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.

### References


### Improving Child Welfare Outcomes Through Systems of Care Demonstration Sites

**California**—Partnering4Permanency—Valerie Earley, Project Director, vearley@ehsd.cccounty.us

**Colorado**—Jefferson County System of Care—Susan Franklin, Project Director, SFranklin@jeffco.us

**Kansas**—Family Centered Systems of Care—Beth Evans, Project Director, ebme@srs.ks.gov

**Nevada**—Caring Communities Project—Tiffany Hesser, Project Director, HesserTi@co.clark.nv.us

**New York**—The CRADLE in Bedford Stuyvesant: A Systems of Care Initiative—Nigel Nathaniel, Project Director, Nigel.Nathaniel@dfa.state.ny.us

**North Carolina**—Improving Child Welfare Outcomes Through Systems of Care—Eric Zechman, Project Director, ericzechman@ncmail.net

**North Dakota**—Medicine Moon Initiative: Improving Tribal Child Welfare Outcomes through Systems of Care—Deb Painte, Project Director, debp@nativeinstitute.org

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**Pennsylvania**—Locally Organized Systems of Care—Andrea Richardson, Project Director, c-arichard@state.pa.us