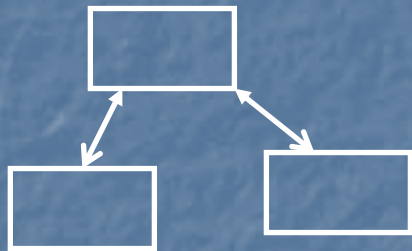# State-Level Collaborations and the Individual Collaborating Programs: A (More) Structural Perspective

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My Background

- Sociology and social psychology
- Health care
  - Research on local collaboration:
    - Federally qualified community health centers
    - Cancer prevention coalitions
    - Coalitions for at-risk youth
    - Dropout prevention collaboration
    - Child welfare ties with behavioral health
  - Current co-chair, NC State Collaborative for Children, Youth, and Families

Conceptual Approaches

- **Stakeholder management** (e.g., Blair et al.)
  - Akin to eco-maps
- **Social capital** (e.g., Portes)
- **Team effectiveness** (e.g., Hackman)

Methodological Approaches

Case study research combining

- Network data analysis
- Qualitative and quantitative analysis of
  - Interviews/surveys
  - Archival data

All 3 Perspectives Address

Who needs to work together to achieve the goal of "one child, one team, one plan?"

- Families
- Schools
- Physical, mental health care providers
- Child protective services
- Juvenile justice, family courts
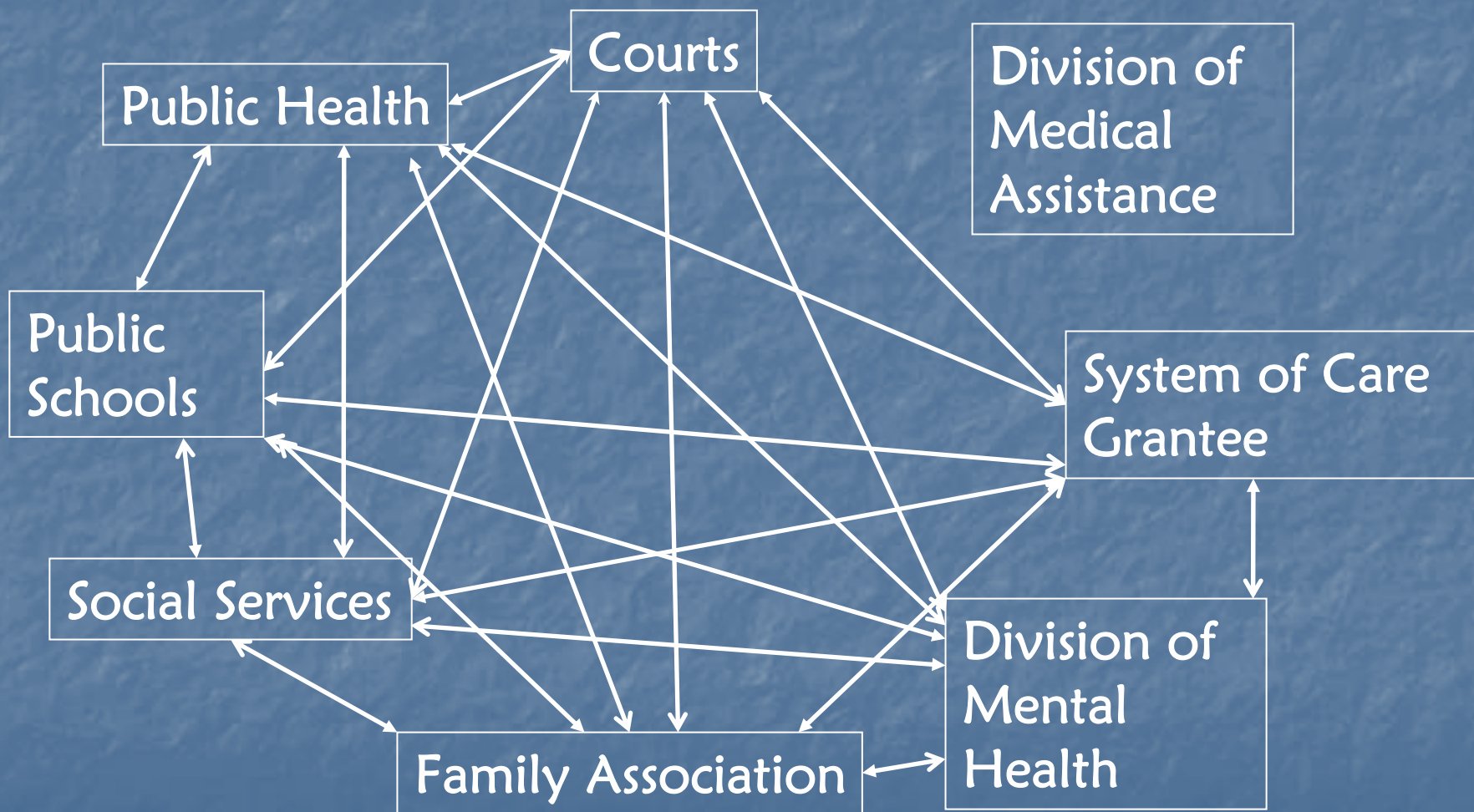- Medicaid -Division of Medical Assistance

And – *How* Do They Need to Engage to Change Outcomes?

For instance:

- Indirect connection only
- Joins the listserv
- Comes to meetings occasionally
- Comes to meetings regularly
- Participates in work groups
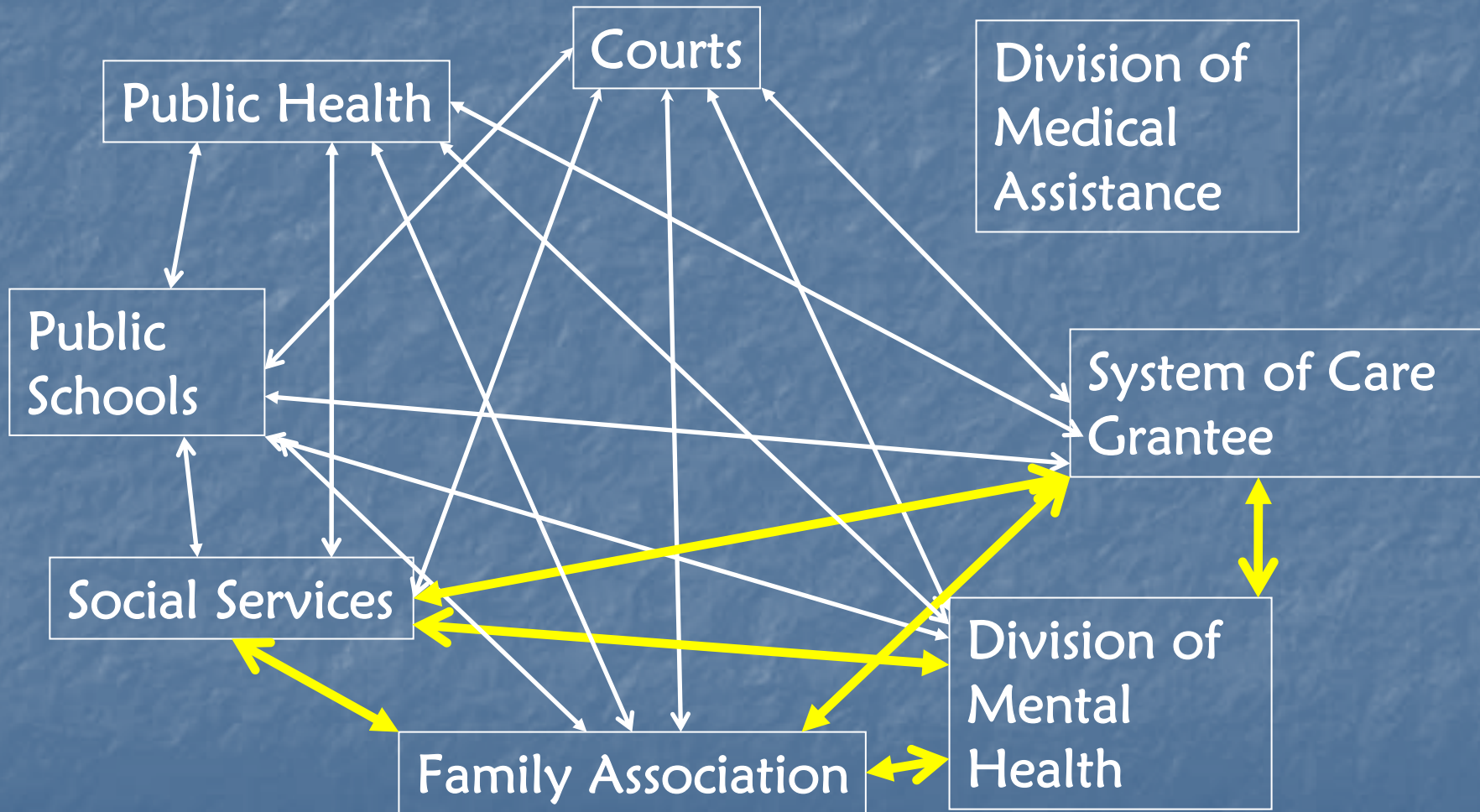- Leads work group or other initiatives

Meeting Attendance

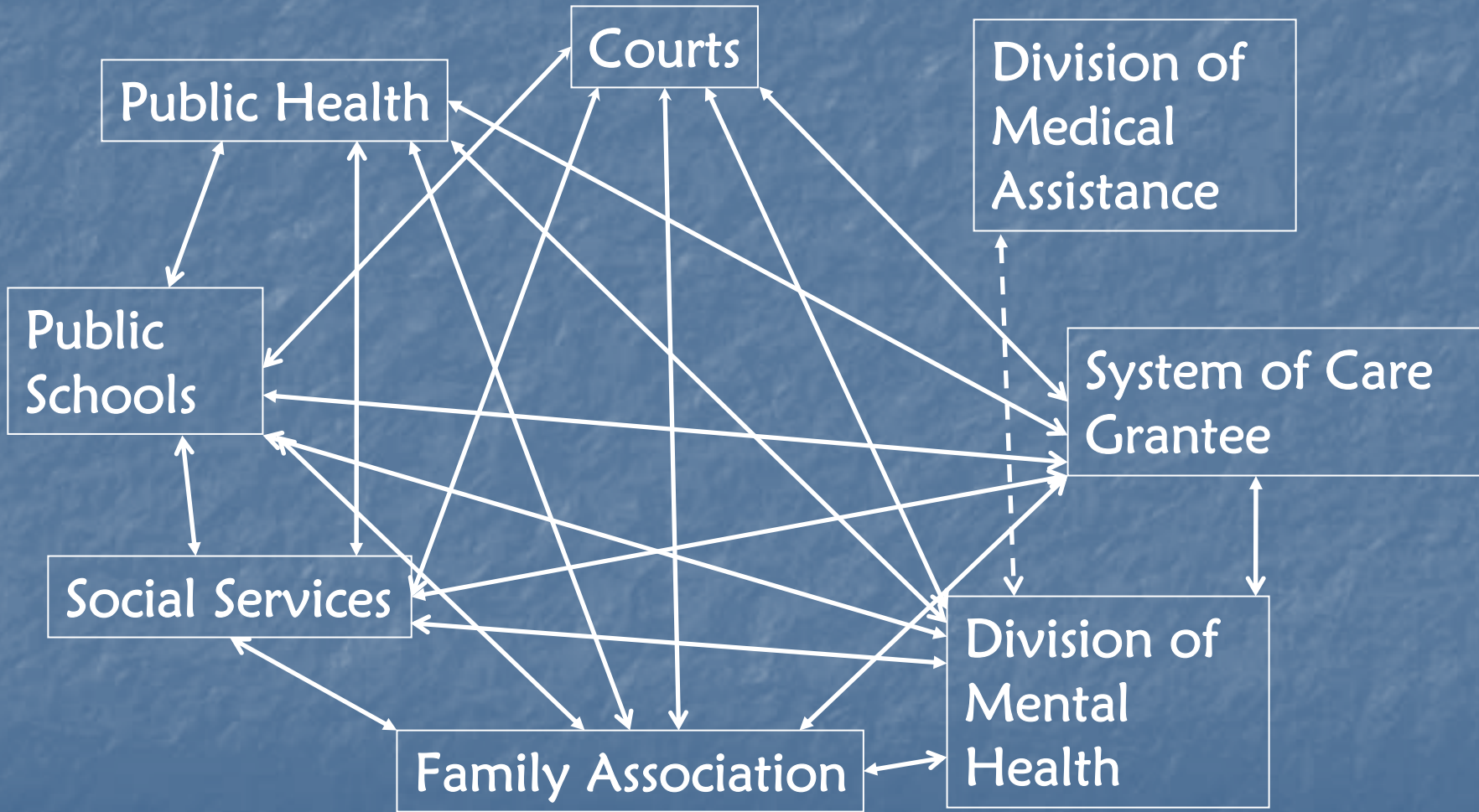

(Emphasis on illustration rather than accuracy)

Adding a Work Group

Courts

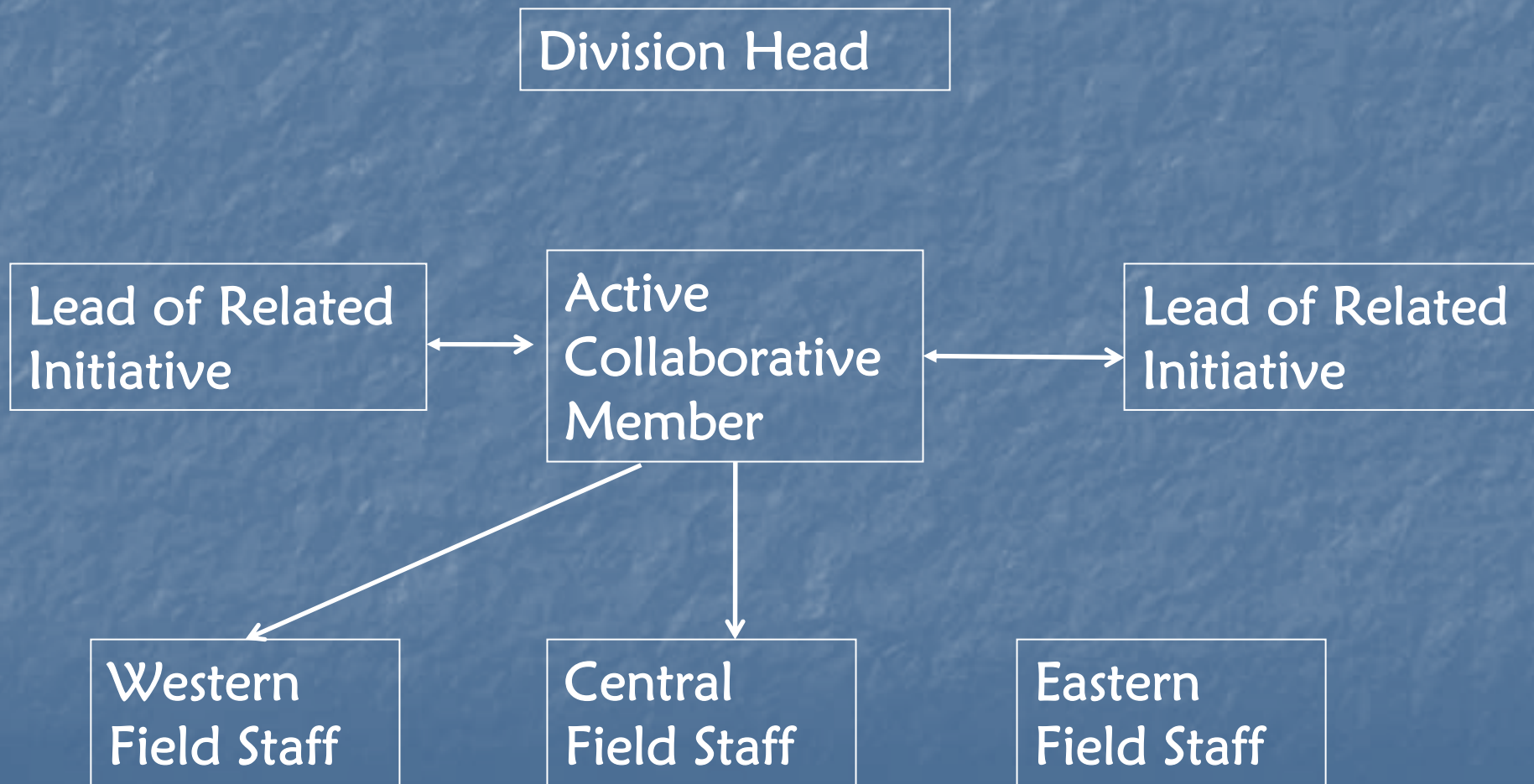Public Health

Division of Medical Assistance

Public Schools

System of Care Grantee

Social Services

Division of Mental Health

Family Association

(Hypothetical)

Adding Ties Outside Meetings

(Emphasis on illustration rather than accuracy)

Can Participants Change their Own Agencies?

Division Head

Lead of Related Initiative ↔ Active Collaborative Member ↔ Lead of Related Initiative

Western Field Staff

Central Field Staff

Eastern Field Staff

(Hypothetical)

NC Examples of Outcomes

- <u>Changes to policies</u>: Dept of Mental Health , Developmental Disabilities, and Substance Abuse Services requiring Child and Family Team training for providers

- <u>…procedures</u>: Social Services use of Child and Family Teams; SaySo foster youth alumni as trainers

- <u>…and practices</u>: e.g., SaySo emphasizing cultural competence because of participation in work group; Dept of Mental Health clarifying medical records policy after recent Collaborative discussion

Measuring Change within Agencies

- Network data on formation, evolution of ties
- Agency staff self reports through interviews and surveys
- Archival records
  - Implementation updates
  - Newsletters
  - Federal audits
  - Forms used at child level

Conclusion

- Collaboratives offer potential social capital applicable to supporting child-centered agency policies, practices, and procedures

- Social network analyses can complement interview and archival data to show capacity and some aspects of change