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Research article

Examining intensity and types of interagency collaboration between child welfare and drug and alcohol service providers

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ABSTRACT

The co-occurrence of child maltreatment and caregiver substance use disorders (SUDs) is a pervasive problem, with an estimated two thirds of child welfare (CW) systems cases involving SUDs. Interagency collaboration between CW and drug and alcohol service (DAS) providers shows promise in improving connections to and delivery of SUD services for CW-involved families. However, interagency collaboration between CW and DAS providers continues to be difficult to achieve and little is known about organizational characteristics and contexts that influence collaboration between these two entities. Using data from the second cohort of families from the National Survey of Child and Adolescent Well-Being, this study examined national trends in interagency collaboration between CW and DAS providers and organizational factors that influence the nature and intensity of interagency collaboration. Results indicated that collaboration intensity was greater for CW agencies that reported increased caseloads and those located in more populated counties. However, collaboration intensity decreased for CW agencies located in counties with higher child poverty. Study findings have implications for policy leaders and directors of CW agencies throughout the United States, especially because collaborating with DAS providers may increase CW agencies' organizational capacity and relieve job stress related to high caseloads. Development of strategies that spur engagement in more intense and multiple types of collaboration between CW agencies and DAS providers has the potential to relieve service burden on CW staffs and expedite service delivery to CW-involved families dealing with SUDs.

Background

Substance use disorders (SUDs) among caregivers are a leading factor associated with child maltreatment, with an estimated two thirds of substantiated maltreatment cases in child welfare (CW) involving SUD-related issues (U.S. Government, 1998; Wulczyn, Ernst, & Fisher, 2011; Young, Boles, & Otero, 2007). Caregiver SUDs have also been linked to adverse outcomes for children, including severe neglect, higher rates of re-report for maltreatment, lengthier and more numerous placements, and a heightened risk of later substance misuse among maltreated children (Barth, Gibbons, & Guo, 2006; Brook & McDonald, 2007; Choi & Ryan, 2006; Grella, Hser, & Huang, 2006; U.S. Department, 1999; Vanderploeg et al., 2007). The organizational-level practice of interagency collaboration (henceforth referred to as collaboration) between CW agencies and drug and alcohol service (DAS) providers shows promise in improving connection to and delivery of SUD services to these families (Drabble, 2007, 2010; Grace, Coventry, & Batterham, 2012; Green, Rockhill, & Burrus, 2008; Osterling & Austin, 2008; Young & Gardner, 2002). For caregivers with SUDs, CW agencies have the potential to serve as gateways to myriad health services including SUD prevention and treatment. Indeed, there is growing research indicating that collaboration between CW agencies and DAS providers is associated with increased rates of SUD services referral and assessment, service

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use, and family reunification (Aarons, Hurlburt, & Horwitz, 2011; Green, Furrer, Worcel, Burrus, & Finigan, 2007; Young & Gardner, 2002).

However, collaboration between CW and DAS providers continues to be difficult to achieve and little is known about CW organizational characteristics and contexts that influence collaboration between CW and DAS providers (Semidei, Radel, & Nolan, 2001; Smith & Mogro-Wilson, 2007; Young, Gardner, & Dennis, 1998). Additionally, a lack of clarity regarding what constitutes collaboration makes it challenging to measure (Bardach, 1998; Chen, 2010; Gajda, 2004; Horwath & Morrison, 2007; Palinkas et al., 2014; Sowa, 2008). Thus, given that collaboration is emerging as a necessary component in CW policy and practice (Institute of Medicine, 2013; Young et al., 2007), the current study sought to contribute to the literature by exploring various ways to measure collaboration. This approach may provide insight into the prevalence of a spectrum of collaborative behaviors between CW and DAS agencies. In addition, this study also drew from existing theories to guide the exploration of organizational and contextual characteristics and circumstances that might influence CW agencies' engagement in collaboration with DAS providers. Specifically, this study drew from the resource dependence perspective (Pfeffer & Salancik, 1978), one of the most used theoretical explanations of the preconditions for collaboration among nonprofit organizations (Guo & Acar, 2005), to obtain a better understanding of the drivers associated with CW organizations' engagement in collaboration with DAS providers.

Conceptualization and Measurement of Collaboration

Despite literature extolling the importance of collaboration between CW and specialized services providers (e.g., mental health and DAS), little research has focused on understanding measurement of collaboration (Horwath & Morrison, 2007; Palinkas et al., 2014). This gap is partly due to a lack of clarity regarding how to define collaboration, leading to challenges in conceptualizing and determining which dimensions or processes of collaboration to measure (Horwath & Morrison, 2007; Palinkas et al., 2014). Conceptualization of how to measure collaboration is also multifaceted, with a body of literature suggesting that collaboration can be measured by an organization's engagement in joint-agency activities (Bardach, 1998; Sowa, 2008). There are many definitions of what constitutes collaboration; a useful definition by Bardach (1998) states that collaboration is "any joint activity by two or more agencies working together that is intended to increase public value by their working together rather than separately" (p. 8). Based on this definition, collaboration can be measured by assessing agency engagement in joint activities. Indeed, research on collaboration between CW and DAS providers has commonly measured collaboration by assessing engagement in joint activities, including engagement in certain key collaborative activities (Drabble, 2010; Green et al., 2008; Wells & Chuang, 2012; Young & Gardner, 2002). This includes: (a) formal agreements to collaborate (e.g., memorandums of understanding, or MOUs), (b) joint committees, (c) interdisciplinary training, (d) co-location of staffs, and (e) shared budget for collaboration. Additionally, organizational theories also suggest that it is important to distinguish between symbolic (e.g., MOUs) and substantive (e.g., joint budgeting) types of collaboration; the rationale for this distinction and measure of collaboration is that policy agreements for collaboration, such as MOUs, may not translate into actual collaborative practices (e.g., co-location of staffs; Hasenfeld, 2010). Drawing from these different conceptual frameworks, this study examined collaboration as measured by: (a) intensity, i.e., number of collaboration activities, and (b) type, i.e., policy versus practice collaboration.

Organizational and Environmental Factors

Although there are several organizational theories that provide context for how environmental factors serve to spur collaborative behavior (Alter & Hage, 1993), existing studies of collaboration among nonprofit organizations (such as CW agencies) have drawn from resource dependency theory to provide a perspective on why these organizations engage in collaborative activities (Guo & Acar, 2005). Based on the resource dependency perspective, nonprofit organizations engage in collaborative activities to address insufficiencies in organizational resources (Guo & Acar, 2005; Pfeffer & Salancik, 1978). Thus, the goal of the collaboration is to help acquire and share resources, grow capacity, and alleviate service burden (Pfeffer & Salancik, 1978). CW agencies, which are often dealing with issues of high turnover or threats to funding, may be more likely to engage in more intense and diverse types of collaborative activities with DAS providers to gain access to critical resources. Therefore, this study posited the following hypotheses.

Hypothesis 1a. CW agencies with greater resource insufficiencies (e.g., higher turnover, increased caseloads, and decreased funding) will be more likely to engage with greater intensity in collaboration activities with DAS providers.

Hypothesis 1b. CW agencies with greater resource insufficiencies (e.g., higher turnover, increased caseloads, and decreased funding) will be more likely to engage in more types of collaborative activities with DAS providers.

In addition to engaging in collaborative activities to deal with resource scarcity within their organizations, CW agencies may also adopt collaboration strategies to address external resource insufficiencies. For example, CW agencies serving counties or service areas that have high poverty, a known factor influencing child maltreatment (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Drake & Pandey, 1996), or higher crime may also engage in more collaboration with specialized service providers (including DAS agencies) as a response to turbulent conditions in the external community environment (Guo & Acar, 2005). Indeed, related research on CW organizations found that county characteristics such as poverty, racial