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Elizabeth M. Tracy

David E. Beigel

Ann C. Rebeck

Jeffrey A. Johnsen

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Elizabeth M. Tracy, David E. Biegel, Ann C. Rebeck, and Jeffrey A. Johnsen

The study described in this paper utilized a qualitative case study method to assess the processes involved in inter-system collaboration in the context of one state's system change initiative. The collaborative experience is described from the perspective of participating service system professionals and family members. The major themes of collaboration that emerged from the study included changes in communication across systems, changes in inter-system relationships, changes in attitudes, changes in interactions with families, and changes in the ways services are delivered. Lessons learned and practice implications of each theme are discussed.

Collaboration within and between systems serving children, youth, and families has been defined as "...the process of combining and coordinating financial, human, and administrative resources and activities to deliver more comprehensive, coherent, and humane services to children and families" (Kraemer, 1993, p. 5). In terms of child and family services, collaboration is thought to offer a number of specific benefits, including a structure that helps approach the whole client in a coordinated manner (Lewandowski & GlenMaye, 2002); high ownership of the problems, process, and generated solutions by collaborating partners (Gray, 1989); movement toward parity in shared power among the partners (Bailey & Kooney, 1996); and delivery of comprehensive services that promote positive development and well-being of children (Davies, Burch & Palanki, 1993; Stroul & Friedman, 1988). Collaboration typically is viewed along a developmental continuum. For example, Kraemer (1993) describes four increasingly sophisticated stages of collaboration, with each stage dependent on the success of the previous stages: communication, cooperation, collaboration, and community building. Similarly, Bailey and Koney (1995) describe a four-phase framework for community-based consortia development: assembling, ordering, performing, and ending. Successful movement from one phase to the other is dependent upon managing critical phase specific issues and themes.

Based on current trends and future predictions, practice techniques to foster collaboration, such as modifying fiscal incentives, using pooled flexible funding,

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standardizing intake and risk assessment procedures, co-locating staff from different systems, developing interdisciplinary teams, and training across systems, will be common for some time to come (Friedman, 1994; Roberts & Early, 2002; Tracy & Pine, 2000). Service systems are increasingly relying upon community-based partnerships, which include a broad base of participation and cross system collaborations to ensure shared responsibility and individualized responses to family needs and strengths. Some examples include collaborations with nonprofit service providers, faith-based institutions and neighborhood leaders and associations to build networks of protection and prevention (White, 2000), child welfare collaborations with other service systems (Altshuler, 2003; Webb and Harden, 2003), and patch approaches that build upon and strengthen local formal and informal resources (Adams & Nelson, 1995).

The manner in which families will respond to these changes in service delivery and the ways in which the social work task will be impacted are largely undetermined. There have been few case studies focused on inter-system collaboration projects designed to respond more effectively to the variety of circumstances that make families vulnerable to disruption. This paper seeks to address the need for qualitative research on collaboration to better understand implementation processes as well as the experiences of the workers and families involved (Freer & Wells, 1999; Pecora et al, 1995; Wells and Biegel, 1992; Wells, 1994; Raschick & Critchley, 1998). For example, we need more information on contextual factors that affect service delivery (Wells and Freer, 1994), administrative practices as they relate to collaboration (Gil de Gibaja, 2001), worker behavior and attitudes supportive (or non-supportive) of collaboration (Reese and Sontag, 2001), as well as the most promising ways to involve families more fully in collaboration (Peart and Bryant, 2000).

In this study, we utilized a qualitative case study method (Patton 1990), with data collected at multiple points over time, to investigate and describe the characteristics and implementation of county-level collaboration projects as they developed over a two-year period in the context of one midwestern state's service delivery change initiative. A particular focus of this paper is to examine the types of collaboration implemented in response to the initiative, the characteristics and implementation of the collaboration, and how professionals and participating families described their experiences with inter-system collaboration. This paper begins with a description of the larger statewide initiative, The Family Stability Incentive Fund. We examined the nature of the collaborative relationships that developed through this initiative and how collaborative relationships changed over time. We will discuss the major themes that emerged from the first-hand experiences and perceptions of administrators, service providers, and families.

The factors that either facilitated or hindered the process of collaboration are presented. The paper concludes with a discussion of lessons learned and practice implications.

The Family Stability Incentive Fund

In January 1996, the Ohio Family and Children First Council (FCFC) Initiative awarded Family Stability Incentive Funds to seventeen counties in Ohio with the goal of reducing out-of-home placements of children around the state. The rationale underlying the program was that out-of-home placement is costly, both in dollars and in the emotional damage it brings to the child and family. The initiative stated that families ought to be supported in raising their own children whenever it is feasible and safe for the child.

The state adopted a specific financing strategy to support a change in usual practice. While financing strategies, such as state support of local initiatives, state pooling and distribution of out-of-home care funds, and pooling specific funds for multi-agency children and youth, are commonly used to support comprehensive community-based services (O'Brien, 1997), the specific strategy used in this project was unique. Unlike a traditional grant where funds are awarded up front to develop the proposed services, this project awarded incentive funds that were paid to counties only when quarterly and annual goals for out-of-home placement reduction were met. These goals were expressed as a percentage reduction from a one-year baseline count of placements. The intent was to provide a strong incentive and reinforcement for reducing placements.

The counties were encouraged, but not mandated, to establish intersystem diversion teams that would take a new cooperative approach to working with families and enhancing family stability. Systems were defined as agencies and programs serving a specified target population (e.g., mental health, children's services, and developmental disabilities). The explicit purpose of the team was to foster greater inter-system collaboration with multi-need children and adolescents through the use of flexible funds. The state agency allowed each county to establish its own program or project. There were few requirements either in terms of service system involvement, service models or strategies, or services to be provided. Rather, each county, through its local Family and Children First Council, had considerable flexibility in the operation of its program and how money could be spent. The research project we describe in the next sections took place over a two-year time period, one year after the counties had begun to implement their projects.

Methodology

The study involved all 17 counties in Ohio that received initial funding from the Family Stability Incentive Project. These counties accounted for 52% of the State of Ohio's population under age 18. In each county, a variety of service delivery systems were involved in the projects, such as juvenile courts, departments of human services, children's service boards, and the public systems that served people with various problems, including mental illness, substance abuse, and mental retardation/ developmental disabilities. Service systems that had authority to place children out-of-home (Children's Services, Mental Health, and Juvenile Justice) were the most frequently represented and were responsible for project oversight.

The study utilized key informants that represented professional staff from each of the service systems and family members who had received services from this program. The unduplicated count of subjects who participated in the total study over the two-year period was 172 persons.

The composition of the subjects was as follows: 36 county contact persons (constituting those people most familiar with the day-to-day operation of the FSIF project within their county), 93 service providers, and 43 family members. The service providers represented the following systems: Children's Services (25), Mental Health (n=31), Court (n=8), Mental Retardation/Developmental Disabilities (n=14), Department of Human Services (n=8), Other Social/Family Agencies (n=14) and Schools (n=4), and others (n=7). For inclusion in the study, service providers must have been involved with the FSIF project for at least six months, known by the FSIF county contacts, and involved in a collaboration effort with at least two families. Similarly, eligible family members were involved with the FSIF project within the last six months by reason of prevention of placement and were involved in a collaborative effort with a minimum of three agencies or services systems where services or funding could not have been provided without the availability of the FSIF project. Our working definition of collaboration was phone contacts or meetings that resulted in the exchange of goods, services, or funds to benefit a client family.

A variety of methods were used to gather data for this qualitative study. Standardized structured phone interviews were conducted on a quarterly basis with the designated county contact persons at five time points. Representatives of the key systems involved in the county's project participated in semi-structured individual and group interviews. Semi-structured group interviews were conducted with family member participants (consumers) in the projects. Interview topics included initial involvement in the FSIF

project, experiences with collaboration, strengths and weaknesses of the project, areas of impacts, and suggestions for change, among others. A focusing exercise, in which study participants were asked to identify systems with which they had interacted, was used as an orienting exercise in the group interviews. [1]

Data analysis proceeded at several levels. Within-county analyses described the content and process of each county's implementation. Cross-county analyses examined variations in implementation. Finally, statewide comparisons of the subjective experiences of those service providers and family members involved in the projects were conducted.

The major portion of data gathered in this study consisted of statements made by participants. Interview statements were subjected to content analysis procedures as described by Patton (1990) in order to identify, code, and categorize primary themes and patterns in the data. Case studies also were prepared in order to organize in-depth information about each county's project, the unit of analysis for much of the study. The data analysis steps proceeded as follows:

1. Each interview in this study was tape recorded and then transcribed. In addition, notes were taken during both phone and in-person interviews. The notes and transcriptions were compared to one another to detect any obvious missing data or to help clarify points.
2. Two research staff read all transcriptions. After the first reading, material was organized so that all statements pertaining to one topic were placed together. Statements were the complete and distinct responses of participants to specific questions, rather than single sentences or utterances. The statements then were reviewed by a third staff person to ensure that all relevant statements had been captured from the interview.
3. Next, statements were independently classified by two research staff into discrete categories depending on the topic of interest. Classifications between research staff were compared, and discrepancies between classifications were discussed. Sometimes a third reader would be utilized to resolve any discrepancies. The result of these discussions was often a further refinement and clarification of the categories or codes used.

[1] Copies of all data collection instruments can be found in the Final Report of the Impact of the Family Stability Incentive Fund Program (Tracy, Biegel, Johnsen, & Rebeck, 1999), and may be obtained from the first author.

4. Each of the three staff members then independently read the statements in each topic and classified them according to the agreed upon categories or codes. The use of multiple readers and the discussions among readers helped to enhance the credibility of the classifications employed. In some cases where two or more staff placed statements in classifications, inter-rater reliability was computed. The overall agreement rate in such cases was 91 percent.
5. A county case study document was prepared and reviewed by several staff members to ensure that it completely and accurately reflected the data that had been collected. This report was then sent to each county contact person. The county contact person was asked to read the case study and respond to several questions (e.g., does the case study capture the FSIF project as you have experienced it in your county?). The responses of the county contact were included in the final report.

In order to examine the interview data from focus groups and group meetings, a similar data analysis process was used. Several research staff read information from each of the meetings. Themes and issues were highlighted and reviewed by the research staff. Data from the individual interviews and focus groups were not combined, but rather the group data were integrated with findings from the individual level data. In such cases, the group data served to confirm or disconfirm the data, illustrate a theme, or suggest a new direction.

Findings

This section begins with a description of the three major approaches to collaboration adopted and then discusses the collaboration themes and implementation issues experienced across the 17 counties. Based on the within- and cross-county data analyses, we conceptualized inter-system collaboration across the 17 counties in response to the Family Stability Incentive Fund (FSIF) as consisting of three distinct strategies: Service, Broker, and Funder. These strategies differed in terms of the following dimensions: assumption of case responsibility, the presence or absence of an inter-system team, and focus on inter-system service planning versus service development and expansion (See Table 1).

The first approach was a service-oriented strategy (observed in 7 counties) that focused on staff or teams who accepted referrals and assumed responsibility for the family for a period of time. Staff or team personnel represented various service systems and could easily cross system boundaries. Service efforts included involvement from other systems or referral to services. After a short service period, the case was either closed or sent

back to a system for follow-up. The second approach was a broker-oriented strategy (observed in 5 counties) that focused primarily on intersystem planning and collaboration. Meetings of service providers occurred to develop comprehensive case plans. While FSIF staff interacted with various service systems to assist in the development of a comprehensive plan, case responsibility remained with the referring system or agency. Funding requests were made through the FSIF project for services or goods needed as determined through the planning effort. The third approach was a funding-oriented strategy (observed in 5 counties) that focused on planned use of funding to meet gaps in community needs. Each county using this strategy funded new services in the county, for example, an interdisciplinary home-based service team, a crisis nursery, or a lead poisoning prevention program.

Table 1. Dimensions of Collaboration

Dimension	*Service Strategy*	*Broker Strategy*	*Funder Strategy*
1. Presence of intersystem service staff/team	X		
2. Staff assumption of case responsibility	X		
3. Facilitation of intersystem planning		X	
4. FSIF monitoring/administration		X	
5. Current service expanded			X
6. New programs/service development			X

Five identifiable collaboration themes emerged from the data analysis across all county approaches. These themes related to changes in communication across systems, changes in inter-system relationships, changes in attitudes, changes in interactions with families, and changes in the ways services are delivered. Each of these themes and corresponding factors influencing implementation is discussed in more detail below.

Theme 1: Communication across systems at multiple levels within the county. Communication, among all parties (systems, workers, and families) was experienced as improved, and this change was attributed to the FSIF. The theme of enhanced communication was predominant both in individual and group interviews. FSIF teams often communicated with other professionals and with family members themselves to gain a better understanding about family needs. Intersystem teams (teams with members from different disciplines and service systems) and the deployment of FSIF staff across different intersystem settings facilitated communication in ways that were helpful to case planning with families. For example, an intersystem team member in one county stated "each of us has a built-in relationship with a (system)....we're constantly helping them with cases." Project coordinators in other counties provided resource information about a variety of services. It was noted that communication at the direct-service level influenced

coordination and collaboration at the administrative level. As one county executive stated "This grant has kept us talking. And as it keeps us talking, it develops a relationship...Develops a lot more understanding." One tangible outcome of enhanced communication was that service providers had greater access to various services because they now knew who to call and what kind of options were available.

There also were a number of barriers to communication that impacted the implementation of the FSIF project. Over the course of the study period, the counties experienced a number of changes in the manner in which the FSIF program was administered at the state level. While the counties liked the flexibility inherent in the FSIF program, they often were frustrated by unclear or changing directives in the areas of definitions of placements, baseline counts, reporting requirements, and timelines for use of funds. Generally, these concerns lessened over the duration of the project, as state-level communications and guidelines became clearer and more stable.

Theme 2: Collaborative relationships across systems within the county. Data from the focus groups and interviews revealed positive changes in collaborative relationships across systems over time—primarily with schools and the court system. These changes appeared to occur and be related to concerted efforts on the part of the FSIF staff or team to improve relationships with particular systems. One method by which FSIF projects established better working relationships with other systems was to facilitate referrals from that system by reserving service slots to ensure acceptance of the referral. Generally, there was a pattern that the systems with the highest number of referrals were described as highly and positively involved in the oversight of FSIF. It is difficult to determine if the higher rating was a cause of increased numbers of referrals or a consequence of the referral pattern. The measure of success in a system relationship was often receiving appropriate referrals from that system. For example, increased referrals from the schools were perceived as indicators that the schools had changed their attitude toward difficult students and would now work to keep the child at home versus pushing for placement (e.g., "schools ask us since they have learned about us to come and talk to them about diversion)." Seemingly intangible factors, such as the persistence and presence of workers, worked to change relationships for the better between systems. For example, there were increased juvenile court referrals in those counties where a team member sat in on court proceedings on a regular basis.

FSIF projects also fostered supportive working relationships with other community resources and agencies (e.g., Red Cross, Salvation Army, Catholic Charities). Each of the case study counties reported working to develop better relationships with one or more systems through FSIF. Mechanisms that tended to facilitate better working relationships

between systems included accepting referrals from that system, face-to-face contact/meetings, communicating about the project, co-location of service providers, and cross system training among others.

While counties generally experienced the incentive funding approach as facilitating collaborative relationships, the use of incentive funding also created some problems. Planning future activities was difficult for counties, due to the fact that the funding was not guaranteed but contingent upon meeting goals. In addition, some counties had difficulty obtaining and funding the range of services required for wraparound with very complex family situations.

Theme 3: Shift in personal attitudes by human service professionals, organizations, and institutions. The philosophy of "family preservation," defined broadly as placement prevention services, was adopted more uniformly across systems with a renewed vision of ways to make this feasible. Service providers described the freedom to take a "how can we" rather than a "can we" approach to meeting family needs. More creative case planning occurred, with increased flexibility in funding and service provisions. For example, the use of informal sources of support, neighborhood resources, and concrete supportive services (such as respite care) was facilitated by the FSIF project. There was less "red tape" to access funds for reimbursements. The FSIF program encouraged service professionals to acquire authorization for expenditures over the phone and gave them the authority to sign service contracts. These changes encouraged and supported creative ways to stabilize at-risk families with "just-in-time" delivery of services. The commitment made by team members to adjust their schedules and meet after hours at the families' convenience is another example of a shift in attitudes. Service providers were trained and supported in the use of informal helping networks and family involvement at every phase. A service provider in one county commented that "...[this] grant has allowed us to step out of crisis mode—from seeing each [other] as enemies and to keep us talking so our philosophies blend a bit more." Executives in that county also reported "a coalescing of a philosophy about kids and families, and the idea that placement is a last resort." In another county, executives commented, "...the grant brought us together in a new and a different kind of way...seeing each other in a different way and coming up with some different way[s] of problem solving..."

One key factor of implementation success was related to the values and attitude of the administrator. Executive support was viewed as critical in the success of these community inter-system projects. Likewise, lack of support and commitment from administrators was viewed as undermining the outcome of this type of initiative. All county contacts reported the importance of the support they received from system

administrators. Several sought guidance from advisory boards that were comprised of administrators and decision-makers from various systems.

Theme 4: Family-friendly approaches to serving multi-need families. Family needs were met on a more individualized basis, with more emphasis on the family's definition of need. During the family focus groups, families expressed satisfaction with the working relationship that had been established with the FSIF team or staff and with the services that had been provided to them. One parent related how the program had "saved a child that was headed straight down the tubes." Another typical parent statement was "This is the one program that we've been involved in the past four years that I have nothing negative to say about, I really don't."

Family involvement in goal setting increased over the duration of the project through the use of case planning meetings with the family, often held in the family's home. A member of one inter-system team commented, "Because it's family driven it's not so much what...[this] case manager wants. It's what that mother, that father, wants for their child." Several counties also included Parent Advocates on their teams to represent the parent point of view (e.g., "I'm going to say when I think something is intrusive to families").

Workers reported that when they listened, what the family really wanted and needed was relatively simple, and that sometimes small concrete supportive services played important roles in helping to reduce stress and risk. Concrete services also helped the worker and family establish working relationship (engagement) by showing the practical value of services to meet needs as defined by the family, not just the worker. The flexible funding structure allowed for many non-traditional, non-categorical services and supports to be made available to families.

An example of non-traditional services is the family with communication problems who was offered a dining room table instead of sole reliance on traditional communication skills training. The dining room table allowed the whole family to sit and eat together, during which they could apply communication exercises. Another example is the use of flexible funds to pay for guitar lessons to reinforce a youth's follow through on treatment goals.

Family Stability Incentive Funds also enabled counties to intervene on environmental problems and concrete needs of families early on, presumably before the family situation deteriorated and created high risk to the child. Families often commented on the usefulness of hard or concrete helping services. These services were described as helpful

in establishing trust, demonstrating a non-judgmental attitude, and reducing family stress levels (e.g., "they were there for you," "they stayed beside you giving support," "I knew one phone call and I would have whatever help I needed"). Many counties, particularly those using the funder and broker strategies, offered funds to meet family environmental needs. Counties recognized that it was often difficult to engage a family in complex relational issues if the did not have heat or electricity, or if they could not remain in their own home due to high levels of lead poisoning. As one respondent stated, "We have the ability to take a look at the non-traditional type of services (families) need."

Even though family involvement in decision making and case planning was built into FSIF projects, family focus group data revealed that parent empowerment was difficult to achieve in all cases. Parent involvement in case planning was difficult to achieve with every family. Involvement from families seemed to face two types of barriers. One was the lack of interest from families or families that were overwhelmed to a point where it was difficult for them to be involved. One mother commented that she "...was working at the time. And I wanted to do everything that I could to help. And we were trying to meet; we had so many times there would be like three meetings in one day. And how can we do that?" Another hurdle was lack of information on the part of the family. "I don't know that there is a piece of paper called a plan with our name on it anywhere. If there is, you know, I haven't seen it." Some families still seemed far removed from service planning due to their lack of knowledge of resources and their inexperience in teamwork.

Theme 5: Awareness of community resources and service options, both formal and informal. Services were enhanced through the use of the incentive funds. Intensive in-home services were made available as a result of the FSIF projects. New programs were developed in new ways, with pooled funding, inter-systems teams, managed care concepts, etc. At the same time, the relationships developed have furthered an understanding of the total range of and gaps in services available in the community. In some cases, the incentive funds were used creatively to address service gaps, such as providing equipment to clean up lead contamination.

Counties gained a better understanding of needs and resources. Agencies better understood their role in placement. This understanding was used to improve service delivery through such mechanisms as pooled funding and team meetings. Through case reviews and other formats, counties grew more aware of targeting at-risk populations, the role of various systems in the placement process, and the contextual factors in the county that influence placement. Service providers became more knowledgeable about solution options through other agencies than their own.

There were concerns expressed regarding child and family safety and placement reduction as the sole focus. Counties wanted to address length of stay, recidivism, early intervention,and specific target groups in addition to the prevention goal. Coupled with these concerns was the fact that for some counties family problems dealt with in the later phases of the project were more complex and entrenched. For these families, placement prevention or diversion services were viewed as difficult to mobilize, expensive to maintain, and entailing more safety risk.

Another difficulty was that the FSIF program often was not carried out consistently within a county. Service providers and referral sources reported different experiences with FSIF depending on the worker and the client needs. Clients also reported differences in interaction with FSIF staff. In one county, some family members were well acquainted with the intersystem project staff, while others worked only with their Children Services Division caseworker. Some referral sources heard frequently from team members, while others reported meeting or speaking with a worker only one time. A court provider reported, "I believe the difference, quite truthfully, is the worker. The FSIF worker...the particular person that my office mate got involved with, I mean, just didn't do the job. They did not make contact. They did not work. So I think that has a great deal to do with success or failure."

Discussion and Implications

A limitation of the study that should be noted is the fact that the research was funded and mandated by the same state agency that provided the incentive funding. Therefore, the county contacts may have been inclined to present the most positive picture possible. Another limitation is that even though this study did find evidence of family satisfaction with FSIF services and enhanced organizational relationships and service delivery, the case study method did not focus on or assess child or family outcomes, such as changes in child placement rates, possibly resulting from FSIF services.

The study design did allow, however, for a richer understanding of the processes involved in collaboration and the requisite worker skills and knowledge needed to effect a change in practice as usual. The use of multiple informants from each county, including other service providers, referral sources, and family consumers, helped broaden the perspective and offered divergent views on collaboration over time. The implications of the findings for further research, practice with multi-need families, professional and family collaboration, and practitioner education and training are described below.

Implications for Research

Community collaborations to support child safety and well-being are developing rapidly (National Child Welfare Resource Center for Family-Centered Practice, 2000), although there is little research documenting the impact on children and families. Some studies of inter-system service delivery projects (Bickman, 1996) have shown that changes in the organization and structure of services to create a "system of care" do not necessarily lead to improvement in child and family outcomes. As Farmer (2000) points out in a review of systems change, public sector collaboration—in the form of "systems of care" for children—continues to grow without much data to support its effectiveness. The literature Farmer reviews consistently shows that systems can be changed in terms of collaborative relationships, comprehensiveness of services, and family satisfaction with involvement, but there is little convincing evidence that these system changes produce improved individual level outcomes. Further research is needed on the extent and type of outcomes that can be expected from enhanced collaboration, as well as the outcomes associated with varying forms or aspects of collaboration (e.g., family teams, contracting with non-profits, co-location of services) and the context in which collaborations take place. For example, Glisson and Hemmelgarn (1998) found that organizational climate (e.g., low conflict, role clarity, cooperation, and personalization) rather than interorganizational coordination predicted positive service outcomes and service quality in children's services.

Implications for Practice with Multi-Need Families

Findings from this study highlight a number of unique features of community collaborations with multi-need families. Worker skills and attitudes must favor creative case planning, often described to us as "thinking outside the box." The availability of flexible funding appears to be an important component of practice as well. Flexible funds in this study provided the organizational support for creative case planning to occur. The combination of traditional services with creative use of flexible monies for concrete services allowed many more options for workers to maintain family stability. This practice approach allowed for a focus on environmental concerns, concrete services to reduce stress levels, and non-traditional services to engage families and youths in treatment activities (e.g., guitar lessons to reinforce youth participation in treatment).

Implications for Professional and Family Collaboration

Maintaining focus on parent and extended family involvement in case planning is another key implication of this study's findings. A feature of FSIF practice approaches was the emphasis placed on family involvement and self-determination and the

organizational structure put in place to encourage collaboration. There were many ways in which this was approached—from parent mentors or advocates as service providers, to family representation on oversight teams, to team meetings and intersystem advisory councils. While this goal was not always easy, it was a predominant value stance adopted by the FSIF projects.

Effective family participation requires changes both on the part of families and professionals. Families need support and training in order to assume new roles in case decision making; it cannot be assumed that families possess these skills. For example, in family group conferencing (Pennell and Burford, 2000), the preparation phase, during which all family members are convened and oriented to the conference process, is considered the longest and most important step to success. Likewise, professionals need a deep understanding of family needs, the impact of a child's disability on the family, and a developmental perspective in order to work effectively with families. For those FSIF projects that used a multidisciplinary team, the knowledge of each discipline contributed to a fuller understanding of families and an enhanced ability to engage families from various backgrounds.

Implications for Practitioner Education and Training

Findings from this study hold implications for pre-and in-service education and training needs for human service professionals involved in community-based collaborative efforts (Lawson & Hooper-Briar, 1994; Roberts & Early, 2002). As Graham and Barter point out "collaboration captures the need for professions, agencies, communities, and client systems to work differently..."(1999:6). It would appear that effective practice collaborations must be based on a rather unique set of knowledge, skills, and attitudes. The attitude base appears to be especially important. We heard over and over that if workers believed in the importance of strengthening families, they would find a way to provide supportive services to accomplish their goal. The active participation of individuals who were open and committed to working together appeared to be a key factor in collaborative efforts (Ryan, Tracy, Rebeck, Biegel, Johnsen, 2001). The commitment of individuals to collaborate, while difficult to measure, does appear to be an important prerequisite supporting collaboration (Nicholson, Artz, Armitage & Fagan, 2000).

Collaboration occurs in context and in interactions among people. Organizations must support the skills people need in order to collaborate (Bruner, 1991). Among the skills needed are those for inter-disciplinary teamwork, accessing community resources, use of concrete services, building partnerships with families, working with and mobilizing

informal supports, and blending these informal supports with formal services (Hatfield, 1997). Human service professionals working within the service model counties needed a distinct set of skills related to inter-system team work and collaborative case planning with families and other service providers. Workers must understand and overcome barriers to working with and within different professional cultures (Poulin, Walter, & Walker, 1994). They must understand and relate to the values and knowledge base of those from other professional disciplines. They also must be comfortable working in settings other than their own. If shared physical space supports the collaborative process (Nicholson et al., 2000), then workers must be comfortable in schools, neighborhoods, and clinic settings, among others. They must understand the social norms governing interactions in these settings and be skillful in developing relationships outside of their own discipline.

In conclusion, this study gathered information from a variety of service systems involved with a collaborative system reform initiative. We believe, as do others (Wells & Freer, 1994), that qualitative research methods are uniquely suited to form the basis of a contextual understanding of those directly involved in collaborative efforts, both as service providers and recipients. In this way, we may gain a better understanding of how to achieve the objectives desired by such broad-based service programs.

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Elizabeth M. Tracy and David E. Biegel are at the Mandel School of Applied Social Sciences at Case Western Reserve University. **Ann C. Rebeck** is a Project Coordinator at the Cuyahoga County Mental Health Research Institute, and **Jeffrey A. Johnsen** is a member of the Cuyahoga County Community Mental Health Board.

Correspondence may be addressed to Elizabeth Tracy, Associate Professor, Mandel School of Applied Social Sciences, Case Western Reserve University, 10900 Euclid Avenue, Cleveland, OH 44106-7164.
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