The Meaning & Measurement of Collaboration
Across Children’s Behavioral Health & Child Welfare Systems

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Prologue:
Alphabet Soup
Objectives

1. Better understand current state of the literature
   • Rationale, Conceptual Frameworks, Barriers, & Facilitators

2. Become familiar with measurement approaches
   • Specific Tools, Respondents, & Key Indicators

3. Explore next steps for future policies & practices
   • Group Discussion
Need for CSC

• Nearly 1 child or adolescent of every 2 in child welfare meets criteria for a mental health disorder (Bronsard et al., 2016).
  − 1 in 5 youth in the general population (ages 9-17; U.S. DHHS, 1999)

• Significantly ↑ rates
  − Use
  − Abuse
  − Dependence

• 5x more likely to receive a drug dependence diagnosis (Pilowsky & Wu, 2006)
Need for CSC

• Low rates of mental health service use among children and youth involved in CW.
  – Poorer access to MH services for youth of color
  – Garcia, Palinkas, Snowden, & Landsverk, 2013; Glisson & Green, 2006; Burns et al., 2004; Hurlburt et al., 2004.

• Only half of all children received care consistent with any 1 national standard, and less than 1/10th (9.8%) received care consistent with all standards.
  – Raghavan et al., 2009
When Systems Collaborate

For Clients/Consumers:
- Increased BH utilization
- Reduced symptomology
- Greater out-of-home care placement stability
- Decreased differences in service use between white & African American children

For Organizations:
- Greater agency goal attainment
- Sustained resources linkages
- More effective and higher quality services

Cooper, Evans, & Pybis, 2016, Wells & Chuang, 2012; Chuang & Lucio, 2011; Bai, Wells, & Hillmeier, 2009; Green, Rockhill, & Burns, 2008; Hurlburt et al., 2004; Rivard & Morrissey, 2003
Contradictory Findings

Systematic Review:

– Collaboration perceived by some professionals as having a negative impact on service delivery

– Six studies found at least one negative association between collaboration and outcomes

Cooper, Evans, & Pybis, 2016
Why Contradictory Findings?

Glisson and Hemmelgarn, 1998:
- Increased diffusion of responsibility

Wells, 2006:
- Overall lack of resources
- Use of ineffective interventions to begin with
- Methodological challenges with measuring CSC

Bai, Wells and Hillemeier, 2009:
- Possibility of subgroups within the CW population
- MH treatments were not effective
1) **Mental Health Services Utilization Model**
   - Aday & Andersen, 1975; Bai, Wells, & Hillemeiera, 2007

2) **Interagency Collaborative Team Model**
   - Hurlburt et al., 2014

3) **Network-Episode Model** (Pescosolido, 1992)
   - Children’s Network-Episode Model
     - Costello, Pescosolido, Angold, & Burns, 1998
   - Gateway Provider Model
     - Stiffman, Pescosolido, & Cabassa, 2004
Mental Health Services Utilization Model
(Bai, Wells, & Hillemeiera, 2007)

Agency level factors:
- Intensity of IORs
- Medical care resources

Child level factors
- Predisposing characteristics (age, gender, race/ethnicity, family risks, maltreatment types, receipt of child welfare services, nature of maltreatment report, placement settings)
- Enabling resources (Health insurance and geographic location)
- Need (Severity)

Uses of mental health specialty services

Psychological functioning (CBCL)
Interagency Collaborative Team (ICT) Model
(Hurlburt et al., 2014)
Network-Episode Model
(Pescosolido, 1992)

Image from: Boydell, Volpe, Gladstone, Stasiulis, & Addington, 2013
The Gateway Provider Model
(Stiffman, Pescosolido, & Cabassa, 2004)

- Enabling
  - Availability
  - Accessibility
  - Affordability
  - Acceptability

- Need
  - Presence of disorder
  - Severity of disorder
  - Comorbid conditions
  - Impairment

- Predisposing
  - Demographics
  - Risk & protective factors

- Structural Characteristics
  - Organization
  - Management
  - Psychological Climate
  - Burden

Gateway Provider Perceptions and Knowledge
(Of service resources, mental illness, parental attitudes)

Decision to provide services

Specialty and Nonspecialty Mental Health Service Provision
“Whatever exists at all exists in some amount. To know it thoroughly involves knowing its quantity as well as its quality.”

CSC & Measurement

Cross-System Collaboration
CSC & Measurement

Trust
Communication
Joint Funding
Integrated Service Pathways
Etc.
CSC & Measurement

Cross-System Collaboration
CSC & Measurement

Cross-System Collaboration
CSC Measurement

– Structured Literature Review

• CEBC Methodology
• Scholarly Work on CSC
• Include CW and Children’s BH/MH Systems

67 Articles

• Peer-Reviewed
• Data Analysis
  – not conceptual, qualitative, commentary, etc.
• Measurement of CSC

8 Novel Measurement Approaches
# CSC Measurement

## Key Terms & Constructs

- Strength of Ties
- Linkages
- Interorganizational Relationships
- Interagency Collaboration

## Respondents

- Leadership and/or Providers
  - Key Informant Interviews
  - Self Report Surveys
  - Mixed Method Surveys

## Approaches

- Key Indicators of Linkages (Binary)
- Administrative Ties & Collaborative Practices
- Service Integration & Cross-Training
- Social Network Analysis
- Frequency of Referrals and Information Exchange

*Psychometric characteristics either not report or not applicable for each of the measurement approaches identified*
CASAT Approach: Measurement

- Adapted from North Carolina DHHS Project Broadcast Collaboration Tool
  - Project Broadcast Items Adapted from
    - Wilder Collaboration Factors Index
      - Mattessich, Murray-Close, & Monsey (2001)
    - System of Care Readiness and Implementation Measurement Scale
      - Behar & Hydaker (2012)
To the best of my knowledge, the child welfare and mental health staff in my community:

1. Have a history of working well together
2. Have a history of trusting each other
3. Have a clear sense of their roles and responsibilities
4. Communicate openly with one another
5. Regularly share information (with proper consents) on treatment and case plans
6. Regularly attend joint meetings to determine the needs of families
CASAT Approach: Methodology

- **8 CA Counties**
  - N = 494
    - Feb-June 2014
    - Online Survey
      - CSC
      - Organizational Functioning
      - Practices and Attitudes
  - Response Rate: 56.5%
• **Content Validity**
  - Items generally align with CSC barriers and facilitators
    - Systematic Review on CSC Cooper, Evans, & Pybis (2016)

• **Factorial Validity**
  - Principal Components Analysis supports 1-factor solution

• **Reliability & Internal Consistency**
  - Sig/Moderate Spearman’s Rho Correlations for Each Item
  - Cronbach’s Alpha Very Good

• **Construct Validity**
  - CSC Sum Correlates Significantly/Moderately with all TCU SOF Organizational Climate Subscales
CASAT Approach: Results Summary

• **Nonparametric Tests**
  – CW and BH means not significantly different \((p > .05)\)
  – CW admin and service provider means not significantly different \((p > .05)\)
  – BH admin and service provider means significantly different \((p > .001)\)
    • BH Admin Means significantly higher
Group Discussion

• What should happen when CW & BH systems improve collaboration?
  – The goals we saw in our review
    • MH Services Uptake
    • EBP Scale-Up
    • Equity for Consumers/Reduced Disparities
    • Higher Quality/Integrated Services
    • What else?

• Does collaboration mean different things based on the outcomes you’re trying to reach?
  – i.e., More complicated than simply “collaboration”

• Do CSC stakeholders need to match desired goals/outcomes with CSC conceptualizations or measurement tools?
Group Discussion

• Should CSC in CW & BH differ from collaboration between other systems? If so, how?

• What types of differences would you expect in perceptions of CSC?
  – Who would think it’s higher?
  – Who would think it’s lower?
  – Who has a good vantage point to gauge actual CSC?

• How can measurement help improve CW & BH CSC efforts?
What’s the Take Home?

• **Rational**
  – Many collaboration benefits for service consumers and organizations, however, some pitfalls as well.
  – Sparse examination of BH system’s impact on CW outcomes

• **Conceptualization**
  – Carefully consider the goal of CSC and select a conceptual model that fits the desired outcome.

• **Measurement Approaches**
  – Existing CSC measurement approaches, but very few with known measurement performance

• **CASAT Measurement**
  – CASAT approach to measuring CSC seems to have performed well
  – Strong relationship between CSC collaboration & organization climate
  – Differing views of CSC depending on who you ask
Thank You!

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