

DISSERTATION

WELFARE AND CHILD WELFARE COLLABORATION

Submitted by

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School of Education

In partial fulfillment of the requirements

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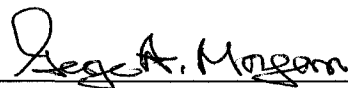
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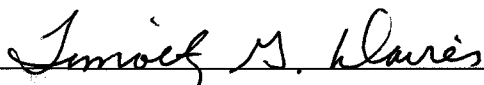
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ABSTRACT OF DISSERTATION

WELFARE AND CHILD WELFARE COLLABORATION

Within departments of social services, child welfare and income assistance programs are typically separate administrative units that work with families who often have service needs from both of these programs. Coordinating services for dual-system families across these program areas has been encouraged in the wake of welfare reform and its more stringent time frames in combination with child welfare legislation that places time limits on permanency decisions for children placed out of the home. The majority of families involved with the child welfare system are poor and many of the barriers to self-sufficiency faced by clients involved with Temporary Assistance to Needy Families (TANF) are also implicated in difficulties with parenting. Cross-system collaboration and service coordination between these two programs is challenging, and attributing outcomes for clients to collaboration is difficult due to the huge number of variables involved and the considerable variety in collaborative structures. What works for whom, how and in what contexts is poorly understood.

The purpose of this study was to describe the extent and nature of service coordination and collaboration between child welfare and income assistance programs within Colorado county departments of human / social services. Data collection involved a two-phase process where phase one employed a brief written survey questionnaire administered to county departments of human / social services directors for all 64

Colorado counties, and phase two involved a telephone survey of 38 administrators (or their designees) responsible for child welfare and Colorado Works programs within the county departments of human / social services.

Protocols for identifying clients with open cases or needs in both programs were described, as well as the extent of services coordination. Collaboration between child welfare and Colorado Works programs also occurred via specialized programs, teams or units that blended resources and targeted specific client groups, such as relative caregivers for children-in-out of home placement or for families with dire resource needs at risk of mandatory involvement with child welfare. TANF funding was an important resource for these programs and teams that were often described as oriented toward early intervention and prevention.

Identified supports and barriers to cross-system collaboration spanned the spectrum of levels of authority, from federal and state level policies and activities to leadership and culture within the agency. Additionally, workload, staff turnover, retention and training were identified as key issues affecting collaboration. Program administrators indicated that collaboration between child welfare and TANF programs was desirable because, ultimately, it was in the best interests of clients in accessing resources and aligning service plans. The perceived overlap in issues and needs of clients accessing both programs was sizable; the estimate of clients with cases open in both programs was higher in the smaller, poorer counties.

Child welfare administrators generally thought that their front-line staff needed to understand what services were available through the other program and how to access them; for Colorado Works administrators, understanding client requirements and status,

along with recognizing signs of abuse and neglect were among the top information needs of front-line staff. Cross-system information exchange did not often happen in a deliberate, systematic way. Most administrators thought that collaboration between these programs would increase, influenced by availability of resources, client needs and priorities of leadership. State level leadership is likely important to successful collaborative efforts via explication of effective models and policies that support it.

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CHAPTER 1 - INTRODUCTION

Background

When the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was enacted, advocates for children and families raised the alarm that this overhaul of the public welfare system would put more children at risk for abuse and neglect and push more families into poverty. Features of PRWORA predicted to facilitate an increased risk of child abuse and neglect and impoverish more families include: stringent work requirements for adults receiving Temporary Assistance to Needy Families (TANF); the family cap, which eliminates increases in benefits for additional children born into the family; time limits on receiving TANF; sanctions, leading to partial or full loss of assistance for non-compliance with TANF rules; and a ban on any TANF benefits to convicted drug felons.

Since the passage of PRWORA, income assistance to impoverished families with children is no longer an entitlement, but is instead tied to employment and decreasing dependency on public support. TANF, authorized under PRWORA, replaced Aid to Families with Dependent Children (AFDC), is a time-limited program whose goal is to foster self-sufficiency through employment, marriage and two-parent families.

Child welfare and income assistance programs (welfare) have a significant percentage of clients in common (Courtney & Dworsky, 2003; Needell, Cuccaro-Alamin, Brookhard, & Lee, 1999; Shook, 1999; Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2000). Of children in

foster care across the U.S., more than half come from welfare-eligible homes (Ehrle, Malm, Fender & Bess, 2001). Poverty is one of the primary predictors of a family's involvement with the child welfare system (Berger, 2004; Carter & Myers, 2007; Courtney & Dworsky, 2003). Needell, et al. (1999), in a study of ten California counties found that within five years of AFDC¹ entry 27% of children experienced a child abuse referral. While the exact number of clients involved with both systems (dual system clients) is unknown, there is certainly considerable overlap; and impoverished families are many times more likely to become involved with child welfare than non-poor families. According to the Third National Incidence Study of Child Abuse and Neglect² children in families with incomes below \$15,000 were over twenty times more likely to experience some type of maltreatment than children from families with annual incomes over \$30,000, more than 44 times more likely to experience neglect, and more than 22 times more likely to die from abuse and neglect (Sedlak & Broadhurst, 1996). The association between poverty and poverty-related circumstances with child abuse and neglect has been well documented (e.g., Courtney, Piliavin, & Power, 2001; Derr & Taylor, 2004; Needell, et al., 1999; Ozawa, Joo, & Kim, 2004; Pelton, 1994; Shook, 1999). Poverty co-occurs with substance abuse, domestic violence and poor mental health, all risk factors for child abuse and neglect (e.g., Chandler, Meisel & Jordan, 2002; Kirby & Anderson, 2000).

¹ Aid to Families with Dependent Children (AFDC), the precursor to Temporary Assistance for Needy Families (TANF).

² The Third National Incidence Study of Child Abuse and Neglect (NIS-3) is a congressionally mandated research effort assessing the incidence of child abuse and neglect in the United States. It is conducted approximately every ten years. Data for the NIS-4 were collected in 2005 and 2006; and final reporting is due out in December, 2008.

A dramatic decline in the welfare rolls occurred in the 1990s, albeit not uniformly across the country (Larin & McNichol, 1997; Taylor, 1999; Wexler & Engel, 1999). The strong economy and changes in federal welfare policy that combine assistance with work programs, and limits the amount of time a family may receive assistance, moved those who were most employable off of welfare into jobs. By the late 1990s, the TANF caseload was more likely to consist of clients with complex co-occurring needs (Loprest, 1999). During this same time period, the Adoption and Safe Families Act (1997) placed limits on the amount of time that children could spend in out-of-home placement without a permanency plan. Thus, the concern that those families with complex co-occurring needs were at greater risk for losing their children was heightened. The predicted increase in child welfare cases under TANF time limits did not materialize. However, if poor families were presumably better off due to increased employment and income, and given the relationship between poverty and child abuse and neglect, the question was raised as to why there was not a corresponding decrease in referrals to child protective services (Courtney, Piliavin, & Power, 2001).

The low-wage labor market is not a source of secure employment and does not provide a living wage. Loprest (1999), in tracking what happened to families after they left welfare (between 1995 and 1997), found that one-third had returned to welfare within the time period of the study. Cases may be closed for multiple reasons, including sanctions, becoming employed or individuals reaching TANF time limits. A fair amount of discretion exists on how the regulations are applied across states, counties or by individual caseworkers (Cherlin, Bogen, Quane, & Burton, 2002). A complex picture is emerging of the circumstances of families and children who have left TANF due to

employment, time limits or sanctions, with more disadvantaged families experiencing great hardship among the sanctioned (Cancian, Haverman, Meyer, & Wolfe, 2002; Cherlin, et al., 2002; Grogger, Karoly, & Klerman, 2002; Kalil, Seefeldt, & Wang, 2002; Martin & Lindsey, 2003). The economy soured shortly after the turn of the new century with an accompanying rise in welfare applicants, though not to pre-1996 levels. After the most recent economic cycle and current down-turn, the number of families seeking assistance is likely to rise.

The Assistant Secretary for Children and Families at the U.S. Department of Health and Human Services, Dr. Wade Horn, said during a Center for Law and Social Policy (CLASP) teleconference on February 6th, 2004 that the “overarching purpose of the TANF program ought to be to improve the well-being of children, not to increase the earnings of parents.” Obviously the well-being of parents is integral to the well-being of their children. Parenting is negatively affected by stress, which in turn is compounded by poverty, being a single parent, drug or alcohol dependence, domestic violence and poor mental health (Berger, 2004; Derr & Taylor, 2004; Chandler, et al., 2002; Courtney, et al., 2001; Nam, Meezan & Danziger, 2006; Ozawa, Joo, & Kim, 2004).

Within departments of social services, income assistance and child welfare services are typically separate administrative units. In Colorado, this occurs at both the state and county levels.³ Prior to 1972, welfare (income assistance) and child welfare services were provided by the same agency within departments of social services. Services offered to poor families were viewed as rehabilitative and a means to reducing dependency on public assistance. Welfare caseloads continued to rise, however, and in 1972 the Department of Health, Education and Welfare mandated separate organizational

³ Human / Social Services, in Colorado, are state supervised, county administered.

units for income maintenance and social services (Courtney & Dworsky, 2003). Although the mandate was overturned in 1976, the separation of income assistance and child welfare services has remained in effect.

Challenges to collaboration or services coordination within departments of human / social services are numerous, starting with their historical separation. Common challenges to collaboration between welfare (e.g. TANF) and child welfare programs include: caseworker workload and limited time and support for case coordination; divergent goals for clients with service plans in either system; difference in orientation and status between child welfare service providers and income maintenance workers; different organizational cultures; information systems that are not designed to communicate or coordinate across organizational boundaries; confidentiality; uncertainty about the stability of TANF funding, and constraints due to categorical funding that restricts service offerings (Berrick, Frame, Langs & Varchol, 2006; Bundy-Fazioli, Peterson & Hagen, 2004; Ehrle, et al, 2004; Kakuska & Hercik, 2002).

Collaboration across service domains can occur across a continuum of levels from the direct services and program levels to organizational integration. Communication or coordination between workers in developing a service plan for shared clients is an example of service-level collaboration. New programs, such as a multidisciplinary unit providing coordinated services for families with complex needs, exemplify collaboration at the program level, which could be supported by formal agreements between service systems seeking to integrate services across domains. Collaboration can vary along several dimensions, including the degree or intensity, formalization, reciprocity and standardization (Ovretveit, 1996; Horwarth & Morrison, 2007).

Twenty factors related to successful collaboration were identified by Mattessich, Murray-Close and Monsey (2001) via a systematic review of empirical research addressing collaborative efforts. Across the studies that met criteria for inclusion in their meta-analysis, the relative importance of each of the factors was not determined, although several factors were more frequently cited as specifically related to the success of a collaborative group. In looking at collaborative efforts across those sectors serving families involved with child welfare systems, these twenty factors may provide a taxonomy to begin to identify best practices for workers, programs and organizations.

Funding flexibility under TANF, along with requirements that families receiving TANF must meet, encourages greater collaboration across service boundaries. Welfare reform furthered opportunities for increased collaboration between child welfare and TANF-related services. A small number of studies have begun to examine the nature and extent of this collaboration, which varies widely in degree and format (e.g., Bundy-Fazioli et al., 2004; Ehrle, et al., 2001; Ehrle, Scarcella & Geen, 2004; Hutson, 2003). Regarding outcomes for families and children relative to collaborative efforts between child welfare and TANF, likewise little is known (Daro, 2003).

Calls for collaboration and service coordination among those providing services to vulnerable families with co-occurring needs are common in the policy literature in this area (Berns & Dreake, 1999; Berrick, Frame, Langes, & Varchol, 2006; Briar-Lawson, 1998; Bundy-Fazioli, et al., 2004; Chandler, et al., 2002; Courtney, et al., 2001; Ehrle, et al., 2004; Ehrle, et al., 2001; Green, Rockhill, & Furrer, 2007; Horwarth & Morrison, 2007; Hutson, 2003; Smith, & Mongro-Wilson, 2007). The well-documented intersection of family poverty and child maltreatment, along with other co-occurring needs, suggests

that those providing services to our communities' most fragile families must find ways to collaborate on their behalf. If we do not, we risk setting them up for failure (conflicting service plans), wasting resources (duplication), and frustrating everyone. Fortunately, opportunities and models for effective collaboration exist and are beginning to be documented (e.g., Hutson, 2003). What constitutes best practices in this regard is waiting for explication.

Purpose of the Study

This inquiry seeks to describe the extent and nature of service coordination and collaboration between child welfare and income assistance services within Colorado county departments of social services, as well as the relationship between county characteristics and the structure of child welfare and income assistance services.

Rationale for the Study

Coordinating TANF and child welfare services for dual system families is a growing trend and considered “best practices.” We need to know how or if coordinated services affect outcomes for families. In order to attribute outcomes to collaboration, we first need to delineate the nature and extent of service coordination between income assistance programs and child welfare. Colorado has a state supervised – county administered human services system, with 64 counties delivering services in a diversity of demographic and geographic settings. Counties have considerable discretion on how their services are structured. This discretion, in conjunction with demographic and geographic diversity, accounts for variation in the structure of their programs and how TANF related services and child welfare services may be coordinated. In seeking to improve services to vulnerable families in the child welfare system, or at risk for abuse

and neglect, a necessary first step toward understanding outcome for families is to carefully describe service coordination as it currently exists.

Research Questions

In Colorado Counties' Public Social / Human Services Programs:

1. From the perspective of those administering public human / social services programs in Colorado counties, what is the extent and nature of collaboration between TANF and public child welfare services?
 - a. How are TANF and child welfare services structured (by county)?
 - b. What, if any, policies and procedures are being developed, or have been developed that address collaboration or service coordination?
 - c. What priority do agency directors / managers assign to collaboration between child welfare and TANF services?
 - d. To what extent do child welfare and TANF programs coordinate services to dual- system clients?
 - e. At what service points are services coordinated?
 - f. How are dual-system clients tracked (if they are)?
 - g. What kinds of staffing patterns, if any, support TANF-child welfare services collaboration?
 - h. From the respondents' perspectives, what facilitates / hinders service coordination (collaboration)?
2. To what extent do Colorado county directors / division managers of child welfare and TANF services programs support / not support in-house collaboration across these services? Why?

- a. To what degree do county directors and division directors / managers view collaboration between TANF and child welfare services as desirable or undesirable?
 - b. What types of collaboration are desirable?
 - c. For whom is collaboration between TANF and child welfare services desirable (clients, staff)?
 - d. What services, if any, do directors / managers perceive their division's clients may need from the other division? What issues do they believe dual-system clients have in common, if any?
 - e. How do directors / managers view the overall agency philosophy on child welfare – TANF collaboration?
 - f. How do directors / managers view their staff's position on the desirability of child welfare – TANF collaboration?
 - g. How do directors / managers assess their staff's receptivity to and knowledge of the other system (child welfare and TANF)?
3. From the perspective of TANF and child welfare division directors / managers, what is the future direction of collaboration between TANF and child welfare services?
 4. From the perspective of TANF and child welfare division directors / managers, how has policy at the state and / or federal level supported or posed obstacles to collaboration between TANF and child welfare services?

Definition of Terms

Welfare refers to income support, income maintenance programs and cash assistance.

Currently “welfare” refers to Temporary Assistance for Needy Families (TANF). Prior to

TANF implementation it referred to Aid to Families with Dependent Children (AFDC).

TANF and AFDC clients are also referred to as welfare clients.

Child welfare agencies provide services to children and families where the goal is to protect children from abuse and neglect. Child Protective Services (CPS) are a primary component of child welfare services.

Dual-system clients are individuals or families with open cases in both child welfare and TANF.

Co-occurring needs refer to multiple and typically complex needs of individuals and families who may be involved with, or have service needs, in two or more areas, such as child welfare, income support, mental health, substance abuse, domestic violence, health or disability, and other possibly complex needs.

Out-of-home placement occurs when a child is removed from their home by child protective services due to child abuse or neglect. The child may be placed in a temporary emergency shelter, foster care, or with relatives. This may also refer to juveniles in detention.

Departments of Human / Social Services are statutory agencies, administered at the state or local levels, which provide an array of services to eligible individuals and families.

The services typically include assistance or income support programs (e.g. TANF, Food Stamps), child welfare and child protective services, and other services depending on the agency. Names of the agencies vary; some are departments of social services, some departments of human services or health and human services.

County Directors of Departments of Human / Social Services refer to the lead administrator for the local county department of human / social services. Division directors for the assistance and child welfare services may consist of an additional layer of administration or management in these agencies.

Service coordination refers to activities, procedures and policies that link services across service boundaries for dual-system clients, or clients with multiple co-occurring needs. These activities, procedures and policies may be on a continuum from very informal (e.g., case workers share information) to more formally embedded in agency policy (e.g., unified case planning). “Coordination” will, to a certain extent, be defined by participants in the study.

Collaboration is described by Mattessich and Monsey (1992) as “a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals” (p. 39). In the context of this study, collaboration will be, to a certain extent, defined by the participants.

Delimitations

This study sought the *perspectives* of directors, or administrators, in county departments of human / social services in Colorado regarding the extent and nature of service coordination and collaboration between TANF and child welfare services in their agency. More objective measures that could address the research questions were not sought, such as documentation of agency policies, procedures, client data (such as numbers of clients served by programs within the agency), and workforce information. A primary delimitation of the study is the geographic bounding to the state of Colorado.

The findings do not represent the nature and extent of service coordination between child welfare and TANF across the county.

Limitations

Because the *perceptions* of county directors of human / social service agencies were sought, the degree to which they represent the actual state of service coordination and collaboration in their agency is uncertain. Service coordination and collaboration are “buzz words” in the social service arena; this may have biased how they are represented in their agencies by participants.

Researcher's Perspective

As the director of a program that assists human services organizations with collaborative goals, I have been intrigued by the scarcity of empirical evidence that supports or contests the effectiveness of collaboration in addressing complex needs. I am aware of, and agree with, the logic behind collaborative approaches to working with vulnerable families and the advantages of systems working together to decrease duplication, address service gaps and provide more holistic, comprehensive services. The lack of a strong evidence base for what works, or does not, is concerning. My work, and the work of my colleagues in this endeavor, is driven by what we understand of best practices. While I am a proponent of collaboration and have seen it work well in process, ultimately attributing outcomes to collaborative efforts is much more problematic. As an evaluator, I realize that we must first understand how an intervention (program, initiative, project, or treatment) has been implemented in order to attribute outcomes to it. The diversity of collaborative ventures in their settings, goals, implementation, degree, and assumptions generates a vast number of variables on multiple levels. Research on

collaboration is challenging for this reason. Thus, a lot of work has yet to be accomplished in identifying collaborative theories, models, and approaches, tracking related outcomes, and adding to the theory and evidence base. I believe that collaboration is a powerful tool, but I am still looking for the evidence.

CHAPTER TWO - LITERATURE REVIEW

Introduction to the Literature Review

There are two main sections comprising this chapter. The first section centers on welfare, child welfare, and their intersection. It provides a brief background and overview of welfare policy and more recent welfare reforms. Risks associated with child maltreatment and subsequent supervision by child protective services are discussed, along with linkages between family poverty and child welfare involvement. Some of the effects of recent welfare reforms on children and families are briefly summarized.

The second main section addresses the very large topic of collaboration. There is a concise conceptual overview of collaboration; and then collaborative efforts and models specific to human services and child welfare services are explored. Lastly, child welfare – TANF collaboration is addressed with an eye toward what inhibits and supports service coordination across these domains.

Welfare and Child Welfare

Welfare Reform Legislation

In August 1996 the Personal Responsibility and Work Reconciliation Act (PRWORA, Public Law 104-193) was signed into law “ending welfare as we know it.” Welfare, as we knew it, was initiated with the Social Security Act of 1935, a social safety net for poor Americans established during the depression. Programs for the aged, blind adults, and Aid to Dependent Children (ADC) were components of this social safety net. ADC was the most controversial of these programs. Its objective was to enable the

mothers, in the absence of a male breadwinner, to remain in the home to care for their children. Federal support to ADC and its descendent programs has always been stingier than other means-tested (income-based) assistance programs. In fact, for the first 14 years of the program, the assistance amount did not include the care-taking adult (Abramovitz, 1988; Katz, 1996; Piven & Cloward, 1997). It was not until the states protested having to provide funding for the care-taking mothers that this was included.

The ADC program served as proxy for the male-breadwinner and imposed strict behavioral requirements on ADC recipients; assistance was denied to those who failed to provide a “suitable home,” an often arbitrarily applied standard (Abramovitz, 1988). Black women were typically denied assistance based on the rationale that plenty of jobs were available; their labor was in demand, especially in the south (Abramovitz, 1988; Secombe, 1999). At the end of the 1930s, the vast majority of ADC recipient families were white, mostly widowed, some deserted, divorced or separated, but seldom unmarried women with children.

The Social Security Act of 1935 created the modern welfare state, and since that time, the roles of women in families have changed substantially. As women joined the workforce in much greater numbers in the 1960s and beyond, paying single women to remain home to care for their children became less acceptable. Welfare to work programs began to appear in 1958 with the Work Incentive Program (WIN) and later the Job Opportunity and Basic Skills (JOBS) program; and since then, workfare programs have been linked with AFDC benefits (Blank, 1997; Handler, 1995; Rank, 1994).

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (U.S. Public Law 104-193), eliminated AFDC replacing it with

Temporary Assistance to Needy Families (TANF). Whereas AFDC was a federal entitlement program, TANF funding is distributed to states in the form of block grants, allowing states considerable discretion in setting up their assistance programs. The federal law requires that TANF recipients be engaged in a work activity within 24 months of receiving cash assistance, with a *life-time* limit of 60 months. States are likewise required to increase proportions of their TANF case-loads engaged in work activities over the course of time. The welfare reform law was reauthorized in 2005 (Deficit Reduction Act) and the U.S. Department of Health and Human Services implemented revised requirements in June, 2006. While PRWORA became law in 1996, there is variation as to when individual states adopted PRWORA, ranging from late 1996 to early 1998 (Waldfogel, 2004). While some of the federal requirements are mandated, states have discretion on how they implement many elements of welfare reform, thus introducing variation into the total policy package across the states.

Public Child Welfare Services

Child welfare services and social policy addressing poverty have been historically intertwined. Prior to federal legislation addressing child protection, children's aid societies undertook the removal of children from dangerous home conditions, boarding them out to sponsors in the community, or sending them off to farm families in the Midwest.

In American social welfare, the condition of children is inextricably linked to the status families. Because the United States has failed to establish a family policy that assures basic income, employment, and social service supports to parents, they frequently have difficulty in caring for their children. As families are less able to care for their children, the demand for child welfare services escalates. (Karger & Stoesz, 1990, p. 231).

In 1909 the first White House Conference on Children was convened to scrutinize the issue of boarding out children from impoverished families. The U.S. Children's Bureau was established in 1912 under the Department of Commerce and Labor with the purpose of focusing attention on child welfare (Karger & Stoesz). It was not until the Social Security Act of 1935 that the first federal grants for child welfare services were established to assist states in developing local child welfare agencies and services (Murray & Gesiriech, 2003). Title IV of the Social Security Act launched Aid to Dependent Children (ADC) to provide assistance to poor children. ADC, later became Aid to Families with Dependent Children (AFDC), the precursor to TANF (Temporary Assistance to Needy Families). During the 1950s, aid payments on behalf of children under ADC were being denied on the basis of parental behavior that was judged immoral. In 1960 Louisiana dropped 23,000 children from the welfare rolls because they were born to unmarried mothers, which prompted the Department of Health Education and Welfare to rule that the needs of children could not be ignored because they lived in "unsuitable" households. States were required to provide appropriate services to make the home suitable or find a suitable placement for the child while maintaining financial support (Murray & Gesiriech). ADC was renamed Aid to Families with Dependent Children (AFDC) in 1962. Currently, foster care is federally reimbursed for children who were eligible for assistance under AFDC standards (Mangold, 2007).

Prior to 1972, welfare (income assistance) and public child welfare services were provided by the same agency within departments of social services. Services offered to poor families were viewed as rehabilitative and a means to reducing dependency on public assistance. Welfare caseloads continued to rise, however, and in 1972 the

Department of Health, Education and Welfare mandated separate organizational units for income maintenance and social services (Courtney & Dworsky, 2003). Although the mandate was overturned in 1976, the separation of income assistance and child welfare services has remained in effect.

Child Protective Services originated in 1874 with the discovery of a violently abused child tied to a bed in New York. The church worker involved in the discovery, Etta Wheeler, sought legal intervention, but no laws applied to protect the abused child. The child was removed from the perpetrator's home under animal protection statutes, later providing the basis for Societies for the Prevention of Cruelty to Children (Karger & Stoesz, 1990).

In the 1960s, pediatrician, C. Henry Kempe, alarmed by the volume of child abuse and neglect incidents, identified the "battered child syndrome"; the problem of child abuse began to receive national attention (Karger & Stoesz, 1990). Until the Child Abuse Prevention and Treatment Act (CAPTA) was enacted in 1974, child welfare services operated without uniformity across states and localities. CAPTA (Public Law 93-247) provided funding for child abuse prevention and treatment accompanied by required reporting and investigation systems (Murray & Gesiriech, 2003). The National Center for Child Abuse and Neglect was established within the Department of Health and Human Services and was now able to track the incidence of child maltreatment nationally (Karger & Stoesz).

As child abuse and neglect registered on the national radar, the number of children removed from their homes increased dramatically. Over the course of the next few decades a number of laws were introduced addressing the family preservation – out-

of-home placement – permanency problem. The Adoption Assistance and Child Welfare Act (Public Law 96-272), enacted in 1980, provided oversight to child welfare services. Among its provisions were the requirements that states make “reasonable efforts” toward family preservation through prevention and family reunification services and court review of child welfare cases. The Indian Child Welfare Act (ICWA) also addressed family reunification and gave tribal courts oversight with regard to Native American children. The Adoption and Safe Families Act (ASFA), enacted in 1997, addressed concerns about the length of time that children spent in out-of-home placement without attachment to a permanent home. ASFA (Public Law 104-382) promotes expedited permanency decisions for children and incentives to increase adoptions (Murray & Gesiriech, 2004). ASFA introduced time limits on out of home placements, while welfare reform (PRWORA) placed time limits on assistance to impoverished families. Children and family advocates raised concerns that vulnerable families with co-occurring needs, being unable to meet more stringent case or treatment plan requirements within the specified time-frames, were at increased risk of permanently losing custody of their children.

Risk Factors Associated with Child Welfare Involvement

Risk factors associated with child maltreatment and family involvement with the public child welfare system span those related to individual child and family characteristics, group demographics, and community / environment features. The interaction amongst these many variables paints a complex picture of the conditions that tend to place child safety and well-being at risk. A common thread woven throughout the tangle of threats to family well-being is the association between family fragility leading

to child maltreatment and poverty. This section briefly reviews a selection of the literature addressing risk factors to child maltreatment and child protective services (CPS) involvement.

The demographics of child abuse and neglect. The U.S. Department of Health and Human Services (USDHHS, 2008) reported the rate and number of children who were victims of child abuse or neglect in 2006 as 12.1 per 1000 children, or 905,000 victims. In 2006, approximately 3,573,000 children were subject to a child abuse or neglect investigation or assessment, a rate of 47.8 children per 1000; and of those children who were subject to an investigation, approximately one quarter were found to have been victims of maltreatment (USDHHS, 2008).

Neglect⁴ is by far the most frequently reported type of maltreatment, comprising more than 64 percent of confirmed incidents of child abuse (USDHHS, 2008). According to USDHHS, the type of substantiated maltreatment varies across age groups, with younger children (ages 0 to 3) far more likely to experience neglect (73 percent of substantiated reports in 2006) than older children (55 percent for those age 16 and older).

According to data collected by the National Child Abuse and Neglect Data System (NCANDS), a national data collection and analysis system created in response to the requirements of CAPTA, children ages birth to three years experienced the highest rates of maltreatment, with one-half of the victims age seven or younger. Girls represented slightly more than half of abused and neglected children. In 2006, about one-half of child abuse victims were White, one-quarter were African American, and 18.4 percent were Hispanic. During 2006, an estimated 1530 children in the U.S. died as a

⁴ Neglect is usually defined in terms of deprivation of adequate food, clothing, shelter, medical care, or supervision.

result of child abuse or neglect. More than three quarters of the child fatalities victims were under the age of four and 41.1 percent of child fatalities were related to neglect (USDHHS, 2008).

Family characteristics related to child abuse and neglect. Results from the congressionally mandated Third National Incidence Study of Child Abuse and Neglect (NIS-3)⁵ identified family characteristics associated with an increased risk of a child's maltreatment. Children of single parents versus those living with both parents had a 77 percent greater risk of physical abuse and an 87 percent greater risk of harm from physical neglect. Children living in larger families were at greater risk, as were children from low-income families. Children living in families with annual incomes less than \$15,000 versus those living in families with annual incomes greater than \$30,000 were more than 22 times more likely to experience some form of maltreatment, more than 44 times more likely to experience neglect and more than 22 times more likely to die from abuse or neglect (Sedlack & Broadhurst, 1996).

Macomber (2006) analyzed data relating to children living in particularly vulnerable families, including those experiencing domestic violence, child maltreatment, substance abuse, depression and childhood disabilities. While careful to avoid lumping all of these families together, Macomber points out that risks typically occur in combinations, with low-income families especially vulnerable, putting mother-only families at higher risk. Any combination of these stressors can significantly affect parents' ability to adequately care for their children.

⁵ The Third National Incidence Study of Child Abuse and Neglect (NIS-3) is a congressionally mandated research effort assessing the incidence of child abuse and neglect in the United States. It is conducted approximately every ten years. Data for the NIS-4 were collected in 2005 and 2006; and final reporting is due out in December, 2008.

Connell, Bergeron, Katz, Saunders, and Tebes (2007), using data from the Child Abuse and Neglect Data System (NCANDS) between 2001 and 2004, examined child, family, and case characteristics related to re-referral rates to Child Protective Services (CPS). Connell et al. (2007) point out that re-referral rates between substantiated and unsubstantiated cases are similar, suggesting that many unsubstantiated cases may represent a child maltreatment issue. The authors hypothesized, based on the current literature, that families with younger children, children with a previous history of substantiated maltreatment incidents, and children with an identified disability would be at higher risk for re-referral, and that family characteristics predicting re-referral would include poverty, history of drug or alcohol problems, and domestic violence. Also, children with an initial investigation based on neglect (versus physical abuse) would be expected to have higher rates of re-referral. They found that family poverty was the strongest predictor of re-referral. Some child and case characteristics (parental substance abuse and child disability) were also significantly related to CPS re-referral. Prior child protective services involvement is a strong predictor of subsequent involvement (Courtney, Dworsky, Piliavin, & Zinn, 2005; Fein & Lee, 2003; Needell, Cuccaro-Alamin, Brookhard, & Lee, 1999; Ovwigho, Leavitt, & Born, 2003; Slack, Holl, Lee, McDaniel, Altenbernd, & Stevens, 2003).

Risks of child maltreatment and involvement with the child welfare system are greater for younger children, children of single parents, children in larger families, and from families coping with mental health issues, substance abuse, domestic violence and poverty (Chandler, Meisel, Jordan, Rienzi, & Goodwin, 2005). As Macomber (2006)

points out, the hardships tend to co-occur, with many of these challenges faced more frequently by impoverished families.

Poverty and Child Maltreatment

Parenting under conditions of poverty places considerable stress on families. The vast majority of children that come to the attention of child protective services are from low-income families. (Eamon & Kopels, 2004; Macomber, 2006; Pelton, 1994; Slack, Holl, McDaniel, Yoo & Bolger, 2004). The relationship between family poverty and child maltreatment is complex and controversial. There is strong correlational evidence between parenting in the context of material hardship and decreased well-being of children across a multitude of factors (Berger, 2007; Slack et al., 2004). Likewise, those living in poverty are more likely to experience mental and physical health problems, substance abuse, domestic violence, nutrition deficiencies, problems with housing, exposure to dangerous neighborhoods, isolation with regard to social support, and other challenges and stressors that affect family well-being (Carter & Myers, 2007; Ozawa, Joo, & Kim, 2004). Controversy arises from the question about whether poverty per se results in diminished safety for children, or whether a combination of other factors also associated with child maltreatment and co-occur with poverty are primary factors. For example, what are the causal dimensions of substance abuse and poverty; both are major factors that co-occur with child maltreatment. Are impoverished families under more scrutiny due to their increased involvement with services and other systems? Poverty, however, is a primary predictor of involvement with child protective services (Barth, Wildfire, & Green, 2006; Berger, 2004; Slack, et al., 2004).

Parenting, family structure, income, and maternal work. Berger (2007), using data from the National Longitudinal Survey of Youth (NLSY), estimated the interactive effects of income, family structure, and maternal work on measures of substandard parenting. Substandard parenting was operationally defined by rating parenting behavior in six domains (lack of parental warmth, limited outings and activities, low learning stimulation and limited access to learning materials, problems with the home interior, frequent spanking, and accidents requiring medical care); scores lower than 90 percent of other families' scores in the sample indicated substandard parenting. Scores from each of the domains were summed to create an index score, accounting for heterogeneity across families' parenting behaviors with similar socioeconomic situations. Low levels of care across all domains are not highly correlated, indicating that families will not exhibit substandard parenting behaviors across all of the domains. Berger notes that measuring rare or infrequent events tends to result in skewed distributions which lower the correlations between items. Extreme substandard parenting as reflected in Berger's index may result in child maltreatment, however the index is not measuring maltreatment per se. Indicators associated with child protective services (CPS) involvement are covariates with substandard parenting indicators, and in some studies, are used as proxies for child maltreatment risk.

Three family structures were compared in Berger's (2007) study: Mother-father, single-mother, and mother-partner (mother and cohabitating non-biological parent partner). Mothers had been included in the original NLSY sample and were between the ages of 14 and 21 years old in 1979. Their children included in the sample were all less than 10 years old, with 25,622 child-wave observations between 1986 and 2000 and a

mean number of 3.4 observations for each child. Berger found an association between single-mother families and mother-partner (non-biological father) families and low-quality care-giving, with more pronounced effects if the mother also worked. Children in mother-father families were least likely to experience sub-standard parenting as measured in the study. Single-mother families reported the lowest household incomes, and mother-father families, the highest. Berger found that associations between family structure and substandard parenting were both mediated by income and average daily maternal work hours. Children in mother-partner families experienced higher levels of substandard parenting across all regression models run, however higher household income in these families is negatively associated with substandard parenting exposure; thus, income may be a protective factor. Results also suggest that increased maternal work hours are associated with substandard parenting exposure in single-mother families. In looking at exposure to extreme levels of substandard parenting (below the 90th percentile on three or more indicators), increases in household income appears to play a protective role for children in single-mother and mother-partner families.

Family and community / environment contexts of child abuse. Barth, Wildfire and Green (2006) looked at the extent that child welfare placement decisions are mediated by poverty, the need for mental health services and rural or urban context. Children most likely to enter care are either very young (less than two years) or older than 11 years. The researchers constructed a stratified two-stage sample ($N = 3,798$) from a national data base (NSCAW)⁶ of children investigated as victims of child abuse and neglect. They limited the sample to children over the age of two years to allow for mental health related measures. Measures of household poverty were derived from income and

⁶ National Survey of Child and Adolescent Well-Being.

household size. The Child Behavior Checklist (CBCL), a standardized measure of children's behavior that can identify borderline/clinical problem behaviors, was used to assess children's mental health. Caregiver characteristics and risks data were collected from caregivers (those who had custody of the child), and if the child was not in the custody of the biological parent, these data were collected from the child welfare worker via a comprehensive checklist of family risks and strengths. Types of maltreatment reported included physical abuse, sexual abuse, neglect: failure to supervise, and neglect: failure to provide. When multiple types of maltreatment were reported, the most serious type was coded. Placement was coded as in-home or out-of-home at the time of the interview. The researchers added an item for the family risk assessment, trouble paying for basic needs, as an indicator for families who were thus designated "very poor." Seventy percent of the very poor families had incomes below the poverty line and were more likely to have been reported for neglect than other families. The very poor families were also more likely to be receiving assistance through TANF, food stamps or housing supports. Only one quarter of the very poor families received no government assistance, compared to 45 percent of the other nonpoor (income above the poverty line) families. The children in the sample were designated as urban or nonurban using Census bureau definitions for the county. The vast majority of children in out-of-home placement (83 percent) were from urban areas. Poverty was a significant contributor to out-of-home placement in urban areas, but not in nonurban areas. Among children with a clinical/borderline score on the CBCL the nonurban children were more than twice as likely as urban children to be in out-of-home placement. This suggests that placements related to the mental health of the child (when controlling for caregiver family risk

factors such as domestic violence, substance abuse and mental health of the caregiver), were significantly associated with out-of-home placement for nonurban children.

Overall, the authors (Barth, et al., 2006) concluded that children entering the child welfare system are much poorer than children in the general population, with half of children in out-of-home care and a third of children receiving in-home services from families identified as having trouble meeting basic needs (very poor). They report that more than half of children included in the NSCAW data reside in families that have had a history of involvement with TANF or AFDC and about half had incomes below 150 percent of the poverty level. Also, for those caregivers receiving in-home child welfare services, two-thirds were also receiving assistance through programs such as Food Stamps, WIC, TANF, SSI⁷ or housing. While two-thirds of families involved with the child welfare system are not designated as having trouble meeting basic needs, many experience financial hardship, with almost half living below the poverty line and most living below 150 percent of the poverty threshold.

Barth, et al. (2006) note that child welfare involvement is not for reasons of poverty alone; however, poverty status among children in placement varies considerably between urban and nonurban areas, with the poverty association much higher in urban areas. The age of the child is significantly associated with placement, with very young children and adolescents more likely to be in placement. The researchers point out that, in the present analysis, age figured less into the dynamic as both borderline/clinical child behavior problems and poverty covaried with age, with younger children from poorer

⁷ WIC (Women, Infants, and Children) is a federal nutrition program; TANF (Temporary Assistance to Needy Families) is the federal income assistance program that replaced Aid to Families with Dependent Children (AFDC); and SSI (Supplemental Security Income) is a federal income supplement program for aged, blind and disabled individuals with little or no income.

families. Past analysis of child welfare data indicate that families with higher levels of the typical risk factors (mental illness, substance abuse, active domestic violence and trouble paying for basic needs) are more likely to be involved with child welfare services. Barth et al., point out that a considerable number of families (20 percent) do not have any of these problems, suggesting that child welfare services are frequently used as a means of accessing care for older children with serious mental health problems. That is, a considerable minority of children are not in placement due to “unfit” parents, but rather because of child behavior problems and access to services, particularly in rural areas. The nature and extent of child welfare involvement is influenced by material hardship for the family and likely by the availability of therapeutic resources available in the area.

Zielinski and Bradshaw (2006) conducted a literature review exploring influences on the etiology of child maltreatment through an ecological lens; that is the nested layers of proximal to distal influences on child maltreatment, and their effects, are examined as a dynamic. Contextual influences on parenting and outcomes for children experiencing maltreatment include parenting practices and family circumstances. Family circumstances include socioeconomic status, parental mental health and parental substance abuse or addiction. Also, residential mobility and its relationship to systems of social support are included in the inquiry. Parenting, of course, is identified as the most proximal influence on child maltreatment and subsequent outcomes.

Parenting is mediated by the family circumstances listed above, with poverty, parental psychopathology, isolation and substance use/abuse negatively impacting parenting directly or indirectly (such as increased stressors that economic hardship entails), and also exacerbating the negative outcomes of maltreatment on children.

Neighborhood (physical location) and community (social connections) contexts have been found to influence the risk of child maltreatment, with rates of child neglect the most highly related to poverty indicators on a community level. This association varies with the racial composition, which is significantly weaker in primarily African American communities.

In addition to poverty, another community level factor that was found to predict child maltreatment rates was the neighborhood child care burden, calculated by the ratio of children to adults in the neighborhood (Coulton, Korbin, & Su, 1999 as cited in Zielinski & Bradshaw, 2006). Other research cited by Zielinski and Bradshaw suggests linkages between poverty, social disorganization and social isolation, which affect parenting behaviors and their perceptions of social support available to them. Social isolation is a factor associated with child maltreatment. Also, impoverished communities have few resources needed by parents, or available resources are overburdened. Successful parents in risky neighborhoods have been more likely to seek assistance outside their communities. Zielinski and Bradshaw point out that the effects of neighborhood and community contexts on child maltreatment are more likely to be indirect, such as stressors placed on resources available to parents, which in turn affect the quality of parenting.

Predictors of neglect. The association between poverty and child maltreatment is well documented (Pelton, 1994), and communities with higher poverty rates also report higher rates of child neglect, although the relationship is not linear. Neglect, however, is not explained entirely by poverty; the majority of children in poor families are not neglected. The relationship between poverty and child maltreatment is hypothesized to be

related to stressors and other factors, such as parenting under conditions of stress (i.e., a dangerous community), that are associated with poverty and thus impact parenting. Carter and Myers (2007) sought to explore the poverty-neglect relationship in combination with parental characteristics associated with increased risks to child maltreatment, while controlling for other known related variables. Carter and Myers used data from the National Study of Protective, Preventative, and Reunification Services Delivered to Children and Their Families (NSPPRS). Definitions of child neglect vary somewhat, however, four types are specified by the National Clearinghouse on Child Abuse and Neglect Information: physical, medical, educational and emotional. This study focused on physical neglect; the definition of physical neglect used by the authors is “a parent or caregiver not providing the child with basic necessities (e.g., adequate food, clothing, shelter, and hygiene)” (p. 111). They found statistically significant correlations between several primary caregiver variables, with the strongest relationships between substance abuse and mental health problems and substantiated child neglect. Domestic violence and greater numbers of children in the home were also found to be predictors. Selected indicators of poverty included enrollment in AFDC, the food stamps program, Medicaid, or WIC (a nutrition program for women infants and children), and unemployment. The researchers found a positive correlation between these poverty indicators and substantiated child neglect, however none were statistically significant.

A common thread running through the literature reviewed in this section is the intersection of material hardship with conditions counter-conducive to child and family well-being and effective parenting. Parenting, under any circumstances, requires time, energy and skills, and is mediated not only by the personal resources of the parent(s), but

by contextual physical and economic conditions. Mental and physical health problems are more likely to be experienced by those living in poverty. There appears to be some evidence that some single-mother families may be negatively affected by maternal work. Those struggling with poverty, or the often punishing conditions that pervade the low-wage labor market, are at a severe disadvantage not only in providing basic necessities for their children, but in dealing with the multitude of stressors that co-exist with life on the economic edge.

Involvement of TANF or Welfare Families with Child Welfare Services

Related to the disproportionately high representation of children from poor families involved with the child welfare system is the overlap between families involved with both welfare (e.g., AFDC, TANF, public assistance) and child protective services. Courtney, Dworsky, Piliavin and Zinn (2005) summarize and critique seven studies that examine the overlap between welfare and child welfare populations during the early years of welfare reform or prior to TANF implementation (see Fein & Lee, 2003; Goerge & Lee, 2000; Needell, Cuccaro-Alamin, Brookhard, & Lee, 1999; Ovwigho, Leavitt, & Born, 2003; Shook, 1999; Slack, Holl, Lee, McDaniel, Altenbernd, & Stevens, 2003). Taken together, these studies document a considerable overlap in the families receiving public assistance and who are also involved with child protective services (CPS). Needell et al. (1999) found that 22 percent of AFDC recipients in California in the early 1990s were investigated by CPS within five years of initial welfare receipt. Ovwigho et al. (2003), in a study including 17,441 children from 8,900 families who left TANF between 1996 and 2001, found that 7.3% were investigated by CPS within the first year. They found that children who had been previously involved with CPS had a 446 percent

increased risk of repeat involvement after exit from TANF services. While controlling for other family characteristics, including those that are known to increase the risk of child welfare involvement, Ovwigho et al. found that the cohort of those who left TANF at a later year in the study were more likely to become involved with CPS within one year after leaving. This confirmed their initial hypothesis, that those exiting the system later into the TANF implementation years would experience more difficulties, as this cohort would likely have more personal and familial challenges.

Courtney, Dworsky, Piliavin, and Zinn (2005) examined the overlap in the TANF and child welfare population in Milwaukee County using two data sources; one from an administrative database that tracks child maltreatment reports, child welfare services and foster care placements, and the other from interviews with selected applicants to the W-2 program (Wisconsin's Welfare-to-Work program) at six Milwaukee County sites in two waves. The two waves of survey data were collected (wave-1) between mid-March and Mid-August 1999, and (wave-2) from July 2000 through September 2001. Their measure of CPS involvement included all child maltreatment reports resulting in an investigation as well as those that were investigated but not substantiated.⁸ TANF applicants in the study included those who applied for assistance, both those who subsequently received it, and those who did not. The vast majority of those who did not participate in W2 (Wisconsin's welfare-to-work program) received some kind of assistance, either food stamps or child-care assistance. Of the study participants sampled, 47 percent had

⁸ Reports of child maltreatment are addressed in one of three ways: (1) The report is screened out as not appropriate for investigation, (2) the situation merits sending out a child welfare worker to investigate but there is insufficient evidence to substantiate the report, and (3) the investigated report results in a substantiated case of child abuse and neglect. Unsubstantiated cases may be referred to in-home voluntary services, as conditions indicate the potential for child abuse and neglect. Substantiated cases of child abuse and neglect are likely to have been previously investigated, especially in cases of neglect which are more difficult to verify.

experienced at least one CPS investigation between June 1989 and September 2001, with almost 40 percent having been investigated prior to their wave-1 interviews and 23 percent investigated between the wave-1 interviews and September 2001.

Among all study participants sampled, 15 percent had one or more children in court-ordered out-of-home placement between June 1989 and September 2001, with nine percent of these prior to the wave-1 interviews and 12 percent between wave-1 interviews and September 2001 (p.133). They found that W2 applicants in all years of the study experienced statistically significantly more CPS involvement than AFDC entrants to the W2 program (47.2 percent versus 35.7 percent).⁹ Bivariate relationships between the identified explanatory variables and CPS involvement indicated that having more resident children and at least one non-resident child, indication of economic hardships, and a prior history of CPS involvement were all associated with higher likelihood of CPS investigation. Likewise, parental mental health and well-being measures (substance abuse problems, depression, parental stress and a family member with a disability that limited parental employment) were associated with an increased likelihood of investigation. By far, the best predictor of involvement with CPS was having prior involvement with CPS. Increased economic hardship was also associated with CPS involvement.

Consistent with previous studies, the best predictor of child welfare involvement was a previous investigation. Economic hardship was associated with a greater risk of CPS investigation, with each additional economic hardship increasing the likelihood by ten percent. Courtney, et al. (2005) found no direct association between receiving cash assistance or the loss of assistance through sanctioning on the likelihood of involvement

⁹ The sample of participants in the Courtney et al., study included those who had entered Wisconsin's W2 program via Aid to Families with Dependent Children (AFDC), an entitlement program that was replaced by TANF with the PRWORA legislation in 1996.

with CPS. However, increased stressors associated with escalating levels of economic hardship could affect the probability of investigation. They did find a large overlap in the TANF and child welfare populations: 13.8 percent of the 1999 TANF applicants at a one-year follow-up and 21.4 percent of the applicants at the two-year follow-up. It was noted that the two-year follow-up figure for TANF applicant child welfare involvement was 40 percent higher than the two-year follow-up for those entering AFDC in 1996 (15.6 percent). In speculating why there had been an increasing level of CPS involvement among those applying for or receiving assistance, Courtney, et al. point to the drastic reductions in the welfare roles, with those remaining comprised of parents who were harder to employ and likely to have concurrently more difficulties with safe parenting. Welfare reform may have increased the hardship experienced by low-income families; and changes to the child welfare operations in Milwaukee county could have increased the surveillance capacity of the system. However, their data do not support either of these explanations. There is some evidence that those leaving the welfare roles later may have more barriers to self-sufficiency and moving into employment (Grogger, Karoly, & Klerman, 2003; Hagan, 1999).

Dworsky, Courtney and Zinn (2007), also using data from the Milwaukee TANF Applicant Study, identified predictors of involvement with child welfare services among 1075 families that applied for TANF in 1999. Using measures related to a randomly selected focal child from each family, the researchers looked for associations between child-specific measures (demographics, parenting stress, and behavior) and child protective services involvement. They found that 38 percent of the families were investigated for child maltreatment and 11 percent of the focal children were placed in

out-of-home care between 1999 and 2005. The best predictor of a child maltreatment investigation was previous involvement with child protective services, as was the best predictor of out-of-home care was prior out-of-home placement. Another statistically significant covariate with out-of-home placement was economic hardship experienced by the family. There was no relationship between their earnings-to-needs ratio status and child maltreatment investigations or placement, however. They speculated that increased numbers of economic hardships experienced would lead to increased parental stress, thus negatively affecting parenting; or that families who experience economic stress may be less able to care for their children's basic needs. Many TANF-involved parents are likely to have parenting support needs, which in-turn may be related to their abilities to obtain and retain employment. Dworsky, et al. (2007) point out that many of the problems that make parenting difficult, including mental illness, substance abuse and domestic violence, are also barriers to employment, and if parents become involved with child protective services, additional barriers to work (such as court hearings) are present. They conclude that there is a clear need for TANF agencies to improve coordination with child welfare agencies.

Children from impoverished families, and families receiving TANF, are much more likely to be placed out of the home. If a child / children are removed from the home, assistance is cut off, further exacerbating conditions that may have led to invention initially (Eamon & Kopels, 2004). In one program evaluation study (the Norman Program, implemented in Illinois in 1996), the researchers compared out of home placement rates between parents who had and had not received cash assistance over the 15 month study period (Shook & Testa, 1997, cited in Eamon & Kopels). They found that

those who continued to receive cash assistance were less likely to have a child placed in substitute care, experienced quicker family reunification and resulted in greater cost-effectiveness for the department of children and family services.

Drake, Jonson-Reid, and Sapokaite (2006) examined rereports of child maltreatment over a 7.5 year period in an urban low-income population in order to explore service system involvement across child welfare, income maintenance, special education, juvenile court and Medicaid-reimbursed medical or mental health care. Lower rates of rereporting were found among children with parents who were high-school graduates and/or permanently exited from a first spell on public assistance (AFDC) and for children in families that received less intensive in-home child welfare services. Families not receiving services and those receiving intensive services or those with children in foster care experienced higher rates of (child maltreatment) rereporting. The researchers found high rates of overlap in service sector use, prompting recommendations of stronger interagency ties and cooperation. Permanent exit from income assistance programs was associated with lower rates of rereporting of child maltreatment. This suggests that improving the functioning of the caregiver outside the parenting role could be a focus of intervention, with service coordination beyond child welfare involvement recommended.

Billings, Moore, and McDonald (2003) point out several poorly understood issues related to the welfare – child welfare interface, such as the nature of the relationship of poverty to child welfare involvement. They question the extent to which the increased visibility of poor families contributes to their involvement with child welfare; or are hardships imposed by poverty the driving factor? Are out-of-home placements more

likely for children whose families receive welfare assistance because of dollars available for foster care versus resources available to support children remaining home (Mangold, 2007)? The majority of poor families have no child welfare involvement. What factors are protective for children in poor families? What are the causal combinations of factors, both individual and contextual, that contribute to family hardship and child maltreatment?

Effects of Welfare Reform

A dramatic decline in the welfare rolls occurred in the 1990s, albeit not uniformly across the country (Larin & McNichol, 1997; Taylor, 1999; Wexler & Engel, 1999). The strong economy and changes in federal welfare policy that combine assistance with work programs, limiting the amount of time a family may receive assistance, moved those who were most employable off of welfare into jobs. However, the low-wage labor market is not a source of secure employment and does not provide a living wage (Edin & Lein, 1997). Loprest (1999), in tracking what happened to families after they left welfare (between 1995 and 1997), found that one-third had returned to welfare within the time period of the study. No longer an entitlement, TANF policy imposes sanctions (loss of benefits) on recipients who fail to comply with program rules. Cases may be closed due to sanctions or individuals reaching TANF time limits. A fair amount of discretion exists on how the regulations are applied across states, counties or by individual caseworkers (Cherlin, Bogen, Quane, & Burton, 2002). A complex picture has emerged regarding the circumstances of families and children who have left TANF due to employment, time limits or sanctions, with more disadvantaged families experiencing greater hardship among the sanctioned (Cancian, Haverman, Meyer, & Wolfe, 2002; Cherlin, et al., 2002; Grogger, et al, 2002; Kalil, Seefeldt, & Wang, 2002; Martin & Lindsey, 2003).

How has welfare reform and PRWORA implementation affected the well-being of children and families? Predictions of an increase in the child welfare caseloads as result of more stringent requirements of TANF and ASFA's focus on expedited permanency had not materialized by the late 1990s and early 2000s (Green, Fender, Leos-Urbel, & Markowitz, 2001; Martin & Lindsey, 2003). Some studies indicate that those left on the TANF caseload tend to have more serious and persistent problems and barriers to self-sufficiency and that their children are at increased risk of threats to safety and well-being (Billings, Moore, & McDonald, 2003; Courtney, Dworsky, Piliavin, and Zinn, 2005; Speigman, Karpilow, & Orrante, 2002). Concerns were raised that as families reached the 60 month TANF time limits, the most vulnerable families would be plunged into deeper poverty. TANF work requirements, and the low quality employment that would most likely be available, could increase the stress on already lower functioning adults, thus escalating the potential for child abuse and neglect. Leaving TANF could also decrease access to needed services and supports. Others argued that moving people off the welfare rolls into employment would benefit families and children through increased income and parental self-esteem, provide positive role models for children and enhance social support networks for families (Martin & Lindsey, 2003).

The effects of welfare reform in the mid-1990s appear to have affected various segments of the population differently. For many, the focus on employment led to increased income and family well-being. For others, those with more barriers to moving from welfare to work, there is evidence of increased hardship and risks to child safety and well-being. (Berger, 2007; Courtney, et al., 2005; Frame & Berrick, 2003; Grogger, et al, 2002; Reichman, Teitler, & Curtis, 2005; Slack, Magnuson, & Berger, 2007).

It is well established that families involved with the child welfare system are much more likely to be poor than families who are not, and there is a strong association between welfare receipt and child protective services involvement (Courtney, et al, 2005; Needell, et al, 1999; Ovwigho, Leavitt, & Born, 2003). Specific provisions in PRWORA raised concerns that children in low-income welfare families may be at greater risk for maltreatment. Time limits for receiving assistance and sanctions for noncompliance with welfare rules that reduce a family's income and increase parental stressors and family hardship could contribute to risks to child safety (Reichman, et al., 2005). Predictions of increased child protective services involvement due to welfare reform did not materialize, although the strong economy after PRWORA's implementation, resulting in increased employment opportunities and earnings, certainly lowered economic stressors on families (Billings, Moore, & McDonald, 2003).

TANF sanctions. Sanctions for noncompliance with welfare rules vary widely across administrative locales. Slack, Lee, and Berger (2007) assessed the relationship between welfare grant reductions, or sanctions, and child maltreatment reports. The study's site, Illinois, imposed a 50 percent grant reduction for the first two incidents of noncompliance with welfare rules and regulations, and complete loss of the welfare grant may be imposed with a third sanction. The researchers point out that welfare grant reductions may occur for a variety of reasons that are not sanctions, such as an increase in work income, failing to file required paperwork, or worker error. However, the resulting income loss from a sanction may impose real hardship on a family. A statistically significant relationship between grant reduction imposed by sanctioning and having an investigated neglect report, but not an indicated (meaning there is a risk but it does not

rise to the level of legal substantiation) report was found. A grant reduction resulting from some other reason besides sanctioning, and without any other income supplementation (such as food stamps, housing, work income, etc.), was also associated with a neglect report. Stability in TANF receipt (no grant reduction of 50 percent or more) was associated with an increased rate of investigated reports of physical abuse. Neglect investigations and substantiated reports of child maltreatment were also statistically significantly associated with having been exempt from TANF work requirements. Controlling for known covariates of child maltreatment reports, the findings indicate a positive relationship between sanctioning without income supplementation and the likelihood of a neglect report. Slack et al., raise the question as to whether families who are reported for child maltreatment subsequent to sanctioning are able to provide basic necessities for their children. Although this falls outside the scope of CPS services, it suggests the need for coordination with income maintenance services. Findings associating longer-term, stable welfare receipt with substantiated reports of physical abuse raise questions about characteristics shared by these populations. Family hardship that results from grant reductions, either sanctioning or for other reasons, that are not offset by supplemental sources increase the risk for child neglect investigation. But what about families who are not sanctioned? Are they experiencing the same hardships, but because they have not been sanctioned, fail to come to the attention of child protective services? What kinds of coordination or collaboration should child welfare services and welfare (TANF) seek on behalf of vulnerable families?

Cherlin, Bogen, Quane and Burton (2002), using data from the 3-City study¹⁰, examined TANF recipients' experiences with sanctions and administrative case closings. Of those who had lost benefits due to lack of compliance with program rules, the most common reasons for sanctioning were for missing an appointment or not filing paperwork. Cherlin et al. (2002) found that among those families who had received TANF in the previous two years, those who had been sanctioned were more vulnerable than other families. They had lower levels of education, worse health, more children per household, were more likely to report that a romantic partner had interfered with work or school, and were less likely to have a telephone. Families who were experiencing more hardships overall were also more likely to be sanctioned and lose benefits, possibly making things worse.

Those who remained longer / later on public assistance. Courtney, et al. (2005), in the Milwaukee study, speculated as to why child protective services (CPS) involvement for W2 applicants is much higher than the previous AFDC caseload, and seems to trend toward increasing. The researchers suggested several explanations. The W2 program was designed to encourage employment and discourage dependence on public assistance, thus those in the applicant pool were parents who were much less able to function in the labor force. As time passed, those remaining in the applicant pool comprised a higher proportion of those who are harder to employ, due to many of the same problems and conditions that make safe parenting more difficult. Also, Courtney, et al (2005) suggest that welfare reform may have made life more difficult for very low-income families, who are traditionally more likely to be involved with child welfare;

¹⁰ The 3-City Study surveyed a representative sample of low-income families (incomes below 200 percent of the federal poverty line) in Boston, Chicago and San Antonio in 1999.

however, evidence (that is an increase in child maltreatment reports associated with welfare reform) does not support this (Courtney & McMurtry, 2001 cited in Courtney, et al., 2005). Changes in Wisconsin's child welfare system may also have increased scrutiny in child protection resulting in an increase in reports, or perhaps the poor, in general, receive more scrutiny due their greater involvement with public assistance workers. However in comparing the AFDC entry into W2 cohort with the TANF sample, significant differences were found between the two groups, such as age of the parent (younger) and number of children (more), both of which are associated with increased CPS involvement.

Ovwigbo, Leavitt, and Born (2003), in response to research that documents the greater number of barriers to self sufficiency identified in those leaving the welfare rolls later, focused on the risk factors for child maltreatment among this population. Of the 17,441 children from 8,900 families who exited TANF between October 1996 and March 2001, in this Maryland based study, 7.3 percent ($n = 1,269$) were subject to a CPS investigation during the first year. The researchers found an increased risk of a substantiated CPS report was higher for families leaving TANF later.

Employment and parenting. Coley, Lohman, Votruba-Drzal, Pittman, & Chase-Lansdale (2007), looked at changes in family functioning related to welfare and work transitions using data from the 3-City study that involved a representative sample of 2000 low-income families. They found little evidence for associations between parenting and welfare to work transitions; although maternal economic and psychological well-being was positively associated with employment.

Slack, Magnuson and Berger (2007), provide an overview of research drawn from five non-experimental panel studies¹¹ that include families involved with TANF as recipients or applicants. While the results suggest that maternal employment or welfare receipt provide little evidence of one or the other's effects on parenting, they are linked to economic and psychological well-being or hardship; and economic hardship is related to increased involvement with child protective services. The researchers point out that very little is known about strategies employed by low-income families to "make ends meet." Consistent with earlier studies, Slack, Holl, Yoo, Amsden, Collins & Bolger (2007) found that current and former welfare recipients remain low-income and experience food, housing and health care hardships.

Moving welfare recipients into employment is the primary goal of current welfare policy, and studies regarding the effects of this policy on child behavior, well-being and parenting continue to be reported. Osborne and Knab (2007) looked at the relationship between maternal employment and welfare receipt and the health status and behavior problems of three-year old children. They found that the children of mothers who had transitioned to work fared better overall; however, this had less to do with welfare or work. The well-being of children was primarily explained by mothers' background characteristics and maternal stress and depression. Barriers to work experienced by mothers receiving welfare overlap greatly with difficulties in parenting.

Kalil and Dunifon (2007), in examining data from The Women's Employment Study, found little relationship between work and welfare use and child behavior. That is, whether mothers worked or received welfare was not related to child behavior problems;

¹¹ The five studies are (1) the Welfare, Children, and Families: Three-City Study (3-City), (2) the Women's Employment Study (WES), (3) the Fragile Families and Child Wellbeing Study, (4) the Illinois Families Study, and (5) the Milwaukee TANF Applicant Study.

however, lack of work was related to maternal economic hardship and psychological stress. Kalil and Dunifon did find a significant association between measures of social and economic hardship, maternal stress and child behavior problems, concluding that child behavior problems were more closely related to ongoing economic and psychological stressors than to work or welfare participation directly. Although, when mothers worked more than 2080 hours in one year (more than 40 hours per week), child behavior problems also increased. Currently employed mothers who were former welfare recipients for the most part remain poor or near poor, and experience ongoing financial strain, along with mental and physical health problems. One way in which welfare recipient mothers are better off, generally, than employed mothers, is that they have health insurance, which is associated with child well-being.

In analyzing the impact of financial work incentives on child well-being (in the context of a larger evaluative study assessing the overall effects of welfare reform), Grogger, Karoly, and Klerman (2002) found decreases in indicators of behavior and school achievement problems for school-age children; however increases in maternal work hours corresponded to greater risks to the well-being of adolescent children.

Nam, Meezan, and Danziger (2006) examined the relationship between former welfare recipients' employment and CPS involvement after welfare reform. Using data from the Women's Employment Study, a longitudinal study of randomly selected welfare recipients in a Michigan city, the researchers found that the amount of work experience prior to welfare reform mediated the risk of CPS investigation. Nam, et al. suspected that former welfare recipients who had no work experience prior to TANF reforms would experience difficulties with handling the multiple responsibilities of children and

employment. They found that, for those who had prior work experience, the probability of a CPS investigation decreased with a greater number of months employed; but for those with no or little prior work experience, the chances of a CPS investigation increased. Although, the probability of a CPS investigation was elevated for those employed, but had little or no work experience prior to welfare reform, there was no related increase in opening a CPS case as a result of the investigation. Nam et al., speculate that employment may have increased the stress levels for those with little prior work experience to the degree that parenting deteriorated, but not so serious as to warrant supervision by CPS.

So, there is some evidence that moving welfare mothers into employment may be beneficial to themselves and their children if their economic circumstances improve and the number of hours worked is not so burdensome as to increase parental hardship or impede supervision of adolescent children. Those with more experience and skills fair better in the labor market, and higher-functioning workers are more likely to be higher functioning parents. The relationship between maternal employment for low-income welfare recipients or leavers is complex and mediated by a number of factors that contribute to, or mitigate, family stress. Unfortunately, employment for those moving from welfare to work is often in the low-wage labor market, with few benefits, harsh working conditions and diminished opportunities to climb out of poverty.

Fragile families. Frame and Berrick (2003) undertook a qualitative study, using ethnographic methods, of families who were “dually-involved” with both the public child welfare system and public income assistance (welfare) in northern California after the passage of PRWORA. They sought to understand the relationship between welfare and

child welfare under welfare reform. They delineated three broad groups of families who might be affected differently by PRWORA: (1) the most vulnerable sector of the population who are likely to experience more economic hardship and greater contact with the child protection system, (2) those who for whom welfare reform is likely to effect positive changes and reduced risk for involvement with child welfare, and (3) a group for whom predicted involvement with child welfare is more difficult due to a complexity of factors (Frame & Berrick, 2003, p. 115-117). The realities of parenting under conditions of poverty present an array of challenges and stressors for parents, evoking a range of adaptive or maladaptive responses. Parents who had grown up in poverty experienced the cumulative effects of poverty (e.g., lack of quality education) in limited opportunities which also affected the needs and lives of their children (e.g., limited access to health care, poor quality child care, limited cultural or educational opportunities, inadequate housing, and so forth) (Frame & Berrick, 2003). The six families on whom the Frame and Berrick study focused were similar in that all had been simultaneously involved with welfare and child welfare, had histories of drug abuse, histories of child neglect, and limited education and employment experience. However, the differences in their capacity to manage, cope and utilize available supports led to a variation in outcomes. The authors speculated that for those parents who have some skills and economic resources to participate in recovery activities, the welfare-to-work model may have a positive impact. Those who do not have the skills or resources to move into employment are likely to experience severe economic hardship and difficulties with safe parenting. Frame and Berrick concluded that features of welfare reform that reduce the income of families involved in both the welfare and child welfare systems – “whose network of social and

economic supports are limited or potentially dangerous, and whose parenting capacities are fragile – place children at risk” (p. 135).

Romero, Chavkin, and Wise (2000) addressed questions about whether PRWORA implementation would result in increased family hardship due to decreased benefits and a possible increase in reported child neglect. They also questioned whether increased work requirements accompanied by inadequate child services could result in decreased supervision, leading to child neglect charges. Via a national telephone survey 1998 and 1999, CPS administrators were asked about the effects of welfare reform (PRWORA) on their agency’s work and about caseloads during the previous year. CPS administrators were substantially unfamiliar with many of PRWORA requirements; however, an increase in interaction between CPS and welfare services was noted. About half of CPS administrators noted an increase in their caseloads, and half indicated a change in the caseload profile, with an increase in substance abuse, domestic violence and foster care.

Waldfoegel (2004) looked at the links between welfare reform and the child welfare system by examining research since the onset welfare reform implementation, including studies conducted in the context of pre-PRWORA waivers where states explored reforms to their welfare systems in the early 1990s. She points out that main push in welfare reform was to move people from welfare dependence into employment. Certainly the welfare roles dropped dramatically (by more than 50 percent between 1993 and 2000), and employment and income amongst former welfare families increased. Fewer children in single-mother families lived in poverty; however, for the most economically disadvantaged families, there is evidence they may be worse off (Blank, 2002). It is difficult, however, to disentangle the effects of a roaring economy at that time

with welfare reform policies. The effects of welfare reform on child outcomes were examined in a series of experimental studies reviewed by Morris, Huston, Duncan, Crosby and Bos (2001, cited in Waldfogel, 2004). The results suggested that welfare reform policies that raised the income of families, along with parental employment, seemed to have some positive effects on measures of child behavior and school achievement for school-age children; however the positive effects disappear when mothers are exposed to increased work requirements without an increase in family income. Children who were adolescents at the time of the experiments lost ground on measures of behavior and school achievement. The authors speculated that maternal employment could be associated with decreased monitoring of adolescents' behavior or increased family responsibilities for adolescents, such as caring for younger siblings. Other studies have found associations between stricter work requirements and sanctioning, and higher rates of child neglect, but not abuse (Waldfogel, 2004).

Overlap in the welfare and child welfare populations highlight the plight of the most fragile families in our communities. The complex interaction of personal, family, demographic and community level factors that contribute to children and family well-being strongly suggests that those providing services to families and children need to be mindful of the differential effects that policies, such as welfare reform, have on families with diverse challenges and strengths. A cookie-cutter approach to services would be harmful. Likewise, the co-occurring problems experienced by vulnerable families calls for a coordinated response by service providers across multiple service sectors. Poverty is a primary predictor of involvement in child welfare services. It makes sense that welfare and child welfare agencies increase their capacity for collaboration with each other.

Collaboration

Human services collaboration is a logical imperative when working with vulnerable families and individuals with multiple and complex needs. Funders of human services programs and initiatives often expect collaboration, and mandates often require it. It makes sense, but evidence of its success is scarce in the research literature on human services collaborations. This section looks briefly at collaboration across service sectors, or silos, applied in several human services settings and then explores collaboration specifically between child welfare and TANF programs.

The Wilder Research Center sought to examine key ingredients to successful collaboration and undertook a meta-analysis of the empirical literature featuring collaboration (Mattessich, Murray-Close, & Monsey, 2001). Collaboration, as defined by Mattessich, et al., “is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals” (p. 4). The researchers reviewed 281 studies about collaborative endeavors and selected 22 of those that met their criteria for validity and relevance. That is, the researcher for the study must have stated that particular factor was an influence to the success of the collaborative group, and an outside observer (the Wilder Research Center researcher) must be able to link the statement directly to evidence presented in the study. A second researcher independently verified the evidence identified by the initial researcher / reviewer.

A previous review of the literature, using the same methodology, yielded 19 factors that influence the success of collaboration. The second round, reported here, confirmed the original 19 factors and identified one additional factor. Grouped into six categories, the 20 identified factors provide a theoretical overview of key variables

implicated in the success or failure of collaborative efforts. The authors note the frequency with which each factor was identified in their final selection of studies, but caution that this is not indicative of each factor's relative importance to the success of collaboration. Each context and situation would serve to foreground a somewhat different combination of factors crucial to collaborative success. The twenty factors, grouped into six categories appear below in Table 2.1 along with the number of cited studies that identify that factor.

Table 2.1

Factors Influencing the Success of Collaboration

Factors and Factor Categories	Number of Studies that Identify the Factor
Factors related to the Environment (Category 1)	
1. History of collaboration or cooperation in the community	11
2. Collaborative group seen as a legitimate leader in the community	3
3. Favorable political and social climate	6
Factors related to Membership Characteristics (Category 2)	
4. Mutual respect, understanding, an trust	27
5. Appropriate cross-section of members	18
6. Members see collaboration as in their self-interest	15
7. Ability to compromise	6
Factors related to Process and Structure (Category 3)	
8. Members share a stake in both process and outcome	9
9. Multiple layers of participation	17
10. Flexibility	10
11. Development of clear roles and policy guidelines	15
12. Adaptability	7
13. Appropriate pace of development	7
Factors related to Communication (Category 4)	
14. Open and frequent communication	15
15. Established informal relationships and communication links	10
Factors related to Purpose (Category 5)	
16. Concrete, attainable goals and objectives	10
17. Shared vision	15
18. Unique purpose	4
Factors related to Resources (Category 6)	
19. Sufficient funds, staff, materials, and time	20
20. Skilled leadership	13

Note. Adapted from Mattessich, et al., pp. 8-10.

Mattessich et al., report that the final tally of studies that identify a specific collaborative success factor “provides a rough estimate of the importance of a factor or its weight in influencing collaborative success” (p. 67).

In addition to the various dimensions of collaboration, a continuum describing the intensity or level of collaboration is sometimes related to the formality of the collaborative arrangement or the system level at which it occurs. “Cooperation,” “coordination,” and “collaboration” are often used interchangeably; however, they are also used to define different levels of collaboration, with cooperation on the less structured, more informal end of the continuum, and “integration” on the opposite end of the continuum with more formal relationships and structures in place (Horwath & Morrison, 2007; Mattessich, Murray-Close, & Monsey, 2001). Horwath and Morrison (2007), from a review of literature, identified five levels of collaboration from less to more formalized. These are: (1) communication, where individuals from different disciplines talk together; (2) co-operation, involving working together on a case-by-case basis; (3) co-ordination, a more formalized joint working; (4) coalition, with joint structures that sacrifice some autonomy; and (5) integration, where organizations merge to create a new joint identity (p. 56). The authors cite additional dimensions on which the above levels could be plotted, including formalization, intensity, reciprocity, and standardization (Ovretveit, 1996, cited in Horwath & Morrison).

Low level collaboration is typically identified as communication across disciplines or organizational boundaries, primarily occurring at the worker to worker level, sans formal agreements or any structural merging. High level collaboration, identified as integration, involves formal agreements with shared goals, accountability and decision-making. Integrated services involve braiding or merging resources, responsibilities, and organizational cultures across system structures (Horwath & Morrison, 2007; Rino, Packard, Daly, Tucker-Tatlow, & Prosek, 2003).

Collaboration Strategies.

In seeking to understand the factors that impeded collaboration and integrated policy development among all those involved with child protection and maltreatment prevention, Daro (2003) examined the logic, evidence, and limitations for three identified strategic paths toward a more inclusive vision: (1) Differential strategies for responding to child abuse reports, (2) out-basing child welfare workers in community agencies, and (3) establishing community partnerships to cultivate wider responsibility for child protection. Most reported incidents of child abuse or neglect are not investigated, and of those investigated, only a small portion are substantiated, and even fewer are offered services. Recall that a primary predictor for involvement with the child welfare system is previous child protective services (CPS) contact. Families, who have been reported to CPS, but where lack of evidence to substantiate or open a case precluded contact with services, represent a pool of families and children who likely need supportive or therapeutic intervention (Melton & Berry, 1994, cited in Daro, 2003). Daro reviews a number of program reports and research efforts evaluating dual track approaches to families reported to CPS. Generally, the reported cases are screened either into an investigation track or a family assessment for those cases that do not trigger a CPS investigation. Those screened into a family assessment track are evaluated as families who may need support in order to prevent more serious child maltreatment. Dual response systems appeared to offer some promise in stabilizing at-risk families and enhancing collaborations between workers and families, along with familiarizing workers with available community supports.

Another strategy that Daro (2003) reviewed was the co-location of child welfare staff within community-based agencies in the community, placing child welfare workers in a position to address conditions that threaten child safety rather than only investigating reported maltreatment. Thus, child welfare workers are viewed more as an ally than a threat to families in the local community. This strategy improved relationships with community-based service providers and families and facilitated more informed referrals. Daro concluded that a combination of out-basing and co-location of child welfare workers with other service providers appears to improve collaborative relationships via increased communication and mutual understanding of each other's work.

Community partnerships to broaden the base of responsibility for child safety was the third strategy Daro (2003) assessed. The philosophy underlying this approach claims that child protection is a collective community responsibility, spawning a system of care approach that involves public and private, statutory and voluntary, and primary and secondary prevention services. Assessment of the effects of community partnership initiatives remains elusive because of attribution challenges as a result of many uncontrolled variables; therefore, evidence in this regard is lacking. Daro describes the configuration of several of these types of initiatives and notes that preliminary outcomes appear encouraging despite the challenges of collaboration between mandatory services (via public child welfare agencies) and community-based voluntary agencies.

Challenges and Supports to Collaboration.

Collaboration across organizational and disciplinary boundaries is challenging to pull together and difficult to maintain (Rino, et al., 2003; Sanford, 1999;). Among the challenges to collaboration cited across organizational and disciplinary boundaries are:

lack of ownership by leaders, rigid organizational structures, technology, conflicting mandates and ideologies, budgetary control, funding streams, politics, communication problems, poor understanding of roles and responsibilities, authority, turf issues, mistrust across professional or disciplinary boundaries. Fostering inter-agency and interdisciplinary teamwork across organizational boundaries can face resistance from front-line staff who fear that their expertise will be diminished, their standards compromised, and that inappropriate information may be shared (Bundy-Fazioli, et al., 2004; Horwath & Morrison, 2007; Rino, et al., 2003; Sanford, 1999). Evans, Armstrong, Beckstead and Lee (2007) categorize three domains of factors that hinder or facilitate collaboration: (1) attitudinal, (2) behavior, and (3) structural/organizational factors. In their study of policy antecedents to establishing systems of care and related levels of collaboration in 39 states, legislation was the primary mechanism used to establish these systems.

Challenges, or barriers, to collaboration occur at multiple levels, from the front lines on a person to person basis, to policy and structural issues at the inter-organizational level. Sanford (1999) examined impediments to human service collaboration between two agencies providing services within the public welfare system. Structural features of the inter-organizational relationship created system barriers to collaboration between front-line staff across the agencies. Using an ethnographic, case study methodology, Sanford examined barriers to collaboration between public and private welfare agencies partnered in administering a labor force attachment program serving welfare recipients. The highly divergent cultures of the public and private agencies, and the preconceptions generated by this and driven by front-line staff, contributed to mangled communication between

workers and with clients, often resulting in conflict. Collective beliefs within each agency are fomented and played out in their interactions across the silo boundaries. For example, front-line workers in the public welfare agency viewed the private contracted agencies as just in for the buck; and private contract agency workers viewed the government welfare services as rigid and rule-bound. When front-line staff from partner agencies did not communicate directly with each other, information about the partner program was received via the clients they both serve, thus compounding the misunderstanding and implicating the client in the tangle and further reinforcing the negative, sometimes tacit, beliefs one agency holds about the other. Actions by staff and their respective agencies were then interpreted through this distorted lens by the partnering agency. Beliefs and assumptions held by staff perpetuated behavior that, in turn, reinforced the organizational structures that continued to challenge effective collaboration. Because direct communication between front-line staff across agency lines was hindered by organizational structures and procedures, the misconceptions continued to be perpetuated. When front-line staff connected directly with a specific individual in the partner agency, the barriers began to dissolve as accurate information was exchanged and the familiar person was viewed as a colleague with a common goal – client success. Addressing the structural impediments to collaboration that are reinforced as front-line staff play out and reinforce the organizational culture pose a substantial challenge (Sanfort).

Another issue confronting front-line staff in inter-organizational collaboration is defining the “client.” For example, the primary client in child protective services is the child; in partnering services, such as substance abuse treatment, the identified client is the parent (Drabble, 2007). Further misalignment of goals in coordinating services to

families involved in multiple service systems stem from divergent values and foci of the staff and agency. Child welfare workers are focused on the safety of the child; treatment staff in a substance abuse program is focused on the parents' recovery (Drabble, 2007).

The extent and quality of inter- or intra-agency collaboration also depends on the quality of the environment in the involved organizations. A poorly managed and resourced organization will encounter many more difficulties in working with others (Darlington & Feeney, 2008; Horwath & Morrison, 2007; Glisson & Hemmelgarn, 1998).

Combinations of conditions, contexts, and practices that facilitate collaboration across service silos range from individual behaviors to organizational and community factors. Smith and Mogro-Wilson (2007) looked at influences on inter-agency collaboration as a function of front-line staff and the organizational conditions that promote or hinder collaborative practice between child welfare and substance abuse treatment. Individual level characteristics significantly and positively associated with collaborative practice included knowledge and skills for collaboration, perceived advantages of collaboration and perceived number of pro-collaboration policies – even though administrators may not report higher numbers of pro-collaboration policies (p. 553). If workers have collaborative skills and view collaboration as advantageous, increased collaboration may still occur in the context of fewer pro-collaboration policies. Interestingly, and contrary to their hypothesis, Smith and Mogro-Wilson found a positive and significant association between role overload and emotional exhaustion and increased inter-agency collaboration.

Darlington, Feeney, and Rixon (2005; 2004) identified factors that facilitate and hinder interagency collaboration between child protection services and mental health services, where the parent had a mental illness and there were significant safety concerns for the children. The researchers surveyed front line workers in statutory child protection agencies, adult mental health services, and child and youth mental health services. They found that workers were engaging in lower level forms of interagency collaboration, but identified a lack of agency support and training to really work collaboratively. Most workers believed that interagency collaboration could improve services to clients; however, a number of barriers were identified including inadequate resources, confidentiality, gaps in interagency processes, unrealistic expectations, and professional knowledge domains and boundaries (p. 1093). Workers identified inadequate resources, including time pressures and lack of community resources, most strongly as a barrier to collaboration. Confidentiality and information sharing received second place as a barrier to collaboration, suggesting a need for clear protocols in this area. Barriers associated with gaps in agency level processes included a lack of information about the specific services and roles of workers in the other agencies. Unrealistic expectations involved tensions around understanding the parameters of the other's authority in a given situation. Professional identities and theoretical frameworks posed an additional barrier to collaborative work. Protecting professional identities and being able to draw on another discipline's expertise, while working to respect differences and diminish unfamiliarity presents a challenge to cross-systems collaboration. The researchers advocate joint training across disciplines to ameliorate lack of understanding and resulting disrupted communication in collaborative work (Darlington, Feeney, & Rixon, 2004; 2005).

Darlington and Feeney (2008), identified perceptions of best practice among mental health and child protective services professionals with regard to interagency collaboration. They delineate suggestions in three main areas: (1) improving communication, (2) enhancing the cross-sector knowledge base of workers, and (3) providing adequate resources and appropriate service models. Specific suggestions involved formal organizational level practices and more informal worker-level practices. For example, in the context of effective communication, organizational level best practice would include developing practice guidelines and protocols, explicating confidentiality requirements, role clarification, having an interagency liaison, and having regular meetings between staff at corresponding agencies. Joint case planning was a suggested best practice at the individual worker or case level. This would likely depend on inter-professional trust and mutual respect that is fostered through developing personal linkages and joint working together while tapping into each others' unique perspectives and skills. Having procedural and substantive knowledge of the others' services and practice was identified as necessary to making appropriate referrals, accessing resources and coordinating ongoing case management in providing effective services. Likewise, it is important for workers to have a thorough understanding of the current research and interventions in their own fields, along with a solid grasp of its theory and knowledge bases. Here, too, interdisciplinary training was suggested as a means of enhancing skills and knowledge across services and to maintain interagency relationships. Best practices in fostering effective cross-sector collaboration depend both on the skills and attitudes of the individual worker and on formal organizational practices that support worker level best practices. Interagency agreements can clarify collaborative protocols such as

confidentiality requirements and professional boundaries, along with sponsoring interdisciplinary staff development and creating structures and adequate resources for collaborative best practices.

A history of successful collaboration bodes well for future collaborative efforts (Drabble, 2007; Mattessich, et al., 2001; Rino, et al., 2003). The role of leadership in the success of collaboration is often critical, especially when moving toward higher levels of integration across organizational / agency silos (Rino, et al., 2003; Twitchell, et al., 2007). Agency leaders are essential in marketing the partnership / collaboration to external and internal constituents and must also effectively manage the changes that accompany new collaborative initiatives that staff must absorb (Rino, et al.; Twitchell, et al.). Likewise, communication with each organization and across organizations is essential to collaborative endeavors (Twitchell, et al.). Promising practices that support service coordination and integration include, co-location of staff, formalized interagency agreements, cross-training and information exchange (Drabble, 2007; Rino, et al., 2003;),

At all levels, from the front lines through management, interagency collaboration involves reconciling value differences across disciplines and service areas. In order for collaborative service partnerships to succeed, a shared philosophy is crucial; value differences need to be identified, clarified and addressed (Drabble, 2007; Mattessich, et al., 2001; Speigman, et al. 2002). Drabble (2007) In exploring value differences and similarities, along with the perceived capacity for collaboration between child welfare and substance abuse services in 12 California counties, Berrick, Frame, Langes, & Varchol (2006) found that those counties reporting a more advanced state of collaboration were more likely to have developed joint policies and standards on

screening and assessment tools, have colocated staff, use multidisciplinary teams for service / case planning, coordinated treatment and child welfare case plans, monitor the quality of screening and assessment, and had systems in place that allowed providers to share information about client participation in the other's systems.

Cross-Training

Findlater and Kelly (1999) document collaboration among child protection, family preservation, and domestic violence services on behalf of families. Domestic violence and child welfare services tend to have a somewhat contentious relationship, characterized by mistrust and divergent perspectives and service approaches. Family preservation services providers tend to view battered women's advocates as overlooking abuse and neglect perpetuated by their clients, while domestic violence workers view family preservation services as encouraging abused women to stay with their batterers and child protection services as re-victimizing women by removing their children and charging them with failure to protect their children from their abuser. Given the degree of overlap in the population served by these services, cross-sector collaboration was sought by two organizations in Michigan representing, respectively, domestic violence services and family preservation services. Initial meetings across these program sectors served to identify barriers to collaboration. A lack of understanding about the others' programs was a major barrier to collaborative work. One of the first steps toward initiating collaboration among these providers was information exchange and cross-training in order to learn about the orientation, services, history and philosophy of the others' service systems. Eventually this led to identifying common goals and compatible philosophical orientations. Cross-training sessions became institutionalized state-wide, and later a

collaborative demonstration project involving domestic violence and family preservation services was launched, resulting in protocols for direct referral from domestic violence agencies to family preservation services. An ongoing critical feature of joint working across child welfare and domestic violence services is cross-training to foster understanding across these frequently conflicted service sectors.

Child Welfare and TANF Programs Collaboration

The PRWORA legislation allowed for greater flexibility in the use of TANF welfare dollars at the local level. TANF dollars could be used, for example, to support services for child welfare if they addressed one of the four purposes of TANF.¹² The overlap between child welfare and TANF populations highlights the intersection of service supports needed by both populations to address barriers to employment and self-sufficiency and child safety. Poverty is a common feature for those involved with either the child welfare or welfare systems. Some of the most fragile families are involved with, or have needs in, both systems. Services available through TANF, in addition to cash assistance, include services addressing mental health, substance abuse, domestic violence and other barriers to functioning in the work place. Child welfare services link to many of the same supports with the goal of supporting families providing a safe environment for children. TANF related supports, such as housing and child care subsidies, food stamps, assistance with transportation, and job training, are also resources that could ameliorate economic hardship and parental stress for those at risk of involvement with the child

¹² The four purposes of TANF are: (1) Provide assistance to need families so that children may be cared for in their own homes or in the homes of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and (4) encourage the formation and maintenance of two-parent families. (Social Security Act Sec 401(a))

welfare system. TANF supports could serve as a component of child abuse and neglect prevention.

Billings, Moore & McDonald (2003) discuss evaluation research on programs serving families labeled “at risk.” While these family-centered programs sought to ameliorate the hardships associated with socioeconomic disadvantage and provide parenting support and skills, the effects of poverty were negatively associated with any benefits of the services. That is, the deeper the poverty, the less likely families were to benefit from services. Another approach to intervention is to facilitate a coordinated system response to at risk families via a common base of training and information, making it more likely for service providers to work together across service silos (Berns & Drake, 1999; Hutson, 2003).

El Paso County, Colorado. The Department of Human Services (DHS) in El Paso County, Colorado, adopted a vision to eliminate poverty and family violence. In response to the recognition that families involved with both of these systems had similar needs, El Paso County DHS sought to integrate TANF and child welfare services. In the process of pursuing intra-agency collaboration, the need for inter-agency collaboration with the array of community service providers working with their client families became apparent. A study conducted by the Center for Law and Social Policy (CLASP) documented the procedures and structures related to collaboration with and within El Paso County DHS from an outside perspective (Hutson, 2003). There were several notable features of the collaborative efforts in El Paso County DHS; these include:

- ❑ Developing and communicating a powerful vision (eliminating poverty and family violence) that was championed by agency leadership;

- ❑ Engaging agency staff and community partners in carrying out the vision to encourage relevance and ownership across service sectors and agency hierarchies from clients through management;
- ❑ Building inter- and intra- agency relationships to bring people from different systems together to develop ideas about what needed to change in order to carry out the vision;
- ❑ Agency leadership delegating authority to staff;
- ❑ Approaching the collaborative effort from both the top down (championing the vision) and the bottom up (allowing staff to experiment about implementation);
- ❑ Including families as team members and partners in the change process;
- ❑ Looking for opportunities to use flexible TANF funding to support prevention and early intervention; and
- ❑ Moving numerous parts of the agency simultaneously toward the ultimate goal. (Hutson, 2003, p. 2)

Berns and Drake (1999), who at the time of the CLASP inquiry (Hutson, 2003) were director and assistant director of El Paso County Department of Human Services, describe an array of in-house and cross-system innovations that promoted their vision of ending poverty and family violence. Among these is joint Family Preservation and TANF services planning that are strengths-based and prevention focused. Whether a family entered the system via the child welfare or TANF door, the agency sought to intervene at the lowest level of intrusion into the family. They note that often family preservation strategies do not address family economic issues beyond referrals to community-based

agencies. TANF dollars were utilized to provide needed services to child welfare families (such as substance abuse treatment); and therapeutic services were included in both the TANF and child welfare service plans, further promoting collaboration on behalf of multi-need families.

Child welfare – welfare collaboration strategies nationally. As a strand of the Urban Institute’s multiyear program to assess the devolution of social programs from the federal to the state level (Assessing the New Federalism), researchers looked at the potential for collaboration between child welfare and welfare agencies under TANF regulations and the extent and nature of its occurrence (Ehrle, Malm, Fender, & Bess, 2001; Ehrle, Scarcella, & Geen, 2004). Using data from surveys of state TANF directors, along with in-depth case studies in 12 states, researchers documented collaboration efforts between child welfare and welfare agencies. The survey queried about state policies regarding information sharing and coordination activities with child welfare agencies. Case studies in 12 states provided greater detail at the local level regarding new TANF – child welfare collaboration activities, structures and policies. The authors point out that an evaluation of these collaborative initiatives was not their goal; they sought to identify and illuminate collaboration efforts that were put into effect after the PRWORA legislation. Efforts were focused on six primary groups of potentially dual-system clients: (1) families receiving welfare and involved with child welfare, (2) sanctioned families or families nearing time limits, (3) child-only welfare clients (typically with relative caregivers), (4) families receiving welfare where domestic violence is present, (5) pregnant or parenting teens who cannot live with their parents due to abuse or neglect, and (6) clients in either system with complex needs (Ehrle, et al, 2004). “Service

integration,” sometimes used interchangeably with “collaboration,” is categorized as reform efforts at the system-level or service-level. System-level initiatives sought to develop new services or agency structures, whereas service-level reforms focus on coordinating existing services to clients via agreements among service providers and individualized service plans. Organizational barriers to collaboration across child welfare and welfare include limitations of categorical funding, overburdened social services agency workers, conflicting agency goals, loss of control over services, and the relationship between agencies prior to collaboration efforts (Ehrle, et al., 2004, p. 268-269).

A program in Kansas (Extra Effort) that screened TANF families for child maltreatment risks and then offered voluntary services aimed at addressing multiple barriers to self-sufficiency reported a decrease in child abuse and neglect reports between control and experimental family groups (Billings, Moore, & McDonald, 2002). One of the lessons learned from this experimental pilot program was the frequency with which barriers to employment were identified in the home that were not identified initially by TANF workers via the traditional means of assessment and service delivery. The barriers identified by the Extra Effort program were within the scope of those services typically addressed by TANF programs. Barriers to self sufficiency and barriers to successful parenting often stem from the very same issues, thus addressing risks for child maltreatment in concert with self-sufficiency barriers could benefit from systematic coordination between TANF and child welfare services. Programs described in Billings et al.’s review of literature support an early intervention, prevention approach, coordinating services in order to address multiple issues that impede self-sufficiency and the well-

being of children. For example, the TANF population of women is more likely to suffer from physical and mental health problems, both of which are associated with parenting problems and the ability to maintain employment.

What promotes or inhibits child welfare – welfare collaboration? Bundy-Fazioli, Peterson, and Hagan (2004) examined intra-agency collaboration between temporary assistance (welfare) units and child welfare service units in New York State, a state-supervised, county administered public welfare system. Interviews were conducted with administrators in 55 of the 58 local districts in 2002. The study sought to describe the current linkages between welfare and child welfare services, administrators' satisfaction with these arrangements, any initiatives that promoted collaboration, and directions for the future. Opinions on barriers to collaboration were also sought.

Bundy-Fazioli, et al. (2004) identified practices and initiatives that supported and inhibited collaboration across these service silos. Teamwork via regularly scheduled management meetings where program changes were communicated and accompanying issues addressed supported collaborative relationships. Flexibility of the TANF block grant funding allowed freedom in assessment and intervention, which facilitated the creation of collaborative practices via new positions and programs. In-house projects that fostered links across services such as child care, housing assistance, child welfare and the schools were reported by nearly all of the respondents. These provided opportunities for staff in these systems to work together, either formally or informally. Some described the benefits of co-locating workers. Promoting culture change within the agency was cited as facilitating collaboration. For example, the vast majority of the respondents thought that job responsibilities for assistance (welfare) workers had changed substantially with

TANF implementation, but that the workers were resistant to taking on these new and different duties. Creating welfare – child welfare service teams, cross-training staff, addressing the confidentiality conundrum, and hiring new staff were among the strategies that agency leaders rolled out to promote culture change.

Barriers to collaboration reflected in this study echo those cited in other reports on collaborative efforts between welfare and child welfare services (e.g., Berrick, Frame, Langs, & Varchol, 2006; Ehrle, Scarcella & Geen, 2004). Bundy-Fazioli, et al. reported that welfare and child welfare services that are separated geographically in the community or on different floors of a building inhibited collaboration. Rivalry and turf issues between workers from the respective service silos were exacerbated by status differences between child welfare case workers and welfare workers. The child welfare workers generally have professional degrees and higher status (and salary) in the agency than the welfare workers, who are viewed more as clerical workers. Related to this, conflicting philosophies and mandates between welfare and child welfare resulted in conflicting case plans and approaches to working with families and misunderstanding across the units. Some of respondents believed that mandating the units to work together would result in sabotage. Another identified barrier to collaboration was confusion about the legal parameters of client confidentiality and what kinds of information were allowed to be shared across units within the agency. Information systems that do not communicate with each other presented a barrier to worker communication across units within the agency, as state-wide information systems welfare and child welfare systems were incompatible.

The CalWORKs¹³ – Child Welfare Partnership Project (a.k.a. Linkages).

Inspired by the El Paso County, Colorado Linkages initiative, the California State Department of Human Services initiated Linkage pilot programs in 13 counties. The CalWORKs – Child Welfare Partnership has begun to identify promising collaborative practices across TANF and child welfare services. Counties involved in the Linkages pilot were encouraged to experiment in applying the basic principles of the initiative.

The Organizational Structures Workgroup of the CalWORKS / Child Welfare Partnership Project was tasked with identifying and analyzing organizational structures in counties that were implementing TANF – Child Welfare service coordination, both in California (the Linkages Project) and in other states and developing recommendations and guidelines on how to assess the need for and develop coordinated services (Speigman, Karpelow, & Orrante 2002). In addition to suggesting three possible organizational structures that could be adopted by counties, based on best fit with their respective demographics, geography, politics and culture, the Workgroup identified the “basic building blocks” of coordinated service delivery (p. 3). Of these three building blocks (Leadership, Service Delivery, and Administration), Leadership was identified as essential; that is if senior administrators are not directly committed, involved and visibly supportive of county efforts to institute organizational change, the Linkages initiative is unlikely to succeed. Components of the leadership’s role include developing and communicating the vision of coordinated services, ensuring resources (e.g., staff time for planning and implementation committees, management and training tools, and staff development), and assessment and evaluation. The service delivery and administration

¹³ CalWORKs (California Work Opportunity and Responsibility to Kids) is California’s welfare-to-work program.

components of the Linkages initiative address the steps involved with designing the specifics of coordinated services at the frontline, supervisory and administrative levels in the agency.

The three potential organizational structures identified by this Workgroup range from requiring no significant change in the agency's current organizational structure to the development of cross-disciplinary units, and to a "One Door" model that provides comprehensive, prevention-focused, services regardless of the "door" (child welfare or TANF) clients enter. Not mutually exclusive in all of their features, the Coordinated Case Planning Model, the Intensive Services Unit Model, and the Open Door Model share the basic building blocks of leadership, service delivery and administration. The Workgroup recommends that their implications and requirements at the local level be thoroughly understood by county / agency Leadership before selecting and designing a Linkages model.

The Coordinated Case Planning Work Group of the Partnership Project identified a continuum of coordinated case planning, ranging from informal communication to the development of a unified case plan for dual-system families. The four models include:

(1) Informal communication, in which workers in both child welfare services (CWS) and CalWORKs are aware that both systems are working with the same family; however communication between the workers is informal and two separate case plans are developed. (2) Managed informal coordination includes written protocols addressing coordinated services. When a family has a case open in both systems, the respective workers are required to meet together and share information and case plans. One of the workers may be assigned as the primary or lead worker on the case, and case plans are

independently developed. (3) Linked case plans involve CalWORKs and CWS worker coordination early in the case and throughout the family's involvement. Although two separate case plans are developed, goals, services and timelines are coordinated and the workers may meet jointly with the family during assessment, planning and implementation phases of the case. (4) The unified case plan model involves the most integrated level of coordination. One comprehensive plan is developed with the family, involving joint CWS – CalWORKs assessment, planning and evaluation. The workers operate as a team throughout the lifespan of the case, although there is typically one lead, or primary, case manager (Speiglmán, et al, 2002).

In 2003 and 2004 Berrick, Frame, Langs and Varchol (2006) conducted a process evaluation of the Linkages initiative in 13 California counties. Linkages (described above) was implemented in 2000 and sought to coordinate services and integrate systems between CalWORKs and child welfare. The researchers' goal was to gain a baseline understanding of the initiative's goal, services, processes, successes, and barriers when implementation was still fairly new; telephone interviews were conducted in 2003. Later, in 2004, researchers conducted site visits and individual and group interviews with staff in 10 of the counties where Linkages was assessed to be in a more advanced state of implementation. In four counties line staff and managers were interviewed separately, and together in another four of the counties. Altogether 78 line staff and supervisors and 26 managers were interviewed from CalWORKs and child welfare. Berrick et al. found variation in service coordination approaches across the counties, although all of them had implemented coordinated case planning for dual-system clients. Coordination ranged from child welfare and CalWORKS staff meeting to discuss client needs and available

resources, to joint staffings with parents and / or other community-based service providers, to co-location of services. Some counties used a “linked case planning” approach that allows elements of the child welfare service plan to “count” toward welfare to work activities and included components of the welfare to work plan in the child welfare case plan, with the goal of services and timelines for dual-system families to be well coordinated. All of the counties in the study targeted their Linkages programs toward specific populations within the respective divisions’ caseloads. For example, Linkages services may be targeted toward soon-to-be sanctioned or child-only cases within the CalWORKs caseload, and for families recently reported or just entering the system on the child welfare side.

This process evaluation of the Linkages initiative did not look at outcomes for the involved families, but Berrick et al. (2006) identified a number of challenges encountered by the agencies. Competition between the diverse program goals of self-sufficiency and family stability created tensions when staff from the different programs disagreed about overall case planning approaches. Differential acceptance of the Linkages model between CalWORKs staff and child welfare staff slowed organizational acceptance of the initiative. CalWORKs staff tended to embrace the model, and also had more experience in coordinating with other community-based services and easily grasped the advantages for their clients. Child welfare staff was reluctant to accept the Linkages model, which was curious in light of the increased advantages for both workers and clients. Child welfare staff tended to perceive Linkages as added work. They were also philosophically indisposed to acknowledging the role of poverty in the lives of their clients.

The considerable overlap in the population applying for assistance and subsequent CPS involvement suggests that child welfare and TANF services consider how prevention and early intervention efforts may be facilitated via service integration (Courtney, Dworsky, Pilivavin, & Zinn, 2005). Because receiving cash assistance presents no increased risk over applying for assistance for involvement in with CPS, the authors recommend that efforts focus on the entire TANF application population. Overlapping goals of assisting parents to function well in the workforce and provide adequate parenting involve addressing some of the same barriers, such as mental health or substance problems. Program coordination across these service domains would make a great deal of sense.

Collaboration is complex, but necessary. While collaboration across service sectors on behalf of vulnerable, or fragile, families involved in our welfare and child welfare systems seems like a logical imperative, its many forms in extent and format present a complex picture of its potential. A huge variety of collaborative efforts and initiatives have been described in the literature on human services collaboration. Some strong themes have emerged regarding what facilitates and hinders collaboration in general, in human services collaborations, and specifically with welfare / TANF and child welfare services collaboration. Collaboration involves intention, on many levels, to work together for successful outcomes for families. Key ingredients for successful welfare – child welfare partnerships involve the commitment and vision of organizational leadership, structural opportunities that facilitate cross-sector communication and understanding, cross-training that fosters mutual understanding and respect, and the resources and commitment to carry it out. While we are beginning to put together a

picture of what constitutes well-functioning collaboration, its effects on behalf of those we serve are still equivocal. Because of the huge variety of collaborative efforts, their configurations and circumstances, attributing outcomes to the collaborative initiative presents considerable challenge. It is important that our first task is to carefully describe the elements of collaboration as they are employed. Once we understand how collaboration works under what circumstances and in which forms, we can begin to map out for whom it works and how.

Summary

This review of literature attempts to pull together a portion of the multiple strands of research and conceptualization related to the interface of welfare and child welfare services and the populations they serve. Their historical roots are intertwined; the challenges and vulnerabilities of families and children touched by these systems are likewise rooted together. Our bureaucratization of these services has led to disparate service, funding and administrative silos that make working together across the boundaries of these domains a challenge at all levels. While the logic of working together on behalf of fragile families is clear, what constitutes best practices with regard to collaboration under variable circumstances is still being mapped out. The proposed research in this study seeks to contribute to that mapping process.

CHAPTER 3 - METHODS

Introduction

The overall purpose of this study is to understand the extent, structure and nature of collaboration between child welfare services and TANF programs in Colorado Counties. This chapter outlines the research design, procedures and participants.

Research Design

This study utilized a two-part, sequential survey design with quantitative and qualitative components. Its intent was primarily descriptive. Data collection involved a two-phase process where phase one employed a brief written survey questionnaire administered to county departments of human / social services directors for all 64 Colorado counties, and phase two involved a telephone survey of administrators (or their designees) responsible for child welfare and Colorado Works divisions or programs within the county departments of human / social services. The data collection instrument (a paper survey questionnaire) for the first phase consisted of primarily closed-ended and scaled questions, the data collection instrumentation for the second phase consisted of a series of closed-ended questions and a set of semi-structured interview questions. Logic underlying this type of phased design, collecting both quantitative and qualitative data, is that it allows increased explanatory strength as the second phase was designed to expand upon and further explain results obtained in phase one (Creswell & Plano Clark, 2007). Results from phase one informed the sample selection in phase two, seeking to provide regional, demographic and policy configuration representation. Mixing qualitative and

quantitative data, and to a limited degree methods, the intent was to more fully understand both what is happening as well as why and how it is happening. Sosulski and Lawrence (2008), in their collaboration to explicate their mixed methods studies on two different policy areas in welfare reform point out that:

Research questions that ask to what extent an event occurs or what impact it has and what the nature of the occurrence or impact is demand multidimensional answers that are both objective and subjective. (p. 128)

A “snapshot” of the nature and extent of collaboration between Child Welfare and Colorado Works programs was sought, along with inquiry into the attitudes (subjective) of those responsible for implementing these programs. Integrating results from both phases and data types helped to provide a more dimensional picture of this type of collaboration. This is the rationale for employing this phased and tempered mixed methods approach.

County departments of social services in Colorado’s sixty-four counties were the targeted participants in the first phase of this study. A paper/pencil questionnaire, adapted from a similar study conducted in California to assess collaboration between CalWORKs (California’s welfare to work program) and child welfare services (Speiglman, Karpilow, & Orrante, 2002), was administered to directors of county departments of social / human services (or their designees). The written questionnaire addresses the existing organizational relationships between child welfare services and TANF programs within county departments of social / human services, including structure and communication. A set of questions in a matrix format (Babbie, 2004) inquires about the respondent’s subjective perspective and opinions regarding barriers to collaboration. Although the written questionnaire is comprised of primarily closed-ended questions with response

categories (quantitative data), additional comments and explanations were invited (qualitative data).

The second phase of the study utilized telephone interviews with a purposive sample of administrators, or their designees, of Child Welfare and Colorado Works programs. Based on responses to the written questionnaire and county demographic characteristics, individuals in 22¹⁴ county departments of social / human services were interviewed via telephone to obtain more comprehensive information about the nature and extent of child welfare-TANF collaboration within their county departments, as well as the perspectives of those charged with implementing these programs and any collaborative efforts. The interview instrument includes both closed-ended, highly structured questions and semi-structured, open-ended questions.

Participants and Site

Organizational Structure of Human Services in Colorado

The Colorado Department of Human Services (CDHS) is comprised of four major divisions.¹⁵ The Office of Self-Sufficiency administers assistance and benefits programs, including Colorado Works (TANF). Child welfare services are administered by the Children, Youth and Families division. Colorado operates a state-supervised, county administered system of social / human services; this confers a certain amount of autonomy to the counties. Child welfare and TANF (Temporary Assistance to Needy Families) programs are supervised by their respective divisions within CDHS vis-à-vis

¹⁴ Twenty-two counties were represented in the phase two interviews with program administrators, however, two of these counties, both smaller counties, were served by one DHS director, who completed the interview.

¹⁵ The four divisions comprising the Colorado Department of Human Services are: (1) Office of Adult, Disability and Rehabilitation Services; (2) Office of Self-Sufficiency; (3) Office of Behavioral Health and Housing; and (4) Children, Youth and Families.

state and federal requirements. Therefore, the structure and organization of services varies from county to county. Generally, both child welfare and TANF assistance programs are housed in county departments of social / human services. Employment programs associated with TANF may be contracted out to Colorado Workforce Centers which are administered by the Colorado Department of Labor and Employment. Eligibility and case management services for TANF clients may be handled by separate units or community-based organizations (CBOs). Child welfare services and TANF assistance services may be collocated, or located in separate buildings or communities in the county.

County child welfare services also have an array of configurations that include child protection, intake, ongoing case services and linkages with community-based services such as mental / behavioral health care, substance abuse treatment and domestic violence programs.

Directors of departments of human / social services (DHS) in Colorado serve at the will of county governments; or in Denver's case, the director is appointed by the mayor. The director's role will vary, depending on the size of the agency. For smaller agencies, the director may provide immediate supervision to the child welfare and TANF programs and /or direct service to clients. Larger agencies have more administrative layers, with additional upper management staff providing more executive oversight with middle managers providing more direct supervision to their respective programs, teams and units.

Participants

Phase one participants. The intention of this study was to provide a current picture of the nature and extent of collaboration between TANF and child welfare programs. Information about the agency overall and some specifics about each of these programs were collected via a written questionnaire administered to 59 county DHS directors (or their designees), representing the 64 counties in Colorado. To a limited degree, the theoretical population for this study would include all of the departments of social / human services administrative units in the U.S. However, most of these are state-administered systems, with 13 states, including Colorado, having county-administered systems. The accessible population, for the purpose of this inquiry, included the public county social / human services agencies in Colorado's 64 counties. Information from all 64 Colorado counties was sought. There were, at the time of data collection, 59 county DHS directors in Colorado.

There are five pairs of counties that share a DHS director across two counties (10 counties, total). Respondents from all of these counties indicated that their responses would be the same for both of the counties for whom they administered departments, and all of them elected to respond to one survey representing both counties. Surveys were completed by all 59 directors or their designees. The majority of respondents were DHS directors ($n = 48$), along with three deputy directors, one interim director and seven program administrators or division managers.

Phase two participants. Respondents in the director's survey were asked to supply the names and contact information for staff in their departments who are responsible for overseeing the day-to-day operations of Colorado Works / TANF and

child welfare services and who would be the most appropriate person to speak with if their county was selected for participation in phase two interviews. Some of the directors indicated one person for both programs; most provided two or more contacts for administrators in their respective programs or divisions.

Counties were selected for phase two interviews based on the size of their populations, child poverty rates in the counties and the degree to which directors considered, as indicated in the phase one surveys, their county's Colorado Works and child welfare services to be integrated. Counties were grouped into four population categories: (1) Large, with populations over 135,000 people; (2) medium, with populations between 54,000 and 135,000 people; (3) small, with populations between 19,000 and 54,000 people; and (4) smallest, with populations less than 19,000 people. There are no counties in Colorado with populations between 135,000 and 19,000 people.¹⁶ All but one of the large counties is located along the front range, north and south of Denver, where the majority of the population of state is concentrated. Counties were divided into two child poverty groups: those with child poverty rates above and below the state child poverty rate of 15.7 percent in 2006 (Annie E. Casey Foundation, 2008). Counties were then divided in four groups along the dimension of how integrated county directors considered their child welfare and Colorado Works programs to be. There were four ordinal level responses: (1) Not integrated at all, (2) Somewhat integrated, (3) Moderately integrated, and (4) Highly integrated. In selecting counties for the second phase interviews, the intention was to attempt to include counties that represented all of these categories. The numbers in all of these categories are unequal for two reasons: (1) The

¹⁶ County population data were retrieved from the Division of Local Government State Demography Office, using 2006 population estimates based on U.S. Census Bureau estimates from the 2000 census.

smaller counties had higher child poverty rates than the larger counties and were more heavily represented there; and (2) the director's responses in the phase one surveys on the extent of perceived services integration were not equally distributed across the four ordinal categories.

The large counties constitute the biggest group of counties selected in response to a request from a Colorado Department of Human Services program administrator. Ten of the eleven large counties were asked to participate in phase two. One declined, and one had just completed work on designing and implementing procedures and protocols for coordination between child welfare and Colorado Works; the researcher was involved with this process and this county was not included in the phase two interviews.

A total of 38 respondents participated in the phase two interviews, representing 22 counties, with two of these counties represented by one administrator and counted as one unit in the analysis. Sixteen respondents represented child welfare programs, 17 represented Colorado Works programs (two of these were from one county) and five respondents provided administration for both programs. Counties represented in the phase two telephone interview with program directors or their designees are represented in Table 3.1

Table 3.1.

Sample Description of Counties Participating in Phase Two Administrator Interviews

Criteria for selecting counties	County size in population ^a				
Child poverty rate	Large	Medium	Small	Smallest	Total
Above state average	2	3	3	2	10
Below state average	7	1	2	2	12
Directors' perception of extent of services integration ^b					
Not at all integrated	1	-	1	-	2
Somewhat integrated	2	3	1	3	9
Moderately integrated	5	1	-	-	6
Highly integrated	1	-	3	1	5
Total number counties (22)	9	4	5	4	

Note. For two of the counties, one in the small and the other in the smallest population categories, one department of human / social services director oversaw both. In the data analysis these two counties were treated as one unit in the small category. A total of 38 respondents represented 22 counties, with 16 child welfare program administrators, 17 Colorado Works administrators, and 5 administrators representing both programs.

^a Large county population = 135,000 and greater; medium county population = 19,000 to 54,000; small county population = 7,000 to 17,000; and smallest county population = less than 7,000.

^b Directors participating in the phase one mailed survey were asked to indicate their perception of the extent of services integration between child welfare and Colorado Works programs.

Instrumentation, Data Collection and Procedures

This study used a two-part, sequential survey design with quantitative and qualitative components. Its intent was primarily descriptive and began with a brief paper-pencil questionnaire survey containing primarily closed-ended and scaled items. Following preliminary analyses of data from the written questionnaires, a purposive sub-sample of respondents drawn from the first phase were contacted for a telephone interview to provide a more detailed descriptions and explanations, along with their perspectives on key topics addressed in the study.

Written Questionnaire – Phase One Instrument

The written questionnaire was adapted from sections of an instrument developed for the California Center for Research on Women and Families (CCRWF) CalWORKs / Child Welfare Partnership Project (Speigman & Crim, 2002). The Partnership Project sought to increase the knowledge of, and implementation of, practices promoting service coordination and integration between CalWORKs (the TANF provider) and Child Welfare services. Supported by the Stuart Foundation, in partnership with the California Department of Human services, this initiative took place between November 2000 and March 2005, and involved thirteen California counties.

The questionnaire consists of two sections: Section I addresses the current relationship between the child welfare and TANF programs within the agency, specifically linkages between the two programs. Section II, is comprised of a matrix style question (a set of questions with the same response categories) that queries a more subjective set of responses about barriers to collaboration from the respondent's perspective.

Data Collection Procedures – Phase One

The first phase of data collection, paper / pencil questionnaires administered to directors (or their designees) involved the following steps.

1. ***Written questionnaire is administered to county DHS directors.*** Those directors attending a meeting of county DHS directors on May 28th, 2008 during the annual Colorado child welfare conference received a paper copy of the cover letter (Appendix A) and the survey instrument. The researcher introduced the study and reviewed all of the information as presented in the cover letter, as well as answered

questions the directors had (Appendix B). Those who agreed to participate were asked to fill out the questionnaire and the researcher collected 25 completed questionnaires (Appendix C).

2. ***Cover letter and questionnaires mailed to remaining county directors.*** For those directors not attending the May 28th meeting, the personalized cover letter and a printed paper survey questionnaire were mailed to each of the 34 (of 59) remaining county directors, with instructions for data collection and returning the questionnaire to the researcher. A prepaid return envelope was provided. Respondents were offered an executive summary of the report on the study and indicated they wished to receive a copy by returning an addressed, stamped post card with a mailing address to which the report may be sent (Appendix G). This was posted separately from the returned questionnaire surveys. The first mailing of questionnaires on June 9th, 2008 yielded a return of 16 completed surveys.
3. ***Two weeks after sending out the first copy of the cover letter and questionnaire, a second copy of both was mailed to non-respondents.*** Directors in counties who did not attend the May 28th directors meeting and who did not respond to mailed survey within two weeks received another copy of the questionnaire and cover letter. At the same time these were mailed, an e-mail reminder alerting them to expect another copy of the questionnaire was sent (Appendix D). Fourteen completed surveys were returned after the second mailing.
4. ***Telephone interviews.*** For the three directors who did not respond to the second round, and the one director who requested it, the researcher scheduled telephone interviews to complete the questionnaire; this was noted as an option in the reminder

letter. Directors were also provided with the researcher's contact information in the event that they preferred to complete the survey by telephone. The same instrument as the mailed survey was used in the telephone interviews (Appendix C). A total of four telephone interviews were completed, which yielded a final response rate of 100 percent for the phase one director's survey.

The steps in this procedure generally followed recommendations by Salant & Dillman (1994), although they suggest four rounds of mailed surveys to those who still have not responded. Babbie (2004), in particular, recommends both the advance notice letter and follow-up mailings in order to improve response rates, which was important to this phase of data collection.

Responses from the questionnaires were confidential, but not anonymous. Also, it was necessary to track from which counties data were collected, both for follow-up in the event of non-response and to interpret the data collected in this phase.

Reliability and Validity – Phase One

Due to the fairly small population of potential respondents, achieving a high response rate was critical in answering the study's questions. Response rate and appropriate respondents are related to consistency in the accuracy of responses across and within county Departments of Human Services and thus the study's reliability and validity.

Validity of the measure, in this case the written questionnaire, concerns whether this set of procedures and instrumentation accurately measured the extent and nature of collaboration between Colorado Works and Child Welfare services. Adapted from a similar instrument from a California study seeking answers to this question, the

instrument is likely to have acceptable face validity. Additionally, content validity, specifically whether the content that comprises the instrument represents the concept one is attempting to measure (Gliner & Morgan, 2000, p. 320), was addressed further through adapting the instrument to reflect the language used by workers in departments of human / social services in the state of Colorado.

Telephone Interviews - Phase Two Instrument

Twenty-three Colorado counties selected for participation in the phase two telephone interview were, in part, determined by results from phase one. For example, county departments that indicated a high degree of collaboration across TANF and child welfare services were selected for inclusion in order to identify in greater detail how their services are structured. Likewise, counties indicating low levels of service coordination were also selected for follow up to discern management views on the relative need for this type of service coordination. Factors that could facilitate or hinder collaboration were also explored. Demographic criteria, such as large, urban counties compared with small, rural counties also contributed to follow-up selection.

The telephone interview protocol consists of two main sections. The first section is comprised of closed-ended questions, with opportunities for comment or further explanation. Its focus is on communication, coordinated case planning and staffing configurations with regard to structure and procedures. One part of this section has items that have been specifically tailored to either child welfare or Colorado Works. There was a third version for those administrators who manage both child welfare and Colorado Works within their departments. The smallest counties were likely to have this configuration. Therefore there are three slightly different versions of the interview

protocol, one for each of the programs that asks about elements specific to each program, and another that queries about both programs (see Appendix). If the manager contacted for the telephone interview was the individual responding to the mailed questionnaire, redundant questions were not be asked unless clarification from the responses on the mailed questionnaire were needed.

The second section is comprised of open-ended, more subjective questions that query individual perceptions about the overall value and trajectory of collaboration across these service silos.

Data Collection Procedures – Phase Two

Program administrators from 23 Colorado county departments of human / social services (DHS) were contacted about their willingness to participate in the phase two telephone interviews. Program administrators, identified by the county DHS directors in the phase one survey, provided their names and contact information. Each potential respondent received an advance notice letter and e-mail to request their participation to set up an appointment for the telephone interview (Appendix E). Information about the purpose, procedures, confidentiality and results dissemination were shared with the potential respondent at this point. At the appointed time, the interviewer contacted the participant, via telephone to conduct the interview. As per Salant and Dillman's (1994) recommendations, a log of attempted and completed contacts, with call status and dates was maintained throughout the process in order to track which interviews had been completed, when and whether subsequent calls need to be scheduled.

At the time of the interview call, and prior to the interview, the interviewer reiterated the purpose and parameters of the study and procedures and answered any

questions. Also, the respondent received, via e-mail, a copy of the interview questions so they could follow along during the interview. Because the first section of the interview consisted of questions about specific arrangements and procedures, it was easier for the person interviewed to also read the response categories. Responses were recorded on an interview protocol response form during and directly following the interview (Appendix F). Between August 13th and September 5th, 2008, telephone interviews were completed with 39 child welfare and Colorado Works program administrators or their designees. Of the 23 counties contacted to participate, 22 were represented in phase two, with one refusal.

Quality, Trustworthiness, and Authenticity – Phase Two

The first section of the interview protocol consists of closed ended questions similar to those in the phase one mailed survey questionnaire. The validity and reliability issues are similar; however, the telephone interview format provides an opportunity for both the respondent and the interviewer to ask clarifying questions, adding a bit of strength to the validity of the responses.

The second section of the interview consists of semi-structured, open-ended questions; these yielded primarily qualitative / narrative data. With regard to qualitative methods, Miles and Huberman discuss standards for the “quality of conclusions” (1994, p. 277-280). These strategies and concepts address whether the findings are “possibly or probably true, reliable, valid, dependable, reasonable, confirmable, credible, useful, compelling, significant” (p. 277). How did the researcher address the quality, trustworthiness, and authenticity of the findings? Miles and Huberman suggest five sets of queries that parse out as:

1. Objectivity / Confirmability, which addresses the reliability of the study; could the study be replicated by others?
2. Reliability/Dependability/Auditability, which addresses consistency, or stability, across research subjects, sites, settings, and data sources. Are the findings dependable and auditable? Is the researcher's role and status clear?
3. Internal Validity/Credibility/Authenticity, which addresses whether the findings make sense and are credible. Are the findings accurate, coherent, and confirmable?
4. External Validity/Transferability/Fittingness, which address the extent to which findings are transferable to other contexts. Are the findings theoretically generalizable or applicable in other settings? And,
5. Utilization/Application/Action Orientation, which addresses the accessibility and utility of the study.

While the qualitative components of this study are strategically related to the quantitative components and its overall reliability and validity strengths and weaknesses, the more qualitative aspects should address quality, trustworthiness and authenticity.

An interview protocol, that includes context information about the interview (date, time, respondent, position in the organization), interview questions, subsets of questions and potential probe questions contribute to reliability in the procedures, as does consistency of the interviewer (which was one individual, the researcher). Immediate recording of participant responses also contributed to reliability and dependability. Because the second phase purposive sample depended, to a degree, on the findings from phase one, internal consistency should have been strengthened. The extent that findings

are transferable to other similar settings depends on not only the reliability of the procedures as discussed above, but also the depth and accuracy in the description of the contexts and the responses. Transferability directly affects the study's utility, which is a concern for this researcher.

Bias could have been introduced into the study by the sequencing of the questions during the interview. For example, responding to the closed-ended, more procedural oriented questions may then have predisposed a respondent toward a presumed stance of the research; e.g., collaboration is good, silos are bad. If there is a divergence in perspective between the respondents at a particular site and their employing agency, or the expressed policy philosophy of the state Department of Human Services, threats to the accuracy, trustworthiness and authenticity of the study may be present. Ameliorating this possibility depends, in part, on the procedures, instrumentation, and the skills of the interviewer in emphasizing neutrality and valuing all perspectives. The researcher / interviewer was aware of this potential bias, including her own, during the course of the interviews, compilation and analyses.

Demographic Data

U.S. Census data, at the county level, was referenced to provide descriptive information about the county population and in selecting the counties for participation in the second phase of data collection.

Data Analysis

Written Questionnaire Data

Categorical data collected via the written questionnaire was checked, edited and entered into SPSS[®], a statistical program package. Frequencies were run on each of the

categorical questionnaire items. Open-ended responses were compiled and thematically or categorically coded.

Telephone Interview Data

Data collected via telephone interviews was recorded on the interview protocol response sheets. The categorical data was entered into SPSS®; responses to the open ended questions were entered into a word processing program, and then imported into a qualitative data analysis program, NVivo® for coding into categorical and thematic responses. Coding of the narrative data began with reading the recorded responses, and setting up pre-determined (by the questionnaire topics) coding categories. The content analysis, utilizing a more inductive approach, was conducted within each of the major pre-determined categories. NVivo® was primarily employed as a container for the coding categories and assisted with cataloguing the themes and enabled generating frequencies, where appropriate, and facilitated contrasting results from counties by size and program area.

Analysis by Research Question

Research Questions

1. From the perspective of those administering public human / social services programs in Colorado counties, what is the extent and nature of collaboration between TANF and public child welfare services?
 - a. How are TANF and child welfare services structured (by county)?
 - b. What, if any, policies and procedures are being developed, or have been developed that address collaboration or service coordination?

- c. What priority do agency directors / managers assign to collaboration between child welfare and TANF services?
- d. To what extent do child welfare and TANF programs coordinate services to dual- system clients?
- e. At what points are services coordinated?
- f. How are dual-system clients tracked (if they are)?
- g. What kinds of staffing patterns, if any, support TANF-child welfare services collaboration?
- h. From the respondents' perspectives, what facilitates / hinders service coordination (collaboration)?

Research question one was addressed by the closed-ended questions in both the written, mail out survey questionnaire and the first section of the telephone interview protocol. Specifically, sub-questions 1.a., through 1.d. were answered via survey questions one through six on the written questionnaire and survey questions one through four, plus eleven on the telephone survey. The majority of the items have predetermined response categories or query about length of time or how often a committee meets; several items on the telephone survey an "other" response category is offered and a request for further information. To answer the research questions, frequencies were generated based on the responses. Ordinal taxonomies were developed based on the responses to these survey questions to describe the extent of collaboration / coordination and its overall priority.

Research questions 1.e through 1.g. query the nature and format of collaboration or service coordination between child welfare and TANF service programs.

Questionnaire items five through nine and ten on the telephone interview protocol address these with closed-ended, primarily categorical response questions, some of which provide an “other” category and ask for specifics. Here, too, frequencies were generated and ordinal categories describing the degree of collaboration / service integration were identified. The CalWORKS-Child Welfare Partnership initiative (Spiegelman, Karpilow & Orrante, 2002) suggested a nomenclature for types and degrees of service integration between TANF and child welfare services which could be applied to these results in order to provide a broad picture of collaboration across a selection of Colorado counties.

Question 1.h. is addressed by a 19 item matrix question in section II of the written questionnaire. Here the respondent is asked to indicate their perception of the extent of barriers posed by an array of policies, procedures and attitudes. The response categories for all of the items are a Likert-type scale ranging from no barrier (0) to substantial barrier (4). Means and standard deviations were generated to provide a cross-sectional snapshot on the county leaders’ collective perception on what hinders collaboration.

2. To what extent do Colorado county directors / division managers of child welfare and TANF services programs support / not support in-house collaboration across these services? Why?
 - a. To what degree do county directors and division directors / managers view collaboration between TANF and child welfare services as desirable or undesirable?
 - b. What types of collaboration are desirable?
 - c. For whom is collaboration between TANF and child welfare services desirable (clients, staff)?

- d. What services, if any, do directors / managers perceive their division's clients may need from the other division? What issues do they believe dual-system clients have in common, if any?
- e. How do directors / managers view the overall agency philosophy on child welfare – TANF collaboration?
- f. How do directors / managers view their staff's position on the desirability of child welfare – TANF collaboration?
- g. How do directors / managers assess their staff's receptivity to and knowledge of the other system (child welfare and TANF)?

Research question two and its sub-question were addressed in the second section of the telephone interview protocol. This section is comprised of a set of open-ended questions soliciting the perspective of the respondent, an administrator overseeing child welfare or / and Colorado Works programs in their respective county department. All of the sub-questions under research question two have one or more corresponding interview questions, through interview question five on the instrument, that explore their query in this section. Several interview questions (2 through 4.c.) inquire about the respondent's assessment of client's need for services across the child welfare – Colorado Works service silos.

These interview questions elicited open-ended, narrative responses with explanations, or explorations of the respondents' thinking. Survey question four (which asks about what services their clients may need from the other program) in this section invoked some brief responses, but here too, many provided additional explanations.

Responses to the open-ended questions were coded and grouped into categorical themes related to each of the research questions, as described above. The researcher maintained an audit trail so that coding may be inspected by research committee members.

3. From the perspective of TANF and child welfare division directors / managers, what is the future direction of collaboration between TANF and child welfare services?

Perspectives on the potential trajectory of future collaboration across these service silos were sought here. Interview questions 6., 6.a., and 6.b. in the second section in the interview protocol query this topic. Here, too, the analysis employed coding the responses and developing meaningful categories that were amenable to a collective perspective (or a collection of perceptions).

4. From the perspective of TANF and child welfare division directors / managers, how has policy at the state and / or federal level supported or posed obstacles to collaboration between TANF and child welfare services?

Interview questions 7 and 8 in the second section ask about respondents' perceptions of support and / or obstacles posed by state and federal policies related to Colorado Works / TANF and Child Welfare services. Here too, the data analysis followed procedures outlined above for research questions two and three.

In some instances results were compared in the context of the county's population (size) and the program (child welfare or Colorado Works) represented by the respondent. To look at the relationships between levels of service integration (nominal or ordinal level data) and population characteristics (interval level data), appropriate statistical

procedures include the Spearman (rho) or Pearson's chi-square (Gliner and Morgan, 2000). Rural counties with smaller populations sometimes indicated greater service integration simply because of staff proximity and smaller case loads; however, this could be a false assumption and looking more closely at services configurations in relationship to county population characteristics assisted in revealing patterns along other dimensions.

CHAPTER 4 - RESULTS

Introduction

The purpose of this study was to describe the extent and nature of service coordination between child welfare and income assistance services within Colorado county departments of social services, as well as the relationship between county characteristics and the structure of child welfare and income assistance services. The study was accomplished in two phases, with the first phase seeking information from county directors of Departments of Human / Social Services about procedures and protocols, as well as staffing configurations, such as committees or formal structures involved with planning for program services coordination. Directors were also queried about perceived barriers to collaboration between child welfare and Colorado Works program services. The second phase sought to gather more detail on the specifics of program collaboration and services coordination from child welfare and Colorado Works program administrators in a purposively selected sample of Colorado counties.

The results are organized by the research questions that guided the study. The phase one survey respondents are referred to as the “directors”; and the phase two telephone interview respondents are referred to as the “program administrators,” or “administrators.” Results from the phase one director’s survey and the phase two program administrator’s interviews are presented together when appropriate. Some of the research questions are addressed by one or the other of the director’s surveys or administrator’s interviews; some are addressed by both.

Research Question 1

From the perspective of those administering public human / social services programs in Colorado counties, what is the extent and nature of collaboration between TANF and public child welfare services?

5. How are TANF and child welfare services structured (by county)?
6. What, if any, policies and procedures are being developed, or have been developed that address collaboration or service coordination?
7. What priority do agency directors / managers assign to collaboration between child welfare and TANF services?
8. To what extent do child welfare and TANF programs coordinate services to dual-system clients?
9. At what service points are services coordinated?
10. How are dual-system clients tracked (if they are)?
11. What kinds of staffing patterns, if any, support TANF-child welfare services collaboration?
12. From the respondents' perspectives, what facilitates / hinders service coordination (collaboration)?

Staffing Patterns or Configurations that Support Collaboration

Spatial configuration of Colorado Works and child welfare programs. Agency Directors were queried about the spatial configuration of their Colorado Works and Child Welfare programs in relationship to each other. Over one-third of respondents (37.3%) reported that the two programs share space in the same building; and the same number reported that the programs do not share space but are located in the same building. Just

under one-fifth (18.6%) have programs in separate buildings and the same number also reported that they had satellite offices. There was some overlap in these categories, in that some agencies whose programs share the same building also have satellite offices.

Child welfare staff co-located with Colorado Works programs. Program Administrators were asked about co-located staff; whether non-clerical program staff were co-located in units in the other program. None of the child welfare program administrators reported having any of their non-clerical staff co-located in a TANF unit, although one Colorado Works administrator did describe two instances of child welfare staff working with specialized teams located in Colorado Works. This county had created teams with blended and co-located staff within the agency and in conjunction with community-based services, such as substance abuse and domestic violence services. Having Colorado Works-trained staff working in child welfare programs was viewed as an advantage. In one instance, a manager from Colorado Works had been asked to manage three child welfare units. Managers from both programs working side-by-side was viewed as having benefited the high level of collaboration in the agency. Three smaller¹⁷ county administrators described the entire staff as being co-located; and one of these described staff as working as a team of generalists.

Colorado Works staff co-located with child welfare programs. Co-locating Colorado Works staff in child welfare units was somewhat more common than the other way around. Three counties reported having TANF workers co-located in child welfare units. One of these was the larger county with several blended teams or work units, some of which included staff from community-based services. One county that reported

¹⁷ The county population groupings of small and smallest are grouped together in selected results in order to protect confidentiality.

between 8 and 10 Colorado Works / TANF staff as co-located with child welfare staff also described their programs as “siloe” agency wide; this county had a pilot services integration project that had not been implemented agency wide. Another program administrator said their agency was heading in the direction of co-located staff with their kinship care program.

Spatial separation as a barrier? Spatial separation was specifically cited as a barrier to communication or coordination by respondents in four counties, and some of these speculated that a more proximal physical configuration would promote collaboration and be more convenient for clients who need services from both programs. Respondents from two of the counties, who considered their programs practically co-located because of their small size and being housed in the same building, also discussed barriers to communication between their child welfare and Colorado Works program staff. The opposite was reported by others; although they were in separate parts of the building or even in proximal but separate buildings, three respondents (from three different counties) described frequent communication between program staff.

While the spatial configuration of staff and program units in relationship to each other’s programs was sometimes cited as a barrier as well as promoting collaboration, there did not appear to be much of relationship between collaboration and spatial configuration for the counties surveyed. Table 4.1 displays a cross-tabulation of relationship between Directors’ categorization of the physical location relationship between their child welfare and Colorado Works programs and whether coordinated case planning had been implemented and their assessment of the degree of service integration between their child welfare and Colorado Works programs.

Table 4.1

Percent of Directors' Reporting Coordinated Case Planning and Perceived Degree of Service Integration by Spatial Configuration of Programs.

Questionnaire items	Spatial configuration		
	Same Building		Different building
Coordinated case planning implemented ^a	Share space	Do not share space	Do not share space
Yes	40.9	47.6	54.5
No	59.9	52.4	45.4
Degree of service integration ^b			
Not at all	9.1	0.0	18.2
Somewhat	27.3	52.4	45.4
Moderately	27.3	47.6	4.8
Highly	36.0	4.8	18.2

Note. Directors surveyed, $N = 59$. Cell numbers represent percent of respondents.

^a A Kruskal-Wallis analysis of variance indicated no statistically significant relationship between spatial configuration and coordinated case planning, $\chi^2(2, N = 59) = .102$. ^b A Kruskal-Wallis analysis of variance indicated no statistically significant relationship between spatial configuration and the perceived degree of services integration, $\chi^2(2, N = 59) = .192$.

The physical location of programs does not appear to be related to whether or not coordinated case planning has been implemented; and no significant statistical relationship was found when checking for this. It appeared that programs sharing physical space in the same building may be more likely to be perceived as highly integrated, while those housed in different buildings may be more likely to be perceived on the lower side of the integration scale. Directors whose child welfare and Colorado Works programs do not share space, but are located in the same building were clumped in the middle with regard to assessing the degree of integration between the programs' services. However, here too, no significant statistical relationship was found between the spatial configuration of the programs and perceived degree of program.

Formal Structures Overseeing Planning and Linking Services

County Department of Human / Social Services Directors were asked about whether there was a plan to link Child Welfare and Colorado Works services in their agency and if so, at what stage was the plan. Colorado Works administrators were much less likely to indicate that there was a plan to link child welfare and Colorado Works services. The Colorado Works administrators who indicated a plan was in place, more frequently than their child welfare counterparts or the directors, placed their agency's plan at stage of being implemented agency wide. Directors were less likely than child welfare and Colorado Works program administrators to indicate there was a formal committee or structure to link services. This may be because many of the formal structures cited by respondent took place closer to the services, versus executive, level. Table 4.2 displays the proportion of respondents (directors and program administrators) indicating their agency's status with regard to planning and oversight for linking services in these two programs, along with the stage of the plan and whether there was a formal committee or other structure that oversees planning and linking services.

Table 4.2

Percentage of DHS Directors and Program Administrators Planning to Link Child Welfare and Colorado Works Program Services

Questionnaire items	Directors ^a	Program administrators		
		Child welfare ^b	Colorado Works ^c	For both programs ^d
Have a plan to link services	72.9	81.2	56.2	80.0
The plan is (if a plan was indicated):				
Just in the planning phase	40.9	30.8	11.1	50.0
On paper only	0.0	15.4	11.1	0.0
Implemented as a pilot	11.4	0.0	11.1	0.0
Implemented agency wide	45.5	53.8	66.7	50.0
Formal committee or structure that oversees planning / linking services	30.5	50.0	46.7	0.0
Considering a committee	-	0.0	12.5	0.0
Having discussion to increase coordination	78.8	-	-	-
Considerable discussion	39.0	-	-	-
Limited discussion	39.0	-	-	-

Note. Cells represent percent of respondents in each administrative or program category. Cell in italics represent the percent of respondents who indicated they have a plan to link services. Cells with dashes indicate not applicable because that item did not appear on the questionnaire.

^a Directors *N* = 59. ^b Child welfare, *n* = 16. ^c Colorado Works, *n* = 17. ^d Administrators for both programs, *n* = 5.

Program administrators were also asked how long their committees (or other formal structures) had been in place and how often they met. The eight administrators responding for each program provided the number of months that each of these committees or formal structures had been in place. Although they were in fairly close agreement, across programs within their agencies, that a formal structure was in place, their estimates of how long the committees or formal planning structures had been in place were not exactly aligned. On the question of how often these committees or

oversight groups met, there was reasonable agreement, which generally confirmed they were referring to the same committees. Spearman correlations were employed to check whether there was a relationship between the population size of the county and whether there was a formal planning committee or other structure that oversees the planning and linking of services. For the department directors, and both the child welfare and Colorado Works program administrators there was a statistically significant positive correlation between the size of the county and the existence of a formal committee of structure in the agency (for directors, $r_2 = .440$, $p < .00$; for child welfare administrators, $r_2 = .542$, $p = .030$; for Colorado Works administrators, $r_2 = .619$, $p = .014$).

Those directors who did *not* have a plan to link services were asked, “given that the county has many other priorities, how would you rank the priority of linking services?” This question must have been confusing because 23 respondents on the director’s survey who indicated their county *had* a plan to link services responded to this question, with 13 indicating that it was a high priority, and 10 assigning medium priority. Of the 13 respondents whose county did not have a plan to link services, four assigned this as high priority, five as medium priority, four as low priority and one as not a priority. Overall, having a plan to link child welfare and Colorado Works services leaned toward the higher priority side of the response spectrum. It is possible that this was the politically desirable response, however.

During the interviews with program administrators, some provided further explanation about the nature of the planning committees or formal structures that oversee planning and linking services. Six of the large county administrators described a formal committee or management team that provided oversight and planning for services

coordination. Two of these described a formal committee or board dedicated specifically to services integration. The others described management teams where services coordination / integration were addressed. Two mentioned that service coordination or collaboration was part of their agency's strategic plan. And while a service integration committee was in place for one of these larger agencies, it was a struggle for them to approach service coordination at the front lines. One program administrator lamented, "We don't even know enough about each other to be able to provide a presentation...we need to learn more about each other's programs." For two of the medium-sized and two of the small counties, planning for services coordination occurred at staffings or family team conferences. For two other small counties, the need for any kind of formal structure was irrelevant, as their staff worked together as "generalists" and the entire agency was described as providing holistic, integrated services.

While the majority of directors and program administrators indicated there was a plan to coordinate services between child welfare and Colorado Works, one-third to one-half had a formal structure dedicated to this. For most, planning occurred as a component of management team meetings, and in smaller counties, at staff meetings, staffings on clients or on a very informal basis.

Communication Between Programs

Frequency of communication. Program administrators were asked about the frequency of communication between the top managers responsible for the child welfare the Colorado Works programs, specifically with regard to planning for coordination of common issues, programs and / or services. Table 4.3 displays the frequency of

communication between the top manager of the Child Welfare program and the top manager of the Colorado Works program in each of their agencies.

Table 4.3

Program Administrators Reporting the Frequency of Communication between the Top Managers of Child Welfare and Colorado Works Programs

Frequency of communication	Program Administrators		
	Child Welfare <i>n</i> / %	Colorado Works <i>n</i> / %	For both Programs <i>n</i> / %
Almost no communication	-	2 / 12.5	-
1 to 6 times per year	4 / 25.0	3 / 18.8	-
7 to 11 times per year	1 / 6.7	2 / 12.5	-
Monthly	5 / 31.2	5 / 31.2	-
Weekly	4 / 25.0	3 / 18.8	2 / 40.0
More than once per week	2 / 12.5	1 / 6.2	2 / 40.0
One person manages both	-		1 / 10.0

Note. Child welfare, *n* = 16. Colorado Works, *n* = 17. Administrators for both programs, *n* = 5.

Colorado Works administrators tended to perceive less frequent communication between the top managers than their child welfare counterparts. Administrators answering for both programs were primarily from smaller counties (one medium) and described frequent communication between program staff, much of it on an informal, as-needed basis.

Sharing confidential information. The perceived difficulty in sharing confidential client information across these two programs was most frequently rated as “not at all difficult” from four response categories. As displayed in Table 4.4, the two programs were similar in the proportions to which they assigned difficulty; and these ratings tended to be fairly consistent within the agency. For those counties where the

respondent answered for both programs, four of these were small or the smallest counties and one was a medium-sized county.

Table 4.4

Number of Administrators Reporting the Level of Difficulty in Sharing Confidential Client Information Between Programs

Level of Difficulty	Program administrators		
	Child Welfare <i>n</i> / %	Colorado Works <i>n</i> / %	For both Programs <i>n</i> / %
Not at all difficult	11 / 68.8	9 / 56.2	5 / 100.0
Somewhat difficult	4 / 25.0	6 / 37.5	-
Difficult	-	1 / 6.2	-
Very difficult	1 / 6.2	-	-

Note. Child welfare, *n* = 16. Colorado Works, *n* = 17. Administrators for both programs, *n* = 5.

Perceived level of service integration. Directors (*N* = 59) and Program Managers were queried about their perception of how integrated they considered their Child Welfare and Colorado Works program services to be. A caution here is the subjective standard that the level of integration was measured against. For example, one respondent said that “highly integrated” would only mean co-location or integrated teams. Similar proportions of respondents rated their agency’s programs as either more or less integrated with regard to Colorado Works and Child Welfare services. The smaller counties, represented by the program administrators speaking for both programs, perceived greater degrees of services integration than the other groups. Colorado Works tended to perceive less integration. Table 4.5 presents the responses to the question for both the Director’s survey and the Program Administrator’s interviews.

Table 4.5

Percent of Perceived Level of Program Integration by Position and Program

Perceived level of program integration	Directors	Program Administrators		
		Child Welfare	Colorado Works	For both Programs
Not integrated at all	6.8%		25.0%	
Somewhat integrated	39.0%	50.0%	25.0%	
Moderately integrated	33.9%	31.2%	43.8%	40.0%
Highly Integrated	20.3%	18.8%	6.2%	60.0%

Note. Directors, $N = 59$; child welfare administrators, $n = 16$; Colorado Works administrators, $n = 17$; administrators over both programs, $n = 5$.

In looking at the relationship between the size of the county population and degree of perceived services integration, there was an inverse relation between the directors' perceptions of services integration and population; that is the larger the county, the less integrated directors perceived the services to be ($r_2 = -.409$, $p = .047$).

Policies and Procedures

The directors' survey asked whether coordinated case planning had been implemented in their agency and, if implemented, for how long. Half of the respondents indicated that coordinated case planning had been implemented. Among those who provided an estimate of how long coordinated case planning had been in place in their county ($n = 24$), the average was 30.9 months, the median was 24 months, with the most frequent response 24 months.

Of respondents in the phase one directors' survey ($N = 59$), more of the large and medium counties indicated that coordinated case planning had been implemented than not; and fewer of the small and smallest counties indicated that coordinated case planning had been implemented as displayed in Table 4.6.

Table 4.6.

Coordinated Case Planning Implemented by County Size

County Size	Coord Case Planning Implemented			
	Yes <i>n</i> / %	No <i>n</i> / %	Missing <i>n</i> / %	Total <i>n</i> / %
Large (pop > 135,000)	8 / 73	2 / 18	1 / 9	11
Medium (pop 19,000 – 54,000)	9 / 60	6 / 40	-	15
Small (pop 7,000 – 17,000)	7 / 39	10 / 56	1 / 5	18
Smallest (pop < 7,000)	5 / 33	10 / 67	-	15
Total	29 / 49	28 / 47	2 / 3	59

Note. These data were based on the phase one director's survey. Counties were grouped into two categories with the large and medium-sized counties grouped together and the small and smallest-sized grouped together. Pearson's chi-square results indicated a relationship between county size and whether or not coordinated case planning had been implemented ($\chi^2 = 4.462$, $df=1$, $p = .035$).

After combining the large and medium-sized counties and the small and smallest-sized counties into two groups, a Pearson's chi-square indicated a statistically significant relationship between county size and whether or not coordinated case planning had been implemented, with smaller counties less likely to indicate that coordinated case planning had been implemented ($\chi^2 = 4.462$, $df=1$, $p = .035$).

There were notes on several of the surveys from smaller counties indicating that although they had no formal structures or protocols in place, workers were informally in communication about common cases. This was explored further in the phase two telephone interviews with program administrators and reflected in their responses about coordinated case planning and protocols for communication and assessment across programs. One large-county administrator indicated that there was no coordinated case plan, "just communication between the workers"; another said, "we encourage the workers to communicate; there is no set policy" (medium-size county respondent).

The second phase interviews took a more detailed look at coordinated case planning. In addition to inquiring about whether coordinated case planning between Colorado Works and Child Welfare programs had been implemented in their agencies, respondents were asked how long coordinated case planning had been in place, whether coordinated case planning was fully or partially implemented, the primary means that TANF and Child Welfare workers used to communicate to develop a coordinated case plan, and once the plan was developed, whether the client continued to see both workers or whether the case was monitored by one case manager. The results are displayed in Table 4.7.

Table 4.7.

Number of Administrators Indicating Whether Coordinated Case Planning was Implemented

	Counties with Coordinated Case Planning			
	Child Welfare	Colorado Works	Programs Agree ^a	For both Programs ^b
Coordinated case planning implemented	10	12	8	4
Fully implemented	7	5	4	3
Partially implemented	3	6	4	1
Client sees both workers	10	12	10	3
Client monitored by one case manager	-	-	-	1

Note. The total number of *counties* represented in the phase two interviews was 22 with 2 counties represented by one respondent who oversaw programs in both counties as one unit.

^a The number of counties in which both the Child Welfare and Colorado Works respondents agreed that coordinated case planning had been implemented. ^b This column represents the five counties in which the participants responded to questions about both the Colorado Works and Child Welfare programs

There was discrepancy for several programs on whether coordinated case planning had been implemented in their agency. Coordinated case planning between

these two programs was not further defined for respondents unless they asked; therefore participants may have had different definitional criteria.

When coordinated case planning was indicated, the workers communicated with each other via telephone or e-mail, face-to-face, or some combination of these. The Colorado Works programs cited more face-to-face communication than child welfare.

Cross-program Communication and Assessment

Respondents in the phase one directors' survey were queried about whether there was a protocol directing child welfare workers to determine if their clients are concurrently in the Colorado Works system. More than half of respondents (57.6%) indicated their agencies did. Two-thirds of the directors indicated they have a protocol directing child welfare workers to determine if a client has a possible need for Colorado Works cash assistance and/or employment services. Several of the smaller county respondents wrote that while they did not have a "formal" protocol, that the staff in their agencies communicate frequently about clients and therefore know whether clients have cases open or have needs in both systems.

Program administrators in the phase two interviews (38 interviews representing 22 counties) were asked specifically about how their program operates with regard to clients who may also be involved with (or need services from) the other program (child welfare or Colorado Works) in their agency. Protocols for determining concurrent involvement, assessing for needs in, and referring to, the other program were explored. Table 4.8 displays the extent that each program in the phase two interviews reflected that they have these protocols in place.

Table 4.8.

Percentage of Programs in Phase Two Interviews with Cross-System Protocols in Place

Protocol:	Programs		
	Child Welfare	Colorado Works	For both Programs
To determine concurrent involvement in the other program	81%	71%	76%
To direct child welfare worker to determine need for TANF / Colorado Works	90%	--	0%
To refer Colorado Works client to child welfare voluntary Services	--	71%	0%
Has an information system that allows worker to check client status in the other program	81%	67%	76%

Note. Respondents, child welfare administrators, n = 16; Colorado Works administrators, n = 17; administrators over both programs, n = 5. Dashes indicate not applicable because the question did not appear on that version of the questionnaire.

The majority of the program administrators (or their designees) interviewed about specific protocols that addressed cross-system checking, assessment and referral indicated that protocols were in place. However, a number of smaller counties qualified this by saying that it was an expectation, but not a formal written protocol.

Administrators were queried about at what points they checked the status of the client in the other system or assessed for needs from the other program. The majority of the child welfare programs that required workers to check as to whether the case was concurrently open in Colorado Works did so at the initial assessment or intake, with about one-quarter doing this during the creation of the FSP.¹⁸ On the Colorado Works side, where checking whether a case was concurrently open in the Child Welfare System or Trails¹⁹ was required, the majority did so during the initial eligibility determination,

¹⁸ The FSP (Family Services Plan) is the case plan for child welfare clients.

¹⁹ Colorado Trails is the state database for clients in the child welfare system.

with about a third doing so at the creation of the IRC.²⁰ For those counties that have protocols directing a child welfare worker to determine whether their client has a *need* for Colorado Works / TANF assistance or services, half or more indicated they did so throughout the process of working with a family; that is, the family's needs were continuously assessed. However, nearly 80% reported that need for TANF assistance or employment services were assessed at the creation of the FSP.

Administrators were queried about how they determined their client's status in the other program and how they assessed for client needs from the other program. The sequence of procedures or protocols from the time a client enters one of the programs and a worker is possibly notified that they have a client with a case open in the other system can take a variety of paths. There were three primary means by which common, or dual-system cases were identified: (1) Cross-referencing cases in a database or manually, (2) asking the client, and (3) asking a worker in the other program. A variety of paths were described between when the dual-system case was identified and when the case workers are notified. These are diagramed in Figure 4.1.

²⁰ The IRC (Individual Responsibility Contract) is the case plan for Colorado Works clients.

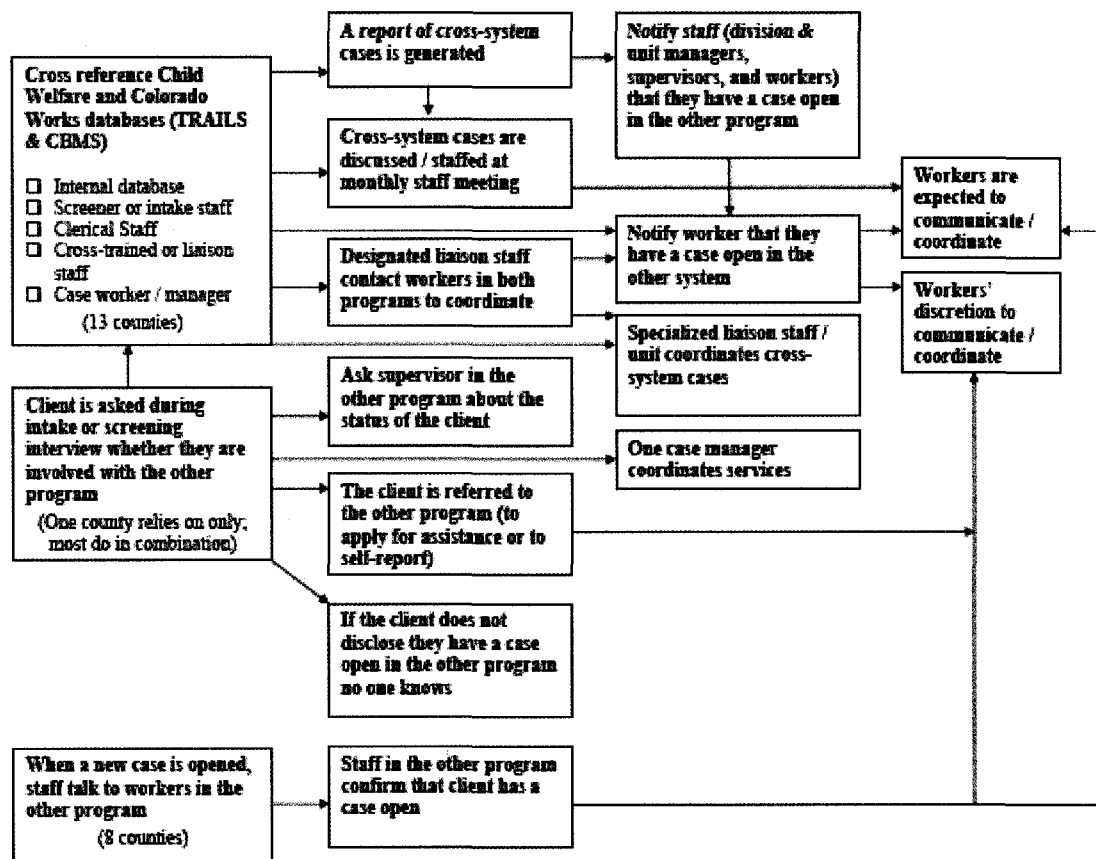


Figure 4.1. Protocols and procedures to identify cross-system clients from the point of entering the program to notifying workers in both programs (child welfare and Colorado Works) that they have a case that is receiving services in the other program.

Thirteen of 21 counties reported that they cross-referenced cases in the other program's database (CBMS²¹ or Trails), either through designated staff, the case worker or an internal database. One county relied only on the client disclosure of their involvement with other programs or services. Most programs assessed for this at intake or screening; some programs then cross-referenced the case in the other program's database or asked a worker or supervisor in the other program. Eight programs relied on asking a worker or supervisor in the other program about whether a new case was or had been

²¹ CBMS (Colorado Benefits Management System) is the state database for Colorado Works clients.

open in their system. Two of the smaller counties' staff were in continuous close communication and typically knew whether clients were involved with both programs.

A number of the program administrators / staff in the Colorado Works program commented that information coming from the child welfare program about clients with cases open in both programs was not always forthcoming. Child welfare respondents indicated that Colorado Works staff may not know that a client had a case open in child welfare. Confidentiality was cited, and when client information is shared from child welfare to Colorado Works, it is typically on a need-to-know basis. A number of respondents in both programs pointed out that a good assessment would identify client needs or issues that signaled current or potential involvement with the other system. Colorado Works workers often consulted with Child Welfare workers if they had concerns or questions about a child safety issue.

If workers were notified via supervisors, a specialized liaison staff person or through a regularly generated internal report that their client had a case open in the other system, a minority were required to contact their counterpart in the other program to coordinate services. Primarily, however, this was at the discretion of the worker. Some counties developed coordinated plans at regularly scheduled staffing meetings or TDMs.²² Colorado Works / TANF staff in some counties were usually included in TDMs, agency staffing meetings, or routinely consulted on resources available to clients.

Some Colorado Works / TANF staff were reluctant to refer to child welfare voluntary services because of clients' fear of child welfare involvement. Many of the Colorado Works programs utilized services via TANF, versus those available from child

²² TDM (Team Decision Meeting) is specific to the Annie E. Casey Family-to-Family initiative and is a case planning meeting, or staffing, where those services involved with the client, as well as the family and their designated support people are present for case planning and major decisions points in the case.

welfare to address client needs that may co-occur in both program areas. TANF-based services were utilized as early intervention, or prevention, in order to avert potential involvement with the child welfare system. For example, if a child welfare referral did not meet criteria for opening a case, TANF-funded services may be utilized for voluntary family preservation services. Four of the counties had specialized staff that were cross-trained or served as a liaison between the programs.

This section described coordination primarily at the case, or worker level, including the protocols and procedures in place for identifying a case common to both programs, or with needs in both programs. This occurs both through established, formal procedures and through more discretionary, informal procedures. The next section describes more formal structures at the program level that address cross-system needs and clients.

Collaborative Programs, Teams and Units

Collaborative protocols and procedures across program areas were also implemented in the context of specialized units, teams or programs which were described briefly by program administrators (phase two). Four types of collaborative structures were discussed: (1) Programs funded with TANF dollars addressing one or more of the four purposes of TANF²³ that provide services to families currently involved with the

²³ The four purposes of the TANF program as described in section 401 of the Social Security Act and 45 CFR 260.20 of the TANF regulations are as follows:

1. provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
2. end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
3. prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
4. encourage the formation and maintenance of two-parent families.

child welfare system or at risk for involvement; (2) specialized staff, units or teams that work with families who have needs or have cases open in both programs; (3) pilot programs dedicated to system integration; and (4) liaison staff who coordinate services between programs.

Programs Funded with TANF Dollars

Programs and services funded with TANF dollars may be provided in-house by the Department of Human / Social Services agency, or by services providers contracted by the Department. Many of these programs provide services that address family preservation objectives, which is an area where child welfare and Colorado Works or TANF program goals overlap. One county program administrator said that

What we do more than other counties is to utilize TANF dollars for targeted programs.... We utilize blended funding [strategies] to provide differential response for families where we will not open a case, but may need some intervention....We love to use TANF dollars on child welfare needs.

Cross-utilization of resources is also engaged via Title IV-E funding available to support AFDC²⁴ eligible children in foster care. This respondent, who cited several programs that utilized TANF dollars and blended funding, contended that “ASFA²⁵ and PRWORA go hand-in-hand in the sense that public assistance programs drive child welfare programs,” and that 10 percent of federal TANF program dollars are allowed to be transferred to child welfare programs at the state or county level.

Types of TANF-funded programs and services. Of the 22 counties represented in the phase two interviews, respondents in half of the counties described TANF-funded

²⁴ AFDC (Aid to Families with Dependent Children) preceded TANF (Temporary Assistance to Needy Families), however AFDC eligibility rules are applied under PRWORA (Public Law 104-193, Personal Responsibility and Work Opportunity and Reconciliation Act of 1996) which established TANF and replaced AFDC.

²⁵ ASFA (Public Law 105-89, The Adoption and Safe Families Act of 1997).

programs or services for families who were currently in the child welfare system or were at risk for becoming involved. The most frequently mentioned use of TANF dollars for child welfare families was for kinship care programs (eight counties), followed by differential response services aimed at early intervention or prevention with families who were at risk of entering the child welfare system (four counties), and programs directed at assisting youth who were aging out of the child welfare system (four counties). Other TANF-funded services directed toward current or potential child welfare families included emergency services (such as housing, emergency financial assistance and child care), a multi-disciplinary assessment team, victim's assistance, foster parent training, Promoting Safe and Stable Families (PSSF) and the CASA (Court Appointed Special Advocate) programs.²⁶

Examples of TANF-funded programs. When grandparents or other kin have custody of children in out-of-home placements, TANF funds were tapped to provide assistance at the foster care payment rate versus the TANF-only rate, which is much less. Joint case management for kinship care families was also provided by some departments.

Differential response approaches are those that work with families who may be at risk of entering the child welfare system but do not meet the threshold for opening a case or filing a dependency and neglect petition (D&N). Two counties described teams housed in their Colorado Works units. One team receives referrals from the Child Welfare unit on cases that were not assigned for investigation, but where there are concerns or a

²⁶ Court Appointed Special Advocates (CASA) programs provide advocates appointed by the courts for children who have been removed from the home due to child abuse / neglect and are going through court proceedings. The purpose of Promoting Safe and Stable Families (PSSF) is to create and operate coordinated programs of community-based family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau, 2008).

looming crisis related to basic needs. The idea is to provide early intervention in order to prevent involvement with the child welfare system. The other specialized team housed in the Colorado Works programs employs social workers to intervene with families that are at high risk for sanctioning,²⁷ and would likely end up in the child welfare system. Several counties identified early intervention / prevention strategies targeting families that were in financial distress and possibly headed toward child welfare system involvement.

Programs directed at youth emancipating out of foster care or the child welfare system are designed to assist these youth toward self-sufficiency. One program provides assistance with housing, transportation and tuition for those children aging out of foster care who have been in custody of the department. The idea is to avert the child re-entering the system via either program. Another county, as an example, described a partnership with the housing authority to provide support to children aging out the child welfare system who have no place to go, no skills, no job or other supports.

Counties used TANF dollars blended with other funding sources in order to leverage services for child welfare families or to avert involvement with the system. Respondents from several counties mentioned that the state had recently encouraged them to look at more creative ways to use TANF reserves. While a few of the counties had been using this approach for years, it was a relatively untapped source for many.

In addition to the programs, teams and services supported by TANF dollars described above, administrators for child welfare or Colorado Works programs described

²⁷ Sanctioning happens when a client fails to comply with their service plan, or IRC, and typically incurs a reduction or loss of benefits.

several other types of collaborative teams, services and staffing patterns across these programs.

Specialized Teams, Units or Staff

Respondents from nine of the counties in the phase two interviews described specialized units or positions that facilitated coordination between Colorado Works and Child Welfare Services. One team based in the Child Welfare program specialized in chronic neglect, or “dirty house” cases, where underlying issues related to basic needs, unmet medical or mental health issues and other resource issues were unmet. These were generally very complex cases and the aim, here too, was to divert involvement with the child welfare system.

Pilot Programs Dedicated to System Integration

Program administrators in two of the counties described *pilot* programs whose purpose was to coordinate services across programs. One specialized team that started out as pilot program several years ago remained somewhat stuck in its pilot stage rather than scaling up across the divisions. Another pilot program charged with integrating child welfare and Colorado Works services has been funded by a federal grant is being implemented in a defined geographic area.

Liaison Staff Who Coordinate Services between Programs

Liaison staff who provide a link to and coordinate services across programs were described by staff in four counties. For two of these, this was a single staff person who was consulted on dual-system cases and provided coordination. One county had a specialized unit housed in their Colorado Works program that was charged with coordinating services to clients in both systems. One county utilized specialized staff to

interview all incoming cases in both programs. Cases were then brought to a staffing team and assigned a case manager from the service area the client was most likely to be involved. This worker then became the case manager and subsequently coordinated services for the client.

Cross-trained staff were specifically mentioned by respondents in six counties. These staff were able to navigate both programs for dual system clients. Sometime this was unintentional, such as one county who had a former Colorado Works tech employed as a Child Welfare case worker; this was viewed as an advantage for the department.

TANF dollars were cited frequently as a means to support collaborative programs and services. Specialized staff, units or teams also drew upon flexible TANF funding.

Barriers and Supports to Child Welfare – Colorado Works Collaboration

Barriers and supports to collaboration were explored with directors and program administrators. Directors responded to a set of scaled items, indicating the extent that each item posed to collaboration between child welfare and Colorado Works services coordination or integration. Barriers and supports to collaboration were identified by program administrators via a set of open-ended questions addressing cross-program collaboration in their agencies, and in general.

Barriers to collaboration. County Department of Human / Social Services (DHS) directors were asked to indicate the extent that each listed item served as a barrier to collaboration between child welfare and TANF programs in their agency on a scale of zero to four (0 = no barrier, 4 = substantial barrier). Table 4.9 displays the means and standard deviations of the responses provided addressing the extent that each item serves as a barrier to cross-program collaboration.

Table 4.9

DHS Director Survey Responses to Extent Item Serves as a Barrier to Collaboration

Potential Barriers to Collaboration	<i>M</i>	<i>SD</i>
Colorado Works restrictions on serving families while the child is out of the home	2.59	1.20
A common client information system	2.36	1.34
High staff workloads (difficult to add additional tasks)	2.31	1.38
Colorado Works client's fear of potential child welfare involvement	2.07	1.34
Challenges with blending Colorado Works and child welfare funding	2.07	1.19
A common assessment tool	1.98	1.18
Availability of funding	1.98	1.25
Extent of flexibility in Colorado child welfare laws / regulations	1.92	1.07
Difficulty in hiring new staff (lack of availability)	1.90	1.45
Extent of flexibility in the Colorado TANF Plan	1.59	1.16
Competing/conflicting client timelines for the two programs	1.46	1.07
Extent of line staff understanding of need for services integration	1.27	1.09*
Extent of agency consensus on appropriate integration model	1.20	1.16*
Ability to share client information between programs	1.10	1.30*
Line staff commitment to integration	1.05	0.99*
Middle manager or supervisor commitment to integration	0.80	0.99
Integration not a high priority for executive staff	0.74	1.00
Human resources classification limitations and/or union constraints	0.66	1.06

Note. *N*= 59. In the response scale, 0 = "no barrier" and 4 = "substantial Barrier."

* The larger the county, the greater the perception of this item as a barrier ($p < .05$).

For most of the barriers listed there were no significant differences across respondents based on the size (population) of their county; however there was a statistically significant relationship between county size and four of the lower level

barriers, in that the larger the county population the more substantial the barrier. These included “The ability to share client information between programs” ($r = .411, p = .001$), “Middle manager or supervisor commitment to integration” ($r = .395, p = .002$), “Line staff commitment to integration” ($r = .494, p = .002$), and “Extent of line staff understanding the need for services integration” ($r = .305, p = .019$).

Program administrators cited barriers to collaboration at multiple levels of authority. Table 4.10 displays the number of program managers, by program area, citing barriers to collaboration assigned to the listed categories.

Table 4.10

Number of Program Administrators Citing Barriers to Collaboration by Program Area and Barrier Category.

Barrier Categories	Program Area		
	Child Welfare	Colorado Works	For both Programs
State level management and supervision (11)	5	6	2
Staffing issues –workload, understaffing and turnover (10)	2	7	2
Agency culture and mindset of workers (7)	1	5	2
Lack of training (7)	2	5	1
Inflexibility TANF program rules (6)	-	5	1
Lack of funding (6)	3	3	-
Lack of time (5)	3	4	-
CBMS – Trails systems are not linked (5) ^a	3	4	-
Cross-program staff relationships / poor communication (4)	2	3	-
Different status of TANF workers and child welfare workers (4)	2	2	-
Physical separation of programs (4)	2	2	-
Lack of leadership (1)	1	-	-

Note. $N = 38$; Child welfare administrators, $n = 16$; Colorado Works, $n = 17$, Administrators for both programs, $n = 5$. The total number of *counties* citing a barrier in that category appears in parentheses. For some counties, both program administrators reported barrier in the same category; for others, only one did.

^aCBMS (Colorado Benefits Management System) and Trails (Colorado Trails) are the state database systems for clients in Colorado Works and child welfare, respectively.

Supports to collaboration. Administrators discussed what facilitated cross-program collaboration, many of which were the opposite of those that hindered it. Table 4.11 lists categories of conditions and factors that program managers identified as supporting collaboration.

Table 4.11

Number of Program Administrators Citing Supports to Collaboration by Program Area and Support Category

Support Categories	Program administrators		
	Child Welfare	Colorado Works	For both Programs
State level management and supervision (10)	3	5	2
Leadership (8)	3	7	1
Flexibility of program funding (7)	1	4	3
Cross-program staff relationships / communication (5)	2	2	1
Training (4)	1	3	2
Agency culture and mindset of workers (3)	1	2	-
Changed status of TANF workers (2)	-	2	-
Physical proximity of programs (2)	-	1	1

Note. $N = 38$; Child welfare administrators, $n = 16$; Colorado Works, $n = 17$, Administrators for both programs, $n = 5$. The total number of *counties* citing facilitators of collaboration in that category appears in parentheses.

Influences on Collaboration

State influence on cross-program collaboration. For child welfare and Colorado Works program administrators (or their designees), state policy, leadership, guidance, direction and the lack of these were most frequently implicated in impeding or assisting cross-system collaboration. The state was cited slightly more frequently as impeding collaboration ($n = 13$) than assisting ($n = 10$), with similar perceptions from both child welfare and Colorado Works administrators. The primary criticism was a lack of specific

direction and guidance on the state level on models of collaboration, at the program level and with blending funds.

I haven't seen a lot on the state's side on how to effectively collaborate....They don't think to recommend models. It would be nice to see a better presentation to maximize staff time and to leverage dollars to maximize services. There is no practical assistance. They were slow to assist counties with using TANF dollars in creative ways. We need meaningful and concrete examples – practical models that work regarding collaboration. (large county program administrator)

Reasons attributed to the state's lack of guidance or direction included lack of knowledge about how to collaborate, and that the state, itself, was managed in a siloed fashion.

Nearly as many administrators attributed a positive influence by the state in facilitating cross-program collaboration. State child welfare and Colorado Works conferences assisted with increasing awareness of strategies and the benefits of collaboration. State guidance on the creative use of TANF funding for services and programs addressing the needs of families in the child welfare system, or at risk of becoming involved, were appreciated. Information dissemination via the Colorado Works network meetings was an example of where state-provided guidance was valued.

State Fatality Reviews,²⁸ which received a lot of press during 2008, were viewed both as facilitators and inhibitors of collaboration. About half of the families in which a child died as a result of maltreatment were involved with both the welfare (Colorado Works) and child welfare systems. Some thought that this would be an incentive for better coordination and communication across the service silos. One county administrator felt that the time and state scrutiny related to the fatality reviews was burdensome and inhibited innovation such as cross-system collaboration. "It is hard to get past that and

²⁸ A State Fatality Review is triggered when there is a child abuse or neglect death and a county Department of Human / Social services has had involvement within five years preceding the fatality. The expressed purpose of the Fatality Review is to identify ways in which the system's response can be strengthened and improved. Additionally, counties are required to hold an internal review.

look at innovations....We feel like we are under the microscope all of the time. I get excited about innovations” (medium-sized county program administrator).

Staffing resources and turnover. Staffing resources and turnover were viewed as barriers to collaboration ($n = 11$). That staff were stretched thin and had little time for engaging in collaborative activities was cited as a burden. It was a resource issue and a time issue.

Because we are a smaller county growing into a larger county, the division directors spend a lot of time doing staff work, so there is less time to do long-term programming. It is a matter of clients always taking precedence. Until we can take a step back to look at what we’re doing, it will be a challenge to do this. It is disheartening from a management perspective, especially when there is so much out there regarding best practices and what we know we can do. (program administrator, large county).

Training. Understaffing and turnover had implications for training, in that new workers require training, not only with regard to state laws and policy, but within the respective agencies. Because Colorado is a state-supervised, county administered system, each county does things differently, thus impacting training.

It is harder for workers. There is a 20 percent turn-over and workers don’t know what the [agency] philosophy is; they are not taught it in colleges and universities. The families drive the services....Here the family is in charge of saying what they need. This is hard for new workers. (large county program administrator)

Administrators (phase two interviews) addressed lack of training as barrier (seven counties) to collaboration; and administrators in four counties discussed training as facilitating collaborative practice. The Colorado Department of Human Services (CDHS)-sponsored conferences for child welfare and Colorado Works were lauded as a means of learning about options and models of collaboration. One year (2005), the state sponsored a joint Child Welfare – Colorado Works annual conference. While this was

identified as helpful in furthering understanding across these program areas, it was difficult for small counties to spare the staff to attend.

Agency structure, culture, hierarchy and proximity. Communication, or the lack of it, across program areas was a by product of the agency culture, structures, hierarchy and proximity. Some respondents viewed their agency's programs as very separate, with little communication between them. This was cited by large, medium and small-sized counties. For respondents in four counties, physical proximity of the programs was indicated as a barrier to communication and collaboration, such as being in separate buildings or on different floors or wings. Physical proximity or co-location, by design or as related to the small size of the office, was viewed by some as potentially a facilitator of communication and collaboration.

Communication between child welfare and TANF / assistance programs was sometimes a challenge that resulted from agency program structures and staffing configurations. The relationship between TANF / Colorado Works and child welfare programs within the agency was a factor linked to communication adequacy. This relationship was impacted by staffing configurations, such as cross-program teams or staffing a case with involved workers from multiple programs. The status difference between TANF workers and child welfare workers was noted as a barrier by four respondents. Worker positions in the TANF programs typically do not require a college degree, whereas child welfare positions do. TANF workers were sometimes assigned a lower status in the agency than child welfare workers and viewed as having less knowledge. Several agencies acknowledged that this perception by child welfare staff is changing and Colorado Works workers are increasingly respected as a resource, both as

another set of eyes on the case and as knowledgeable about services, programs and resources available to a family.

An “old school” philosophy that guarded the separation and status differences between child welfare and TANF was cited as a barrier to collaboration, and a barrier to sharing information about cases across programs. Most administrators (n = 25) indicated that sharing confidential information across child welfare and Colorado Works programs was “not at all difficult.” Ten administrators indicated that it was “somewhat difficult” and two indicated that it was “difficult” or “very difficult.” Preserving confidentiality in child welfare programs has always been carefully monitored, and interpreted as maintaining confidentiality within the child welfare program versus the agency. While confidentiality protocols continue to be strictly observed, a number of counties indicated that information is now shared on a need-to-know basis across programs within the agency. That is, Colorado Works workers do not need to know, nor do they want to know, the “nitty-gritty” of a child welfare case. For workers in both programs, knowing the requirements of each program for the family in order to avoid conflicting plans and maximize available resources is desirable, along with timelines and the status of who is living in the household.

Leadership. Program administrators (n = 11) alluded to leadership, primarily the philosophy of the agency director, but also the leadership of CDHS (specifically the current executive director), as influencing cross-program collaboration.

The influence has to come from the top down.... The ability to be creative can be hindered by administration. It has a lot to do with leadership in organizations. (Large county program administrator)

Since [current CDHS director] it's been awesome. She has encouraged us to think together. She is really awesome in helping people think things through. (Large county program administrator).

We have a director where service integration is a vision....leadership influences the direction. (large county program administrator)

The director is in favor of knocking down silos. All divisions are working hard to knock down silos. It is in line with “many hands make less work.” If we all take a piece of the pie, it will reduce work in the end. (large county program manager).

Who your director is and the director’s philosophy [influences] collaboration. (medium-sized county administrator).

We are treated as a team now, instead of individual teams [by the current director]. The new director is right there to help. The key is that it starts from the top and works its way down. (small county program administrator).

Program administrators in three counties, all of them larger counties, cited a “culture of collaboration” as a facilitative context for collaboration in their agency.

Research Question 2

To what extent do Colorado county directors / division managers of child welfare and TANF services programs support / not support in-house collaboration across these services? Why?

- a. To what degree do county directors and division directors / managers view collaboration between TANF and child welfare services as desirable or undesirable?
- b. What types of collaboration are desirable?
- c. For whom is collaboration between TANF and child welfare services desirable (clients, staff)?
- d. What services, if any, do directors / managers perceive their division’s clients may need from the other division? What issues do they believe dual-system clients have in common, if any?
- e. How do directors / managers view the overall agency philosophy on child welfare – TANF collaboration?

- f. How do directors / managers view their staff's position on the desirability of child welfare – TANF collaboration?
- g. How do directors / managers assess their staff's receptivity to and knowledge of the other system (child welfare and TANF)?

Desirability of Child Welfare – Colorado Works Program Collaboration

To what extent did program administrators think it was desirable that child welfare and Colorado Works programs collaborate? And what kinds of collaboration were desirable for clients and for workers? Without exception, program administrators in both child welfare and Colorado Works thought it was desirable for their programs to collaborate, because it is in the best interests of the client; accessing all of the services available to a family increases the odds of their success and may prevent involvement in the child welfare system. Responses to the questions about why it is desirable, or not, to collaborate and what kinds of collaboration were desirable were grouped into the categories listed in Table 4.12.

Table 4.12

Program Administrators' Reasons Why Cross-Program Collaboration is Desirable and the Types of Collaboration That Are Desirable

Categories of items cited by administrators	Respondents citing
Reasons that cross-program collaboration is desirable	
Avoid conflicting case plans for client (IRC and FSP) ^a	17
Access to resources and services for clients	16
Prevention services / family stability	11
Easier for the client / more support for the client	10
Mutual support for workers / less work / teamwork	10
More information about the case for workers	9
Identify gaps in services and avoid duplication	6
A holistic approach is better for clients	5
It is more efficient	4
So that workers understand the other program	3
Types of collaboration that are desirable	
Communication between workers to coordinate plan and services	14
Communication between workers to avoid triangulation / misinformation	8
Sharing resources	5
One-stop services / client has only one worker to see	4
Information sharing about programs	4
Identify common cases	1
Co-location / physical proximity	1

Note. Program administrators interviewed, *N*=38.

^aThe IRC (Individual Responsibility Contract) and FSP (Family Services Plan) are the case plans for Colorado Works and child welfare clients, respectively.

The most cited reason for the desirability of collaboration across these programs was to align planning and services for common clients. Advantages related to coordinating the service plans for clients included avoiding duplication of services, not setting the client up for failure or increase their stress through having to comply with two separate and possibly conflicting plans.

It is more efficient. If you have someone working with a family and the FSP conflicts with the IRC, it is not efficient to have people working at cross-purposes. And it is better for family success. Child welfare will not be involved with a family for a long time; so, when they leave child welfare, it is helpful for them to have access to assistance in the long term to work toward self-sufficiency. (large county child welfare administrator)

It is very important because each program asks certain things of clients. If they have to jump through too many hoops, it sets them up for failure. If we can come together on planning, this makes it more likely the family can be successful. (medium county Colorado Works administrator)

It is confusing and overwhelming to clients. Both systems are overwhelming in themselves [for clients]. It is a better use of resources; we're not duplicating. (Large county child welfare administrator)

Communication between programs and workers to facilitate coordinated planning was viewed as an advantage to both clients and workers. It is less frustrating for workers if they understand what may be expected of their clients in the other program and is necessary to coordinating plans and services for dual-system clients. Solid worker communication also diminishes triangulation among the workers and the client, and mixed messages or inaccurate information being relayed to clients. Cross-program communication between workers provides more information about the family, which then enables a better understanding of how to assist them.

It is frustrating for Colorado Works workers to have clients who may or may not share that they are involved with Child Welfare. Then the client fails to follow-up with appointments and the worker thinks that the client has blown them off....If the case gets closed, if we knew they were child welfare-involved and they missed an appointment, we could coordinate and attempt to work out a schedule with the client that would assist them to meet their obligations for both in a coordinated way. (large county Colorado Works administrator)

They have a better understanding of the roles and guidelines (of the other program). Child welfare is more gray regarding the rules and TANF is rule-bound. Clients need to do things differently for child welfare versus Colorado Works, which is more rigidly black and white regarding rules. There is less enabling in Colorado Works. It helps to limit clients' splitting with workers and streamlines it for everyone initially. It saves resources. (large county Colorado Works administrator)

Both [workers] are seeing clients; both see how they are doing. The client may tell one worker one thing and another worker something else. They can check with each other. (smallest county administrator for both programs)

Access to a full-array of services was a frequently cited reason for desirability of cross-program collaboration. Being able to access services and resources for child welfare clients from Colorado Works was viewed as important to client outcomes. Accessing TANF resources was viewed as preventative in averting or lessening involvement with the child welfare system and enabling a more holistic or wrap-around approach to services.

It is extremely critical to positive outcomes if we are working toward the same goals. We can give a family wrap-around services, things that are not readily available on the child welfare side. It will reduce recidivism in both programs....There are opportunities and resources to succeed. [With regard to] the whole recidivism issue, if they can become stable and self-reliant and less likely to re-enter the system. (large county Colorado Works administrator).

It has helped to have collaboration from child welfare to back us up and reinforce what [we] are trying to get across to the client. For some of the more disturbed families, that the agency is on the same page, they know that the workers are on the same page and are communicating with each other. (small county Colorado Works administrator)

There were many client outcome-related reasons for cross-program collaboration; and there were also advantages cited for the workers. In addition to access to resources for their clients (primarily from the child welfare side) and understanding the mandates a child welfare client may be facing (for the Colorado Works workers), collaboration was described as supportive for workers. Workers are able to back each other up with difficult cases and can reduce worker stress through being able to access other resources or have someone to talk with about the issues. This appeared especially salient with the smaller counties.

It has helped to have collaboration from child welfare to back us up and reinforce what [we] are trying to get across to the client. For some of the more disturbed

families, that the agency is on the same page, they know that the workers are on the same page and are communicating with each other. (small county Colorado Works administrator)

It reduces the stress for a child welfare worker. Not only will [we] deal with psych-social issues, but will deal with economic issues by getting the [Colorado Works] worker to help us out. When in a small office and being [geographically] isolated, it is helpful to have someone else to talk to about issues and clients. Of course there is gallows humor; it relieves the stress for child welfare workers – the tension that comes with working in social services. It's necessary to have that bridge. (small county administrator for both programs)

One child welfare administrator from a smaller county cited a problem with collaboration where confidentiality became an issue with a position that coordinated between the two programs. Also, there were too many people working with the families, which gave the family mixed messages and made it more difficult to manage the case.

Overwhelmingly, program administrators supported collaboration between child welfare and Colorado Works programs, especially with regard to coordination of services planning for clients with cases or needs in both systems. Access to a broader array of services gave workers more tools and provided more supports to struggling families, possibly keeping them out of, or returning to, involvement with either of these systems. When concerns were expressed about collaboration, they were few, and involved confidentiality and taking the time to collaborate.

One small county administrator suggested that larger counties could benefit from the more holistic – team approach that may be more deftly achieved in smaller counties:

The small county model is something the larger counties could look at. Social workers, 30 years ago, did it all. Then it (assistance and child welfare) was divided. Many families are in a short-term crisis. Those families in poverty, sometimes it is situational; sometimes there are those that are always having problems. It is beneficial if there is more than one worker helping them out. Many child welfare clients have underlying Colorado Works needs and vice versa. I think there can be concentric circles of sharing that can be done without violating confidentiality laws. Anything in the office is available to a certain degree. We

are aware of being careful with sensitive child welfare information. (small county administrator for both programs).

Child Welfare and Colorado Works Clients

Client characteristics. Program administrators were asked about what overlap, if any with regard to issues and needs, clients in their program had with clients in the other program (child welfare or Colorado Works). Based on the *perceptions* of those interviewed (versus data pulled from client records or agency data), Table 4.13 lists the number of respondents citing similarities and differences in issues and needs for Colorado Works and child welfare clients.

Table 4.13

Program Administrators' Perceptions of Similarities and Difference in Issues and Needs Faced by their Colorado Works and Child Welfare Clients

Categories of Issues and Needs	Respondents Citing (n)
Similarities in Issues and Needs	
Poverty / resource issues	24
Substance abuse	12
Mental health	8
Domestic violence	8
Lack of skills / education / problem solving	7
Parenting skills	7
Housing issues	6
Lack of social support	5
Same families as receive Core services	3
Relationship issues	2
Single parents	2
Stress	2
Cultural differences (immigrants)	1
Differences in Issues and Needs	
Not all child welfare families are poor	8
Mandatory versus voluntary involvement	8
Not all poor families have child welfare issues	6
TANF families are more functional / not in crisis	5
Program expectations are different	4
Single parents in TANF	2
Documented abuse in child welfare	1
They are not different	19
They are on a continuum	4

Note. Program administrators interviewed, N=38.

Respondents cited many similarities in problems faced by clients in both systems.

Nearly two-thirds of those interviewed cited poverty and financial resource issues as a commonality for clients in their child welfare and Colorado Works programs.

Substance abuse, mental health, and lack of skills and education were often described as interactive and leading to, or co-occurring with, poverty and associated with child neglect. Lack of stable housing, another common issue, is also a poverty or resource

issue. Many (19) said they did not see any or much difference between the needs and issues of child welfare and Colorado Works clients.

A number of respondents pointed out that not all child welfare families are poor and that not all poor families have child welfare issues. Also involvement with either of these systems holds different requirements and expectations for clients, such as court-ordered or mandated requirements for those who are child welfare involved, versus voluntary involvement for Colorado Works clients.

Several of those interviewed talked about Colorado Works and child welfare clients as falling on a continuum.

Families are on a continuum of strengths and needs. They fall all along that continuum. Families are in both systems. Some have complex needs and are touched by both systems.

[How are they different?] The severity of these problems. In child welfare, the family has crossed a line to get child welfare involved. In Colorado Works, the issues may be more marginal, or they have not crossed the line with the outrageous act, such as leaving a kid alone or smacking a child in the face.

Works families are a little more functional on accessing services and focusing more on the needs of children. More and more there is cross-over. A lot of the families are on the edge. If families are going to lose cash assistance, we will tell the families that child welfare will be involved. The dynamics of the TANF clients and the child welfare families – they have a lot of the same issues. Some are always very close to being in the child welfare system. There is a lot of domestic violence and substance abuse. Substance abuse is the biggest problem.

These respondents saw considerable overlap in their child welfare and TANF clients; whether a family had a case open in one program or the other depended on the intensity of problem or need. Self-sufficiency and child welfare issues were thought to have similar etiologies and challenges. A family struggling with basic needs may be doing so as a result of mental health, substance abuse or very low skills and/or education. These

same challenges are often implicated in child welfare. A family with dual-system needs could come in through either door of the agency.

Extent of overlap in families receiving services from both programs. Program administrators were asked, “What do you think is the extent of overlap in families receiving services from both (programs) in your agency?” The intent here was not an agency records check in order to identify an exact proportion of clients involved across systems, but rather to gain a sense of the perceptions of administrators about the extent of overlap, or dual-system clients, in their agency. Several respondents, however, did refer to data about the extent of overlap, and were sometimes surprised at how small it was. Tables 4.14, 4.15 and 4.16 display the array of responses to this question by program and the size of the county.

Table 4.14.

Large County Child Welfare and Colorado Works Program Administrators Estimate of Extent of Client Overlap

Large County Program Administrators (<i>n</i> = 9)	
Child Welfare	Colorado Works
99% of CW in TANF	20% - 40% of TANF clients have CW issues
1/3 of TANF are / have been in child welfare; 2/3 of child abuse referrals have some TANF	40% of CW hotline calls have some TANF involvement
Small amount / county has done a lot to reduce TANF caseload	12% of TANF open in CPS; 3% of open CPS receive TANF according to database – Respondent thinks that 40% of CW receive TANF and 30% of TANF are CW involved
20% of TANF have child welfare involvement	TANF caseload is reduced; 10-20%
19% of child welfare were receiving TANF (older data)	10-15%
Very low	Zero
Not much / not many below 200% of poverty	Few – maybe 10%
Very low – TANF caseloads are down	10%
Very few	Very low TANF caseload; 10%

Note. Large counties are those with populations above 135,000.

^aCW = Child Welfare program / services; TANF (Temporary Assistance to Needy Families) = Colorado Works services; CPS = Child Protective Services.

Table 4.15

Medium and Small County Child Welfare and Colorado Works Program Administrators Estimate of Extent of Client Overlap

Medium and Small County Program Administrators (<i>n</i> = 7)	
Child Welfare	Colorado Works
½ of child welfare involved with TANF services	A lot the time are same clients
More than 50%	Not a lot of overlap on open CPS cases; CW referred to MOE ^a / diversion probably 30%
Pretty good overlap – more of increase in TANF cases in CW caseload	Don't know
95% of child welfare receiving services from TANF	Most CW need or are on TANF; small TANF caseload
Used to be huge; with welfare reform a lot smaller. Almost all of child welfare families are accessing TANF services	Don't know – none; Most CW are on TANF
¼ of CW in TANF	A great extent
70-90%	Probably many

Note. Small counties are those with populations of less than 17,000; medium, with populations between 18,000 and 54,000. CW = Child Welfare program / services; TANF (Temporary Assistance to Needy Families) = Colorado Works services; CPS = Child Protective Services.

^a MOE funding (Maintenance of Effort) is a specified amount of non-federal funds that a state or county must spend in order meet federal requirements for the TANF block grant. MOE funds expended must be for needy families and also address the purpose of TANF. Diversion is a one-time cash payment to an assistance applicant, typically to address current extenuating circumstances that pose a barrier to self-sufficiency. The applicant is diverted from becoming an open case in TANF.

Table 4.16

Administrators' for Both Child Welfare and Colorado Works Programs Estimate of Extent of Client Overlap

Program Administrator for Both Child Welfare and Colorado Works (<i>n</i> = 5)
60-70%
With majority of CW there is overlap
80%
75%
30-50% of TANF are in CW; 70-75% of CW involved with TANF

Note. Among the administrators representing both child welfare and Colorado Works programs, four were from small counties and one from a medium sized county. Small counties are those with populations of less than 17,000; medium, with populations between 18,000 and 54,000. CW = Child Welfare program / services; TANF (Temporary Assistance to Needy Families) = Colorado Works services; CPS = Child Protective Services; extenuating circumstances that pose a barrier to self-sufficiency. The applicant is diverted from becoming an open case in TANF.

For the most part each program administrator's perception of the overlap in their agency was similar to that of their counterpart in the other program. The majority saw considerable overlap, with the assessment that more child welfare clients access TANF assistance or services than the other way around. A few counties have an internal database that enables tallying the actual overlap; however, one respondent, when looking at these numbers, thought that they were grossly underestimating the extent of overlap. With the medium and smaller-sized counties the perceived overlap tended to be greater than the larger counties. Counties with high poverty rates likely have more overlap in their child welfare and Colorado Works populations.

Services needed from the other program. Program administrators were asked what services clients in their program (child welfare or Colorado Works) needed from the other program. Child Welfare respondents were typically able to list a number of services their clients needed from Colorado Works side, often responding with "all of them." Assistance with child care, Medicaid, food stamps, employment and early intervention (to avert child welfare involvement) were all listed, with an emphasis on concrete assistance to address issues related to financial distress.

Colorado Works administrators generally indicated that they would only involve child welfare if there was a child safety issue; i.e., they were mandated to report or thought they needed to refer. Services they listed included Core services (to address substance, mental health or domestic violence issues), parenting classes or mentoring, advocacy, life skills training, referrals to CBOs, (community-based organizations) and early intervention / prevention. A number of the Colorado Works respondents pointed out that many of the services available through child welfare were also available via TANF.

Barriers to self-sufficiency were often the same issues implicated in child welfare; so, there was little reason, other than an immediate risk to child safety, to refer to child welfare.

Prevention and early intervention. Both child welfare and Colorado Works program administrators discussed TANF resources (programs and funding) as a means to early intervention and prevention for averting involvement or reducing the length of time a family may be involved with the child welfare system. Child welfare administrators in nine of the counties specifically identified the use of TANF resources as preventive. The following excerpts represent the spectrum of views expressed on this:

A lot of families are working with self-sufficiency issues. Sometimes TANF is able to keep a family at the self-sufficiency level and not involve child welfare.

TANF families – these are probably families that we would provide services to under Core services²⁹; the focus would be on delivering more home-based services.

We would like to look at clients who are minimum- to low-risk and can be served by TANF and community-based services. With medium to high risk (for abuse) families, we don't look at poverty so much. The first thing is the safety of the child.

[We have a team that] specializes in neglect, or “dirty house” cases. Originally it was funded by TANF. These are families that have resource issues....The idea was to reduce the chance that they would return to the system.

How can TANF prevent families from entering the child welfare system? Economic and self-sufficiency issues precede a lot of child welfare clients.

TANF is the first line of service. Working together can prevent a child welfare report, prevent stressors on families.

On the Colorado Works side, eight program administrators spoke specifically about their programs as early intervention or prevention for families with child welfare issues.

²⁹ Core Services are addressed in the Children's Code under C.R.S. 19-1-116 and assures access to alternatives to out-of-home placements for families with children “at imminent risk of out-of-home placements.”

When there isn't enough evidence (to open / assign the case), we assign a worker to early intervention services for a family that is struggling. That wouldn't happen if not for TANF....We can use TANF funding to reinforce family issues to promote family stability.

The child welfare workers are *so* busy; mostly they refer to us for prevention. We get referrals from intake to address prevention issues that are associated with poverty issues.

A lot of families on TANF are on because of high need regarding substance abuse, mental health, domestic violence issues – the same issues that brought families to the attention of child welfare. There is a lot we can do regarding prevention and early intervention.

[TANF-funded programs / services] reduces the length of time a family sits on the child welfare side, or prevents a family from entering the child welfare system. The county philosophy is an anti-poverty approach. The director says that we need to create an anti-poverty plan. How do we help people before they enter our door?

I created an intervention unit in Colorado Works with two case workers (social workers) who are very skilled in working with families that are at high risk for sanctioning, and if sanctioned would likely end up in the child welfare system. It is our philosophy not to sanction. This unit prevents families from involvement with child welfare.

Four out of the five counties where the respondents spoke for both programs also addressed prevention, and typically alluding to TANF or addressing poverty-related issues:

It surprises me that other counties haven't taken advantage of the resources and funding to provide prevention services. They have outrageous out-of-home placement costs. Why don't they do more prevention work?

We offer pretty good services through both programs. Which ever program they come into first, we'll keep them with that. We try to do as much as possible with the family first, before they get into child welfare. We try to pull services from TANF into child welfare.

...poverty and economic hard times leads to a situation of child welfare referral.

One respondent described how child welfare and Colorado Works programs collaborate to prevent out-of-home placement and loss of benefits.

If we have a child welfare case that may be neglect, if they have run out of money or lose their job, [the Colorado Works worker] will work with the family to explain the [child welfare] risk. We will bring in child welfare to explain the seriousness of the situation. Thankfully, it works well with the family court judge. It takes a lot of work for these two programs to merge to support each other. Child welfare will say that they can't move a case forward, such as a severe neglect case, and the [child welfare] worker will talk to [the Colorado Works worker] about the severity of the case and [the Colorado Works worker] will work with them on adjusting the case plan to avert the family from sanctioning or losing benefits.

Here, too, a child welfare worker may intervene with a landlord, for example, to keep the family housed, and prevent a whole trajectory of related consequences leading to sanctioning and / or out-of-home placement.

TANF dollars. Utilizing TANF dollars for programs and services that child welfare families need came up during interviews with program administrators in 13 of the counties (20 of the 38 interviews), although there were no interview questions specifically asking about this. Many of these were in the context of describing programs and services that utilized TANF dollars to address family stability in the context of prevention or support services for families related to child welfare issues. A number of program administrators addressed the use of TANF reserves³⁰ for child welfare related programming, which has been promoted by the state more intensely recently.

The capacity and potential for leveraging TANF-funded services and Colorado Works programming and benefits for preventive, early intervention and collaborative support for child welfare involved, or at-risk, families was a salient topic for many of the respondents.

³⁰ Counties cumulate TANF reserve funds through spending less than their annual Colorado Works allocation. These reserves are available only to the county generating the reserves and must be used for TANF-eligible expenditures. Some TANF funds can be transferred to child welfare (10%) and child care (up to 30%). Unspent funds that were transferred to child welfare or child care also become part of the TANF reserves.

Agency and Staff Philosophy on Collaboration

Program administrators were asked whether their perspective on the desirability of collaboration between child welfare and Colorado Works was different or not from the overall philosophy of the agency, with upper management and front line staff. The majority (32 of 38) felt that they were in alignment with upper management in their agency and most thought the overall agency was in agreement that collaboration was desirable. Two of the administrators, in different counties and programs, cited a collaborative philosophy that was embraced by the county overall. Some (6) pointed out that philosophies differed between the programs, sometimes because of their different approaches with families.

Assistance payments thinks child welfare is sometimes too helpful. For example, we are doing a lot of cars lately and assistance thinks this is too generous until they see how this can help a family. There are differences between child welfare and TANF regarding how much to do. (medium county child welfare administrator)

More administrators indicated alignment with front-line staff on the philosophy of collaboration (13) versus not (8); however, the issues cited as barriers to collaboration for front-line staff were similar. High turn-over and workload issues presented challenges in the area of training and time for cross-program communication.

There is a 20% turnover and workers don't know what the philosophy is; they are not taught this in colleges and universities. The families drive the services. Other counties are top down. [Here] the family is in charge of saying what they need. This is hard for new workers. (large county child welfare administrator)

There is a lot of turnover in child welfare. Each county does it differently, so they have to learn a new system even if they have come from child welfare in another county. (large county Colorado Works administrator)

The front-line staff would say, "It's all fine and dandy [collaboration], but if it's more work for me, tell me how I can do it. I'm already up to my neck..." With the eligibility staff, there is no sense that there is room that. It's fluffy. If you could

talk to people, they would say that, yes, they understand the need, but would ask how do it with the current workload. (large county Colorado Works administrator)

There is more difficulty in the child welfare world. High turn-over and training are issues. (large county Colorado Works administrator)

The understanding of rationale for collaboration is there, but it is a struggle for some to figure out how to get there.

We are all on the same page. We struggle with how we get there; how to use TANF funding more creatively to support child welfare families. At the front-line level, we started [to collaborate], but need to move forward. They [front-line staff] understand the importance, but don't know how to get it accomplished. If it's accomplished, it's one case at a time. (large county Colorado Works administrator)

Some administrators (7) did not know, or were not sure, whether there was a philosophical alignment in the agency on collaboration. An administrator in a medium-sized county said, "I can't answer this because we don't know child welfare and don't know their position on this." Several others were unable to say whether or not front-line staff were on board with child welfare – Colorado Works collaboration.

Knowledge of the Other Program Needed by Front-line Staff

What do front-line staff and supervisors in the respective programs / divisions need to know about the other program / division's services? Responses to this question were grouped into categories and are displayed in Table 4.17.

Table 4.17

What Front-line Staff and Supervisors in Child Welfare and Colorado Works Programs Need to Know About the Other's Services

Items cited by program administrators	Number of Responses
What child welfare needs to know about Colorado Works	
What services / resources are available	10
How to access services / who to refer to	6
Eligibility	6
What is expected of the client / how the program works	2
What (our) clients are participating in	1
Everything	1
What Colorado Works needs to know about child welfare	
What the client faces – legal requirements, the steps	6
Status of (our client's) family in child welfare, i.e., removal of child	4
How to recognize signs of abuse	3
When to refer	3
What services are available	3
How a family got involved with child welfare	2
Information to fit the FSP into the IRC ^a	1

Note. Program administrators interviewed, $N=38$.

^a FSP = Family Service Plan, the case plan for child welfare families; IRC = Individual Responsibility Contract, the case plan for Colorado Works / TANF clients.

For the most part, Child Welfare administrators thought that front-line staff and supervisors in their programs needed to know the scope of services available through Colorado Works and how to access them. Colorado Works administrators thought that staff needed to be able to recognize a child welfare issue and know when to refer, but they also sometimes lamented that they were not informed when a child was removed from the home. This affected the family's benefit status in that, in most cases, assistance eligibility changed when a child was removed. Sometimes this put the TANF worker in an awkward position, and could result in the family having to repay assistance for which

they became ineligible as a result. Some speculated that the Colorado Works program was not informed deliberately so that assistance would not be cut off to the family, which could present a substantial barrier to reunification. One county took advantage of being able to leave a family on assistance if the child welfare worker gave official notification that the removal was temporary (90 days or less), which ameliorated this problem.

How is this information exchanged? To what extent is this information exchanged and how? In response to this question, administrators described how their staff learn about the other program. Table 4.18 breaks down the means of information exchange into categories and frequency with which it was cited.

Table 4.18

Program Administrators' on How Child Welfare and Colorado Works Program Information is Exchanged

How program information is exchanged	Number of times cited
Training (including presentations, cross-training and new-worker training)	14
Talk to, or ask, other staff	13
Staff / unit meetings	6
Supervision	6
Information not exchanged much or well	6
Staffings / meetings addressing specific cases	5
Working collaboratively on cases	3
Team building	1
Agency letter or memo	1

Note. Program administrator interviewed, $N=38$.

Many agencies utilize a combination of these. An administrator from one smaller county said that information was exchanged easily:

We have had some cross-training. We ask the worker directly. Being so small, it's easier to access the worker. We exchange information in the manager meeting, during whole-agency staffings, between supervisors who pass the information down to workers, informally throughout the agency and talking to each other.

When attending an adult protection training, you get some of this information. Newer staff get direction from their supervisor, co-workers, and the worker in the other program.

Administrators from smaller counties were more likely to describe worker-to-worker information exchange than larger county administrators. One large county administrator described an effort at the upper management level to address service coordination and integration and how to bring supervisors and front-line staff on-board. This administrator lamented that they do not even know enough about each other to be able to provide a presentation; “we need to learn more about each other’s programs.”

Another large county administrator described a lively “cracker-barrel” approach to exchanging information across programs:

Program managers in all programs meet monthly. We get all of the sups [supervisors] in one room and rotate everyone through each table of program sups to exchange information about their programs. It’s a round-table, cracker-barrel approach. Every once in a while there is an “ah Hah! You have the programs to help my client!” There are a lot of connections with CBO’s and a lot of collaboration with CBO’s. Any of these families could be dual system.

A couple of administrators talked about Colorado Works staff being baffled about why Child Welfare was intervening, or not, in a particular way with a family and thought that it would helpful for workers on this side to understand the why and what of an intervention with a dual-system family.

It is frustrating when we do a referral, and we do multiple referrals, and we can tell the parent is on drugs, and nothing happens and we don’t know why. Then we’ll do another referral and nothing will happen. Then four to six months down the line, they (child welfare) take the kids. It seems to me that if they would have listened to us in the beginning, maybe we could have prevented a removal. But we don’t know what they (child welfare) are up against. For example, we learned that they don’t remove the kids, law enforcement removed does this. Also, timelines. They need to know our timelines, time-limits, and our reasons for doing things; and we need to know theirs.

Exchanging information across programs in larger counties occurred via more formal means such as training and in smaller counties via more informal means, such as talking to the other worker. It was possibly more of a challenge, or needed to be more deliberate in the larger counties.

How receptive are staff to learning about the other program? Most administrators, but not all, claimed their staff were very receptive to learning about the other program. One large county administrator admitted that “everyone dreads going to training, but once they go, they think it’s worthwhile.” Time for training presented a challenge to many. A smaller county administrator claimed that the child welfare staff were very receptive to learning about the other program “because we are generalists; we have so much to do – so slammed with stuff – that finding the time to get trained is hard. There is a desire to know.” Even though there is a desire to know, often the workers are “not thrilled to learn the details” of the other program, “but, it is helpful to know there is someone who can take over” (smaller county child welfare administrator). Many claimed that they could not fully assist their clients unless they understood the other program.

In looking at training needs and policy issues for smaller versus larger counties, there were a few mentions of a need to tailor this more to, or be cognizant of, county size.

They need to write rules for the “big ten” counties versus the mid-sized and small counties. I have seen in the last years in new worker training that there needs to be a difference (in training) for the small/rural counties versus the larger counties. This is also true for foster parent training. They need to do a better job of addressing the smaller counties.

All of the program administrators indicated that it was desirable for front-line supervisors and staff to have an understanding of the other program, primarily with the ultimate goal of being able to assist their clients more effectively.

Research Question 3

From the perspective of TANF and child welfare division directors / managers, what is the future direction of collaboration between TANF and child welfare services?

The Future of Collaboration

Respondents were asked to speculate about future direction of collaboration between Colorado Works and child welfare services and what influences this. Most (24, out of 38) thought that collaboration between these two programs would increase or improve; that there would be more cross-program communication, cross-training, services integration and leveraging of resources. Several did not know what direction collaboration was headed, with their own agency and in general. Three thought that things would continue as they are, which was satisfactory at the current level of collaboration in place. Respondents referred to an array of influences on the future direction of collaboration. These are categorized and listed in Table 4.19 in descending order of the frequency they were cited.

Table 4.19

Program Administrators' Perceptions of Influences on the Direction of Collaboration between Child Welfare and Colorado Works Programs / Services

Influences on the direction of collaboration	Respondents citing
Resources – funding, staffing, time	10
Need of clients – accessing resources, avoid conflicting plans	9
Leadership – priority of leadership in agency	8
TANF resources / reserves – ability to leverage these	6
Buy-in by staff – attitudes of staff	5
Best use of resources – avoid duplication	4
Program systems (CBMS – Trails) ability to communicate ^a	3
Federal policy, e.g. time limits in both programs	3
State policy	2
Best practice – systems of care	2
Ability for staff to communicate across programs (confidentiality)	2
Having procedures / protocols in place	2
Fatality reviews	1
People are more aware of it	1
It is less work	1

Note. Program managers interviewed, $N = 38$.

^a CBMS (Colorado Benefits Management System) is the state database for Colorado Works clients. Trails (Colorado Trails) is the state-wide database system for child welfare.

While tallying the number respondents who mentioned an item in each category does not necessarily indicate its overall relative influence, it provides insight into how these program administrators viewed the forces working for and against collaboration. Issues related to resources such as program funding, staffing, workloads and time were salient for many, in interaction with a number of other factors.

We do need to find a way to determine our common cases and establish a protocol regarding what information to share, even if only the IRC and the FSP [are coordinated]. We have some TANF reserves and [we need to look at] how to use these. The pot is not that impressively large, and we could be out of TANF reserve dollars in a couple of years....The challenge is under-staffing on both

sides, with basic services being the priority....We are at bare-bones with our current staffing levels. (large county Colorado Works administrator)

Being able to access and be creative with TANF reserves funding was cited as a factor influencing the future of collaboration.

[Collaboration] will increase for the short term. It will be interesting. There will be a rebound the TANF reserves dry up; and there will be realignment regarding what each program contributes to the whole. (large county child welfare administrator)

Leadership was cited as a key influence on the future of collaboration. This may be reflected in the agency's strategic plan, and also by the director and upper management in the agency.

The county philosophy is an anti-poverty approach. The director says, "we need to create an anti-poverty plan. How do we help people before they enter our door?" It starts with leadership in the county and training. (large county Colorado Works administrator)

[Collaboration is influenced by] who your director is and the director's philosophy. Here, the influence came from child welfare. [The director] really implemented it more. (medium county Colorado Works administrator)

Communication across program boundaries had been a barrier, in part because of confidentiality issue, and also because of status differences between front-line staff in the two programs, which affected communication. Some pointed out that this is changing and has influenced the direction of collaboration.

In the past we were instructed to not share information. There was stigma [about the different status of workers]. "I have education to do my job; my level is higher than yours" [child welfare to TANF]. Now you are seeing that if you have all the education, but you can't communicate, it doesn't help. New workers are better at communicating. There was more hierarchy in the past. (small county Colorado Works administrator).

The difference is that the younger workers don't have the mind set that you don't talk about child welfare cases. For older workers that's really hard to break [that mindset]. For new workers it's easier. They have been in the mode of collaboration with other agencies. (small county program administrator for both programs)

Although only one administrator cited the fatality reviews, this was a salient point in light of recent publicity on high-profile child fatalities where a number of departments of human / social services had been involved with families. This administrator pointed out that in about half of these fatalities, families had involvement with both programs, and this would influence more collaboration and communication.

We have to [collaborate] because of the fatality reviews. It is a matter of time before the state says you will collaborate because of fatalities. Some counties don't want to share information because child welfare is sacred information – hush-hush – no one else should know. Most counties are shifting toward family group conferencing; we have to involve everyone in the plan. Part of what the fatality reviews found was that over half of the fatalities were TANF clients – they also had TANF workers. Why did the family slip through the cracks with two workers? Collaboration has got to happen. (small county program administrator for both programs)

The overall predicted trend appeared to be toward increased or improved collaboration across child welfare and Colorado Works program areas and services. This move toward collaboration was perceived to be driven by client needs and access to a broader array of services and resource, along with a number of other environmental or systemic forces such as the availability of resources (including TANF reserves), organizational leadership, attitudes of staff, better use of resources and state and federal policy. Many of these, in turn, influenced each other.

Research Question 4

From the perspective of TANF and child welfare division directors / managers, how has policy at the state and / or federal level supported or posed obstacles to collaboration between TANF and child welfare services?

Influence of State-Level Policy

Program administrators were asked about how they thought policy at the state level supported or posed obstacles to collaboration between child welfare and Colorado

Works programs. There were slightly more citations of support ($n = 26$) than obstacles ($n = 21$) by administrators and seven respondents (of 38) who did not know whether the state supported collaboration or not. Some of the administrators described both obstacles and supports with regard to state level policy. The obstacles and supports to collaboration between these two program areas identified by respondents were categorized and are listed in Table 4.20.

Table 4.20.

State-Level Policy Supports and Obstacles to Collaboration between Child Welfare and Colorado Works Programs According to Program Administrators

Categories of comments on supports or obstacles to collaboration	Respondents citing
Supports to collaboration	
Doing more to explain the use of TANF funding	5
Acknowledge and encourage county-initiated collaboration	3
Reauthorization (of TANF) leads to need for more creativity at the state	3
CDHS director encourages programs to work together	2
State supports, but leaves it up to the counties to do it	2
Flexibility with programming	2
Supports, but counties need more models and examples	2
Trainings at state conferences address collaboration	2
Relationship with counties is better	2
TANF is seen as first line of prevention	1
Good job of increasing Medicaid to age 21	1
Colorado Works network meetings	1
Obstacles to collaboration	
Program data systems (CBMS and Trails) do not communicate ^a	5
Programs at the state level are driven separately / siloed	3
Local level efforts are not supported by the state	3
State is unclear about programs and how to collaborate	3
State has been unclear about use of TANF funds	2
Better management and stability is needed at the state	2
Better relationships with the counties are needed	2
Emphasis is on eligibility and participation rates, not collaboration	1

Note. Program administrators interviewed, *N*=38.

^a CBMS (Colorado Benefits Management System) and Trails (Colorado Trails) are the state information system for the Colorado Works and child welfare programs, respectively.

It is clear that the state Department of Human Services has influence on the counties in this state-supervised, county-administered state. Many look to the state for guidance, information and support; and many of the supports and obstacles cited by

respondents refer to guidance or the lack of it. A considerable portion of cross-program collaboration occurs at the program (versus client) level. However, a challenge mentioned regularly by program administrators is the problem of identifying cross-system clients. Implicated in this difficulty are the two state database systems for these programs, CBMS and Trails, that do not “talk to each other.” Cross-referencing families that have cases open in both systems is fraught with problems. Several counties have developed an internal database to cross-reference clients with cases open across programs; most have not.

I am not sure that it is policies that support or pose obstacles so much as it is computer programs. There have never been computer programs that could talk to each other to cross-reference families that are being served by both systems. Right now, we do it manually. What we need is a computer system that could pull a good set of cross-referenced cases. (large county Colorado Works administrator)

...having CBMS and Trails talk to each other. It is a big barrier if they want us to collaborate. Why would they build systems that don't talk to each other? (large county child welfare administrator)

Some thought that programs at the state level were operated in a “siloe fashion,” “driven separately,” which led to impediments around blending resources or understanding how collaboration across these programs can work. Some program administrators thought that they were on their own.

The state is for it [collaboration], but they totally leave it up to the counties. It's a county-run system, so it gets left up to the counties. (small county child welfare administrator)

In principle they have supported it, but haven't done anything. They have posed obstacles and haven't done much, but now they are doing more to explain how to use TANF dollars. (large county Colorado Works administrator)

I haven't seen a lot on the state's side on how to effectively collaborate. My exposure is small on the child welfare side. They don't think to recommend models. It would be nice to see a better presentation to maximize staff time and to leverage dollars to maximize services. There is no practical assistance. They were slow to assist counties with using TANF dollars in creative ways. We need

meaningful and concrete examples and practical models that work regarding collaboration. (large county Colorado Works administrator)

If the state doesn't put out policy, I don't know if they will support me. The state has been supportive now; they haven't been supportive in the past. "Do it your own way" was the message. (small county administrator for both programs)

It has been somewhat confusing....I called the state and talked to three different people and got three different answers on how to use service dollars. We are not getting good direction from the state. They say to call for help. They don't understand the child welfare program enough to answer the question. There is the expectation that counties will figure it out. The state doesn't operate in an integrated fashion in their programs. (medium county administrator for both programs)

Conversely, quite a few administrators thought that the state was doing a better job of supporting collaboration, encouraging individual county efforts and explaining, for example, how to creatively use TANF funding for programming.

They have encouraged us to [be creative with collaboration]. It surprises me that other counties haven't taken advantage of the resources and funding to provide prevention services. They have outrageous out-of-home placement costs. Why don't they do more prevention work? I am grateful to the state for the encouragement and flexibility. (Small county administrator for both programs)

It has gotten better at the state level since the return of [current Colorado Department of Human Services director]. They have focused on how program staff can cross-over and where the line is on funding streams, and how not to cross the line. Also, they've addressed the four purposes of TANF and approved more creative approaches. (Small county administrator for both programs).

A handful of years ago Colorado Works staff were very uncreative, uniformed and unhelpful regarding how to be creative with services. It was frustrating four to five years ago. It was hard to know about the flexibility in TANF funding. It has changed in the last one and a half to two years. So, now the state is doing a better job of encouraging Colorado Works to be more creative. A couple of years ago there was a Colorado Works – child welfare combined conference. I have seen the state Colorado Works staff talk to counties about how to use their Colorado Works funding. (large county Colorado Works administrator)

While some are frustrated with separation and lack of collaboration at the state level, notably with regard to the two state-wide information systems for these programs, there was acknowledgement that guidance and encouragement from the state regarding

cross-system collaborative efforts had improved over the last couple of years. At about this time the state administration changed and a new director of Colorado Department of Human Services (CDHS) came on board; and she has appointed new managers for these divisions at the state level. Clearly state-level supervision is commonly perceived as impacting collaboration at the county level.

Influence of Federal Policy

Perceived obstacles and supports to child welfare – TANF / Colorado Works collaboration tended to center around TANF rules and requirements, in both a supportive and hindering role. Other federal policy cited included ASFA,³¹ time limits and the tendency to increase funding for adoption services while cutting funds for family preservation services. Many more of the administrators were unfamiliar with or unsure about how federal-level policy, versus state policy or actions, may have affected cross-program collaboration. Table 4.21 displays a list of the categories that administrators' comments on federal policy obstacles and supports were assigned.

³¹ The Adoption and Safe Families Act (ASFA, P. L. 105-89) of 1997 placed limits on the amount of time for permanency decision for children placed out of the home. I

Table 4.21

Federal-Level Policy Supports and Obstacles to Collaboration between Child Welfare and Colorado Works Programs According to Program Administrators

Categories of comments on supports or obstacles to collaboration	Respondents citing
Supports to collaboration	
Flexibility of TANF funding	5
Federal policy supports (no specifics)	3
Federal grant for collaboration between child welfare and TANF	1
Title IV-E regulations ^a	1
Obstacles to collaboration	
TANF program-required work participation rates	9
Programs at the federal level are separate / siloed	3
Lack of flexibility in TANF funding	2
Not much support (no specifics)	2
ASFA time limits ^b	1
Not enough funding	1
Did not know or were not sure	11

Note. Program administrators interviewed, N=38.

^a Title VI-E of the Social Security Act addresses federal payments for foster care and adoption assistance.

^b ASFA (Adoption and Safe Families Act) shortens the time limits on a permanency decision for children in out-of-home placement.

Regarding the role of federal-level policy as posing obstacles or supports to child welfare – TANF collaboration, many of the respondents commented on the recent Deficit Reduction Act (DRA) of 2005 (P.L. 109-171, signed into law in February of 2006) and reauthorization of the Personal Responsibility and Works Opportunity Reconciliation Act of 1996 (PRWORA) which replaced ADFC (Aid to Families with Dependent Children) with TANF (Temporary Assistance for Needy Families). Under the new TANF rules, required work participation rates³² for county TANF caseloads have risen, and nine of

³² PRWORA requires that a specified percentage of TANF caseloads are engaged in approved work activities. Required work participation rates are adjusted upward in 5% increments. DRA has specified that

the program administrators interviewed (N = 38) cited this as a barrier to cross-program collaboration.

Welfare to Work forces them to make decisions about child care, and some of these decisions are not so desirable....There are unintended consequences when in poverty and they go back to work. (large county child welfare administrator).

[At the federal level] I would be surprised if there was any communication between these two [program] areas. When TANF rules were reauthorized, it became very restrictive. If they had in mind the needs of child welfare families among the TANF caseloads, they would have done it differently, such as with the participation rates. (large county Colorado Works administrator)

The Deficit Reduction Act – the feds tightened up work activities. It would have been nice if they had considered the needs of dually-involved families. There is no sufficient recognition of the depth and complexity of how much time this takes if a family needs more time because of combined stressors. It may take a lot longer for a family with complex issues. It leaves the counties having to run a tough program regarding work or take it in the pants on participation rates. (large county Colorado Works administrator)

Flexibility with regard to TANF funding and programming was also viewed as facilitating collaboration, perhaps sometimes inadvertently; five respondents specifically cited TANF program flexibility. And while flexibility in the TANF program funding was appreciated, the work participation rate rules were also cited as a barrier.

The original connection [between child welfare and TANF] was that you could transfer 10% of the TANF allocation funding to child welfare programs at the state or county level. They also did that with the four purposes of TANF. (large county Colorado Works administrator)

It trickles down from the fed to the state. So, if the fed wasn't flexible, the state wouldn't allow it. I like it that the state and the fed haven't said one size fits all; we can create programs. (small county administrator for both programs)

The four federal purposes of TANF... one of the purposes is keeping children in the home. It is an important part of Colorado Works programming and has allowed flexibility in program design. However, when looking at Colorado Works regarding stringent requirements with work participation rates, this poses obstacles to integration. The participation rate of 50% in the recent

50 % of single household heads and 90 % of married households are participating in approved work activities. Failure to meet the specified participation results in sanctioning and loss of funding.

reauthorization makes it more difficult. There are sanctions for not meeting the participation rate. How work activities are defined affect work participation rates. Some states pushed for other work-readiness activities, such as mental health or substance abuse treatment services, to count as work readiness activities, but only for six weeks in a year. This is a constraint. The feds could have been more flexible in working with families who are struggling. They could have been more flexible with the rules regarding participation rates. (large county Colorado Works administrator).

By tightening the rules and regulations during reauthorization, making the rules more difficult, people have become more creative in tapping into services. Maybe they will tighten this, too. Right now what they are doing is, inadvertently, supporting TANF for needy families (large county Colorado Works administrator)

The majority of the comments about federal policy centered on TANF program rules and regulations either promoting or constraining their ability to flex programming and services to vulnerable families with needs from, or cases open in, both Colorado Works and child welfare programs.

Summary

Collaboration between- Child Welfare and Colorado Works

This study sought to explore the extent and nature of collaboration between TANF and public child welfare services in Colorado from the perspectives of department of human / social services directors and administrators for the child welfare and Colorado Works program within those departments. Specifically, the staffing configurations, programs and protocols that support services coordination or program integration were described. Program administrators were queried about their perspectives on the desirability of collaboration between these two major programs and their respective services, as well as what types of collaboration were desirable, and for whom. Administrators were asked to reflect on their respective programs' clients' problems and service needs, and their estimates of the extent of overlap of clients being serviced by

both programs. Information needs of their program's staff about the other program and the extent that this information was exchanged was queried. They were also asked to speculate about the future of collaboration and influences on this. Finally, the administrators were asked to comment on state and federal policies that supported or posed obstacles to collaboration.

While the spatial configuration of program staff (shared space or not, or different buildings) did not have a statistically significant relationship to the directors' perception of the extent of services integration in their county departments, the inclination was for those whose programs shared space to be perceived as more integrated. This may have been related to the size of the county, which also leaned toward smaller county directors as indicating more program services integration. Overall, about half of all respondents viewed their child welfare and Colorado Works above and half as below the mid-point on the ordinal scale for perceived degree of program services integration.

While few of the directors and program administrators described deliberate co-location of non-clerical program staff, about half indicated some kind of formal structure in place to plan for, and link, child welfare and Colorado Works program services. Through further inquiry with program administrators, and alluded to by directors on the written survey, much of the planning and oversight for services coordination occurred in the context of regular staff or management team meetings or at the services level; a lot of coordination occurred informally.

The vast majority of program administrators viewed sharing confidential client information between programs on the low end of the scale of difficulty. Interestingly, a higher proportion of directors from larger counties, versus medium and smaller counties,

indicated that coordinated case planning between child welfare and Colorado Works had been implemented. This could reflect circumstances cited in smaller counties, where administrators indicated that their protocols for checking cross-system involvement and assessing for needs from the other program occurred informally with program staff. Most administrators interpreted this as protocols being in place.

From the point of identifying or cross-referencing dual-system clients, the path by which information about client's status made its way to the front-line worker varied greatly. More than half of the counties had a process in place to cross-reference dual-system clients, and four had developed an internal information system that accomplished this. A client's status in the other program was also assessed during intake or screening, with one county relying only on the client's report. Staff in eight counties asked the worker in the other program; these were typically smaller counties. Many of the programs employed some combination of these strategies to identify dual-system clients.

Once a client was flagged or identified as having a case open in the other system, typically there was an intermediary step or steps between that point and notifying the front-line worker. For some counties this occurred via distributing a report with flagged cases and/or notifying management in the agencies divisions and units. In smaller counties, workers sometimes communicated directly with each other when a case was opened. Communication with the worker in the other program to, for example, coordinate elements of the service plans for both programs, was not generally a requirement. Coordination of service plans was typically left up to the discretion of the workers.

A variety of collaborative programs, teams and units were described. Many of these were aimed at either supporting families touched by both systems (such as relative

caregivers for children in out-of-home placement) or as early intervention or prevention with families (and children aging out of the child welfare system) who were at risk for involvement with mandatory child welfare services. TANF funding and county TANF reserves play a major role in supporting these programs and interventions.

Directors rated, on a scale of zero to four (0 = no barrier; 4 = significant barrier) items on a list of potential barriers to collaboration between child welfare and Colorado Works programs. The top five barriers included Colorado Works restrictions on serving families while the child is out of the home, the lack of a common client information system, high staff workloads, Colorado Works clients' fear of potential child welfare involvement, and challenges with blending funding from the two program areas.

Program administrators cited barriers and supports to collaboration between these program areas in the context of responding to questions on multiple topics. Management at the state level was perceived as a major influence on collaboration, both in a hindering and supportive role. Here too, workload posed a barrier, but interestingly was cited much more often by Colorado Works administrators. This is interesting because turnover and staff workload issues for child welfare staff are a national problem that has received considerable attention.

The agency structure, hierarchy and quality of communication across programs were perceived as influences on collaboration. These were interactive and communication was affected by staffing configurations as well as the culture of the agency. The agency culture was reflected in several ways, including the status difference between child welfare workers (higher) and Colorado Works workers (lower), and an "old school" mentality, versus a more contemporary perspective, that influenced the

extent of information sharing from child welfare with Colorado Works. The extent and quality of collaboration across programs was also influenced greatly by leadership, both at the state level and the department or agency level.

Extent of Support for Child Welfare – Colorado Works Collaboration

Nearly all of the program administrators indicated clear support for collaboration between child welfare and Colorado Works program services. Aligning and accessing services for clients with complex needs was the major rationale expressed.

Administrators often described TANF-funded programs and Colorado Works services as the first line of early intervention or prevention for fragile families at risk of entering the child welfare system. This was viewed not only as best practice for the clients (i.e. family preservation), but as a means of avoiding duplication of services and resources, as well as averting costly out-of-home placements. The primary type of desirable collaboration described was communication between workers to coordinate service plans and to avoid triangulation between the client and their respective workers. Overall, administrators associated services coordination with better outcomes for clients.

Nearly all of the administrators viewed their programs' clients as having similar issues and problems as clients involved with the other program. While acknowledging that not all (but most) families in the child welfare system are poor, and not all Colorado Works clients are involved with child welfare, many of the challenges they face are similar. Challenges to self-sufficiency are often the same as those that underlie difficulties with parenting. Poverty and related resource issues were most frequently cited by administrators as the common denominator of their programs' respective clients. Also, problems with mental health, substance abuse, domestic violence, lack of skills or

education, parenting skills, housing and lack of social support were all viewed as overlapping issues.

While most administrators cited overlap in issues, problems and needs for their programs' clients, the actual perceived overlap in cases that were open in both systems varied greatly, from "zero" to "99 percent." More of child welfare clients were perceived to be involved with Colorado Works services than the other way around. In most instances, medium-sized and smaller county administrators cited greater overlap in the client base of these two programs. Smaller-sized counties were more likely to have higher rates of child poverty, which could partially explain this.

The administrators tended to view child welfare clients, or those at risk of becoming involved with child welfare, as needing services from Colorado Works more than the opposite. Both programs access services, such as mental health or substance abuse treatment, but the preference was to avert child welfare involvement unless there was a serious safety issue for children. Funding was one reason, but also because of the less restrictive or intrusive nature of Colorado Works involvement. Many of the client needs centered around resource issues, which were available mainly through Colorado Works / TANF.

The agency's philosophy on child welfare – Colorado Works collaboration was relayed as mostly supportive and the respondents viewed themselves as aligned philosophically with agency leadership (sometimes they *were* agency leadership). Some differences in philosophical alignment across programs were cited. The main area of philosophical misalignment that administrators commented on was with front-line staff. The primary reasons cited for this were that high turnover and workload issues presented

time and logistical challenges to communication and coordination. Training issues were also mentioned.

In response to queries about what their front line supervisors and workers need to know about the other program, child welfare administrators thought they essentially needed to know what services and resources were available and how to access them. Colorado Works administrators thought their staff needed to know what their clients face, such as legal requirements and procedures, while involved with child welfare. They also need to know whether a child had been removed from the home. Recognizing signs of abuse and when it is appropriate to refer a family to child welfare services were also highlighted.

The extent and means that this information is exchanged appeared to trend toward worker-to-worker communication on a common case (or concerns about a case) in the smaller counties, and were included in more formalized training in the larger counties. In general, there did not appear to be a great deal of deliberate cross-training between these program areas. While most staff were described as receptive to learning about the other program, time and workload issues were mentioned as barriers.

The Future of Collaboration - Child Welfare and Colorado Works

Most of the program administrators thought that collaboration between child welfare and Colorado Works would tend to increase or maintain its current course. The top influences cited as driving this trend included resources (funding, staffing, time), the needs of clients (accessing resources and avoiding conflicting service plans), priorities of leadership, and the availability of TANF funding and resources.

State and Federal Policy as Supports or Obstacles to Collaboration

Program administrators both lauded and chastised the state department of human services for their influence on collaboration between these programs. More recent efforts at the state level to explain the use of TANF funding was the most frequently mentioned support; however, some thought that state was unclear about this. The current executive management at the state level was viewed as more supportive of cross-program collaboration and encouraged programs to creatively think together. Some administrators experienced the state as leaving the counties on their own to figure out how to do this. Respondents talked about the need for more concrete examples and models of how to collaborate effectively. The most frequently referred to obstacle was the inability of the state information systems for these two programs (CBMS and Trails) to communicate, which hampered identifying and following dual-system clients.

Child Welfare – Colorado Works Collaboration Summary

There is a considerable amount of collaboration activity between child welfare and Colorado Works programs and services occurring at the county level in Colorado. Approaches to collaboration were described both at the services and program or system levels. A vast array of intersecting influences affecting collaboration was described. Collaboration at the level of service integration would not apply to the vast majority of these efforts. Much of the collaboration occurring on the front-lines of service delivery was not embodied in well-established protocol, but rather occurred at the discretion of the worker. Programs and specialized teams or units were more deliberate forms of cross-program collaboration that sometimes utilized blended funding and expertise from both programs.

CHAPTER 5 – DISCUSSION

Introduction

This chapter provides a discussion of the results of a study examining the nature and extent of collaboration between child welfare and Colorado Works programs in Colorado county Departments of Human / Social Services. The study also sought to explore the perspectives of child welfare and Colorado Works program administrators about collaboration across their programs, including the desirability of collaboration, the needs of clients involved with their programs, information and training needs of staff, their perceptions about barriers to collaboration, the future of collaboration between these two major programs and their perspectives on state and federal policies as supporting or posing obstacles to collaboration. Discussion of the results is organized by the research questions that guided the study. This is followed by a discussion of the limitations, recommendations and a conclusion,

Research Question One

From the perspective of those administering public human / social services programs in Colorado counties, what is the extent and nature of collaboration between TANF and public child welfare services?

Results pertaining to the first research question addressed: staffing patterns and spatial configurations; formal structures or committees that oversee the planning and linking of services; policies and procedures; cross-program communication and assessment; collaborative programs, teams and units; programs funded with TANF

dollars; pilot programs dedicated to system integration; and barriers and supports to child welfare – Colorado Works collaboration.

Staffing patterns and Spatial Configuration.

Spatial configuration of programs. The spatial configuration of Child welfare and Colorado Works programs, as a whole, generally reflected the size of the county's population; that is, the larger the county, the more physical separation between the programs, although there were exceptions to this. Co-location of non-clerical Colorado Works and child welfare staff was uncommon, and when staff were configured this way, Colorado Works staff co-located within a child welfare unit was more likely than the other way around. Both child welfare and Colorado Works program administrators viewed child welfare clients as needing more assistance and services from Colorado Works than TANF clients needed from child welfare.

Physical separation of the two programs, either in separate buildings or different floors or wings of the same building was perceived by some as a barrier to services coordination; however the spatial configuration of the programs bore no statistically significant relationship with either the perception of integration between the two programs or whether coordinated case planning was in place. Respondents from smaller-county agencies sometimes perceived themselves as co-located, not necessarily deliberately, but as a feature of a small office. Bundy-Fazioli, Peterson & Hagen (2004) inquired about collaboration across income assistance (TANF) and services (child welfare) agencies in New York state, which like Colorado, had a state-supervised, county administered human services system. They found, too, that staff in smaller offices cited

size as an advantage because workers could easily contact the worker in the other program.

Co-location of staff. Co-location of program staff is cited as one of the factors that facilitates cross-system collaboration (Bundy-Fazioli, et al, 2004; Daro, 2003; Ehrle, Malm, Fender, & Bess, 2001). Physical proximity to staff in other programs enables in-person contact, ease of access and communication and a means of gaining familiarity with another discipline's values, philosophy, mandates, protocols and approaches to working with clients. Reducing the "otherness" of collaborating parties is a component of building trust and reducing the misconceptions that can develop as a result of direct communication (Sanfort, 1999). Horwarth and Morrison (2007) point out the importance of recognizing cross-system differences in values and philosophies; that higher level collaboration is about blending different organizational cultures, while also maintaining separate cultural identities (p. 64).

Formal committees and planning structures. The vast majority of directors and program administrators, when asked about whether their county was currently developing a plan to link child welfare and Colorado Works program services, responded affirmatively. Almost three-quarters of directors, more than 80 percent of child welfare administrators and those administrators speaking for both programs indicated there was a plan to link services in their agencies; but only a bit more than half (56.2 %) of Colorado Works administrators indicated there was a plan. Why this discrepancy? A flaw, perhaps, in the question, was that respondents who believed their agencies were beyond the planning stage could have indicated there was no plan or that there was a plan that was being implemented agency-wide. Respondents (both directors and program

administrators) were asked to indicate the stage of the plan. Of those whose agencies had a plan, under half of the directors (40.9%) and child welfare administrators (46.2%) assessed their agency's plans as pre-implementation, and a bit more than half of directors (56.9%) and child welfare program administrators (53.8%) indicated their agency's plans were being implemented, either as a pilot (few) or agency-wide (most). More than three quarters of the Colorado Works administrators (77.8%), however, perceived their agencies plans to link services as having been implemented, primarily agency-wide. It is possible that Colorado Works administrators, whose assistance may be in demand by child welfare program clients, experience their response to this need from the other program as being further along in implementing linked services than the child welfare program staff.

Formal committees or other structures that provide oversight and planning for services coordination were more likely to be in place in the larger counties; smaller counties generally perceived their services as more integrated, but in a more informal way. Smaller county administrators pointed out that, although they may not have formal structures or protocols in place, they did in fact coordinate services to clients in their child welfare and Colorado Works programs. Again, there were exceptions to this, in that several medium-sized and smaller counties indicated a considerable degree of disconnection between their programs. Although size and proximity matter as features that promote or inhibit collaboration, other factors that facilitate cross-program collaboration, such as pro-collaboration policies and agency leadership certainly came into play.

About a third of the directors indicated that their agency had a dedicated committee or formal structure for planning and linking child welfare and Colorado Works program services and activities; about half of the program administrators said their agency had such a structure. The program administrators may have been more likely to cite such a structure because the committee or other formal structure operated at the program level rather than the executive management level, or because their responses were collected via telephone interviews, they had an opportunity to explain what they meant by “committee or other formal structure.” For example, a number of respondents described planning as occurring at staff meetings or client staffings, where executive management is unlikely to be involved unless it is a very small agency.

Communication and Confidentiality.

The perceived frequency of communication between the top managers of the child welfare and Colorado Works programs was similar for the administrators for both of these programs, with the Colorado Works respondents assessing slightly less communication than those from child welfare. There were similar proportions from child welfare and Colorado Works ranking the difficulty of sharing confidential client information between programs at “not at all difficult” (68.8% for child welfare; 56.2% for Colorado Works) and “somewhat difficult” (25.0% for child welfare; 37.5% for Colorado Works). Colorado Works administrators more often noted difficulties in obtaining needed client information from the child welfare program. All of the administrators of both programs ($n = 5$) indicated that it was “not at all difficult” to share confidential client information. The inability or reluctance to share confidential client information is noted as a barrier to collaboration between TANF and child welfare

programs (Bundy-Fazioli, Peterson & Hagan, 2004). Many of the administrators discussed the need for workers in both programs to know that their client had an open case in the other program, and enough information about what was expected of the client to avoid conflicting case plans. Also, Colorado Works workers needed to know whether a child had been removed from the home, as this impacted benefits. When notification did not happen, the Colorado Works administrators speculated that it was overlooked, that confidentiality was strictly enforced in child welfare and information sharing minimal, or that the child welfare worker thought that stopping assistance would further destabilize the family and delay or prevent reunification.

Perceived Level of Program Integration.

Both DHS directors and program administrators were asked to judge the level of integration between child welfare and Colorado Works program services in their agencies. The directors and the administrators assessed the level of program integration in their agencies similarly, with about half on the lower end of the scale and half on the upper end. Although, the five administrators who responded for both programs all assessed their programs as either “moderately” (40.0%) or “highly (60.0%) integrated. A similar survey conducted with California departments of social services directors in 2001 found that nearly 80 percent of directors assessed their agency’s extent of integration between these two programs at the lower end of the scale (Speiglman, Karpilow, & Orrante, 2002).

There was an inverse relationship between the size of the county population and the level of perceived program services integration; the larger the county, the less perceived integration. If collaboration or integration between these two programs is

desirable, taking a closer look at features, either deliberate or circumstantial, of the smaller county models may reveal workable strategies. Smaller agencies may be more conducive to communicating or developing a collective shared vision or cohesive organizational philosophy, elements that further collaboration (Ehrle, Scarcelli, & Geen, 2004).

Although smaller county respondents tended to indicate higher levels of services integration across these programs than respondents from larger counties, counter-intuitively, the opposite appeared to be true in the case of coordinated case planning having been implemented. While there were no statistically significant difference between larger and smaller counties on having implemented coordinated case planning, there was an inclination for the smaller counties to have been less likely to have done so. One might expect more of the smaller counties to have implemented coordinated case planning. Perhaps this is explained, in part, by comments on the surveys from several of the smaller county directors. While no *formal* policies or protocols for coordinated case planning were in place, their workers were in continuous communication about common cases. This was reiterated in the interviews with program administrators.

Policies and Procedures.

Cross-system protocols and client assessment. Most program administrators, in both child welfare and Colorado Works asserted that protocols were in place to determine whether a client was concurrently involved with the other program or had needs from the other program. Here, too, the smaller county administrators were more likely to say there was no “formal written” protocol, it was just an expectation, or that most of the families were known. Checking for concurrent involvement typically occurred at intake or

eligibility determination, although one-quarter of child welfare respondents and one-third of Colorado Works respondents checked for concurrent involvement with the other programs during the creation of the service plan.

A somewhat different question was that of determining possible *need* from the other program. The majority of the child welfare respondents cited the creation of the Family Services Plan (FSP) as the point at which this was assessed; but about half emphasized that they assess for client needs throughout the process of working the case. The means by which this occurred were not specifically explored.

Identifying dual-system clients. Of the counties represented by the program administrators' interviews (22 counties), all but one make some attempt to identify dual-system (child welfare and Colorado Works) involvement by means other than *only* asking the client. Clearly there is general agreement that knowing whether their clients are involved with the other program has some utility. Identifying clients / families with cases open in both programs, however, presents a challenge.

A common barrier to collaboration across child welfare and TANF programs is the lack of a common, or articulated, information system (Bundy-Fazioli, et al., 2004; Ehrle, et al., 2001; Ehrle, et al., 2004). This is the case in Colorado, where the state information system for Colorado Works, CBMS (Colorado Benefits Management System) and Trails, the state-wide child welfare information system can not be directly cross-referenced. This was cited as a barrier to collaboration by respondents.

There were a variety of procedures described by county administrators for checking cross-program client involvement and pathways for getting this information to the front-line workers in either program. In order to work around the incompatibility of

the two state information systems, counties adopted a couple of different strategies that added extra steps or additional tasks for personnel. Four counties had developed an internal database to cross-reference open cases, but most that employed cross-checking on Trails and CBMS utilizing clerical or program staff who were trained on both programs' information systems. If it was determined that a common case was open in both systems, the next step was to communicate this to the appropriate staff in both programs. Unless it was a very small county agency, typically the next step was not the direct services worker. The middle step, between determining concurrent involvement and notifying the worker, took a variety of paths. Some counties generated an internal report on a regular basis to flag cross-system cases, which was then distributed to liaison staff, division managers and supervisors, and then on to workers.

Some counties routinely cross-checked CBMS and Trails and then notified management staff, supervisors or the worker directly. Larger counties relied more on an intermediary step between identifying a dual-system client and notifying the front-line worker. More than a third of the counties (in the phase two interviews) relied on simply asking the worker in the other program whether their client was also receiving services there. One county relied only on the client disclosing involvement with the other program. Eventually, in most counties, the front-line staff in both programs received some information about dual-system status of their client; however, a minority of workers was required to communicate or coordinate with worker in the other program.

Sharing client information. Information was more likely to flow from Colorado Works to child welfare. Both child welfare and Colorado Works administrators alluded to confidentiality issues with child welfare, and both remarked that Colorado Works

workers may not know that their client was also open in child welfare; that information was shared on a “need-to-know” basis. While it was pointed out that a good assessment in either program would identify involvement with the other program or signal issues where a referral might be indicated, there was a sense from some of the Colorado Works respondents that needed information was not routinely shared. For example, if a child had been removed from the home, TANF assistance to the parent(s) may need to be stopped; and if the assistance continued, the client may need to repay the amount for which they were ineligible. Conversely, some acknowledged the reluctance of involving child welfare with Colorado Works clients.

Many of the more serious and protracted barriers to self-sufficiency, such as mental illness and substance abuse problems, are also implicated in impaired parenting. Access to treatment and services is available through Colorado Works / TANF programming or funding. Except when the safety of a child is determined to be at imminent risk, Colorado Works clients’ needs in these areas tend to be handled via TANF. Colorado Works clients may be referred to child welfare voluntary services, but not so often. Colorado Works program staff, especially in the medium and smaller counties, consulted with child welfare staff if they had concerns. The rationale for attempting to first serve potentially dual-system clients through the TANF program was two-fold; funding and providing least-restrictive services. TANF-funded services and programs were less costly than providing services for families when the child was in out-of-home placement and voluntary Colorado Works services were viewed as less intrusive in clients’ lives.

Protocols and procedures handled primarily at the case-level were far from uniform across the counties. While smaller counties typically did not have formal protocols for communication and case-coordination for clients with open cases or needs in both programs, the administrators, more often than not, described a more ad hoc level of coordination, or in two instances, working as a team of generalists. Larger counties represented a spectrum of approaches to case-coordination – or not – as the case may be.

The CalWorks³³/Child Welfare Partnership Project, a grant funded initiative to foster services coordination for cross-system clients in California counties pulled together a workgroup to offer information and advice to county leaders who were interested in launching or enhancing coordinated case planning (Karpilow & Orrante, 2001). The work group recognized that a common definition of coordinated case planning was lacking, as well as any standard models. They developed a taxonomy of types of coordinated case planning ranging from “informal communication” to “linked case plans.” Table 5.1 represents their four types of coordinated case planning with their respective accompanying features.

³³ CalWORKS is the California TANF program as Colorado Works is Colorado’s TANF program.

Table 5.1

Features of Coordinated Case Planning by Type

Features of coordinated case planning					
Type of coordinated case planning	Client matching	Worker communication	Coordination of case plans	Primary or lead case manager	Evaluation of progress
Informal communication	Encouraged	Encouraged on as-needed basis	Two independently prepared plans; workers encouraged to share	Two different case managers	Workers encouraged to discuss progress
Managed informal communication	Workers informed of common client	Required – workers share assessment information	Two independently prepared plans; workers required to share	A primary case manager may be assigned	Workers required to discuss progress
Linked case plan	Formal protocol	Required – workers share assessment information	Two case plans are developed in coordination with each other	A primary case manager may be assigned	Workers required to jointly evaluate progress
Unified case plan	Formal protocol	Required – joint assessment process	One unified case plan	There is one primary case manager	Workers operate as a team to evaluate progress

Note. The contents of this table are from the CalWORKs/Child Welfare Partnership Project, *Coordinated case planning work group: Recommendations* (Karpilow & Orrante, 2001, p. 5).

How might Colorado County Departments of Human / Social Services (DHS) be distributed across this typology of coordinated case planning? About half of the DHS directors indicated that coordinated case planning was implemented in their counties; a greater proportion of the program administrators (62.5% to 80.0%) said coordinated case planning was implemented in their counties, with more than half of these indicating it was fully implemented. All but one of the 38 program administrators said that case plans were monitored by both their respective workers in child welfare and Colorado Works. More than three-fourths of the administrators said their county had a protocol to determine concurrent client involvement with both programs. The majority also had protocols (either formal or informal) that directed workers to determine client needs in

the other program, more so on the child welfare side. Seldom did anyone indicate that workers were required to contact the worker in the other program in order to share information or coordinate services. Most described case plans that were independently developed; however, workers may check with each other, or coordination may occur during a staffing meeting, in order to avoid conflicting or duplicative plans. Some administrators said that their county incorporated the child welfare family services plan (FSP) into the Colorado Works case plan (IRC). Although most thought that case coordination was very important, the procedures and protocols in place to ensure this occurred tended to be more informal and at the discretion of the front-line staff. Only one large county, whose leadership was consulted on the CalWORKs/Child Welfare Partnership, had broad-based, system-level protocols for case coordination in place. Primarily the protocols described were to identify cases concurrently open in both systems, and to assess for cross-system needs. Only one county administrator, from a small county, described a set of formalized procedures that would fall under linked or unified case planning. At the service level, program integration and case coordination in Colorado Counties may be more concentrated at an informal level of collaboration that features identifying common cases and, to an unknown degree, encouraging communication between workers.

Collaborative Programs, Teams and Units.

TANF funding. At the system, or program, level of collaboration, TANF funding provided considerable resources for developing programs and services for families involved with both child welfare and Colorado works and also for programming that could be considered early intervention or prevention. Half of the 38 program

administrators discussed TANF-funded programs or services specifically targeting families who were in the child welfare system or at risk for becoming involved.

Flexibility in TANF funding, and the current presence of TANF reserves³⁴ for many of the counties, enabled counties to creatively target services to families in the child welfare system, or avert involvement or re-entry. Programs and targeted services involved relative caregivers to children in out-of-home placement (kinship care), programs for youth emancipating from the child welfare system, and programs targeting families who were at risk of involvement with child welfare due to financial or resources issues (such as families at risk of being sanctioned through TANF), or in cases of chronic child neglect. A common element across these categories of programs, that typically utilized TANF dollars or blending funding, was prevention – averting involvement with the child welfare system, assisting youth aging out of foster care to become self-sufficient, helping relative caregivers (typically grandparents) to maintain a child in their home versus entering the foster care system and assisting fragile families struggling with resource needs to gain access to needed supports and services.

Kinship, or relative caregiver programs and services. Kinship, or relative care, programs and services were discussed by eight of program administrators and TANF funding was integral. These encompassed both services and financial assistance. Often kinship or relative caregivers live in low-income households; maintaining additional children can be costly burden that some simply can not afford, although they may be willing.

³⁴ Counties cumulate TANF reserve funds through spending less than their annual Colorado Works allocation. These reserves are available only to the county generating the reserves and must be used for TANF-eligible expenditures. Some TANF funds can be transferred to child welfare (10%) and child care (up to 30%). Unspent funds that were transferred to child welfare or child care also become part of the TANF reserves.

Relatives are the preferred placement option for children in out-of-home care. Federal law requires states to “consider giving preference to an adult relative over a non-related caregiver when determining placement for a child, provided that the relative caregiver meets all relevant state child protection standards” (42 U.S.C. 671(a)(19)). States may have specific language regarding kinship placement and preferences for seeking placement with one relative over another, such as Colorado which cites grandparents as the preferred option.³⁵ More than six million children are living in households headed by grandparents, and many of these households are living at or below 200% of the federal poverty line, designating them as low-income (American Bar Association).

Ehrle, Scarcella and Geen (2004) documented a variety of strategies to assist kinship caregivers, relatives with whom a child has been placed instead of non-kin foster care. Most of these relative or kinship caregivers live in low-income households. Many relative caregivers are eligible for a “child-only” TANF benefit. Often relative caregivers do not know that they may eligible for this benefit, or they do not want a “hand-out” from the welfare system. Concerns about relative caregivers being unable to afford to maintain the children in their homes, causing a return to traditional foster care placement, prompted policy makers to consider reimbursing relative caregivers at the foster care rate. For kinship caregivers where there has been child welfare involvement, some states pay relative caregivers at the higher federally-reimbursed foster care rate if the caregiver can be licensed. Other states have developed programs with TANF funding to provide

³⁵ In determining where and with whom a child shall live, if in the best interests of the child, preference may be given to the child's grandparent who is appropriate, capable, willing, and available to care for the child (Colorado Revised Statute – Children's Code § 19-1-115 (1)(a) (2006))

services and supports to relative caregivers, such as respite care, counseling, food assistance, bedding and furniture, emergency assistance and help with school supplies and clothing. Other states provide supplemental payments to relative caregivers. County administrators described many of these strategies employed in their programs to assist relative caregivers. Ehrle et al. (2004) caution that if child welfare and TANF agencies are going to collaborate in providing services to relative caregivers, they will need to be clear about which program is responsible for which service components in order to avoid relative caregiver families from falling through the cracks and failing to receive needed services.

Differential response services and programs. Differential response services and programs intervene with vulnerable families before they become a mandated child welfare client; the objective is to avert mandatory involvement with child welfare and help stabilize a struggling family. Four of the program administrators described differential response strategies, but did not label them as such. One large county described a triage process for clients coming into their system through either door. Administrators from this county described specialized teams housed in both their child welfare and Colorado Works programs that worked with families with complex needs. For example, there was explicit acknowledgment of the role of poverty for parents entering the child welfare system. A specialized unit within the child welfare program assists families with dire resource needs entering their system with an accelerated pathway to applying for TANF benefits or assistance. Another specialized team, formerly funded by TANF but housed within the child welfare program, works with families labeled “dirty house” cases, or chronic neglect, addressing some of the underlying issues

with the goal of avoiding mandatory child welfare involvement. Administrators from most of the large counties described internal processes or specialized staff that intervene in poverty or crisis-related circumstances in order to provide early intervention services.

Daro (2003) sought to understand factors that have contributed to the lack of preventive integrated policy development and strategies that could strengthen collaborative efforts to address child welfare at the front end. She acknowledges the tension between the sometimes competing priorities of treatment and prevention for public child welfare agencies, which may fuel conflict between prevention advocates and child welfare agency directors. Lacking effective partnerships between all entities, both formal and informal, that respond to vulnerable families and children renders each of these, individually, less effective, according to Daro, and tends to reduce the options for intervention to mandatory child protection. Despite “its theoretical, emotional and political appeal, relatively few dollars are spent within child welfare budgets on front-end services or in providing child welfare services in the absence of serious or chronic maltreatment” (Daro, p.4). Despite attempts at the federal and state levels to reduce out-of-home placement, 70 percent of federal child welfare dollars in 2000 were directed toward foster care and adoption services. Daro calls attention to the substantial portion of child abuse reports (approximately half) that do not trigger an investigation, and then an even smaller proportion of these reports that are substantiated and subject to mandatory intervention. In 2006, in the U.S., 21.1 percent of the 3.5 million children who were subject to a child abuse investigation comprised substantiated reports; 55.3 percent were unsubstantiated (U.S. Department of Health and Human Services, 2008) Daro suggests

that it is the group of families and children in the pool of unsubstantiated cases that are likely to need supportive services.

Differential response strategies in addressing child abuse reports deploy multiple levels of investigation and intervention based on the risk to the child. For example, reports of child maltreatment associated with a parent's lack of resources, which is often the situation for children at risk of neglect (versus physical abuse), may be directed to toward supportive services in order to avert more serious harm and a trajectory toward involvement with mandatory child welfare services. Daro summarizes evaluative research on differential response systems implemented in several states. Missouri implemented a differential response system that screened families reported to the child abuse hotline into dual categories based on the level of threat to child safety – investigations and family assessments. Those screened into the family assessment track had access to more diversified services. Compared to counties that did not offer the dual-track assessment during the pilot period, children in the family assessment track were safer than their counterparts in the traditional system (no family assessment) and were safer sooner. Those families diverted into the family assessment track (versus investigation) were likely to be challenged by basic needs and resource deficiencies rather than serious physical abuse resulting in injuries or sexual abuse (Daro, 2003, p. 7). Differential response systems support the goal of stabilizing families and averting a more intrusive intervention, mandated intervention by child protective services.

Program administrators for both child welfare and Colorado Works programs acknowledged the potential of TANF funded services to support a vulnerable family prior to involvement with the child welfare system. TANF dollars, which were currently

relatively plentiful, could help keep children from entering the child welfare system, and maintain children in their own homes, versus out-of-home placement. This was not only less costly, but supported family preservation goals.

Barriers and Supports to Child Welfare – Colorado Works Collaboration

Directors' perceptions of barriers. County Department of Human / Social Services (DHS) directors were asked to rate the extent that each of 18 listed items served as a barrier to collaboration. The list of potential barriers was adapted from a questionnaire used to survey California county departments of social services directors about collaboration between the CalWORKs and child welfare programs in their county agencies (Spiegelman, Karpilow & Orrante, 2002). Colorado county DHS directors and the 58 county social services directors that participated in the California mailed survey rated the list of potential barriers similarly. Of the five items rated at the high end of the barrier scale four are the same for both sets of directors; three are the same for the five items rated at the low end of the barrier scale. Assessment on five of eight mid-level perceived barriers were shared by the directors in both states. Colorado directors rated the ability to share client information between programs fairly low on the barrier scale, whereas California directors put this as a mid-level barrier. Availability (lack) of funding fell in the upper mid-level barrier scale for Colorado directors, but at the bottom of barrier scale for California directors.

Colorado directors, on average, rated the Colorado Works restrictions on serving families while the child is out of the home at the higher end of the barrier scale, along with the lack of a common client information system, high staff workloads, fear of potential child welfare involvement, and challenges with blending services. All of these

are reflected in the interviews with the program administrators and also cited as barriers to collaboration in other queries into welfare – child welfare collaboration (Bundy-Fazioli, et al., 2004; Ehrle, et al., 2004; Hutson, 2003).

Commitment to collaboration or integration on the part of line staff, middle management and executive staff was low on the barrier scale according to directors. This, too, was reflected in the program administrator's comments. There is the will, but finding the means presents more of a challenge. High staff workloads, program rules, funding issues and unarticulated program information systems were perceived to impede collaborative efforts at the services level.

Table 5.2 displays a comparison between the Colorado and California directors' assessment of potential barriers to collaboration between child welfare and TANF programs.

Table 5.2.

Comparison of Colorado and California County Department of Human / Social Services Directors ratings of barriers to Collaboration between Child Welfare and TANF

County department of human / social services directors	
Colorado	California
Items rated at the high end of the barrier scale:	
Colorado Works restrictions on serving families while the child is out of the home *	Difficulty in hiring new staff
A common client information system *	High staff workloads*
High staff workloads *	CalWORKs restrictions on serving a family while the child is out of the home*
Colorado Works client's fear of potential child welfare involvement *	CalWORKs client fear of potential child welfare/emergency response intervention*
Challenges with blending Colorado Works and child welfare funding	Lack of a common client information system
Mid-level perceived barriers:	
A common assessment tool *	Lack of line staff understanding of the need for services integration*
Availability of funding	Lack of line staff commitment to integration
Extent of flexibility in Colorado child welfare laws / regulations *	Restrictions on sharing client information between programs
Difficulty in hiring new staff (lack of availability)	Difficulties in blending CalWORKs and child welfare funding
Extent of flexibility in the Colorado TANF plan *	Competing/conflicting client timelines for the two programs*
Competing / conflicting client timelines for the two programs *	Lack of a common assessment tool*
Extent of line staff understanding the need for services integration *	Lack of flexibility in California child welfare laws and regulations*
Extent of agency consensus on appropriate integration model	Lack of flexibility in the California TANF plan*
Low to very low on the barrier scale:	
Ability to share client information between programs	Lack of executive staff prioritization*
Line staff commitment to integration	Lack of middle manager or supervisor commitment to integration*
Middle manager or supervisor commitment to integration *	Lack of agency consensus on an appropriate integration model
Integration not a high priority for executive staff *	Human resource limitations and/or union constraints*
Human resources classification limitations and/or union constraints *	Lack of funding

Note. Colorado county directors, $N = 59$; for California county directors, $N = 58$.

* Items rated in the same general barrier range across director respondents in Colorado and California.

The California survey was conducted in 2001 and since that time there has been much more exploration of collaboration between child welfare services and other organizations and providers (Berrick, Frame, Langes, & Varchol, 2006; Bundy-Fazioli, et al., 2004; Darlington, & Feeney, 2008; Darlington, Feeney, & Rixon, 2005; Ehrle, et al., 2004; Hutson, 2003, January; Rino, Packard, Daly, Tucker-Tatlow, & Prosek, 2003).

While it appears that two sets of directors shared a remarkably similar appraisal of the barriers, there were a couple of differences. Some of these are no doubt due to differences in policy, funding and demographic structures. One may be due to an increased acceptance of collaboration over time – the ability to share client information between programs. In the narratives of program administrators in this study there were comments about confidentiality protocols being revised *within* the agencies as leadership began to consider more cross-program services coordination.

Program administrators' on barriers to collaboration. Other than inquiring about policies at the state and federal level that have supported or posed barriers to collaboration, administrators were not asked specifically about barriers. They were asked for their perspectives on an array of topics related to program and services collaboration, factors that support or impede collaboration emerged in the context of each topic. The lists of barriers and supports cited by administrators is somewhat skewed toward state-level issues in identifying supports and obstacles to collaboration between these two programs. That said, unsolicited staffing issues such as workload, understaffing and turnover, were cited nearly as often as state-level issues as a barrier to collaboration. Agency culture and the mindset of workers, lack of training, TANF rules (work

participation rates, primarily), funding, lack of time, and the lack of connection between state information systems for the two programs were also cited frequently.

There were some differences between Colorado Works administrators and child welfare administrators on barriers cited. Workload and turnover are of huge concern in the child welfare workforce, nationally; however, it was the Colorado Works administrators who cited staffing issues as barriers much more often than child welfare administrators. Also, the agency culture and mindset of workers, along with lack of training were two categories of obstacles cited more often by Colorado Works respondents. Status difference between Colorado Works and child welfare staff within the agency was discussed; sometimes Colorado Works staff felt that they were viewed as less knowledgeable or skilled and that their input was less valued. Some thought that this was changing with the arrival of newer workers who were more accustomed to collaboration and less “hush hush” about sharing client information in order to coordinate services. Understanding the routes of access, timelines and procedures in the other programs are precursors to collaboration.

Lack of training was cited more often as a barrier to collaboration by the Colorado Works respondents. Berrick, et al. (2006) in their study of collaborative efforts in the CalWORKs/Child Welfare Partnership Project, found that child welfare workers were more resistant to collaboration with TANF programs; while the TANF program staff were more open to collaboration and learning about child welfare. They found some reluctance on the part of child welfare workers to acknowledge the role of poverty in their clients' lives. Their focus is on the safety and protection of children and addressing the circumstances specifically generated in conjunction with poverty is not a typically a

component of their practice approach. This is a curious observation, in that social workers are trained to conceptualize the client (person, family, or group) in the context of their environment, and to implement multi-level interventions that include impacting the environmental conditions implicated in the problems experienced by the client. Perhaps social workers thought that linking poverty with challenges to parenting was somehow stigmatizing to the poor.

Darlington, et al. (2005) looked at factors that hinder and facilitate collaboration between child protection services and mental health services where there were child welfare concerns and a parent with mental illness. The researchers found that positive regard toward collaboration was not followed by commensurate levels of collaborative practice. Darlington, et al., identified five barriers to collaboration: (1) Inadequate resources in combination with time pressure hindered, what was perceived as, more complex and time-consuming collaborative work. (2) Lack of clear protocols around confidentiality practices and information sharing was the second most important barrier identified in the study. (3) Gaps in the agency-level processes, such as lack of information about the other agency, roles of workers and appropriate contacts points, and gaps in the more complex information sharing processes posed a third category of barriers. (4) A fourth barrier stemmed from unrealistic expectations about the other program's worker's authority to act, fostered by the statutory context of the respective agencies and worker lack of familiarity with the other agency in this regard. (5) The final identified barrier concerned worker's professional identity and divergent practice theory.

Darlington et al. recommend that rather "than dismantling professional identities, it is more advantageous to work at reducing the extent of 'otherness' and out-grouping,

while utilizing the diversity of options and alternatives that arise from the different trainings and perspectives” (p. 1095). They go on to recommend joint trainings and practice through collaborative pilot programs and projects with flexible boundaries that serve to dispel interagency myths and stereotypes about the other (Sandfort, 1999).

TANF rules. Inflexibility of the TANF rules was another barrier cited more often by Colorado Works program administrators. They were addressing the required work participation rates in the current TANF regulations under the Deficit Reduction Act. The Deficit Reduction Act (DRA) of 2005 reauthorized welfare reform and implemented changes the TANF program. The effective date for the new rules was October 1, 2008 (the start of the federal fiscal year 2009). Under PRWORA,³⁶ a specified percentage of the state’s TANF clients must participate in “countable” work activities. “Countable” work activities are defined by federal statute and fall under one of 12 categories of activities with the purpose of moving individuals off of TANF assistance in to unsubsidized employment. The U.S. Department of Health and Human Services had the authority to interpret the statute and define the regulations that address it.

In order to meet federal regulations and avoid sanctioning (loss of federal funds), states must meet federal participation rates. That is, a specified portion of their TANF caseload must be participating in “countable” work activities. The participation rate is currently set at 50 percent for single parents and 90 percent for dual-earner households. Under PRWORA the required participation rate was scheduled to ratchet upward over the course of time.

³⁶ PRWORA - Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L.104- 193), also known as “welfare reform.” PRWORA authorized TANF (Temporary Assistance for Needy Families), which replaced the AFDC (Aid to Families with Dependent Children).

TANF clients, in order to remain eligible for benefits, must participate in either “allowable” or “countable” work activities. “Countable” work activities enable the state to count the client hours spent toward the required participation rate. “Allowable” work activities are at the state’s discretion and may include a broad spectrum of activities serving the purpose of eliminating barriers to participation in unsubsidized work; that is, becoming economically self-sufficient. Allowable (but not countable), work activities could include participating in treatment interventions for mental health or substance abuse in order to address those barriers, as well as interventions such as parenting classes that may be specified under a child welfare services plan.

The 50 percent participation rate presents a challenge to those programs that attempt to coordinate service plans to dual-system clients because of the more narrowly defined “countable” work activities. If a county / state is coordinating the TANF and child welfare service plans for those families with multiple barriers to work and challenges to parenting, addressing their problems in a coordinated way while attempting to meet the federally required work participation rates puts them in bind. Do they “take it in the pants” as one Colorado Works program administrator put it, and allow therapeutic interventions that address self-sufficiency and parenting barriers for fragile families to count toward their individual TANF service plans? By doing so, they risk sanctioning and loss of federal funding. Or should they require a greater proportion of their clients’ work hours to meet criteria for the more stringent countable work activities in order to comply with federal participation rates and avoid sanction? It puts the counties and the state in a bind and poses a barrier to coordinating service plans for the more complex needs and problems of families involved with, or needing services from, both systems.

Self-sufficiency challenges and poverty interact with parenting problems and the two most common barriers to employment are lack of education and inexperience. The Center for Law and Social Policy (CLASP), in analyzing and commenting on revisions to TANF under the DRA stated:

We believe that these regulations fail to take into account the substantial body of evidence that has been developed over the past two decades regarding effective job preparation programs for welfare recipients. They inappropriately and unnecessarily restrict state flexibility and focus states' efforts of monitoring participation in the limited set of countable activities rather than promoting critical outcomes such as work and poverty reduction. (Lower-Basch, Ganzglass, Minoff, Parrott, & Schott, 2008, p. 1)

The Colorado Works program administrators are, of course, more cognizant, and their programs affected, by the more restrictive TANF work participation requirements. They see extremely fragile, multi-problem families struggling with balancing work and parenting while addressing substance abuse, mental health or domestic violence issues. They often seemed to see their programs as the first line of prevention or early intervention with families who would otherwise enter the child welfare system.

Program administrators on supports to collaboration. Here, too, the responses reflect some direct questioning about state and federal policy. The top two most commonly cited supports to collaboration between child welfare and Colorado Works involved leadership – at the state and local level. While some thought that the state continued to operate in program silos, impairing their ability to offer guidance in the collaborative domain, quite a few talked about improvements in leadership at the state level, especially since the current state department of human services director came on board two years ago. While some thought that the state generally left counties to figure it out on their own, quite a few administrators were grateful for increased guidance on creative uses of TANF funding to support services.

At the local level, leadership was cited as a support to cross-program collaboration. If leadership is not behind it, it will not happen. The crucial role of leadership is cited repeatedly in the literature on collaboration (Berns, & Drake, 1999; Darlington, et al., 2005; Ehrle, et al., 2004; Horwarth & Morrison, 2007; Hutson, 2003; Mattessich, Murray-Close, & Monsey, 2001; Papin & Houck, 2005; Rino, et al., 2003; Smith, & Mogro-Wilson, 2007). Papin and Houck (2005), leaders in a public child welfare system in a large rural western Colorado county asked why service integration and collaboration, in light of its contended importance, did “not happen as a general course of action” (p. 299).

Collaboration and integration occur among people – not among institutions. Workers must understand the concepts and be supported at each level of the organization. Agencies must build time for collaboration and integration into the workday and reward staff for their efforts. (Papin & Houck, 2005, p. 307)

Guidance from leadership on the mechanics of collaboration, supported by visible policy communicating integrality of collaboration to agency goals, is an ingredient of successful collaboration.

Woven across the nine categories of strategic elements associated with effective collaboration in a study conducted by Rino, et al (2003) on public-private collaborations, was the critical importance of leadership. The initial impetus for collaborative change came from the top rather than within the ranks of agencies. Leadership in articulating the vision, mobilizing an executive team, marketing the effort, understanding the impact of change on line staff, and in advocating for structural design decisions that promote collaboration were cited among its critical roles. Reservations from front-line staff about implementing change initiatives were mitigated when management appreciated how they were affected by change.

Extent and Nature of Child Welfare - Colorado Works Collaboration

The nature and extent of collaboration between child welfare and Colorado Works programs in Colorado counties varies considerably, as might be expected in a state-supervised, county administered system. Inherent in the strengths of a county administered human services system is the ability to develop and deliver programs and services that are, hopefully, locally appropriate. Experimentation, as long as the resources and willingness are there, on adapting programs and services configuration to local needs and circumstances may be fostered by the degree of county discretion in Colorado. These results indicate that counties have developed strategies and protocols at the services and systems levels to support child welfare – Colorado Work collaboration. But how are promising collaborative practices developed at the local level recognized and tested in other county departments? Some of this is no doubt disseminated via sessions delivered at state-level conference sessions and state or regional meetings of directors and administrators. A state-level vision of cross-system collaboration was absent in narratives of respondents for this study.

Services level collaboration, or more specifically, coordination of services to dual-system clients (or clients with needs from both programs) occurs more informally, if not more frequently, in smaller counties than larger counties. The CalWORKs/Child Welfare Partnership work group (Karpilow, & Orrante, 2001), inspired by El Paso County's (Colorado) leadership in this area, developed a taxonomy of types of coordinated case planning that ranged from "informal communication" to developing a "unified case plan." While is impossible to locate Colorado counties, collectively, on the CalWORKs/Child Welfare partnership continuum, it might be fair to situate Colorado

more on the informal side of the range, with some counties incorporating elements of linked case planning for dual-system clients. Workers are seldom required to communicate about shared cases, but may be encouraged to do so.

TANF reserves and funding influenced counties' abilities to develop and sustain innovative collaborative programs. Colorado Works services and TANF-funded programs and specialized teams enabled early intervention and preventive services for families with dual-system needs or in averting involvement or re-entry into mandatory child welfare services and out-of-home placement.

Linkages between child welfare and Colorado Works services and programs are limited for most counties. Barriers to collaboration, according to respondents, involved policy and structural obstacles, as well as resource obstacles, such as time, workloads and funding. Willingness to collaborate was expressed, but successful models of collaboration were not well understood or widely disseminated.

Research Question Two

To what extent do Colorado county directors / division managers of child welfare and TANF services programs support / not support in-house collaboration across these services? Why?

This question sought to explore the perception of agency leadership about collaboration in several domains. To what degree was collaboration desirable, what types and for whom? How do administrators perceive the overlap in clients, their problems and service needs between the two programs? How do they perceive their agency's philosophy on collaboration, from upper management to the front-lines? How do they assess their staff's receptivity to learning about the other program? How does this

happen, if it does, in their agency? These topics were explored with program administrators via a series of open-ended questions in the telephone interviews.

Desirability of Child Welfare – Colorado Works Collaboration

Almost without exception, administrators thought it was highly desirable for these two programs to collaborate. The top five reasons given for why this collaboration is desirable were: (1) Avoid conflicting case plans for the client, (2) access to resources and services for clients, (3) to provide prevention services and family stability (4) increased ease and more support for the client, (5) and mutual support for workers.

Administrators were keenly aware of the burden to clients and workers when service plans for dual-system clients are uncoordinated. Working at “cross-purposes” not only set clients up for failure by asking them to do the impossible in complying with both service plans, but contributed to duplication in services. Having access to a full array of services for child welfare clients, or for clients who were at risk of involvement with child welfare was also cited as a reason for collaboration. For some, TANF-based benefits, assistance and services were viewed as the first line of intervention for families with severe or chronic resource needs, often in combination with other barriers to parenting and self-sufficiency. Accessing both programs provided more holistic services to clients, especially important to clients with multiple complex issues and needs.

While it was pointed out by respondents in this study, and reflected in the literature (e.g., Darlington, et al., 2005; Ehrle, et al., 2004; Horwarth & Morrison, 2007; Hutson, 2003), that collaboration takes time, a scarce resource in public social services agencies, it was also cited as an advantage for workers in several ways. Besides the stake they have in their clients’ success, working together with staff from the other program

enabled mutual support in doing this very stressful work, provided multiple perspectives and more information about a client's situation, and working as a team could sometimes lighten the workload. Wilson and Horner (2005) suggest that teams may be an appropriate approach in working with chronic neglecting parents. These clients are often demoralized and severely depressed; they are difficult to engage and their hopelessness can be contagious. A team approach can enable mutual support and encouragement in work with very challenging clients.

Child Welfare and Colorado Works Client Characteristics.

By far, the most frequently cited issue that child welfare and Colorado Works clients have in common is poverty. This is expected, of course, because that is a primary issue that TANF programs address. Other problems related to self-sufficiency and challenges to parenting were also frequently cited – substance abuse, mental health and domestic violence. Some of the administrators described the interaction of these problems and needs and their implications for both child welfare and TANF clients. A minority of respondents view them as fairly separate. Two of the more common differences between child welfare families and TANF clients that administrators pointed out were that not all child welfare families are poor, and not all poor families have child welfare issues. This is true, child abuse cuts across economic strata, and most poor families do not abuse or neglect their children. Where the majority of the overlap was perceived, and actually happens, is the poverty status of child welfare families.

Several administrators discussed their Colorado Works and child welfare clients as falling on a continuum. They saw a great deal of overlap in clients' needs, circumstances and problems, but those who came into the child welfare system

experienced these problems with greater intensity, or encountered a crisis that pushed them over the line with extreme behavior or dire circumstances. Encompassed in the purpose of TANF is family preservation, essentially a front-end or preventive goal for potential mandatory child welfare system clients.

Administrators were asked to estimate the proportional extent of overlap in the child welfare and Colorado Works client populations in their agencies. Currently low TANF caseloads were cited by some as a reason for low overlap in cases open in both systems. One administrator said there was zero overlap. Generally, there was the perception that more child welfare clients were accessing TANF services than the other way around. The extent of child welfare clients' involvement with Colorado Works seemed to trend with the size of the county. That is, the smaller counties, by far, cited more TANF involvement for their child welfare families. Only one large county administrator estimated more than 40 percent of child welfare clients were receiving TANF services, while only one of the medium or small counties put that proportion at less than 50 percent; most estimated that three-fourths or more of their child welfare population was involved with TANF services. A caveat here is that administrators were asked about their *perceptions* of this overlap, not to reference agency data (if they indeed had any) on the actual overlap. One administrator that did have figures at hand was surprised by how small the overlap in open cases actually was according their internal information system. This respondent was fairly sure that there was a problem with how cases were cross-referenced and thought the overlap in cases was much higher; that is, that greater numbers of child welfare clients were accessing TANF services.

Ozawa, Joo, & Kim (2004) found that the child poverty rate in a state was a strong predictor of child well-being as measured by health indicators (infant mortality rates and low birth-weight babies) and social indicators (high-school drop out rates, children neither in school or working, births to unmarried teenagers aged 15 – 17, deaths due to accident, homicide or suicide among children aged 15 – 19 and the death rate of children aged 1 – 14). Overall, smaller counties in Colorado have higher poverty rates, and child poverty rates than the larger counties (Division of Local Government State Demography Office). TANF programs and funding tap into important supports for struggling families with child safety and well-being challenges. Differential response strategies in response to child abuse reports deploy multiple levels of investigation and intervention based on the risk to the child. For example, reports of child maltreatment associated with a parent's lack of resources, which is often the situation for children at risk of neglect (versus physical abuse), may be directed to toward supportive services in order to avert more serious harm and a trajectory toward involvement with mandatory child welfare services. Utilizing TANF resources and supports as a differential response for families that do not meet criteria for mandatory child welfare intervention is a strategy employed by large and smaller counties; some smaller counties described this more as part of an integrated approach to working with all of their clients.

The overlap in child welfare and welfare populations has been studied extensively since welfare reform legislation was enacted in 1996 and concerns were raised about multi-problem families with complex needs being able to comply with the requirements and more stringent time-limits imposed by both programs. Courtney, Dworsky, Piliavin, and Zinn (2005), using data from a study in Milwaukee, Wisconsin, looked at the extent

of overlap between applicants to Aid to Families with Dependent Children (AFDC) and Temporary Assistance to Needy Families (TANF) and the child welfare population. They found significant overlap and that this overlap had increased since welfare reform, even though state TANF caseloads had declined. In light of declines in the overall TANF caseload, why was there an increased proportion of the welfare population in the child welfare population?

The researchers speculated that after welfare reform implementation the most fragile families remained in the pool of TANF applicants, thus increasing their proportion, while those who were more functional and able to work left the pool, driven by TANF work requirements. They also posited that welfare reform had perhaps made life more difficult for very low-income families, although an increase in maltreatment reports did not accompany welfare reform in Milwaukee. The proportion of TANF applicants subject to a child abuse investigation in the subsequent two years (nearly one-quarter, and two-fifths of those with a prior CPS³⁷ history) prompted Courtney, et al. to recommend that child maltreatment prevention strategies should perhaps be focused on the entire TANF applicant population. They point out that TANF services have shifted away from cash assistance toward providing more traditional social services supports that assist families in addressing barriers to employment, such as mental health and substance abuse treatment, child care, transportation, and education and training. Many of the work-related barriers faced by families are the same as those that compromise parenting. The authors raise the question as to whether and how child welfare and TANF programs should coordinate their efforts:

³⁷ Child Protective Services

To the extent that economic hardships are associated with an increased risk of CPS involvement, child welfare agencies ought to be as interested in TANF agencies in helping families become economically self-sufficient. At present, however, child welfare agencies are not organized or funded to provide such assistance or to work closely with institutions charged with this role. Similarly, parental behavioral health, as represented by problems with substance abuse, is associated with increased risk of CPS involvement in the multivariate models, and may very well be associated with a parent's ability to hold down a steady, family-supporting job. Receipt of TANF, though far from stigma free, arguably carries much less stigma than involvement with the child welfare system. As a result, TANF agencies may be in a position to assist parents with their psychosocial problems. Such assistance might be offered by TANF agencies in a voluntary setting, before such problems call for the intervention of child welfare authorities. (Courtney, et al., 2005, p. 153)

Low-income parents disproportionately experience depression, domestic violence and child abuse and neglect. There is debate regarding whether the higher rates of reported difficulties in these areas are due to coping with the stress of parenting under conditions of few resources, or whether low-income families are subject to more surveillance (Macomber, 2006).

Wilson and Horner, 2005, explore theoretical views of the intersection between poverty, depression, substance abuse and child neglect. They raise the question of the relationship between poverty and multiple impairments. Parents with serious mental health problems or addictions will have problems with maintaining employment which then leads to poverty is a plausible answer. They point out, however, that most of these families have never been middle class, shifting the question to why they remain stuck in poverty. In looking at the relationship between poverty and depression, Wilson and Horner cite studies that estimate 40 percent of women in welfare-to-work programs are severely depressed; and depression dramatically affects parenting and thus has a role in chronic child neglect. Severely depressed individuals may live in the land of despair and demoralization that is implicated in a lack of responsiveness to children and the distress

of family members. Substance abuse is sometimes explained as a means of self-medication in the face of depression, despair and demoralization. While a number of traits, circumstances and challenges, such as combinations of substance abuse and other forms of mental illness and personality disorders, as well as intergenerational poverty, are implicated in chronic child neglect, it is likely that the majority could be characterized as substance-abusing with depression (Wilson & Horner, 2005).

Prevention and Early Intervention

As noted earlier, prevention and early intervention services were viewed by many as one of the roles of the TANF / Colorado Works program. Many of the administrators acknowledged the intersection and overlap in issues and problems faced by clients involved with or needing services from both systems. Both child welfare and Colorado Works administrators, but especially those administering TANF programs or agency directors, viewed TANF dollars as resource for early intervention, prevention and collaborative programs and services. Concern about the stability of TANF funding was sometime expressed, and this would have a significant impact on the ability of departments of human / social services to develop and maintain these.

Agency and Staff Philosophy on Collaboration

The majority of program administrators felt that their agency's staff, including upper management were basically in-line philosophically on the desirability of child welfare – Colorado Works collaboration. A collaborative philosophy embraced by the county was described by two administrators. Differences in philosophies on collaboration tended to be cited as between child welfare and Colorado Works and with front-line staff. Each program has its own organizational culture, timelines, procedures, regulations and

ways of working with clients. Perhaps this is more pronounced at the front-lines where often overloaded staff do not have the time to put forth additional time and effort to communicate with other programs, let alone become familiar with their philosophy, mandates and protocols. Administrators acknowledged time and caseload pressures as mediating workers' attitudes about collaboration. If it means more work for them, there would be some reluctance to embrace it, even if they understood the many advantages of collaboration and coordinating services.

Knowledge Needed by Front-Line Staff

According to child welfare administrators, their front-line staff mainly needed to know what services and resources were available through Colorado Works, as well as how to access these services and who might be eligible. For the most part, they thought that front-line staff did not need to know the details, just enough to effectively access services for their clients. Colorado Works administrators thought that front-line staff in their programs needed to know what their clients face if they are involved with child welfare, i.e., the mandated requirements. They also needed to know the status of the household – if a child had been removed or returned to the home. Recognizing signs of abuse, when to refer and what services were available were specified as knowledge needed by their front-line supervisor and workers. Both programs' administrators pointed out that their workers did not need to know everything about the other program, or everything about the client's situation; they needed enough information to make appropriate referrals and to be able to communicate to their clients what to expect from the other program.

Ehrle, et al., (2004) emphasize that worker skills are critical to collaboration. TANF workers, in a post welfare-reform environment, are put in a position where they are asked to assess client needs, and many of these are complex, multi-problem needs. In most cases, eligibility workers did not receive additional training on child abuse and neglect after welfare reform. In working in a collaborative environment where workers may be expected to make informed referral decisions, acquiring these skills is essential. Training could assist TANF workers to understand the obligations of clients involved with the child welfare system and could improve the accuracy of child welfare reports, minimizing unnecessary child welfare investigations.

Extent of Cross-Program Information Exchange

There appeared to be very little by way of deliberate or systematic exchange of information, or cross-training for agency staff. Although, in response to the question about the extent and means of cross-program information exchange, quite a few administrators described trainings and presentations; but for the most part, these seemed to be on an irregular basis or folded into agency meetings for other purposes. Only one administrator described a regular session specifically designed for sharing cross-system information. Learning about the other program often occurred on an ad hoc or informal basis. Sharing a client and working a case together was another way that workers learned about the other programs. Smaller counties, especially, but not always, exchanged information about each others' programs through working in close proximity and also through sharing a greater proportion of clients.

How Receptive Are Staff to Learning About the Other Program?

Most, but not all, of the administrators claimed their staff were very receptive to learning about the other program. Predictably, there was mention of the dread of training, even though most thought, in the end, it was worth-while. There is a desire to know, and even quite a lot of curiosity (especially on the part of Colorado Works staff), but prioritizing time for training or staff development was a challenge.

Extent of Support for Collaboration

It appears there is a great deal of support for collaboration between these two programs. Most claim that it is important and necessary in order to best serve clients with cases open or needs in both systems. Colorado Works' resources and services are often framed as the early intervention component of services to families with child welfare challenges. What counties struggle with is how to effectively accomplish this. Most, but not all, of the smaller counties appear to accomplish case coordination and collaboration at the services level as a matter of course, driven by the philosophy of the agency leadership. Larger counties, if they are to collaborate effectively across systems, by virtue of the size of their staff must be more deliberate, or formal, in creating the policies, conditions and mechanisms conducive to collaborative work. They are more likely to describe programs that draw upon blended funds and staffing resources as collaborative activities and structures in their agencies. Time and workload constraints are daunting barriers, as well as a dearth of clear models appropriate to their county's size and demographics. The rationale for collaboration, as well as the desire for doing so seemed apparent, but the means of achieving effective collaboration was unclear or the way was beset with barriers. Models *are* out there. They can be found in the innovations at the

system level in some of the larger counties, and at least one of the small counties. Several of the small counties describe effective collaborative working, or case coordination, at the service level and could be worthy models for emulation.

Ingredients of successful collaboration as proposed by Mattessich, Murray-Close, and Monsey (2001) may provide a useful taxonomy to assess organizational strengths and challenges related to cross-system collaborative efforts. “Mutual respect, understanding and trust” is one of the factors that was most frequently associated with successful collaboration according to a meta-analysis of collaboration studies conducted by Mattessich, et al. (2001). Opportunities for regular cross-system communication among program staff at all levels of the agency assist program staff to gain an understanding of how the other system approaches caring for their clients, what values and philosophy (as well as mandates) drive how services are conceptualized and how they are implemented. Miller and Mansilla (2004) in “thinking across perspectives and disciplines” (p. 2) contend that

...disciplinary perspectives differ in the ways that they structure, produce, and validate knowledge, and that in such differences lie both the challenge and the richness of integrative work. We argue that their different questions, foci, languages and senses of what “counts” as trustworthy insight, often impeded collaboration across disciplinary boundaries. At the same time, such differences account for the synergistic solutions found when individuals can come to think in qualitatively new ways or discover the solution to a problem unlocked by the insights housed in a neighboring domain. (p. 3)

And yet, “sufficient funds, staff, materials, and time,” another of the important factors associated with successful collaboration (Mattessich, et al.), was often in short supply according to participants in this study. In resource strapped counties, tapping into TANF reserve funding was cited as a means to access resources to provide services and programs to families with complex problems and needs. High staff workloads and the

accompanying time constraints were implicated in lower levels of cross-program communication, coordination and information exchange. If potential partners believe they will benefit from collaboration, this provides impetus both at the worker and management levels, which of course, implicates leadership in communicating the rationale and furthering the means to accomplish effective collaboration.

While leadership, as represented in this study, expresses support for collaboration between their child welfare and Colorado Works programs, and clearly understands the benefits and rationale underlying the collaboration, implementing collaborative processes, services and programs on behalf of families with complex, system-spanning needs presents challenges. Creative approaches are being developed and deployed by counties at the services and system levels. Dissemination and opportunities to experiment with what works across the diversity of settings in Colorado may be limited.

Research Question Three

From the perspective of TANF and child welfare division directors / managers, what is the future direction of collaboration between TANF and child welfare services?

What does the future of collaboration between child welfare and TANF programs look like according to program administrators? The majority thought that the trend was toward increasing collaboration and services integration. What would influence the future direction of collaboration? Resources – funding, staffing and time – was the most often cited influence. They also thought that it would be driven by the needs of clients, accessing resources and coordinating service plans. The availability of TANF dollars would influence collaboration as well. If indeed these programs proceed on a trajectory

toward increased collaboration, some of the cultural and status differences, the “otherness” of the other program and its workers, will be diminished.

What will influence collaboration across these service areas? The influences cited by program administrators will likely have an effect; and these too are affected by policies at the federal, state and local levels. How we collectively conceptualize the problems of clients and their etiology will influence collaboration. Child welfare and welfare programs have common roots with the first White House Conference on Children in 1909 scrutinizing the practice of boarding out children from impoverished families (Karger & Stoesz, 1990). Prior to 1972, welfare and public child welfare services were provided by the same agency within departments of social services. Services offered to poor families were conceptualized as treatment interventions with the goals of rehabilitating clients away from dependency. Welfare caseloads continued to rise, however, and in 1972 the Department of Health, Education and Welfare mandated separate organizational units for income maintenance and social services (Courtney & Dworsky, 2003). Although the mandate was overturned in 1976, the separation of income assistance and child welfare services has remained in effect.

Frame (1999) cautions about blurring child protective services and income assistance programs. She argues that economics and parenting are “mutually influential” but different as social problems and call for different social policy responses. Comparing some of the features of TANF to previous efforts at restricting assistance to “fit” parents and “suitable homes” to restrict caseloads, Frame highlights the historic connection between child welfare and income assistance programs. She recommends that approaches

blending welfare-to-work with family services in the context of TANF be implemented with care in order avoid mistakes of the past.

Citing the increasing intrusiveness into parent's lives associated with the AFDC³⁸ program, where the original intent was to maintain support for children in the absence of parental income, Frame raises concern about the emphasis on correcting parental behavior in TANF policy. If parents are sanctioned under TANF rules, the loss of assistance could push already fragile families into truly dire circumstances, further endangering children and triggering the more intrusive measures of mandatory child protective services. Shortly after welfare reform advocates and analysts wondered whether the more restrictive components of TANF, in combination with the shortened timelines on permanency decisions mandated by the 1997 Adoption and Safe Families Act (P.L. 105-189), would create impossible conditions for parents struggling with complex needs and problems. For example, parents dealing with substance abuse problems risk overshooting timeline requirements in both systems, thus risk losing their children and assistance.

The influence of poverty on parenting (e.g., Berger, 2004, 2007; Berrick, et al, 2006) has been well documented; and public attributions of poverty run toward personal or cultural deficiencies, thus mediating support for services for the poor. Frame (1999) cautions that blending eligibility and service functions, as was done in the 1960s, may muddle services for child protection clients versus those in need of concrete supports, with the risk of reintroducing increased surveillance and stress on already fragile families. Alternately, an integrated services model could address family problems with a

³⁸ Aid to Families with Dependent Children, the precursor to TANF (Temporary Assistance for Needy Families).

more holistic approach that is more adept at identifying and addressing the problems that underlie both challenges to self-sufficiency and parenting. A welfare-to-work model of supporting parents to address barriers to employment and sustain them toward self-sufficiency in the labor market would, ultimately, serve the purpose of protecting children, essentially from the front-end, primary prevention. However these services would be separate from surveillance of parenting – the role of child protective services.

Public assistance to impoverished individuals and families has always been fraught with controversy and bound up with our collective notion of the “deserving” poor. This too is swayed by how we view the role of women and mothers in our culture, especially mothers parenting alone, in the context of poverty and their behavior as implicated in (to blame for) their circumstances. It is an etiological question, and our collective response to this question will certainly continue to drive policy, funding and the configuration of services to these most fragile families. The case made by Frame (1999) to proceed with caution when blending service and eligibility functions merits our attention. However, it seems that the social and economic systems that create conditions to sustain poverty and child abuse and neglect overlap and are intertwined with *access* to the means for self-sufficiency and meaningful participation in society.

Research Question Four

From the perspective of TANF and child welfare division directors / managers, how has policy at the state and / or federal level supported or posed obstacles to collaboration between TANF and child welfare services?

Program administrators ($N = 38$) were asked for their perspectives on state and federal level policy as supporting or posing obstacles to collaboration between child

welfare and Colorado Works programs. In general, the administrators had more to say about the state and often did not know whether policies at the federal level supported or posed obstacles.

State Level Policy

It seemed clear that many counties look to the state for guidance and leadership. TANF funding (and reserves) was a salient topic that threaded its way through many of the areas queried in this study. The Colorado Department of Human Services (CDHS) was lauded by its more recent efforts to explain the use of TANF funding to counties; although a minority of the administrators interviewed expressed they were still unclear on this. The two state-wide information systems for Colorado Works (CMBS) and child welfare (Trails) confound county efforts to cross-reference and track clients accessing services from both programs. New leadership (within the last two years) at the state department of human services was appreciated; specifically, the current director has encouraged these programs to think together creatively and collaborate. But still, at the state level, child welfare and Colorado Works are seen as driven separately; the state is unclear on how to collaborate and does not provide examples or models for how effective collaboration can be accomplished. The general impression was that the state supported and encouraged child welfare – Colorado Works collaboration, however, specific supports in doing so were perhaps somewhat sparse.

Federal Level Policy

Program administrators were, overall, much less clear on how policy at the federal level supported or posed obstacle to child welfare – TANF collaboration. TANF rules were viewed both as hindering and supporting collaboration. Flexibility in TANF funding

allowed the creation of programs and services tailored to local needs. The Deficit Reduction Act (DRA) of 2005 reauthorized welfare reform and made changes to TANF program. The 50 percent work participation rate was described as hindering collaboration. There is pressure to enroll a specified proportion of TANF clients in “countable” work activities, which are much more narrowly prescribed toward moving clients into employment, versus “allowable” work activities that may include therapeutic or child welfare-driven activities that address problems related to parenting *and* self-sufficiency. Many of the administrators said they did not know whether federal level policies supported or hindered collaboration.

State and federal level policies and leadership will certainly influence the direction and nature of collaboration between these two programs. Whether this is deliberate or a byproduct of creative local adaptations in complying with program rules and requirements, while at the same time finding ways to effectively and efficiently address the complex needs of many of their clients, remains to be seen.

Limitations

Design, Internal Validity and Trustworthiness

There are several limitations related to the design of the study and its instrumentation that could impact the overall validity of the findings. The written questionnaire and interview protocol were adapted from instrumentation used in a similar study in California. The instruments employed in this study were field tested on a limited basis, feedback on their coherence was sought from practitioners and administrators and revisions were made based on feedback. In the process of data collection additional faults surfaced. One program administrator commented that the questions were difficult for

small county agencies because of the language, such as “formal” and “protocols.”

Usually this was interpreted as written formal procedures or protocols and needed to be somewhat clarified in the context of smaller agencies. This calls into question the reliability of the measure due to possibly differing interpretations, and affects the overall trustworthiness of the results. Telephone interviews provided an opportunity for participants to ask for clarification, and since the researcher was also the interviewer, consistent explanations were provided; thus perhaps providing some amelioration.

Other design issues include limitations in the exploration of extant literature addressing all of the dimensions related to the topic under study. For example, there are likely other instruments that may have been better suited to exploring this type of collaboration, or additional elements that could have been included to better explicate and explain collaboration.

External Validity, Generalizability and Transferability

The utility of the study bears upon its generalizability or transferability to other similar contexts. This study was geographically bounded, therefore its findings are not necessarily generalizable to other states. The counties selected for inclusion in the phase two interviews comprised a purposive sample and may not be representative of counties and agencies with similar demographics and services configurations in Colorado. The larger counties were overrepresented in the phase two data collection; therefore, innovations generated and challenges faced by medium-sized and smaller counties may have been missed.

Although the researcher was cognizant of her own bias on the subject of services coordination and program collaboration, her stance with regard to the topic certainly left its own patina on the study.

Recommendations

Practice and research implications, as well as recommendations, may be drawn from this study and addressed at multiple system levels from the front-lines of service delivery to policy at the department, agency or state level. Clearly additional inquiry could assist in explicating promising collaborative models specific to the contexts in which they are deployed. Further clarification of collaborative practice in context could begin to address the question of related outcomes for vulnerable children and families. The literature on collaboration is rich with evidence about the ingredients of successful collaborative process; and this, in tandem with our knowledge of what works locally, provides a basis for developing and enhancing collaborative processes and procedures right now.

Research Recommendations

1. Systematic inquiry, or evaluation, on the relationship of outcomes for children and families in relationship to collaborative efforts is needed. For example, scrutinizing and describing existing TANF – child welfare service coordination processes in Colorado counties, either longitudinally or across demographically similar sites (counties), would be a first step. Measures of children and family well-being that are theoretically related to coordinated, holistic services, such as averting out-of-home placement, expedited family reunification, access to services (such as mental health

or substance abuse) and resources (food, medical, transportation), social support, income and housing stability, and so forth, could be tracked and compared.

2. State level leadership could further the development and testing of promising collaborative practices through providing a sustainable means for county departments of human services to share learning and information about models developed locally or those developed elsewhere that merit testing locally. An academy model for program administrators and middle managers could be a venue for purposive exploration of potential models. Guidance and resource support from the state to implement and test promising collaborative models and innovations developed at the local level could allow for experimentation across agencies in order to add to the evidence base of what works in what contexts.
3. The relationship between the TANF program and child welfare seems to be evolving as its devolution to the states and counties provides a fertile context for local innovation. The common root of these two program areas is echoed in their current tentative relationship. Public welfare has always been contested, and the TANF program is certainly a gossamer safety net. If the two programs, together, were conceptualized as comprising a continuum along the intervention spectrum for fragile families, perhaps more workable and humane policies could be developed and implemented.

Practice Recommendations

1. Agency level leadership could further services coordination and cross-system collaboration through creating sustainable opportunities and resources for front-line staff and middle management to learn about each other's programs, procedures,

approaches, professional values and philosophies in serving clients. Direct and frequent communication across program boundaries and disciplines, we know, decreases misconceptions about the other program (and staff) and fosters trust and understanding, prerequisites to successful collaborative practice. Regular contact through cross-training and learning (staff development) together would create conditions conducive to collaborative practice. Departmental policies and procedures, such as requiring service plan coordination and co-monitoring of shared clients, would promote collaborative practice.

2. Leadership within departments of human / social services could learn from front-line practitioners and supervisors, as well as clients accessing their service systems, about what works with regard to “street-level” delivery of coordinated services. Open communication between administrative layers in combination with an organizational culture that rewards curiosity and cross-system innovation would surface promising practice at the front-lines. Valuing the systematic and regular input of clients via evaluative feedback is an underutilized means of discovering what works and what hurts.
3. Leadership at the state and federal levels could learn from counties about what works at the intra- and inter-organizational level. A pipeline for this upward learning from counties to the state exists via the state’s field administration staff. These liaisons deployed by the state’s department of human services are in a unique position, albeit under-resourced, to serve as a valuable information conduit in both directions.
4. Teach collaborative skills. There is plenty of evidence about what skills are necessary for effective collaborative processes. Collaborative skills are not routinely taught,

either in the context of professional education or staff development and training efforts for workers. These skills, and the underlying knowledge base, could be incorporated into curricula in both venues and further developed via agency-based supervision.

5. Encourage creativity and flexibility in developing and deploying early intervention and preventive services to avert mandatory involvement with child welfare system, keep children safe and in their own homes, and address the underlying causes of barriers to self-sufficiency and family well-being, at the client level and the conditions that serve to perpetuate the problems. As cited by many of the respondents in this study, practical guidance and working models for utilizing TANF dollars in early intervention and prevention efforts on behalf of families involved with or at risk of mandatory involvement with the child welfare system, would be appreciated.

Conclusion

The purpose of this exploratory study was an attempt to map out the extent and nature of collaboration between child welfare and Colorado Works programs in county departments of human services in Colorado. Additionally, this study explored how directors and program administrators perceived the desirability of collaboration across these two programs and their thinking on the nature and extent of benefits to clients and staff in their own agencies, and in general. Some of the specifics of how collaboration occurred, how it was facilitated or hindered, and speculations on the future of collaboration between these two program areas were explored. Much of what was reflected by participants in this study was echoed in the body of cited literature.

Implications for state-level level, agency-level, and service-level policies and activities are abundant and depend on the perspectives, values and philosophy of those charged with implementing them. A message that came through loud and clear was the depth of dedication to, and concern for the well-being of the families and children, expressed by each of the participants in the study. Leadership at the state level, in addition to encouraging and recognizing individual county efforts and innovations, could provide a sustainable conduit for disseminating what works to other counties; in other words, practical models that can be adopted in county departments. To a limited degree this occurs at state-level conferences and in the context of other staff development activities, but evidence of consistent information sharing and training is thin. Practical guidance from the state on blending funding streams to support programs and services to our state's most vulnerable families is appreciated and called for by the participants in this study. Because of the diversity of contexts in which county departments of human / social services operate, tailoring training and guidance to the agency's size and county demographics would be helpful. Confidentiality concerns across programs within agencies seem to be easing, although this is not uniform across the state. The state could assist with clarifying confidentiality protocols.

Local agency leadership is integral to effective collaboration. While the agency leaders participating in this study expressed support for, and articulately discussed the rationale for, child welfare – Colorado Works collaboration, the overall extent and depth of services coordination and integration seemed somewhat constrained. Resource constraints around funding, workload and time were cited. It was also likely that the willingness to collaborate was there, but exactly how to achieve this has eluded decision-

makers and administrators. For larger systems, services coordination and collaborative program development and delivery requires not only clear intention, but considerable amounts of planning and an understanding of the elements and theory underlying successful collaboration. Smaller counties, who describe their program staff working together as integrated teams, as generalists, could provide valuable insights about how collaboration can work on the front lines of service delivery.

A tacit question in this whole discussion is whether or not collaboration should be pursued. There is near unanimous agreement in the literature and from practitioners that collaboration across organizations serving multi-need families with complex problems should be pursued, and front-line practitioners should coordinate services. There is a dearth of evidence on the advantages of collaboration, with regard to improved outcomes for children and families, in large part, because attributing outcomes to collaborative efforts is difficult in the face of the massive numbers of variables involved. In evaluating outcomes for children in the context of systems of care and collaborative service configurations researchers have raised cautions about endorsing these approaches (e.g., Glisson & Hemmelgarn, 1998; Salzer & Bickman, 1997). Glisson and Hemmelgarn suggest that positive outcomes are more related to organizational climate, “the service provider attitudes that characterize a given service system, than to service system configurations” (p. 418) and that increased services coordination decreases the quality of services provided (p. 417). Salzer and Bickman, as a result of their inquiry, concluded that systems of care in the arena of children’s’ mental health services, did not impact clinical outcomes.

A body of evidence in either direction regarding the impact of collaborative effort on outcomes for children and families is missing. Understanding the structure and process of collaborative efforts, services coordination and system integration is a prerequisite for attributing outcomes. This study may have contributed in a small way to understanding the nature of collaboration between child welfare and public assistance programs. The challenges of outcomes attribution are huge when looking at complex collaborative interventions, but inquiry at the local level – on a smaller scale may be promising in contributing to the evidence base and to the methods tool box for assessing the outcomes of collaboration.

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APPENDIX

APPENDIX A

Cover Letter for Department of Human / Social Services (DHS) Directors



School of Social Work
Campus Delivery - 1586
Colorado State University
Fort Collins, CO 80523-1586
970-491-6612
www.sw.cahs.colostate.edu

Dear Colorado County Department of Human / Social Services Director,

As you are aware, there has been a push for those providing services to children and families in the child welfare and public assistance arenas to move toward more coordinated services approaches. Vulnerable families with co-occurring needs suggest that cross-system coordination is a good thing, although, the research on whether this is so remains elusive. Also largely unknown is the extent and nature of cross-system collaboration.

We are writing to you to ask you to participate in a study on cross-system collaboration in Colorado. The title of the study is *Welfare and Child Welfare Collaboration*. The focus of this study is fairly narrow. It looks at collaboration specifically between Colorado Works and Child Welfare services within our county departments of human / social services. The purpose of the study is to "map" out the extent of collaboration or coordination across these services areas, and to identify the variety of forms that it takes. Also of interest are the perceptions of directors, managers and administrators regarding the utility and feasibility of collaboration across these two programs areas. We are hoping to gain a better understanding of models of collaboration that may be more appropriate for county-driven child welfare systems in an array of settings. The study will be specific to Colorado and its diverse county locations and circumstances. Upon its completion, a summary of the study's results will be available to you.

What the study involves: This study has two phases. The first phase involves a brief paper-pencil survey of the directors of all Colorado county departments of human / social services. The second phase involves a telephone interview with a *selection* of directors or program managers directly responsible for administering Colorado Works and Child Welfare programs within the county departments in order to learn more about the specifics of how programs are structured. Less than 20 counties will be included in the second phase of the study.

As the director of a crucial array of services in your county and in our state, your perspective is very important to this study. This is what is involved for you:

- At the County Directors meeting this month, we will be asking you to complete a paper / pencil survey that should take about 15 minutes to complete. The completed surveys will be collected at the meeting.
- In the event that you do not attend the County Directors meeting this month, you will receive a brief paper / pencil questionnaire survey in the mail with a self-addressed return envelope.
- Please fill out the questionnaire (which should take approximately 10 to 15 minutes) and return it in the provided pre-posted envelope by June 18, 2008.
- If completing the paper / pencil questionnaire survey during the County Directors meeting or via mail is not possible, we will contact you via telephone to conduct a brief interview to complete the survey.
- Shortly after the results for the mailed out questionnaire are compiled, 20 Colorado counties representing regional, demographic and program structure diversity will be selected for telephone interviews.

Responses to the surveys are all confidential. That is, no one individual's responses will be identified in the reporting. Results will be grouped, and care will be taken to maintain confidentiality in the process of data analysis and reporting. Anything that could identify an individual participant will not be reported as such. Completed surveys will be kept in a locked file and data files will be password protected and only accessible to the researchers. The only known risk to participating in this research could be related to confidentiality issues that may have repercussions with an individual participant. Given the nature and topic of the research, this risk would be slight or non-existent. It is not possible to identify all potential risks in research procedures, but the researchers have taken reasonable safeguards to minimize any known and potential, but unknown risks.

There is no known benefit in participating in this study, but it is hoped that the study will add to the knowledge base about collaborative practice models specific to child welfare services.

This research is being undertaken in partial fulfillment of the requirements of a doctoral program at Colorado State University in the School of Education. Upon completion of the research, a summary of the results will be available to all of those participating in the study. To request a summary of the Welfare and Child Welfare Collaboration study, simply mail the provided pre-addressed stamped post card, indicating the postal address to which you would like the summary sent.

If you have any questions or concerns, or would like more information about this study you may contact: Sue Tungate at 970-491-4695 or tungate@cahs.colostate.edu. If you have any questions about your rights as a participant in this study, you may contact Janell Barker, IRB Administrator, Research Integrity & Compliance Review Office at 970-491-1655 or Janell.Barker@Research.Colostate.edu. Participation in this study is completely voluntary.

Thank you, very much, in advance. Your participation in this study will do a lot to assist in understanding the extent and structure of collaboration between Child Welfare and Colorado Works programs in our state. This, in turn, will allow us to begin to identify promising practices as well as barriers, which will contribute to on the ground, real world information to inform policy decisions. Thank you for the good work that you do!

Sincerely,

Sue Tungate, MSW
Ph. D. Candidate
14 Education Building
Colorado State University
Fort Collins, CO 80523-1586
(970) 491-4695

Victoria Buchan, Ph.D.
Professor, School of Social Work
134 Education Building
Colorado State University
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APPENDIX B

Outline of Request for Participation and Study Overview for DHS Directors

Attending the Monthly Directors Meeting

[Verbal explanation to the study and request for participation from DHS Directors at the monthly directors meeting]

Thank you for allowing me a portion of your meeting time today. My name is Sue Tungate. I am a doctoral candidate at Colorado State University and I am conducting a study that seeks to explore the nature and extent of collaboration between child welfare and Colorado Works programs in Colorado Counties. The title of the study is *Welfare and Child Welfare Collaboration*.

As you are aware, there has been a push for those providing services to children and families in the child welfare and public assistance arenas to move toward more coordinated services approaches. Vulnerable families with co-occurring needs suggest that cross-system coordination is a good thing; although, the research on whether this is so remains elusive. Also largely unknown is the extent and nature of cross-system collaboration.

The focus of *this* study is fairly narrow. It looks at collaboration specifically between Colorado Works and Child Welfare services within our county departments of human / social services. The purpose of the study is to "map" out the extent of collaboration or coordination across these services areas, and to identify the variety of forms that it takes.

We are also interested in the perceptions of directors, managers and administrators regarding the utility and feasibility of collaboration across these two programs areas. We are hoping to gain a better understanding of models of collaboration that may be more appropriate for county-driven child welfare systems in an array of settings. The study will be specific to Colorado and its diverse county locations and circumstances. Upon its completion, a summary of the study's results will be available to you.

This study has two phases. The first phase involves a brief paper-pencil survey of the directors of all Colorado county departments of human / social services. The second phase involves a telephone interview with a *selection* of directors or program managers directly responsible for administering Colorado Works and Child Welfare programs within the county departments in order to learn more about the specifics of how programs are structured. Less than 20 counties will be included in the second phase of the study.

As the director of a crucial array of services in your county and in our state, your perspective is very important to this study. This is what is involved for you:

- Today, I am asking you to complete this paper / pencil survey. It should take about 15 minutes to complete. The completed surveys will be collected today when you are finished.
- For those who are not present today and do not complete the paper / pencil questionnaire survey we will mail out the questionnaire, or contact them via telephone to conduct a brief telephone interview to complete the survey.
- Shortly after the results the Directors survey are compiled, 20 Colorado counties representing regional, demographic and program structure diversity will be selected for telephone interviews.

Responses to the surveys are all confidential. That is, no one individual's responses will be identified in the reporting. Results will be grouped, and care will be taken to maintain confidentiality in the process of data analysis and reporting. Anything that could identify an individual participant will not be reported as such. Completed surveys will be kept in a locked file and data files will be password protected and only accessible to the researchers.

The only known risk to participating in this research could be related to confidentiality issues that may have repercussions with an individual participant. Given the nature and topic of the research, this risk would be slight or non-existent. It is not possible to identify all potential risks in research procedures, but the researchers have taken reasonable safeguards to minimize any known and potential, but unknown risks.

To request a summary of the Welfare and Child Welfare Collaboration study, simply mail the provided pre-addressed stamped post card, indicating the postal address to which you would like the summary sent.

Your participation in this study is completely voluntary. If you have any questions or concerns, or would like more information about this study you may contact me, Sue Tungate or Dr. Buchan. Contact information for both of us is included in the cover letter that I have provided to you. Also, if you have any questions about your rights as a participant in this study, you may contact Janell Barber, Human Subjects Research Administrator. Her contact information is also included in the cover letter.

Thank you, very much, for your time today. Your participation in this study will do a lot to assist in understanding the extent and structure of collaboration between Child Welfare and Colorado Works programs in our state.

This, in turn, will allow us to begin to identify promising practices as well as barriers, which will contribute to on the ground, real world information to inform policy decisions. Thank you for the good work that you do!

APPENDIX C

Paper-Pencil Survey Questionnaire for DHS Directors

**Colorado County Departments of Human / Social Services
Linkages between Children Family Services and Colorado Works**

Department or agency name: _____

Mailing address: _____

City / Zip: _____

Job title (of person filling out questionnaire): _____

Section I: This section asks several questions about the overall relationship between Colorado Works and Child Welfare in your organization.

1. In your county, which of the following best describes the physical location relationship of your Child Welfare and Colorado Works programs? (check all that apply)
 - ☐ They are located in the same building and share physical space.
 - ☐ They are located in the same building but do not share physical space (such located on different floors or separate areas of the building).
 - ☐ They are located in different buildings.
 - ☐ Our County Department of Human Services has satellite offices in other locations in the county.
 - ☐ Other (please describe): _____
2. Is your county currently working to develop or implement a plan linking Colorado Works and Child Welfare activities?
 - ☐ No ***(If no, skip to 2.b.)***
 - ☐ Yes
 - 2.a. ***(If yes)*** At what stage is the plan?
 - ☐ Just in the planning phase
 - ☐ On paper only
 - ☐ Currently being implemented as a pilot (or not agency-wide)
 - ☐ Being implemented agency-wide
 - 2.b. ***(If no)*** Given the reality that your county has many priorities, how do you rank the linking of Colorado Works and Child Welfare activities?
 - ☐ Not a priority
 - ☐ Low priority
 - ☐ Medium priority
 - ☐ High priority

3. Is there a formal committee or other structure that oversees linking the planning and service activities between Colorado Works and Child Welfare?

- ☐ Yes
- ☐ No

3.a. *(If no)* Is such a committee being considered?

- ☐ Yes
- ☐ No

4. Have there been any discussions at the management level, or within your agency, to increase coordinated case planning for Colorado Works and Child Welfare clients?

- ☐ No
- ☐ Yes *(If yes, please answer 4.a - 4.c.)*

4 a. Has there been...

- ☐ Considerable discussion?
- ☐ Limited discussion?

4.b. Has coordinated case planning (between Child Welfare and Colorado Works) been implemented?

- ☐ No
- ☐ Yes

4.c. How long has coordinated case planning been in place? _____

5. Does your county have any protocols that require Child Welfare workers to determine if their clients are *concurrently* in the Colorado Works system?

- ☐ No
- ☐ Yes

6. Does your county have any protocols in place that direct Child Welfare workers to determine if a client has a possible need for Colorado Works cash assistance and/or employment services?

- ☐ No
- ☐ Yes

7. Currently, do you consider your county's Colorado Works and Child Welfare services to be:

- ☐ Not integrated at all
- ☐ Somewhat integrated
- ☐ Moderately integrated
- ☐ Highly integrated

Comments? *(Use the back of the page if needed)*

Section II: The next set of questions looks at areas that could present barriers to collaboration or services integration between Child Welfare and Colorado Works. Whether or not you view collaboration between these systems as desirable or useful, your assessment of barriers to collaboration is extremely helpful.

On a scale of zero to four (0 = no barrier, 4 = substantial barrier), what is your perception of how much each of the following items serve as a barrier to integration of / collaboration between Colorado Works and Child Welfare services in your county?

Circle one number for each item.

	No Barrier		↔		Substantial Barrier
1. Extent of agency consensus on appropriate integration model	0	1	2	3	4
2. A common assessment tool	0	1	2	3	4
3. A common client information system	0	1	2	3	4
4. Ability to share client information between programs	0	1	2	3	4
5. High staff workloads (difficult to add additional tasks)	0	1	2	3	4
6. Difficulty in hiring new staff (lack of availability)	0	1	2	3	4
7. Human resources classification limitations and/or union constraints	0	1	2	3	4
8. Middle manager or supervisor commitment to integration	0	1	2	3	4
9. Line staff commitment to integration	0	1	2	3	4
10. Extent of line staff understanding of need for services integration	0	1	2	3	4
11. Challenges with blending Colorado Works and Child Welfare funding	0	1	2	3	4
12. Availability of funding	0	1	2	3	4
13. Colorado Works client's fear of potential Child Welfare involvement	0	1	2	3	4
14. Integration not a high priority for executive staff	0	1	2	3	4
15. Competing/conflicting client timelines for the two programs	0	1	2	3	4
16. Colorado Works restrictions on serving families while the child is out of the home	0	1	2	3	4
17. Extent of flexibility in the Colorado TANF Plan	0	1	2	3	4
18. Extent of flexibility in Colorado Child Welfare laws / regulations	0	1	2	3	4
19. Other: (specify)	0	1	2	3	4

Comments? *(Please use the other side if needed)*

Thank you very much for taking the time to fill out this survey! As described in the cover letter, this is phase one of a two-phase survey of Colorado County Departments of Human Services. If you are interested in receiving an executive summary of the results, please include the enclosed request form (which will be separated from your completed questionnaire) with your completed questionnaire.

Phase two involves telephone interviews with DHS staff who are responsible for overseeing the day-to-day operations of Colorado Works / TANF and Child Welfare Services. Who in your agency would be the most appropriate staff member to speak with if your county is selected for participation in phase two interviews?

For Colorado Works / TANF Services:

Name: _____

Phone number: _____

E-mail: _____

For Child Welfare Services:

Name: _____

Phone number: _____

E-mail: _____

APPENDIX D

Reminder Letter for DHS Directors Who Have Not Returned a Completed Questionnaire



School of Social Work

Campus Delivery - 1586
Colorado State University
Fort Collins, CO 80523-1586
970-491-6612
www.sw.cahs.colostate.edu

[Date]
[Name of sought respondent]
[Name of county agency]
[Address of county agency]

Dear [name and title of sought respondent],
[Address of County Agency]

About 10 days ago you received a questionnaire in the mail from me. We know that you are extremely busy; however your input on this piece of research is very important. We are trying to reach all of the Directors of our state's county departments of human / social services, and [their county]'s voice is a crucial part of the picture. Could you please take a few minutes to complete the enclosed questionnaire and send it back to us in the provided stamped and addressed envelope? The original cover letter describing the research, along with contact information is also enclosed. If it would be more convenient for you to complete the survey via telephone interview, we would be happy to accommodate this. You can call or e-mail Sue Tungate (970-491-4695; tungate@cahs.colostate.edu). Or, if we do not receive your completed survey by [date - about 10 days from mailing the reminder], we will contact you to set up an interview time if you are willing to participate.

Thank you so much!

Sincerely,

Sue Tungate, MSW
Ph. D. Candidate
14 Education Building
Colorado State University
Fort Collins, CO 80523-1586
(970) 491-4695

Victoria Buchan, Ph.D.
Professor, School of Social Work
134 Education Building
Colorado State University
Fort Collins, CO 80523-1586
(970)491-5211

APPENDIX E

Advance Notice / Cover Letter for Child Welfare and Colorado Works Program

Administrators for the Telephone Interview



[Date]
[Name of sought respondent]
[Name of county agency]
[Address of county agency]

School of Social Work
Campus Delivery - 1586
Colorado State University
Fort Collins, CO 80523-1586
970-491-6612
www.sw.cabs.colostate.edu

Dear [Name - Manager or Director]

We are writing to you to ask you to participate in a study on cross-system collaboration in Colorado. The study, *Welfare and Child Welfare Collaboration*, looks at collaboration specifically between Colorado Works and Child Welfare services with our county departments of human / social services. The focus of the study is fairly narrow. Its purpose is to "map" out the extent of collaboration or coordination across these services areas, and to identify the variety of forms that it takes. Also of interest are the perceptions of directors, managers and administrators regarding the utility and feasibility of collaboration across these two programs areas. As you are aware, there has been a push for cross-system collaboration in human services. The research on whether this is a good thing remains elusive; and the extent and nature of this kind of collaboration is largely unknown. So your participation will add to this knowledge base.

What the study involves: The study has two phases. The first phase involved a brief paper-pencil survey of the directors of all Colorado county departments of human / social services. The second phase involves a telephone interview with a *selection* of directors or program managers directly responsible for administering Colorado Works and Child Welfare programs within the county departments in order to learn more about the specifics of how programs are structured. Less than 20 counties will be included in the second phase of the study, and your county was selected as one of these.

As the manager of a crucial array of services in [name of their county department of human / social services], your perspective is very important to this study. This is what it involves:

- Within the week, we will call or e-mail you to schedule an appointment for a telephone interview that is at a convenient time for you.
- We will also e-mail to you a copy of the interview questionnaire so that you can follow along. The interview will take approximately 20 to 40 minutes, depending on how much you have to say.
- The interview will *not* be audio-taped; your responses will be recorded in writing by the interviewer. You can request a copy of the record of your interview to check for accuracy or clarify any of your responses. Any edits can be e-mailed or mailed back to the researchers.

Responses to the interview surveys are all confidential. That is, no one individual's responses will be identified in the reporting. Results will be grouped, and care will be taken to maintain confidentiality in the process of data analysis and reporting. Anything that could identify an individual participant will not be reported as such. Completed surveys will be kept in a locked file and data files will be password protected and only accessible to the researchers. The only known risk to participating in this research could be related to confidentiality issues that may have repercussions with an individual participant. Given the nature and topic of the research, this risk would be slight or non-existent. It is not possible to identify all potential risks in research procedures, but the researchers have taken reasonable safeguards to minimize any known and potential, but unknown risks.

This research is being undertaken in partial fulfillment of the requirements of a doctoral program at Colorado State University in the School of Education. Upon completion of the research, a summary of the results will be available to all of those participating in the study.

There is no known benefit in participating in this study, but it is hoped that the study will add to the knowledge base about collaborative practice models specific to child welfare services.

If you have any questions or concerns, or would like more information about this study you may contact: Sue Tungate at 970-491-4695 or tungate@cahs.colostate.edu. If you have any questions about your rights as a participant in this study, you may contact Janell Barker, IRB Administrator, Research Integrity & Compliance Review Office at 970-491-1655 or Janell.Barker@Research.Colostate.edu. Participation in this study is completely voluntary.

Thank you, very much, in advance. Your participation in this study will do a lot to assist in understanding the extent and structure of collaboration between Child Welfare and Colorado Works programs in our state. This, in turn, will allow us to begin to identify promising practices as well as barriers, which will contribute to on the ground, real world information to inform policy decisions. Thank you for the good work that you do!

Sincerely,

Sue Tungate, MSW
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14 Education Building
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(970) 491-4695

Victoria Buchan, Ph.D.
Professor, School of Social Work
134 Education Building
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(970)491-5211

APPENDIX F

Telephone Interview Protocols for Child Welfare, Colorado Works and Combined Program Administrators

Child Welfare Manager interviewed:

Name: _____

Job title: _____

Department or agency name: _____

Hello, this is Sue Tungate, I am a doctoral student from Colorado State University. Recently I sent a letter to you via regular mail and/or e-mail asking for your participation in a study about cross-system collaboration between Colorado Works and Child Welfare programs in Colorado. It is my understanding that you have agreed to be interviewed for this study. I am calling to follow-up on my letter and set a time for the interview, or conduct it now if you prefer. The interview will take somewhere between 20 and 40 minutes. [If they would like to set an appointment for the interview at another time, call back at the appointed time; if they would like to proceed now, begin].

Thank you very much for taking the time for this interview. Do you have a copy of the interview questions that were sent? [If not, e-mail or fax a copy of the questions to them] It might help for you to follow along with the questions in this first part. They are primarily about organizational arrangements and procedures.

Before we begin, do you have any questions for me? Please feel free to stop at any point to ask questions.

In this section I would like to ask about the overall relationship between Colorado Works and Child Welfare in your organization (Department of Human / Social Services). Follow along on your copy of the questionnaire, if you like.

Communication and Planning:

1. How would you describe the *frequency* of communication in your county between the top manager of the Child Welfare program (you) and the top manager responsible for the Colorado Works / TANF program, specifically with regard to planning for coordination of common issues, programs and/or services. **(check one)**

<input type="checkbox"/> Almost no communication	<input type="checkbox"/> Weekly
<input type="checkbox"/> 1-6 times per year	<input type="checkbox"/> More than once a week
<input type="checkbox"/> 7-11 times per year	<input type="checkbox"/> One person manages both programs
<input type="checkbox"/> Monthly	

2. Is your county currently working to develop or implement a plan linking Colorado Works and Child Welfare activities?

<input type="checkbox"/> No (If no, skip to 2.b.)
<input type="checkbox"/> Yes

 - 2.a. **(If yes)** At what stage is the plan?

<input type="checkbox"/> Just in the planning phase
<input type="checkbox"/> On paper only
<input type="checkbox"/> Currently being implemented as a pilot (or not agency-wide)
<input type="checkbox"/> Being implemented agency-wide

2.b. **(If no)** Given the reality that your county has many priorities, how do you rank the linking of Colorado Works and Child Welfare activities?

- ☐ Not a priority
- ☐ Low priority
- ☐ Medium priority
- ☐ High priority

3. Is there a formal committee or other structure that oversees linking the planning and service activities between Colorado Works and Child Welfare?

- ☐ Yes
- ☐ No

3.a. **(If no)** Is such a committee being considered?

- ☐ Yes
- ☐ No

3.b. **(If yes)** How long has this committee been in place? _____

3.c. **(If yes)** how often does this committee meet? _____

Coordinated Case Planning:

4. Has coordinated case planning between Child Welfare and Colorado Works been implemented?

- ☐ No
- ☐ Yes **(If yes, ask 4.a. – 4.c)**

4.a. How long has coordinated case planning been in place? _____

4.b. Is coordinated case planning fully or partially implemented?

- ☐ Partially
- ☐ Fully

4.c. What is the *primary* means that child welfare and TANF workers use to communicate to develop a coordinated case plan?

- ☐ Via telephone
- ☐ Meet face-to-face
- ☐ Both workers meet face-to-face with the client / family
- ☐ Other. e.g., the plan is developed at a Team Decision Making meeting (please explain):

4.d. Once a coordinated case plan is developed, does the client continue to see both a Colorado Works and a Child Welfare Worker, or is the plan monitored by one case manager?

- ☐ Client sees both
- ☐ Client sees only one case manager
- ☐ Other (please specify):

The questions in this section inquire specifically about how your Child Welfare program operates with regard to clients who may also be involved with (or need services from) the Colorado Works program in your agency.

5. Does your county have any protocols that require Child Welfare workers to determine if their clients are *concurrently* in the Colorado Works system?

- ☐ No (*If no, skip to question 6*)
- ☐ Yes

5.a. (*If yes*) At what point? (*Check all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Initial phone referral | <input type="checkbox"/> Creation of Family Service Plan (FSP) |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Family Reunification |
| <input type="checkbox"/> Family Maintenance | <input type="checkbox"/> Permanency Placement |
| <input type="checkbox"/> Team Decision Making (TDM) meeting | <input type="checkbox"/> Other (please specify): |

6. Does your county have any protocols in place that direct Child Welfare workers to determine if a client has a *possible need* for Colorado Works cash assistance and/or employment services?

- ☐ No (*If no, skip to question 7*)
- ☐ Yes

6.a. (*If yes*) at what point? (*Check all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Initial phone referral | <input type="checkbox"/> Creation of Family Service Plan (FSP) |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Family Reunification |
| <input type="checkbox"/> Family Maintenance | <input type="checkbox"/> Permanency Placement |
| <input type="checkbox"/> Team Decision Making (TDM) meeting | <input type="checkbox"/> Other (please specify): |

7. Does your county have an information system in place that allows Child Welfare workers to determine what the status of a client is in Colorado Works?

- ☐ No (*If no, skip to question 8*)
- ☐ Yes (*If yes, ask questions 7.a. – 7.c*)

7.a. Is information on Colorado Works *eligibility* status available to Child Welfare Workers?

- ☐ No
- ☐ Yes

- 7.b. Is information on *welfare-to-work or employment* services status available to Child Welfare workers?
- ☐ No
- ☐ Yes
- 7.c. How do your Child Welfare workers access the Colorado Works eligibility and welfare-to-work or employment status of their clients? ***Please describe.***
8. Does your county have a protocol for assessing Child Welfare clients' need for Colorado Works / TANF (eligibility and/or employment) services?
- ☐ No
- ☐ Yes
- 8.a. ***(If yes)*** Could you tell how your system works?

The next few questions ask about Colorado Works – Child Welfare staffing co-location configurations, confidentiality and services integration.

9. Has your county co-located non-clerical Child Welfare workers in your Colorado Works *eligibility or welfare-to-work / employment* services units?
- ☐ No
- ☐ Yes ***(If yes, indicate in which units)***
- ☐ Eligibility unit
- ☐ Employment services unit
- 9.a. ***(If yes)*** How many full-time-equivalent, non-clerical Child Welfare positions are currently in place in the Colorado Works units? _____
10. Has your county co-located non-clerical Colorado Works eligibility or welfare-to-work / employment services staff in your Child Welfare programs?
- ☐ No
- ☐ Yes
- 11.a. ***(If yes)*** How many full-time-equivalent, non-clerical Colorado Works staff positions are currently in placed in Child Welfare services? _____
11. How difficult would you say that sharing confidential client information between Colorado Works and Child Welfare programs is in your county: ***(Check one)***
- ☐ Not at all difficult
- ☐ Somewhat difficult
- ☐ Difficult
- ☐ Very difficult
12. Currently, do you consider your county's Colorado Works and Child Welfare services to be: ***(Check one)***
- ☐ Not integrated at all
- ☐ Somewhat integrated
- ☐ Moderately integrated
- ☐ Highly integrated

Thank you for providing all of this detailed information! We are at least half way through. This next section addresses this whole issue of collaboration between Child Welfare and Colorado Works (TANF) from your perspective. Your responses are confidential; when the results of this survey are reported, care will be taken to not identify any individual respondents or counties. There are no "right" or "wrong" answers. Because of your position in your agency, your perspective is extremely valuable in understanding how to interpret the overall results.

I would like to ask you about your perspectives on collaboration between Colorado Works and Child Welfare services in general, and within your agency.

1. To what extent do you think it is desirable for programs in these two areas to collaborate?
 - a. Why or why not?
 - b. What types of collaboration are desirable?
 - i. For clients? How?
 - ii. For workers? How?
2. What overlap do you see between child welfare families and TANF families?
 - a. What issues or needs do they have in common?
 - b. How are they different?
 - c. What do you think is the extent of overlap in families receiving services from both in your agency?
3. How is your perspective different or not from the overall philosophy of the agency on the desirability of Colorado Works / Child Welfare program collaboration?
 - a. Upper management?
 - b. Front line staff in your department / division / unit?
4. What services from the other program (Colorado Works or Child Welfare), if any, do believe your clients may need?
 - a. Voluntary services
 - b. Services provided within the agency
 - c. Referrals or advocacy with community-based services
5. What do front line staff and supervisors in your division/unit need to know about the other program (Colorado Works or Child Welfare services)?
 - a. To what extent is this knowledge, information exchanged? How?
 - b. How receptive are front line workers and supervisors to learning about the other program?

6. From your perspective, what do you think is the future direction of collaboration between Colorado Works / TANF and Child Welfare services?
 - a. What influences this?
 - b. In what direction is it being influenced?
7. How do you think policy at the state level has supported or posed obstacles to collaboration between Colorado Works / TANF and Child Welfare services?
8. How do you think policy at the federal level has supported or posed obstacles to collaboration between Colorado Works / TANF and Child Welfare services?
9. Is there anything else you would like to add, or you think I should have asked about Colorado Works – Child Welfare collaboration?
10. Do you have any questions for me?

[Thank you and information about obtaining a copy of the executive summary of the results]

Colorado Works Manager interviewed:

Name: _____

Job title: _____

Department or agency name: _____

Hello, this is Sue Tungate, I am a doctoral student from Colorado State University. Recently I sent a letter to you via regular mail and/or e-mail asking for your participation in a study about cross-system collaboration between Colorado Works and Child Welfare programs in Colorado. It is my understanding that you have agreed to be interviewed for this study. I am calling to follow-up on my letter and set a time for the interview, or conduct it now if you prefer. The interview will take somewhere between 20 and 40 minutes. [If they would like to set an appointment for the interview at another time, call back at the appointed time; if they would like to proceed now, begin].

Thank you very much for taking the time for this interview. Do you have a copy of the interview questions that were sent? [if not, e-mail or fax a copy of the questions to them] It might help for you to follow along with the questions in this first part. They are primarily about organizational arrangements and procedures.

Before we begin, do you have any questions for me? Please feel free to stop at any point to ask questions.

This section inquires about the overall relationship between Colorado Works and Child Welfare in your organization (Department of Human / Social Services). Please follow along on your copy of the questionnaire.

Communication and Planning:

1. How would you describe the frequency of communication in your county between the top manager of the Colorado Works program / you and the top manager responsible for the Child Welfare Program, specifically with regard to planning for coordination of common issues, programs and/or services. **(check one)**

<input type="checkbox"/> Almost no communication	<input type="checkbox"/> Weekly
<input type="checkbox"/> 1-6 times per year	<input type="checkbox"/> More than once a week
<input type="checkbox"/> 7-11 times per year	<input type="checkbox"/> One person manages both programs
<input type="checkbox"/> Monthly	
2. Is your county currently working to develop or implement a plan linking Colorado Works and Child Welfare Activities?

<input type="checkbox"/> No	(If no, skip to question 2.b.)
<input type="checkbox"/> Yes	

 - 2.a. **(If yes)** At what stage is the plan?

<input type="checkbox"/> Just in the planning phase
<input type="checkbox"/> On paper only
<input type="checkbox"/> Currently being implemented as a pilot (or not agency-wide)
<input type="checkbox"/> Being implemented agency-wide

2.b. **(If no)** Given the reality that your county has many priorities, how do you rank the linking of Colorado Works and Child Welfare activities?

- ☐ Not a priority
- ☐ Low priority
- ☐ Medium priority
- ☐ High priority

3. Is there a formal committee or other structure that oversees linking the planning and service activities between Colorado Works and Child Welfare?

- ☐ Yes
- ☐ No

3.a. **(If no)** Is such a committee being considered?

- ☐ Yes
- ☐ No

3.b. **(If yes)** How long has this committee been in place? _____

3.c. **(If yes)** How often does this committee meet? _____

Coordinated Case Planning:

4. Has coordinated case planning between Colorado Works and Child Welfare been implemented in your county?

- ☐ No
- ☐ Yes

4.a. How long has coordinated case planning been in place? _____

4.b. Is coordinated case planning fully or partially implemented?

- ☐ Partially
- ☐ Fully

4.c. What is the *primary* means that child welfare and TANF workers use to communicate to *develop* a coordinated case plan?

- ☐ Via telephone
- ☐ Meet face-to-face
- ☐ Both workers meet face-to-face with the client / family
- ☐ Other. e.g., the plan is developed at a Team Decision Making meeting (please explain):

4.d. Once a coordinated case plan is developed, does the client continue to see both a Colorado Works and a Child Welfare Worker, or is the plan monitored by one case manager?

- ☐ Client sees both
- ☐ Client sees only one case manager
- ☐ Other (please specify):

Colorado Work Manager Telephone Interview / Page 2 of 6

The questions in this section inquire specifically about how Colorado Works operates with regard to clients who may also be involved with (or need services from) the Child Welfare program in your agency.

5. Does your county have any protocols that require Colorado Works eligibility and/or an employment services worker to determine if clients are *concurrently* in the Child Welfare system?

- ☐ No ***(If no, skip to question 6)***
☐ Yes

- 5.a. ***(If yes)*** At what point are the protocols in place to determine concurrent involvement?
(check all that apply)

- ☐ Initial eligibility determination
☐ Creation of the IRC
☐ Re-determination of eligibility
☐ Appraisal for work readiness
☐ Failure at a welfare-to-work activity
☐ Other (please specify):

6. Does your county have an information system in place that allows Colorado Works workers to determine what the status of their client is in the Child Welfare System / TRAILS?

- ☐ No ***(If no, skip to question 7)***
☐ Yes ***(If yes, ask questions 6.a. – 6.c.)***

- 6.a. Is this information available to eligibility workers?

- ☐ No
☐ Yes

- 6.b. Is the information available to employment services workers?

- ☐ No
☐ Yes

- 6.c. How do your Colorado Works eligibility and/or employment services workers access the Child Welfare status of their clients?

7. Does your county have a process in place that allows your Colorado Works workers to refer TANF clients to Child Welfare *voluntary* services, such as Family Preservation Services?

- ☐ No
☐ Yes

The next few questions ask about Colorado Works – Child Welfare staffing co-location configurations, confidentiality and services integration.

8. Has your county co-located non-clerical Child Welfare workers in your Colorado Works/TANF eligibility or welfare-to-work employment services unit?

- ☐ No
- ☐ Yes (**If yes – indicate where**)
 - ☐ Eligibility unit
 - ☐ Employment services

8.a. How many full-time-equivalent, non-clerical Child Welfare positions are currently in place in Colorado Works / TANF? _____

9. Has your county co-located non-clerical Colorado Works / TANF staff in your Child Welfare programs?

- ☐ No
- ☐ Yes (**If yes – indicate which workers**)
 - ☐ Eligibility workers
 - ☐ Employment services workers

9.a. How many full-time-equivalent, non-clerical Colorado Works / TANF positions are currently in place in Child Welfare _____

10. How difficult would you say that sharing confidential client information between Colorado Works and Child Welfare programs is in your county? **Check one.**

- ☐ Not at all difficult
- ☐ Somewhat difficult
- ☐ Difficult
- ☐ Very difficult

Service Integration:

11. Currently, how integrated do you consider your county's Colorado Works and Child Welfare services to be? (**Check one**).

- ☐ Not integrated at all
- ☐ Somewhat integrated
- ☐ Moderately integrated
- ☐ Highly integrated

Thank you for providing all of this detailed information! We are at least half way through. This next section addresses this whole issue of collaboration between Colorado Works (TANF) and Child Welfare from your perspective. Your responses are confidential; when the results of this survey are reported, care will be taken to not identify any individual respondents or counties. There are no "right" or "wrong" answers. Because of your position in your agency, your perspective is extremely valuable in understanding how to interpret the overall results.

I would like to ask you about your perspectives on collaboration between Colorado Works and Child Welfare services in general, and within your agency.

1. To what extent do you think it is desirable for programs in these two areas to collaborate?
 - a. Why or why not?
 - b. What types of collaboration are desirable?
 - i. For clients? How?
 - ii. For workers? How?
2. What overlap do you see between child welfare families and TANF families?
 - a. What issues or needs do they have in common?
 - b. How are they different?
 - c. What do you think is the extent of overlap in families receiving services from both in your agency?
3. How is your perspective different or not from the overall philosophy of the agency on the desirability of Colorado Works / Child Welfare program collaboration?
 - a. Upper management?
 - b. Front line staff in your department / division / unit?
4. What services from the other program (Colorado Works or Child Welfare), if any, do believe your clients may need?
 - a. Voluntary services
 - b. Services provided within the agency
 - c. Referrals or advocacy with community-based services
5. What do front line staff and supervisors in your division/unit need to know about the other program (Colorado Works or Child Welfare services)?
 - a. To what extent is this knowledge, information exchanged? How?
 - b. How receptive are front line workers and supervisors to learning about the other program?

6. From your perspective, what do you think is the future direction of collaboration between Colorado Works / TANF and Child Welfare services?
 - a. What influences this?
 - b. In what direction is it being influenced?
7. How do you think policy at the state level has supported or posed obstacles to collaboration between Colorado Works / TANF and Child Welfare services?
8. How do you think policy at the federal level has supported or posed obstacles to collaboration between Colorado Works / TANF and Child Welfare services?
9. Is there anything else you would like to add, or you think I should have asked about Colorado Works – Child Welfare collaboration?
10. Do you have any questions for me?

[Thank you and information about obtaining a copy of the executive summary of the results]

Child Welfare / Colorado Works Combined Manager interviewed:

Name: _____

Job title: _____

Department or agency name: _____

Hello, this is Sue Tungate, I am a doctoral student from Colorado State University. Recently I sent a letter to you via regular mail and/or e-mail asking for your participation in a study about cross-system collaboration between Colorado Works and Child Welfare programs in Colorado. It is my understanding that you have agreed to be interviewed for this study. I am calling to follow-up on my letter and set a time for the interview, or conduct it now if you prefer. The interview will take somewhere between 20 and 40 minutes. [If they would like to set an appointment for the interview at another time, call back at the appointed time; if they would like to proceed now, begin].

Thank you very much for taking the time for this interview. Do you have a copy of the interview questions that were sent? [if not, e-mail or fax a copy of the questions to them] It might help for you to follow along with the questions in this first part. They are primarily about organizational arrangements and procedures.

Before we begin, do you have any questions for me? Please feel free to stop at any point to ask questions.

In this section I would like to ask about the overall relationship between Colorado Works and Child Welfare in your organization (Department of Human / Social Services). Follow along on your copy of the questionnaire, if you like.

Communication and Planning:

1. How would you describe the *frequency* of communication in your county between management or supervisory staff in the Child Welfare program and management or supervisory staff responsible for the Colorado Works / TANF program, specifically with regard to planning for coordination of common issues, programs and/or services.
(*check one*)

<input type="checkbox"/> Almost no communication	<input type="checkbox"/> Weekly
<input type="checkbox"/> 1-6 times per year	<input type="checkbox"/> More than once a week
<input type="checkbox"/> 7-11 times per year	<input type="checkbox"/> One person supervises both programs
<input type="checkbox"/> Monthly	
2. Is your county currently working to develop or implement a plan linking Colorado Works and Child Welfare activities?

<input type="checkbox"/> No (<i>If no, skip to 2.b.</i>)
<input type="checkbox"/> Yes

 - 2.a. (*If yes*) At what stage is the plan?

<input type="checkbox"/> Just in the planning phase
<input type="checkbox"/> On paper only
<input type="checkbox"/> Currently being implemented as a pilot (or not agency-wide)
<input type="checkbox"/> Being implemented agency-wide

- 2.b. **(If no)** Given the reality that your county has many priorities, how do you rank the linking of Colorado Works and Child Welfare activities?
- ☐ Not a priority
 - ☐ Low priority
 - ☐ Medium priority
 - ☐ High priority
3. Is there a formal committee or other structure that oversees linking the planning and service activities between Colorado Works and Child Welfare?
- ☐ Yes
 - ☐ No
- 3.a. **(If no)** Is such a committee being considered?
- ☐ Yes
 - ☐ No
- 3.b. **(If yes)** How long has this committee been in place? _____
- 3.c. **(If yes)** how often does this committee meet? _____

Coordinated Case Planning:

4. Has coordinated case planning between Child Welfare and Colorado Works been implemented?
- ☐ No
 - ☐ Yes **(If yes, ask 4.a. – 4.c)**
- 4.a. How long has coordinated case planning been in place? _____
- 4.b. Is coordinated case planning fully or partially implemented?
- ☐ Partially
 - ☐ Fully
- 4.c. What is the *primary* means that child welfare and TANF workers use to communicate to *develop* a coordinated case plan?
- ☐ Via telephone
 - ☐ Meet face-to-face
 - ☐ Both workers meet face-to-face with the client / family
 - ☐ One worker handles both child welfare and TANF
 - ☐ Other. e.g., the plan is developed at a Team Decision Making meeting (please explain):
- 4.d. Once a coordinated case plan is developed, does the client continue to see both a Colorado Works and a Child Welfare Worker, or is the plan monitored by one case manager?
- ☐ Client sees both
 - ☐ Client sees only one case manager
 - ☐ Other (please specify):

The questions in this section inquire specifically about how your Child Welfare and Colorado Works programs operate with regard to clients who may also be involved with (or need services from) both of these programs in your agency.

5. Does your county have any protocols that require Child Welfare workers to determine if their clients are *concurrently* in the Colorado Works system?

- ☐ No (**If no, skip to question 6**)
☐ Yes

5.a. (**If yes**) At what point? (**Check all that apply**)

- | | |
|---|--|
| <input type="checkbox"/> Initial phone referral | <input type="checkbox"/> Creation of Family Service Plan (FSP) |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Family Reunification |
| <input type="checkbox"/> Family Maintenance | <input type="checkbox"/> Permanency Placement |
| <input type="checkbox"/> Team Decision Making (TDM) meeting | <input type="checkbox"/> Other (please specify): |

- 5.b. Does your county have any protocols that require Colorado Works eligibility and/or an employment services worker to determine if clients are *concurrently* in the Child Welfare system?

- ☐ No (**If no, skip to question 6**)
☐ Yes

5.c. (**If yes**) At what point are the protocols in place to determine concurrent involvement?
 (check all that apply)

- ☐ Initial eligibility determination
☐ Creation of the IRC
☐ Re-determination of eligibility
☐ Appraisal for work readiness
☐ Failure at a welfare-to-work activity
☐ Other (please specify):

6. Does your county have any protocols in place that direct Child Welfare workers to determine if a client has a *possible need* for Colorado Works cash assistance and/or employment services?

- ☐ No (**If no, skip to question 7**)
☐ Yes

6.a. (**If yes**) at what point? (**Check all that apply**)

- | | |
|---|--|
| <input type="checkbox"/> Initial phone referral | <input type="checkbox"/> Creation of Family Service Plan (FSP) |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Family Reunification |
| <input type="checkbox"/> Family Maintenance | <input type="checkbox"/> Permanency Placement |
| <input type="checkbox"/> Team Decision Making (TDM) meeting | <input type="checkbox"/> Other (please specify): |

7. Does your county have an information system in place that allows Child Welfare workers to determine what the status of a client is in Colorado Works?

- ☐ No (**If no, skip to question 8**)
☐ Yes (**If yes, ask questions 7.a. – 7.c**)

Combined CW – Colo Wks Manager Telephone Interview / Page 3 of 7

- 7.a. Is information on Colorado Works *eligibility* status available to Child Welfare Workers?
- ☐ No
☐ Yes
- 7.b. Is information on *welfare-to-work or employment* services status available to Child Welfare workers?
- ☐ No
☐ Yes
- 7.c. How do your Child Welfare workers access the Colorado Works eligibility and welfare-to-work or employment status of their clients? ***Please describe.***
- 7.d. Does your county have an information system in place that allows Colorado Works workers to determine what the status of their client is in the Child Welfare System / TRAILS?
- ☐ No (***If no, skip to question 8***)
☐ Yes (***If yes, ask questions 7.e.-7.f.***)
- 7.e. Is this information available to eligibility workers?
- ☐ No
☐ Yes
- 7.d. Is the information available to employment services workers?
- ☐ No
☐ Yes
- 7.f. How do your Colorado Works eligibility and/or employment services workers access the Child Welfare status of their clients?
8. Does your county have a protocol for assessing Child Welfare clients' need for Colorado Works / TANF (eligibility and/or employment) services?
- ☐ No
☐ Yes
- 8.a. (***If yes***) Could you tell how your system works?
- 8.b. Does your county have a process in place that allows your Colorado Works workers to refer TANF clients to Child Welfare *voluntary* services, such as Family Preservation Services?
- ☐ No
☐ Yes

The next few questions ask about Colorado Works – Child Welfare staffing co-location configurations, confidentiality and services integration.

9. Has your county co-located non-clerical Child Welfare workers in your Colorado Works *eligibility* or *welfare-to-work / employment* services units?
- ☐ No
 - ☐ Yes **(If yes, indicate in which units)**
 - ☐ Eligibility unit
 - ☐ Employment services unit
- 9.a. **(If yes)** How many full-time-equivalent, non-clerical Child Welfare positions are currently in place in the Colorado Works units? _____
10. Has your county co-located non-clerical Colorado Works *eligibility* or *welfare-to-work / employment* services staff in your Child Welfare programs?
- ☐ No
 - ☐ Yes
- 10.a. **(If yes)** How many full-time-equivalent, non-clerical Colorado Works staff positions are currently in placed in Child Welfare services? _____
- 10.b. **(If yes)** Which workers
- ☐ Eligibility workers
 - ☐ Employment services workers
11. How difficult would you say that sharing confidential client information between Colorado Works and Child Welfare programs is in your county: **(Check one)**
- ☐ Not at all difficult
 - ☐ Somewhat difficult
 - ☐ Difficult
 - ☐ Very difficult
12. Currently, do you consider your county's Colorado Works and Child Welfare services to be: **(Check one)**
- ☐ Not integrated at all
 - ☐ Somewhat integrated
 - ☐ Moderately integrated
 - ☐ Highly integrated

Thank you for providing all of this detailed information! We are at least half way through. This next section addresses this whole issue of collaboration between Child Welfare and Colorado Works (TANF) from your perspective. Your responses are confidential; when the results of this survey are reported, care will be taken to not identify any individual respondents or counties. There are no "right" or "wrong" answers. Because of your position in your agency, your perspective is extremely valuable in understanding how to interpret the overall results.

I would like to ask you about your perspectives on collaboration between Colorado Works and Child Welfare services in general, and within your agency.

1. To what extent do you think it is desirable for programs in these two areas to collaborate?
 - a. Why or why not?
 - b. What types of collaboration are desirable?
 - i. For clients? How?
 - ii. For workers? How?
2. What overlap do you see between child welfare families and TANF families?
 - a. What issues or needs do they have in common?
 - b. How are they different?
 - c. What do you think is the extent of overlap in families receiving services from both in your agency?
3. How is your perspective different or not from the overall philosophy of the agency on the desirability of Colorado Works / Child Welfare program collaboration?
 - a. Upper management?
 - b. Front line staff in your department / division / unit?
4. What services from the other program (Colorado Works or Child Welfare), if any, do believe your clients may need?
 - a. Voluntary services
 - b. Services provided within the agency
 - c. Referrals or advocacy with community-based services
5. What do front line staff and supervisors in your division/unit need to know about the other program (Colorado Works or Child Welfare services)?
 - a. To what extent is this knowledge, information exchanged? How?
 - b. How receptive are front line workers and supervisors to learning about the other program?

6. From your perspective, what do you think is the future direction of collaboration between Colorado Works / TANF and Child Welfare services?
 - a. What influences this?
 - b. In what direction is it being influenced?
7. How do you think policy at the state level has supported or posed obstacles to collaboration between Colorado Works / TANF and Child Welfare services?
8. How do you think policy at the federal level has supported or posed obstacles to collaboration between Colorado Works / TANF and Child Welfare services?
9. Is there anything else you would like to add, or you think I should have asked about Colorado Works - Child Welfare collaboration?
10. Do you have any questions for me?

[Thank you and information about obtaining a copy of the executive summary of the results]

APPENDIX G

Post Card for Requesting an Executive Summary of the Report



Sue Tungate
School of Social Work
Campus Delivery – 1586
127 Education Bldg.
Colorado State University
Fort Collins, CO 80523-1586

Please send a copy of the executive summary of the
Welfare and Child Welfare Services Collaboration report to:
