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Establishing a Basis for Multi-System Collaboration: Systemic Team Development

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Reports of child sexual abuse require police, child protective services, forensic and medical evaluators, prosecutors, family court and treatment providers to negotiate complementary, overlapping roles with children and families. Administrators from these agencies in Kansas City, Missouri clarified this multi-system response by applying a theory-based model for team development previously studied in direct practice with families. This article presents that model and an exploratory case study of this effort. Findings suggest the model's efficacy for resolving inter-agency conflict and may contribute to constructing logic models in multi-system collaboration.

Key words: child welfare, collaboration, team development, sexual abuse, systems of care

Introduction

Investigation, evaluation, prosecution and treatment of child sexual abuse are conducted within legally mandated roles and timelines. Law enforcement, child protective services, forensic and medical evaluators, prosecutors, family court and service providers share complementary, sometimes overlapping responsibilities. Though guided by separate funding, policies, training, supervision, and evaluation, the efficacy of each agency's role is dependent upon the efforts of other participants. For example, law enforcement and child

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protective service agencies share mandated responsibilities for investigation of child sexual abuse. The quality and timeliness of their co-investigation influences prosecution of the case as well as family court decisions that must be made within tight legislated timelines. Some or all of these actions may influence the provision or acceptance of social and material supports for the child and family (Bell, 1999; Newman, Dannenfelser, & Pendleton, 2005; Pence & Wilson, 1994).

Based upon the experience of Huntsville, Alabama in the 1980s, child advocacy centers (CACs) emerged as a national model to facilitate a centralized, comprehensive, non-repetitive, multi-disciplinary team response to reports of child sexual abuse. Guidelines developed from this experience suggest that CACs serve as child-friendly, multi-disciplinary settings where forensic interviews can take place in a culturally competent manner with a single entity responsible for program and fiscal operations of the CAC (National Children's Alliance, 2006). Advantages of such settings were noted in a survey of 239 child welfare agencies (Sheppard & Zangrillo, 1996). However, literature on collaboration in child abuse investigations and interventions remains primarily descriptive, relying upon survey research with few outcome studies (Newman, et al., 2005). Similar limitations are noted regarding which aspects of community preparation are related to later program success (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). In fact, those authors strongly argue that until core implementation components are better defined and examined, it may be premature to evaluate outcomes.

Kansas City, Missouri's Child Protection Center (CPC), an accredited CAC, was established in 1996 to avert duplication of investigative efforts and to improve response to children and families when reports of child sexual abuse were made. In keeping with CAC standards (National Children's Alliance, 2006), it provided high quality forensic evaluations, and encouraged law enforcement, child protective services, prosecutors, family court and treatment agencies to participate in "collaborative case reviews" as a means to share information and coordinate efforts. This case-by-case approach to collaboration functioned adequately until trust was damaged by reductions in state funding, resultant staff turnover, and by highly visible

cases in which children were seriously harmed during lags in multi-system communication and response. Despite participants' shared values of protecting children and minimizing service duplication, the collaborative case reviews lacked both structure and power to address timely information sharing and decision-making concerns highlighted by these cases. With staff turnover, they also lacked the familiar relationships through which previous cases had been coordinated. Mired in conflict, the case collaborative reviews nearly stopped. No guidelines for resolving such conflict were readily available from the CPC's accrediting organization nor are they available today (National Children's Alliance, 2006).

This situation was further complicated by an earlier decision to move CPC from within the fiscal structure of the city's children's hospital to within the fiscal structure of Jackson County Family Court. This move made CPC part of a government agency, without 501C-3 non-profit status and oversight by a board of directors. To address program issues and to keep CPC activities independent of Family Court practice policies, administrators from the Jackson County Children's Division of the Missouri Department of Social Services (child protection agency), Prosecutor's Office, Family Court, and the Kansas City Police Department's Special Victims Unit, met quarterly as a governance group. Without a forum to address interagency collaboration in child protection, the breakdown of the case collaborative reviews became a primary topic for this governance group. Using a parliamentary format for discussion and decision-making, concerns would be addressed and seemingly resolved in one meeting only to arise again in subsequent agendas. Whether the issue was timely co-investigations by law enforcement and child protection or sharing information from that co-investigation within mandated timelines with the courts, this inability to resolve differences at an administrative level exacerbated inter-agency conflicts.

To resolve this impasse, the CPC governance group engaged me as a consultant. I suggested use of a theory-based model for building collaborative teams that was articulated through merging results from my exploratory research on school-based mental health team approaches (Malysiak, 1997, 1998) that was later amplified and expanded in Center

for Mental Health Services grants (Bertram & Bertram, 2003; Malysiak-Bertram, Bertram, Malysiak, Rudo, & Duchnowski, 2000) by building upon developmental disabilities research on team development (Anderson, Russo, Dunlap, & Albin, 1996; Eno-Hieneman, 1997). However, these studies had examined direct practice with families. This situation in Kansas City provided opportunity to evaluate this model's utility through an exploratory case study of administrators seeking to improve multi-system response to the same client population.

Research questions included whether core constructs that defined this model in direct family practice would generalize to an administrative, multi-system effort, and whether application at this level could contribute to practical achievements. The following theory-based constructs guided administrators' efforts and were evaluated through observation of team process and productivity and through semi-structured participant interviews.

Systemic Team Development

- Team composition affects assessment, intervention and outcomes. The power and challenge of collaborative models of practice is that they bring together differing perspectives and resources. Effective engagement of differing perspectives and resources requires clear team structure.
- Team efforts are best structured through four sets of inter-related agreements. Cohesion in these agreements contributes to desired results: (1) Overall goals; (2) Rules of operation; (3) Ecological assessment of assets and constraints culminating with a summary on current status; and (4) Plan development, implementation & evaluation.
- Teams are not static. When team composition changes, or when new information dictates, the structural agreements must be re-examined and adjusted.

Team Composition

Team composition influences team assessments, interventions and outcomes. Those with the most relevant information or those who influence use of resources necessary to accomplish team goals should be fully engaged. Their differences of perspective and different resources are potential levers or

constraints for change (Bertram & Bertram, 2003; Eno-Hieneman, 1997).

Team Structure: Four Sets of Inter-related Agreements

Collaborative teams need clear structure to harness the power of participants' differing perspectives and resources. This structure is derived from an evolving, inter-related series of four agreements. The first two of these agreements, ultimate goals and rules of operation create a basis for collaboration in assessment, planning, and interventions (Bertram & Bertram, 2004; Eno-Hieneman, 1997; Malysiak-Bertram, et al., 2000).

Ultimate Goals. Establishing shared overall goals clarifies team purpose and direction. It establishes a shared, higher ground above the immediate concerns and conflicts (Cohen & Bailey, 1997; Eno-Hieneman, 1997).

Rules of Operation. Before formal assessment and planning, participants must agree upon what information is necessary to achieve their common goals, how to share that information, how to resolve conflict and how to make decisions, especially when they cannot agree. These rules of operation comprise the second set of structural agreements necessary for collaboration (Bertram & Bertram, 2004; Eno-Hieneman, 1997; Korsgaard, Schweiger, & Sapienza, 1995).

Without these two sets of evolving, inter-related agreements, participants tend to coordinate or cooperate with each other based upon what seems most meaningful from their perspective or most prudent for their individual agency. Simply stated, collaboration between differing perspectives requires common direction or purpose and the rules to support achieving it. When participants establish and work within shared rules that are directly linked with shared goals, there is a basis for more comprehensive assessment and planning (Bertram & Bertram, 2004; Eno-Hieneman, 1997; Malysiak-Bertram, et al., 2000).

Ecological Assessment and Summary of Current Status. Comprehensive assessments are ecological and include assets and competencies, constraints and challenges within and between all relevant or engaged systems. But such detailed assessment in and of itself does not contribute to cohesive plan development. Team participants have different perspectives

of the meaning of the assessment. They “make meaning” of the current situation in different ways. To ensure full support of a team’s plan of action, participants must form a third agreement that summarizes their assessment and makes common meaning of the current situation (Bertram & Bertram, 2004; Eno-Hieneman, 1997).

Plan Development, Implementation and Evaluation. Then, as a basis for plan development, the team uses this summary statement of the current situation with its ultimate goals to prioritize targets and devise strategies for intervention. To develop its plan of action the team asks, “We believe we are here (summary of assessment) and we wish to get there (overall goals). Therefore, which challenges and constraints should first be addressed using which assets and competencies as levers for change?” To the extent that the current status agreement describes patterns of interaction within and between systems or sub-systems that allow a well-defined problem to continue, this approach to assessment and planning is similar to Multi-Systemic Treatment (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). This is a deeper form of planning than simply matching needs with assets in strategies. Shared within co-developed rules of operation, it helps bring unspoken assumptions about why the problems exist into team discussions. Without this step, these assumptions might not be discovered, yet could still influence participant investment in the ensuing plan of action.

Continuous Structural Adjustment. Finally, data gathered from evaluating plan implementation and outcomes is used to inform refinements to team composition and structure (Bertram & Bertram, 2004; Eno-Hieneman, 1997). Through such adjustments, team cohesion and collaboration are enhanced even as circumstances change and better or more relevant information becomes available.

Case Study Method

Participant Interview Findings

Administrators from the CPC governance group were interviewed, including the captain of the Kansas City Police Department’s Special Victims Unit, the regional director of

Jackson County Children's Division of Missouri's Department of Social Services, the chief juvenile attorney of Jackson County Family Court and an attorney from its Prosecutor's Office who acted as liaison with these agencies. Also interviewed were the CPC director, the director of social work at Children's Mercy Hospital and the director of community programs for Heart of America United Way. The Heart of America United Way participant was engaged to tap her knowledge of the establishment of CPC and of community efforts to respond to the highly visible politicized cases that contributed to inter-agency conflicts. The director of social work at Children's Mercy Hospital had been similarly involved, but was also engaged because that hospital played an important role in medical evaluation of sexual abuse reports.

In a period of three weeks I engaged all seven initial participants separately in semi-structured interviews to baseline their previous efforts to improve multi-system response to child sexual abuse. Each was asked their goals in working with CPC, what structures were used for identifying issues, gathering information and decision-making, as well as perceptions of causes and nature of their impasse. Interviews were recorded verbatim and read back to the participant to confirm accuracy. All interviews were then analyzed for similar or divergent perspectives and organized according to issue or theme as suggested by Miles and Huberman (1994).

Results revealed divergent and conflicted perspectives about individuals and agencies. Much emphasis was placed upon the co-investigative responsibilities of law enforcement and the Children's Division, yet there were clearly similar issues regarding sharing information in a timely manner for Family Court and the Prosecutor's Office, as well as concerns about timing and information-sharing in forensic and medical evaluations. These issues and concerns were clearly systemic and not confined to a single case.

Administrators reported similar values of protecting children and providing non-repetitious investigation, evaluation, and prosecution of reported abuse cases, but no explicit goals for working together through CPC. All participants agreed that since the highly publicized cases and staff turnover, case or agency information was not readily shared. Among

administrators in the CPC governance group (law enforcement, Children's Division, family court and prosecutor's office), none could identify a means of decision-making other than talking to perceived consensus or voting. There was a common perception that they were unable to agree or follow through with decisions. There was a distinct pattern of identifying a single person or agency as being primarily responsible for their lack of progress in resolving these concerns.

Each of these discussions took less than one hour and the administrator was simultaneously oriented to STD and prepared to define shared goals and rules and to use these as a basis for collaborating in an ecological assessment and developing a plan of action to resolve their impasse. My role in those meetings would be twofold: first to facilitate discussions establishing initial structural agreements, then to step back and observe their efforts within this structure. Most participants were skeptical that a group with years of unresolved conflicts could become cohesive, chart common direction, and implement an action plan. As a result, in their initial six meetings, I was often asked procedural questions about specific steps in STD.

Observations and Products of Team Meetings

As these seven administrators worked, I observed and recorded verbatim notes that were later compared for accuracy with the group's own summaries of their discussions and agreements. At initial meetings participants specifically defined their shared client population and goals for working with them through CPC. This included all reports of child sexual abuse and serious physical harm to children under the age of six. They defined related rules of operation that included what information was necessary to accomplish those goals and how to share it, as well as decision-making and conflict resolution rules to structure their efforts. This initial commonly defined structure of goals and rules was completed in two meetings and established a basis for engagement in assessment and planning in the next four meetings.

Eventually identifying themselves as the Child Protection Network (CPN) to distinguish their responsibilities from those of the CPC's governance group, they stated their goals and

rules as follows.

CPN Goals. Participants agreed that the reason they were working together through the Child Protection Center (CPC) was to provide timely, efficient, co-investigation of child abuse allegations with their target population and to work with CPC to inform decisions each of the agencies must make to support children and their families in these cases. As stated this neatly reflects accreditation standards (National Children's Alliance, 2006), however, the question was whether these goals were achievable, and if so, how to make these administrative goals outcomes of their staff members' efforts in every case.

CPN Information Sharing Rules. To support such an assessment, the administrators initially agreed upon broad information-sharing rules, emphasizing that the information should be shared freely, honestly and respectfully. As agency conflicts were more openly explored, they determined that to achieve their goals it was necessary to share information not solely about practice with families, but also about agency policy, resources, and projects related to their target population. Later rule additions included identifying if participants were sharing actual data or anecdotal impressions. Perhaps most used in averting conflicts were revisions that sought to clarify topics for discussion by whether or not the information was confidential to the team, whether it was simple information sharing or whether it was an exploratory or a decision-making discussion. Finally, they added it might be necessary to agree to disagree; and if so they would determine what information or persons might help resolve differences. This transition from broadly stated agreements to greater specificity is a typical pattern as cohesion and trust develops in team structure (Eno-Hieneman, 1997).

CPN Decision Making Rules. Initial decision-making rules were similarly broad and primarily relied upon voting when discussions did not bring consensus. Later revisions created a screen for decision-making, including whether it was their decision to make, whether those most affected were present, and whether a decision actually had to be made immediately. Other changes included development of a decision-making menu so that, based upon topic, participants could select the most appropriate way to decide. Initial agreements to talk until there was consensus or failing that, to vote, were revised

to include the possibility of making a temporary decision until others were present or more information was gathered, or allowing those most affected or with most responsibility for implementing the decision to decide. However, dissenting perspectives were recorded with the understanding that if the chosen course of action did not work, they would first revisit dissenting viewpoints because those with a different perspective "may have been onto something." This particular revision was often observed to facilitate participants' relinquishing insistence upon consensus. Administrators also created a step-by-step procedure for conflict resolution to guide actions and clarify positions in the most contentious discussions. Importantly, the pattern again emerged of initial broad agreements leading to greater specificity in structure as participants developed sufficient cohesion to explore more complex topics in greater detail.

CPN Assessment and Action Plan. STD is a dynamic process. Movement from one set of agreements to another is not linear. The administrators in this case study would discuss a particular case situation to highlight issues of concern in their assessment only to find they needed access to other information that was not forthcoming under their current rules of operation. In light of their overall goals, they would then reconsider and revise rules to ensure continued contributions and ultimately to make decisions or resolve conflicts that naturally emerged from their differing perspectives of the same issue.

The administrators' assessment process lasted through two meetings that examined three levels of shared activities or interests in regards to their target population. They identified composition, roles and responsibilities, sources of information needed, assets and constraints within or between the child and family case level of their agencies' interactions, the multi-system administrative level from which they should establish guidelines for that practice, and a community level of advocating for changes in laws and funding. This strengths-based multi-system assessment was accomplished with relative ease, and later participant interviews would reveal that in eight years of attempted collaboration, they had never conducted such an assessment.

Most team planning processes move quickly from

assessment into creating plans of action (Bertram & Bertram, 2003; Eno-Hieneman, 1997). However, STD asks participants to pause to agree upon a summation of their assessment. Still operating within co-developed rules, administrators explored assumptions or ideas about why there were problems in their response to child sexual abuse despite obvious assets and good intentions. Each participant verbally grappled with the incongruence of previous ideas that one agency or personality was primarily responsible for their lack of progress. After thoughtful consideration they instead concluded that:

We lacked clarity for our different levels of activities. This contributed to confusion on roles and responsibilities. We lacked shared means to ensure systematic, efficient information gathering as well as shared guidelines for decision making. This compromised our best intentions to enhance our assets and address constraints.

This shared summary of their current situation stood in stark contrast to baseline interviews when most viewed personalities or agencies as cause for conflict and inaction. This status agreement was then used with their goals to develop a plan of action. In the course of two more meetings, they decided to clarify and to refine their agencies' direct practice with children and families, as well as their own responsibilities as administrators to guide and evaluate the quality and timeliness of their staff's interaction with each other. This plan included:

1. Define preferred case flow or best practice from initial report, through investigation, forensic evaluation, and collaborative review for prosecution and referral for treatment.
2. Write specific protocol that defines each agency's role and timelines for fulfilling those responsibilities within this preferred case flow.
3. Write a shared manual that provides detailed guidance for enacting these roles and responsibilities.
4. Provide joint training to present these new

- guidelines for staff performance.
5. Identify key quality assurance data points within this best practice protocol that administrators would review together on a regular basis from a shared database to evaluate fidelity of implementation and to inform further multi-system refinements.
 6. Write and sign a new inter-agency agreement reflecting commitment to continuous quality improvement through this structure.

Despite changes of team composition when a police captain was promoted, and despite a potential fiscal crisis when the new Governor threatened to no longer fund CPC and other child advocacy centers, all six steps in their action plan were completed within one year. Writing the shared protocol for best practice required debate and revisions in several bi-monthly, then monthly meetings that initially focused on the responsibilities of Children's Division and law enforcement investigators, who shared legal mandates to investigate reports of child sexual abuse. However, the deeper their differing perspectives about the two systems were explored, the more obvious it became that what one agency did or did not do affected later decisions by other systems in the case which could adversely impact children and their families. Administrators detailed timelines for each agency's activities as well as what information was needed and how to share it. In the process of writing such a detailed protocol, administrators continued to revise and learned to work within their rules of operation, and continued moving beyond previous conflicts toward greater cohesion and accomplishments. Moreover, with a shared definition of client population and shared protocol for best practice, they established a multi-system logic model, a theory of change to integrate and enhance service to their target population, which could later become the basis for evaluating multi-system model fidelity (Fixsen, et al., 2005; Hernandez & Hodges, 2003).

Before these guidelines could be presented in joint training, some administrators noted that the composition of the CPN team lacked representation from law enforcement agencies in the east suburban and rural parts of the county. Many administrators strongly believed these law enforcement

agencies should be engaged as CPN team participants before a joint training or evaluation of practice protocol implementation could be conducted. Others expressed concern that team expansion could slow progress in completing their plan of action which they saw as a beta version of what an expanded CPN team could later refine. When discussion could not achieve consensus, a majority of participants voted to inform these smaller law enforcement jurisdictions of CPN efforts and invite them to contribute at least two representatives to the CPN team. Dissenting votes were duly recorded per CPN rules of operation.

Though this decision did slow progress on completion of the action plan, the addition of more representatives from outside the old conflicts brought a fresh perspective. In keeping with constructs of STD, new participants were invited to examine and if needed, to reshape the CPN structure of related agreements on goals, rules, assessment and status summary, and action plan. Representatives for suburban and rural law enforcement shared the ultimate goals and agreed that the rules of operation would help them more fully participate. Nevertheless, in reviewing the CPN team assessment, they identified overlooked facts, assets and issues that ultimately contributed to protocol revisions that made it a more realistic guideline for best practice. Despite pausing for two months to expand team composition, the entire CPN action plan was completed within one year, including co-authoring a shared manual and providing joint training to all agency staff.

By the end of that year, a university internal grant was secured to support development of the CPN practice protocol database that would track and time over forty points of agency action in every reported case of sexual abuse. Aggregate monthly reports from this database would provide CPN administrators a means to evaluate fidelity of their efforts to achieve multi-system best practice. Information gathered and lessons learned could then inform adjustments within or between specific agencies, revisions to protocol, or lobbying for changes in law and funding. As data and lessons emerge from that effort, they will be presented in a subsequent article.

Follow-up Participant Interviews

This second grant also provided funds for conducting and analyzing a series of semi-structured follow-up interviews with CPN administrators, including those who left the team after changing jobs (n=10). Interviews were conducted over six weeks and questions explored administrators' experience and perspective both before and after STD was applied. Questions also sought to determine if each of the theory-based constructs studied and found useful in team efforts with families were evident and functioned similarly in team efforts with administrators from multiple systems working with the same client population. As with baseline interviews, participants' responses were recorded verbatim and read back to the interviewee to confirm accuracy. Results were analyzed by identifying shared perspectives of all participants or clearly divergent perspectives, by comparison with baseline data, and by whether participant comments affirmed or disconfirmed similar application and function of STD constructs in multi-system administrative collaboration.

Though minor variations of perspective were noted in regards to whether a participant was more or less optimistic in nature or pessimistic in regards to what an assessment might produce, overall the responses of participants were remarkably consistent. This consistency was a divergence from baseline interviews conducted a year earlier. Shared perceptions are summarized below.

Follow-up Interview Results

- Each participant reported increased clarity from developing shared overall goals for their work with a well-defined target population. It helped them begin to find common ground or higher purpose above the fray of individual cases.
- All participants agreed that trust and the sense they could influence another agency emerged from development of shared goals and rules for working together.
- Participants uniformly reported that creation of shared goals and rules provided direction and structure necessary to even consider mutual assessment, plan development and

implementation. Prior to development of overall goals and rules, all feared that a mutual assessment process would be fraught with conflict, and reported that since CPC's inception, no multi-systems strengths-based assessment had been conducted. This gave many previously pessimistic administrators hope and a realization that there was something from which to build.

- Participants stated that culminating this assessment with an agreement on current status forced them to consider why despite so many assets, they had reached an impasse, and that this step negated previous assumptions about causes for their conflicts. Diverging from pre-STD perspectives, all agreed that their impasse was clearly not the result of personalities or of one agency's position or actions.
- They uniformly stated that using this status summary with their shared overall goals to prioritize steps and strategies in a plan of action definitely contributed to a personal sense of ownership of that plan. This ownership helped carry them through difficult months of defining specific activities and timelines in the shared best practice protocol, a process that all found to be tedious and ripe for conflict.
- Participants who joined the CPN effort during its plan implementation (when Kansas City law enforcement captains changed positions and when the team expanded to include other law enforcement agencies) were appreciative of the team halting current tasks to review and reshape structural agreements on goals, rules, assessment and status, as well as the plan of action. They stated that this quickly and fully oriented them, and gave them the sense "it was their team, too." These newer participants noted that in other multi-system group efforts, this process did not occur, and its absence limited their participation for months as they absorbed the political and practical nuances of the group effort.
- Finally, all participants agreed that this sense of cohesion or ownership and the evolving structure provided by shared goals and rules contributed to successful plan implementation, despite each agency having separate funding streams, supervisory structures, and policy mandates. All agreed that prior to applying STD, they would never have agreed

to establish a shared database to evaluate actions taken or not taken by all agencies.

Conclusions and Implications

Data from this case study suggest that core constructs of STD articulated and studied in team efforts with families (Bertram & Bertram, 2004; Eno-Hieneman, 1997) do appear to generalize to administrators from multiple systems working with the same client population. These new findings support extending the STD model.

Furthermore, despite changes in participants that had previously stymied collaboration, and despite contentious details and differences of perspective about what was necessary or even possible, CPN administrators agreed upon specific timelines and actions each agency should accomplish so information and services were timely and better integrated. They co-authored a manual for this best practice protocol, jointly trained their staff in these new expectations, and agreed to share a database to evaluate agencies' abilities to accomplish protocol timelines and activities. Such practical products and shared activities were not believed possible before administrators worked within this theory-based model for team development.

This shared database will provide a subsequent test of the applicability of STD in multi-system administrative efforts. Data points regarding time and process of co-investigation, evaluation, prosecution and treatment within each case are now stored for CPN review in aggregate monthly reports. Will CPN's evolving goals and rules continue to provide sufficient basis for collaborative exploration of breakdowns of practice within the shared protocol? If to achieve their goals the CPN recommends that an agency consider re-allocation of resources to address these breakdowns, will that agency administrator concur or will CPN practice revert to baseline patterns and conflicts? Will a new set of contextual or fiscal challenges overwhelm administrators' attention and compromise further collaboration despite structures provided by this model for team development?

These questions are important. To evaluate the long-term

adoption of new practices, future research should seek answers to them. If the collaborative structure developed using STD can withstand and address such challenges, then results from further study of STD in multi-system administrative applications may contribute to discourse about core implementation components and fidelity in a logic model for a collaborative system of care (Fixsen, et al., 2005; Hernandez & Hodges, 2003). Measures of fidelity for these core community implementation components could then be developed and validated. Only then should these components be examined in an evaluation of child and family outcomes.

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