CPS children & matched controls experienced increased social competence & receptive vocabulary over the course of their pre-K year (Kovan et al., 2014)

- Modest direct short-term & indirect longer-term impacts of Head Start on school readiness for children in nonparental care (increased pre-academic skills, positive teacher-child relationships & decreased behavior problems (Lipscomb et al, 2013)

- B-5 yr olds referred to CPS who had center-based ECE scored higher on language development outcomes than those w/o ECE; game changer for children reported for supervisory neglect (Merritt & Klein, 2015)
Federal Government Encourages CW-ECE IORs

- FFY 2002-2007, ACF funded 24 Early Head Start-CW agency partnerships to experiment with facilitating CW-supervised children’s participation in local EHS programs
- Information Memoranda
- Research-to-practice brief on best practices for promoting CW-ECE collaboration
INTER-ORGANIZATIONAL RELATIONSHIPS (IORs; a.k.a. INTER-AGENCY PARTNERSHIPS)

2 or more organizations working together cooperatively toward a shared goal
Continuum of Inter-agency Partnerships

Service Integration

Collaboration

Coordination

Cooperation

Kagan (1991)
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<th>COLUMN A</th>
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<tr>
<td>Inter-agency/interagency</td>
<td>Cooperation</td>
<td>Clients</td>
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<td>Inter-organization/interorganization*</td>
<td>Coordination</td>
<td>Consumers</td>
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<td>Cross-sector</td>
<td>Collaboration</td>
<td>Service Recipients</td>
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*indicates that the search would include all words starting with the letters preceding this symbol.

- Assesses an IOR involving at least one CW or ECE agency
- Measures relationship between service recipients’ participation in an IOR, or specific characteristics of IORs, and service recipient outcomes
- Research methods designed to support inferential conclusions
  - Experimental (RCT or QED)
  - Observational cohort studies with multiple groups (e.g., with and without IOR exposure), or multiple exposures to an IOR over time
Organizational Benefits of Inter-Agency Partnerships

• Enhance legitimacy
• Increase efficiency of service delivery
• Reduce competition

No Service Silos!
13 research articles met our criteria.

The bulk of the evidence suggests that IORs can benefit children and families, particularly those involved in the child welfare system.

However, evidence that some facets of IORs may be detrimental partially offset these findings.
1. Intensity of IORs

- **Intensity of collaboration** between child welfare & mental health providers associated with:
  - better mental health service access for children/youth
  - Improvement in mental health status

  Bai, Wells & Hillemeier (2009)

- **Intensity of collaboration** between child welfare & mental health providers associated with:
  - improved targeting of mental health services to children with the greatest need
  - *reduced racial disparities in CW-supervised children’s receipt of needed mental health services.*

  Hurlburt et al. (2004)
1. Intensity of IORs Continued

- **Intensity of collaboration** between CW and JJ providers 
  not associated with:
  - receipt of mental health & substance abuse services for jointly supervised CW-JJ youth

- Other findings:
  - Administrative **data sharing** between CW and JJ agencies positively associated with:
    - receipt of inpatient - but not outpatient - mental health & substance abuse treatment
  - **Shared CW-JJ jurisdiction** over youth associated with:
    - failure to receive inpatient substance abuse treatment

Chuang & Wells (2010)
2. Inter-agency Coordinating Councils

- Creating *inter-agency CW-ECE committees/councils* strengthened organizational alliances focused on increasing ECE for children in the CWS in metro Long Beach & rural Colorado

  (Brown, Klein & Crae, 2014)

- Stronger inter-agency partnerships among organizations participating in a sample of 11 *‘Best Start’ coalitions* in disadvantaged areas of Victoria, Australia correlated with higher preschool enrollment rates.

  (Kelaher, Gray, & Dun, 2009)
3. Collaborative Case Planning

Families served by multi-agency partnership to support family reunification for substance-involved families that included *quarterly conjoint case reviews* were much more likely to be reunified (71%) than families in a comparison group (38%).

(Sagatun-Edwards & Saylor, 2000)

Bai and colleagues (2009) and Hurlburt and colleagues (2004) both used **collaborative case planning** as part of their measure of IOR intensity that overall predicted **positive mental health service outcomes**
4. Shared Information Systems

- Chuang and Wells (2010) showed that administrative data sharing between CW and juvenile justice agencies was positively associated with youth’s receipt of inpatient mental health and inpatient substance abuse treatment.

- Development of information sharing protocols was part of the IOR that Sagatun-Edwards and Saylor (2000) found promoted family reunification.

- “discussion and information sharing” was one of 7 collaboration activities that Bai et al. (2009) found collectively predicted CW-supervised children’s receipt of mental health services and improved mental health.
5. Co-location and/or Shared Agency

- The Toronto First Duty and Best Start models provided integrated services at 'one-stop shops' and had positive results for young children (Kelaher et al., 2009; Patel et al., 2016)

- **CW & substance abuse Tx housed within a common agency** >>> CW-supervised adolescents *7x more likely to receive indicated treatment* (Wells et al., 2011)

- **CW and behavioral health services housed in a common agency** >>> greater **placement stability** (Wells & Chuang, 2012)

- **Service co-location** one of inter-agency linkages that collectively predicted more accurate targeting and less racial bias in CW-supervised youth's receipt of mental health services

- **Staff co-location** of substance abuse & CW staff >>> referrals to substance abuse (He, 2017)
6. Partnership Formalization

• The mixed evidence overall supports written interagency agreements or MOUs.

• Sagatun-Edwards & Saylor (2000) and Fowler & Chavira (2014) both found positive outcomes from IORs that included inter-agency MOUs.

• He (2017) found that inter-agency MOUs supported referral to treatment service for substance abusing parents in the CW system.

• Bai and Hillemeier (2007) found a greater number of collaboration activities, among them formal agreements, predicted higher rates of service access and improvements in client outcomes for CW-supervised children with MH needs.

• While He (2017) found that the higher rates of referrals did not translate into higher rates of treatment and Chuang & Wells (2010) and Wells et al. (2011) found that MOUs were either unrelated or negatively related to desired client outcomes, on balance the evidence supports their use.
Reflection on Your Experience with Inter-agency Partnership
Your Experience with Inter-agency Partnership

• Take 10 mins to share an example with your neighbor of a time your organization partnered with another organization to achieve a shared goal
• Did you use any of the strategies mentioned?
  • Inter-agency Coordinating Council
  • Collaborative Case Planning
  • Shared Information Systems
  • Co-location / Shared Agency Oversight
  • Partnership Formalization
• Was the experience successful?
• Why/why not?
Inter-Agency Collaboration to Serve Young Children & Their Families: An Example from the Field

Long Beach Child Welfare-Early Education Project (LB-CWEEP)
Under-utilization of ECE by Families in CWS

- 27.2% children B thru 5 in NSCAW II sample were participating in some kind of center-based ECE (Casanueva et al., 2012)
  - 20.2% of 0 thru 2-year olds
  - 41.0% of 3 thru 5-year olds v. ~65% in general population (ChildStats, 2011)
- CW population especially underserved by high quality ECE programs
  - Miami-Dade CWS sample enrolled in ECE centers less likely to attend accredited centers (30%) than controls (55%) (Dinehart et al., 2012)
- When maltreated children are enrolled, ECE providers often struggle to meet their needs & cope with trauma-related behaviors
Children B-4 in Long Beach CWS

- 861 B-4 years
- 546 infants/toddlers
- 321 preschoolers

- 44% Latino
- 34% African American
An Example from the Field: LB-CWEEP

LB-CWEEP Model

Expand **ELECTRONIC DCFS-HEAD START REFERRAL SYSTEM** to include Long Beach Head Start & Early Head Start programs

Develop & implement **TRAININGS** for LB a.) child welfare staff, b.) ECE providers, c.) Dependency County personnel & d.) parents/caregivers on benefits of ECE for children in the CWS & how to navigate relevant systems to obtain services

Implement system for referring & **LINKING** DCFS B-4 yr olds living in Long Beach whom LBUSD Head Start/Early Head Start doesn’t have capacity to serve **TO OTHER COMPREHENSIVE, HIGH QUALITY ECE PROGRAMS** in community

Convene **LONG BEACH CWEEP ADVISORY COMMITTEE** charged with improving service coordination to better meet ECE needs of 0-4 year olds in the child welfare system
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<tr>
<th><strong>Electronic Referral System</strong></th>
<th><strong>ECE Linkage</strong></th>
<th><strong>Training</strong></th>
<th><strong>Advisory Committee</strong></th>
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| • Expanded to include 23 Long Beach USD Head Start & Early Head Start (HS/EHS) sites  
• Expanded to include 0-2 year olds (in addition to 3-4 year olds) in CW system living in Long Beach | • Staff person designated to process & track CW referrals  
• List of 15 alternative ‘high quality’ ECE providers identified & referrals made when HS/EHS not most appropriate ECE option for families  
• Confirmed Linkage to alternative ECE providers not routinized until end of grant | • Developed standardized training curriculum  
• Provided 12 conjoint trainings with 243 CW & ECE staff/providers  
• Provided 7 trainings with 61 parents/caregivers  
• Provided 1 training with 21 Court Appointed Special Advocates (CASAs)  
• Provided 1 abbreviated training with 10 of 13 Juvenile Dependency Court judges | • Convened 17 partner organizations  
• Bi-monthly meetings  
• Developed ECE & CW agency information sharing protocol & form  
• Developed data infrastructure plan for tracking ECE outcomes for CW population  
• Developed project sustainability plan |
LB-CWEEP Partnership Quality Before & After

**Tie Strength**
- = 0.0
- = 0.5
- = 1.0
- = 1.5
- = 2.0
- = 2.5
- = 3.0
- = 3.5
- = 4.0

**Organization Type**
- = Early Care & Education (ECE)
- = Child Welfare
- = Child Welfare & Mental Health
- = ECE, Child Welfare & Mental Health
- = Other

**Organizational Data**
- = Missing Data
- = Baseline & Follow-up Data
- = Late Joiner (no baseline)
According to pre/post-training surveys, the trainings significantly ↑ participants’ knowledge re:
- the benefits of high quality ECE for CW population,
- barriers to this population accessing ECE, &
- how to navigate systems to access ECE for this population.

Trainees assessed their competency in each of these 3 core learning objectives significantly higher after completing the training; and also correctly answered significantly more of the objective training knowledge-based test questions after completing the training.
• In year prior to project, 82 children in target population referred to ECE
• During grant, 311 children
  • Year 1: 154 referrals
  • Year 2 (truncated): 157 referrals
Common Challenges to Inter-agency Collaboration
Challenges to Inter-Agency Collaboration

- Interactional Barriers
  - Internal Barriers
  - External Barriers

Acri et al. (2014)
Interactional

• Divergent organizational missions, cultures & demands
• Communication issues
  • Particularly constraints on information-sharing
• Unequal stakeholder engagement
• Staff conflict re: differing views of clients/consumers
• Competition for funding
Challenges to Inter-Agency Collaboration

**Internal**

- Staff turnover
- Dissatisfaction with partner services or absence of programs
- Insufficient resources (staff time, money) to participate
- Geographic distance
Barriers to Inter-Agency Collaboration

**External**

- Fiscal & government regulations
- Not having resources (money, time) to maintain the relationships
Overcoming Barriers to Inter-Agency Collaboration
Interactional Barriers

• Assess nature & intensity of your existing partnerships; **strategize ways to move to the next level:**
  – Are all the right partners at the table?
  – networking > coordination > cooperation > collaboration

• Create regular opportunities to **spend time together** (administrators & service delivery staff)
  – Conjoint training & consultation
  – MDT meetings
  – Share space, staff, etc.
  – Plan for some initial frustration

• Learn about each other’s agency goals/mission/vision & **identify points of alignment**
Interactional Barriers Continued...

- Communicate clearly & frequently
  - Mind your language
  - Share data
  - Develop information-sharing protocols & feedback loops

- Develop an “organizational culture of collaboration” & reward staff who embody this value

- Form/participate in coalitions focused on better serving shared consumers/clients
Interactional Barriers Continued...

- Embrace “co-opetition”
- Formalize partnerships with MOUs & contracts
- Monitor the health of the collaborative
  - Use Social Network Analysis Tools (e.g. Network Genie, PARTNER)
Overcoming Barriers to Collaboration

**Internal Barriers**

- Partner with more established agencies
- Build service delivery/quality expectations into partnership agreements
- Commit to not reassigning agency envoys for at least 2 years & make assignments desirable
- Use web conferencing technology
  (Google Hang Outs, Skype, Zoom)
External Barriers

- Pool resources with partners to collectively fund infrastructure, including staff person dedicated to supporting the collaborative
- Apply for grants collectively to support infrastructure
- Use trade associations (or form ad hoc administrative coalitions) to advocate for:
  - Eliminating fiscal constraints on inter-agency partnership
  - Change regulations that impede data sharing
“Children are the Priority. Change is the Reality. Collaboration is the Strategy.”

--Judith Billings, Washington State Superintendent