The Children's Bureau Quality Improvement Centers: Knowledge Development Through Research Collaborations in Child Welfare

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Introduction

Over the last several years, there has been sustained growth in the focus on identifying and using evidence-based programs and practices for a variety of disciplines such as health, mental health, substance abuse, education, juvenile justice, and child welfare programs. A number of articles, position papers, websites, and other reports have been disseminated by various organizations to promote the movement towards evidence-based practice. There are numerous examples. In 2001, the Institute of Medicine issued the landmark report, *Crossing the Quality Chasm: A New Healthcare System for the 21st Century* which identified the significant gap between the existing research regarding the best care practices and everyday care being used at hospitals. Two years later, the President's New Freedom Commission released its report and recommended the "consistent use of evidence-based, state-of-the art medications and psychotherapies" (p.23). In 2005, the American Psychological Association issued its *Report of the Presidential Task Force on Evidence-Based Practice.* That same year, the National Association of Public Child Welfare Administrators issued their *Guide for Child Welfare Administrators on Evidence-Based Practice.* Other Federal agencies such as the Substance Abuse and Mental Health Services Administration, the Office of Juvenile Justice and Delinquency Prevention, and the Department of Education each have their own evidence-based practice website which features effective programs that have been evaluated using rigorous research designs. The State of California recently launched their own Evidenced Based Clearinghouse for Child Welfare website and a number of other public and private organizations have also funded similar websites which identify model programs. A few States are considering legislation or policies that would mandate that a certain percentage of funding be used only for evidence-based programs or practices. In addition, some Federal agencies have begun to urge their grantees to move in this direction as well. It is clear that policy makers and funders have embraced an approach to grantmaking which relies on rigorous research, valid data, and compelling evidence on what works to guide program planning and implementation.

One area that has only recently received more attention in these discussions is identifying what it takes to generate the knowledge and evidence by testing research hypotheses in real world settings, such as child welfare agencies and community-based organizations. Findings from a recent review of the literature on factors associated with successful implementation efforts concluded that more research "needs to be conducted to determine the effectiveness of implementation strategies and practices that are actually used in practice" (Fixsen et al., 2005). Currently, public and private organizations typically operate with limited funding, ongoing staff shortages, inadequate training and supervision, and face multiple changes in leadership in a highly politicized environment with competing programmatic and funding priorities. All these conditions exist while programs do their best to serve families facing increasingly complex problems related to poverty, substance abuse, domestic violence, mental health, and child abuse and neglect.

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To address the need for child welfare systems to develop knowledge and apply research to practice, the Children's Bureau (Administration for Children and Families, U.S. Department of Health and Human Services) [CN1] created and funded the Quality Improvement Centers (QIC) initiative. One of the key tasks of the QICs was to "develop an infrastructure of relationships" in local communities and across their identified regions to implement research and demonstration projects, and to advance evidence-based practice in the areas of child protective services and adoption. A key factor in the success of this effort, however, depended on the extent to which the QICs were able to foster knowledge development through research collaborations in child welfare at multiple levels within the region, and within and across their funded projects.

Organization of the paper

This paper presents findings from interim national evaluation reports of the initial Children's Bureau funded cluster of three Child Protective Services QICs and one Adoption QIC (James Bell Associates, April 2005 and September 2004).[1] The QICs are currently in their final year of the grant and their final reports have not yet been completed. The focus of this article is to share some lessons learned through the QICs' experience and highlight the facilitators and barriers encountered in implementing and sustaining knowledge development collaborations between local partners. These partners included public and private child welfare agencies, community-based and tribal organizations, courts, universities, and social service providers. The paper provides background information on the QIC initiative, describes the implementation of the model, the structure of the collaborations, and the facilitating factors and barriers to collaboration. The paper concludes with lessons learned from the QIC and sub-grantee collaborations that may be useful in building research collaborations in child welfare.

QIC Announcement Background

In fiscal year 2001, under the Adoption Opportunities Program and the Child Abuse and Prevention and Treatment Act Program, the Children's Bureau implemented the Quality Improvement Center (QIC) initiative — a pilot program designed to examine the feasibility of a "decentralized" model of research and demonstration project funding.

The Children's Bureau sought to achieve multiple goals in funding the QIC initiative including: (1) Improve the capabilities of geographical regions to coordinate regional and community-based efforts to improve frontline Child Protective Services (CPS) practices or adoption services for children (2) Foster the development of collaborative partnerships on the local and regional level; (3) Promote collaborative problem solving; (4) Develop and implement research and demonstration projects to promote innovation, evidence-based practice improvement, and advancement of knowledge; (5) Establish a network to share and disseminate information on promising practices; and (6) Improve the quality and availability of service delivery systems in CPS or adoption within a specified geographic area (U.S. Department of Health and Human Services, 2001; James Bell Associates, April 2005).

With the goal of developing and integrating knowledge into general practice while improving child welfare services, the QICs also represent an experiment by the Children's Bureau to increase the involvement of intermediary organizations in grant-making; managing research and demonstration efforts; and providing stewardship at the regional level (Brown, 2005; Szanton, 2003). Additionally, the QICs signaled a shift in discretionary grant making as a knowledge development and management initiative, with greater emphasis placed on literature review, technical assistance, networking, collaboration, program evaluation, dissemination of

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[1] At the time this article was written, the evaluation of the QIC initiative was ongoing. Therefore, findings from interim reports submitted to the Children's Bureau form the basis of this article.

research findings, and the translation of research into practice.

Implementation of the QIC Model

The Children's Bureau entered into cooperative agreements with five QICs which assumed the responsibilities of demonstration grant funding and sub-grantee monitoring.[2] Four of these QICs focused on child protective services and one QIC focused on adoption. Funding was available for a 5-year period, from 2001–2006, which included one year for planning and a four-year implementation phase. Beginning in 2001 (during Phase I), the QICs defined their regional scope, which varied from one state to a ten-state area. The QICs formed regional advisory groups and local networks that would assist them in refining the focus of the research or service demonstration topics and in designing a demonstration grant initiative. Members of the regional advisory groups included academics and researchers (including deans of schools of social work), child welfare administrators and practitioners, representatives from child advocacy organizations, and private providers from each QIC's region.

Ten months after the initial award, each QIC was required to submit a Phase II Implementation Plan to the Children's Bureau for review and approval. This was a condition for continued funding. As part of this approval process, all of the QICs prepared a formal presentation to Federal staff regarding their needs assessment, selection of research topic, plans for issuing the request for proposals for sub-grant funding, and proposed cross-site evaluation plans. Based on significant Federal feedback on their written plans and oral presentations, the QICs revised their Implementation Plans and in 2002, the Children's Bureau awarded continuation funding to four QICs to move forward with their proposed projects (Brodowski et al., 2003).[3]

The lead agency and regions for each QIC are noted in Table 1. The national scope of the four QICs encompassed 18 states and 4 tribal entities.

The research topics selected by the three QICs that focused on child protective services were diverse. Frontline Connections QIC implemented and evaluated culturally appropriate interventions that were designed to increase the capacity of the child welfare system to engage parents, kin, and communities of Native American or African American families involved with CPS due to child neglect. The Rocky Mountain QIC developed and evaluated specialized services to strengthen families that struggled with child maltreatment and substance abuse. Southern Regional QIC implemented and evaluated programs designed to enhance the quality of child welfare clinical casework supervision. The QIC on Adoption evaluated the permanency outcomes of foster children served by projects that utilized a "success mode" of adoption practice based on: (a) public-private partnerships; (b) adoption staff specialization; and (c) use of best practices in assessments and pre- and post-placement services.

In 2002, at the beginning of Phase II, each QIC awarded research and demonstration grant funds to three or four organizations or agencies to implement innovative and theory-based projects. Overall, 14 projects were funded. Sub-grantees were expected to complete start-up tasks and fully implement

[2] A Cooperative Agreement is Federal Assistance in which substantial Federal involvement is anticipated. Under a Cooperative Agreement, the respective responsibilities of Federal staff and awardees are negotiated prior to the award. The awardee is required to submit to the Children's Bureau for review and approval prior to finalization and dissemination: work plans, topics to be covered in technical assistance, plans for or actual resource lists, syntheses, summaries or literature reviews to be disseminated within the network; and draft reports, training agendas, newsletters, and other materials as appropriate (No. CB-2001-01 A.3 and A.4).
[3] Funding for one QIC was not continued in Phase II. As noted in Brodowski et al. (2003), "the Children's Bureau exercised considerable forethought in crafting explicit grant announcement and award language to support their authority to exercise an option to discontinue funding based on progress at that stage."

Table 1: Quality Improvement Centers funded by the Children's Bureau

Area	QIC	Operated by	Identified region
Child protective services	Frontline Connections	Northwest Institute for Children and Families at the University of Washington, School of Social Work	Washington, Oregon, Alaska and Tribes
	Rocky Mountain QIC	American Humane Association, Denver, Colorado	Arizona, Colorado, Idaho, Wyoming, and Tribes located within or near these states
Adoption	Southern Regional QIC	Training Resource Center at the University of Kentucky, College of Social Work	Alabama, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, Missouri, South Carolina, Tennessee, and West Virginia
	QIC on Adoption	United Methodist Family Services of Virginia	Virginia

their projects within 90-days of the sub-grant award and to implement and evaluate the local project over a three-year period. From 2002 to 2005, the QICs monitored their sub-grants, provided technical assistance to the sub-grantees, and conducted a cross-site evaluation of the research and demonstration sub-grant projects. An additional six months was provided for the sub-grantees to transition their projects, finalize their evaluations, and conduct dissemination activities. In 2006, during the final year of the initiative, the QICs and their sub-grantees disseminated their findings to practitioners and policymakers.

Evaluating the QIC Initiative

At the time of QIC funding in 2001, the Children's Bureau contracted with James Bell Associates (JBA), a health and human services evaluation firm located in Arlington, VA, to evaluate the five-year QIC initiative. The purpose of the national cross-site evaluation was to examine the ways in which each of the QICs implemented its mandate, the lessons learned, and successes achieved in support of the Children's Bureau mission and goals for the QIC initiative, as well as the attainment of site-specific goals and objectives. The process and outcome evaluation assessed the extent to which the QICs: (1) identified and were responsive to local issues concerning effective child welfare practice; (2) successfully awarded and managed sub-grants; (3) implemented rigorous plans for site-specific and cross-site evaluation and provided evaluation assistance to sub-grantees; (4) documented and disseminated useful evidence-based information to practitioners and policy makers; and (5) created viable, sustainable, networks. Data collection methods for the evaluation included a multi-year series of interviews and focus groups with QIC staff and regional advisory groups, site visits to the sub-grantee projects and interviews with community partners, review of program documents and evaluation reports, participation in quarterly conference calls, and attendance at yearly

grantees meetings of the QICs, sub-grantees, and the Children's Bureau.

After Years 1 and 2 of the QIC initiative, JBA presented initial evaluation findings on key facilitating factors, challenges, and early lessons learned, which were drawn from the perspectives of QIC staff, Children's Bureau staff, and QIC sub-grantee staff. The initial findings indicated that the QICs were able to successfully implement the essential elements of the QIC model as envisioned by the Children's Bureau (James Bell Associates, January 2004). For example, a key finding pertaining to the planning process was that the regional advisory groups formed by the QICs were a powerful tool for creating community investment in the QIC concept and the sub-grantee projects undertaken. Another key finding was that the process of conducting a needs assessment generated considerable community interest in, and support for, the QICs throughout their regions.

In Year 3 of the initiative, as the QICs matured, JBA continued to examine facilitating factors, challenges, and lessons learned. The areas addressed were: grants management capacity; implementation issues; provision of technical assistance; development or enhancement of networks, collaborations, and partnerships; implementation of sub-grantee evaluations and the cross-site evaluation; and development and dissemination of knowledge. As there was no previous QIC model to follow and their local and regional circumstances were unique, the QICs varied in their approaches and continued to evolve as they undertook each new phase of the initiative.

Interim cross-site evaluation findings indicated that the QICs were proving successful as a vehicle for funding, managing, and providing technical assistance to a group of regionally dispersed sub-grantees that were implementing projects on pressing issues in child protective services and adoption. The QICs' early successes, in this regard, were consistent with the benefits realized in other grantmaking initiatives that use intermediary organizations to support grantees and innovative efforts (Szanton,

2003). With respect to knowledge development, the interim findings suggested that the QICs had the potential to move the field in the direction of building an evidence base through the commission of sub-grantee outcome evaluations and cross-site evaluations that would test models based on well-founded hypotheses. Realizing that potential, however, rested on the rigor of the respective evaluation designs, as well as the ability of each QIC and its sub-grantees to sustain longitudinal evaluations of site-specific interventions with project partners through research collaborations.

Structure of sub-grantee collaborations

Collaborations and partnerships at the community and regional level — for the purpose of being responsive to local systems improvement needs and maximizing potential results of the demonstration projects — was an integral part of the Children's Bureau's vision for the QICs and their sub-grantees. In their Requests for Proposals, each of the QICs established expectations regarding the structure and composition of these collaborations and partnerships. In response, sub-grantees emphasized interagency service linkages and operationalized the concept of collaboration to realize mutual benefits and results that an individual organization could not meet alone (The Drucker Foundation, 2002). Partners varied across the collaborations, given the diversity of interventions and needs addressed (Myers, September-October 1998). The basic structure of sub-grantee alliances for each QIC follows:

- **Frontline Connections QIC:** Partner organizations included: (1) Tribal or Alaska Native corporation, tribal social services, and the state child welfare agency; and (2) a community-based agency and a service unit within the public CPS agency.
- **Rocky Mountain QIC:** Partnerships consisted of a blend of multi-disciplinary entities that included: (1) a lead agency (either a private nonprofit agency, a government agency, or a tribal organization serving urban and rural

areas); a referral-making agency (a public child welfare agency or a probation office), and (3) an array of health and human service providers. All local grantee collaborations included each of these three entities, though the degree of service integration varied.

- **Southern Regional QIC:** All sub-grantees consisted of a three-organization partnership comprised of the public child welfare agency, university social work partners, and community representatives from local advocacy organizations.
- **QIC on Adoption:** All public-private partnerships included at least one local department of social services and at least one licensed private adoption organization. Partnerships also involved other entities, such as organizations providing assistance in recruitment, child and family assessment, education and training, and pre- or post-placement adoption support.

Factors that facilitated knowledge development collaborations

In their ongoing research to elucidate the dynamic features of successful collaborations Mattesich et al. (2004) have identified a constellation of contributing factors. This comprises the environment in which a project is implemented, the characteristics of its partners, the process and structure of inter-agency relationships, communication patterns and flows, a sense of shared purpose, and available resources. Factors related to environmental concerns, communication, and shared purpose were found to be instrumental in the research collaborations implemented by certain QICs, the sub-grantees, and project partners, and are discussed below.

Three environmental factors enabled various sub-grantees to implement research and demonstration projects and sustain them over time (Mattesich et.

al, 2004). The first factor was a history of collaboration or cooperation in the local community. A number of sub-grantee projects were built on pre-existing interagency collaborations, on longstanding linkages across the social service and criminal justice systems and treatment providers in a rural area, or between a public agency and a university-based federal Title IV-E child welfare training program.[4] A second environmental factor that facilitated well-supported collaborations pertained to a favorable political or social climate, which lent itself to making success viable and the impact of the collaboration effort relevant to stakeholders. For example, this was the case in states that were seeking innovative strategies to address escalating methamphetamine abuse and related increases in child maltreatment reports. Subsumed within this factor, one might add that a favorable policy climate also supports collaborative efforts. For the QICs and the sub-grantees, project implementation was facilitated by common concern and heightened attention at the state and local level on improving child safety, permanency, and well-being outcomes. This was expressed through the integration of innovative projects into state performance improvement plans based on the findings of the Federal Child and Family Services Review.[5] A third factor which facilitated a number of community-based partnerships was that individuals or organizations were recognized as leaders in the community or as a leader in the field, such as a trusted tribal member with an extensive social network or a recognized service provider with a solid reputation, respectively.

Communication was another key dimension related to sustained collaboration by the QIC, its sub-grantees, and the partners involved in the research and demonstration projects (Mattesich et al., 2004). The QIC project directors were readily

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[4] Title IV-E entitlement training funds are available to states to train public child welfare staff who are employed by the state or local agencies that administer the state IV-E plan or to train students who are preparing for employment in those agencies (Public Law 96-272).

[5] The Child and Family Services Reviews are designed to enable the Children's Bureau to ensure that State child welfare agency practice is in conformity with Federal child welfare requirements, to determine what is actually happening to children and families as they are engaged in State child welfare services, and to assist States to enhance their capacity to help children and families achieve positive outcomes (ACF website, 2006).

accessible and had established a number of methods to promote and sustain interaction at multiple levels. This occurred through annual grantee meetings, site visits, monthly or quarterly conference calls, informal check-ins, and frequent e-mail exchanges. Thus, well-established communication links, whether formal or informal, enabled all parties involved in the QIC initiative to surface and address differences or to strategize and share ideas, again demonstrating the value of an intermediary organization to foster collaboration (Szanton, 2002). "Take it to the group" was the motto of one local director, when issues were raised at the annual QIC meeting. Another sub-grantee encouraged having a "courageous conversation" in order to address concerns with its partners. Open and frequent communication enabled frank discussion of various organizational and implementation challenges between the QICs and their sub-grantees, or between the sub-grantees and their community partners. As aptly noted by one QIC, the goal was to "build an open, problem-solving, and information-sharing network among QIC projects" (James Bell Associates, 2005). Another QIC stressed the importance of frequent consultation and TA in attempting to build a relationship with each sub-grantee that "allows for greater honesty in communication, and ongoing attention to progress and challenges" (*ibid.*, 2005). Ongoing, open communication also facilitated organizational learning among the local partners, who gained exposure to the language, practice, policies, and cultures of other child and family-serving systems. These included the child welfare agency and the courts as well as CPS workers and substance abuse treatment providers.

Concrete, attainable goals, a shared vision, and a unique purpose comprise the three factors that form the basis of what Mattessich et al. (2004) simply refer to as "purpose" in their collaboration framework. Translated into QIC terms, this was realized in the sustained commitment of multiple stakeholders to build knowledge through evaluation while delivering needed interventions to children and fam-

ilies or frontline workers. Sustained commitment was needed to execute the integrated and successive activities of each sub-grantees' implementation and evaluation plans. Operating in the real world setting of child welfare, this involved a number of mutually-supportive actions across partners, such as abiding by inter-agency agreements (despite changes in leadership), supporting research subjects over time (and preventing attrition), providing referrals (to achieve adequate sample sizes), offering and/or expanding services (when needed), sharing agency data (to measure child and family outcomes), and maintaining communication with stakeholders.

Resolving barriers in knowledge development collaborations: The referral process

Common collaboration challenges identified in the literature typically relate to institutional readiness, ownership, implementation, and funding (Nissan & Burlingame 2003). Lack of institutional readiness manifests itself in a number of ways, such as a lack of key stakeholder support or resistance to partnering or adopting new practices. Challenges related to ownership include obtaining buy-in and commitment from different partners and acknowledging or attributing credit for a providing service or developing a product. Implementation challenges are multiple, ranging from developing an inter-agency organizational framework, agreeing on objectives and making decisions, to managing relationships or communication. Funding challenges mostly concern negotiating investments of staff time and resources, securing funding, and receiving timely payments.

As with any pilot initiative, some of the QICs and their sub-grantees did encounter unforeseen programmatic and evaluation-related challenges that required various levels of technical assistance. Some of the sub-grantee partnerships were founded on loosely organized alliances among organizations that had a history of challenging relationships or that had not worked closely together previously. In such cases, it required significant efforts on the

part of the QICs and the sub-grantees to negotiate these well-intended commitments into viable, service-delivery mechanisms and knowledge development partnerships. Challenges became evident during the early stages of the sub-grantee implementation and evaluation process. For example, sub-grantee interventions or services for three of the QICs depended on direct referrals from the public child welfare agency to establish their client base. A lack of referrals by public agencies largely affected the community-based service providers, tribal organizations, and private adoption agencies. Collaboration barriers directly affected the flow and quantity of referrals, which hampered service delivery or treatment and limited the sample size for the evaluation, thus diminishing the potential validity of outcome data (Napp et al., 2002). The QICs and sub-grantees experienced varied difficulties in this regard. Three cases are presented below (James Bell Associates, April 2005).

Case 1: Forging an inter-agency agreement

For one QIC sub-grantee, state-tribal politics slowed the process of obtaining a timely Memorandum of Agreement (MOA). This MOA was needed to outline the terms and conditions of the referral process that would allow a child advocacy center to provide services for Native families with children in state jurisdiction. Recognition of native sovereignty and observance of the Indian Child Welfare Act (ICWA) of 1978 were at the core of the agreement. Administrative turnover within the child welfare agency slowed the process of obtaining the MOA. The absence of a MOA limited the number of referrals and lowered the level of commitment by the public agency to the local project. During the first year of implementation, the sub-grantee worked out an informal, interim agreement with the child welfare agency to obtain referrals. But the number of referrals was lower than expected, which impacted staffing and service delivery. Additionally, the lack of a formal agreement prevented the local evaluator from reviewing case files housed at the state agency for the out-

come evaluation. An MOA was eventually established, one year after the grant award. In addition to its immediate effect of increasing the number of referrals to the project, the MOA also laid the foundation for broader engagement between the state and the native village to apply "active efforts," and thus provide remedial services and rehabilitative programs to prevent family breakup in Indian child welfare cases.

Case 2: Creating a worker-friendly protocol

For another QIC, sub-grantee service delivery was hampered by a perceived "lack of full engagement" with the public child welfare agency. Barriers identified during the process evaluation included limited referrals and a "reluctance to share ownership" of adoption cases with the private partner. This, coupled with a lack of necessary information, negatively affected the adoption referral process, which was the core of the public/private partnership. Frontline workers at the public child welfare agency had expressed concern that referring children to the project would entail more work for them (i.e., completing forms, briefing project staff, and attending meetings). To rectify this situation, the sub-grantee, in consultation with the QIC, established a protocol and created a one-page referral form. This protocol called for adoption specialists to review the case file at the state office and then briefly consult with the worker to clarify information and to coordinate plans.

Minimizing the time and paper-work burden of the referral process for frontline staff at the public child welfare agency resolved the problem. It removed a significant barrier, gave project staff more complete information, and enhanced the collaborative relationship between the sub-grantee and public agency staff. Having learned from this experience, the QIC and its other sub-grantees used additional strategies to increase referrals from and engagement of public adoption workers. Enhanced strategies included conducting individual outreach and holding face-to-face meetings.

Case 3: Increasing contact, building relationships, and expediting the process

Despite the inclusion of letters of commitment in the sub-grant application from local child welfare agencies to refer families to the proposed projects, another QIC and some of its sub-grantees were quickly challenged to implement their projects as originally planned.[6] As the proposed interventions were reliant on cross-agency partnerships to provide referrals and services, the QIC and its sub-grantees mounted an intensive effort to build relationships and referrals with partner agencies (e.g., child welfare and probation) and with providers that would serve children and families (e.g., counseling and substance abuse treatment services). Referral relationships had to be built from the "ground up and the top down" (cited in James Bell Associates, April 2005). Initial efforts included face-to-face contact with the referral agency staff upon award of the grant, distribution of flyers and brochures for agency staff, and reminder calls to agency directors.

However, these initial efforts failed to yield the projected number of referrals. The QIC and its sub-grantees learned that "just telling child protective service (CPS) workers about the project initiative and dropping off flyers was not enough" (*ibid.*). Through the process evaluation and ongoing communication, the following four barriers were identified: (1) CPS workers did not feel comfortable referring their clients to programs until they were confident that these were going to be effective treatment options that would help families with their substance abuse issues; (2) CPS workers would forget about the QIC sub-grantee program when referring families for treatment; (3) CPS workers did not really understand the sub-grantees' program initiatives or how they were different from standard treatment options in the community; and (4) high CPS worker turnover resulted in the need

for ongoing education and relationship-building with the participating agencies and staff.

Consequently, three sub-grantees involved the QIC in collective problem-solving to build relationships with referral agencies. Through brainstorming sessions and meetings with CPS managers, the QIC and its sub-grantees developed strategies to increase their face-to-face contact with referral sources. These strategies included agency visits, formal education sessions, and ongoing telephone contact. Increased contact with frontline workers helped to promote the intervention and present it as a salient treatment option; build personal relationships with CPS staff; and ensure that appropriate referrals were made. Increased communication and coordination also allowed the QIC and its grantees to gain a greater understanding of the CPS system. As a result of their collective problem-solving, the sub-grantees adopted strategies to expedite the referral process. These strategies included developing brochures with one-page referral forms, allowing case workers to make on-line referrals, responding quickly to referrals, and notifying workers when clients were screened and decisions were made about program entry. These efforts to increase contact, build relationships, and expedite the referral process proved successful in improving the rates of referral for the sub-grantees. Additional benefits included greater cross-system knowledge and understanding, and a greater ability to work together on multi-disciplinary teams or to engage in informal consultation to better serve families. Strategies implemented in the first year of sub-grantee implementation and sustained in the second year included a convenient referral process, co-location with the child welfare agency, and regular communication about the families served. These strategies resulted in stronger relationships with child welfare staff.

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[6] The Request for Proposals stated "although potential programs/practice methods do not need to be carried out by a child welfare agency, applicants must show that they get referrals from a child welfare agency. For new programs/practices, applicants must include a letter of agreement from their local child welfare agency stating that the agency agrees to refer families to the proposed program" (cited in James Bell Associates, April 2005).

Lessons learned

As seen in the three cases described above, sub-grantee project implementation and evaluation efforts were initially hampered by a limited number of referrals received from the public child welfare agencies, which called attention to tenuous alliances across some collaborations. Working together, the QICs, their sub-grantees, and service partners developed strategies to minimize the burdens of the referral process, established routine procedures and tasks that would facilitate a steady flow, and fostered ongoing inter-agency relationships through formal mechanisms and informal practices. Active monitoring, oversight, communication, and technical assistance on the part of the QIC enabled the sub-grantees and partners to develop referral mechanisms grounded in mutual support. The QICs' active role in addressing the collaboration barriers faced by the sub-grantees and service partners also points to the benefit of having an intermediary organization in place that understands the local context of project implementation and can tailor solutions to fit local needs (Brown, 2005).

Taking stock of facilitating factors, such as a history of collaboration, a favorable political or social climate, or recognition of community leadership enabled knowledge development partnerships to build on community-based strengths and assets (Mattesich et al., 2004). Ongoing communication and sustained commitment to a shared purpose were equally essential (*ibid.*). In this regard, interim findings of the QIC initiative echo those of the federally funded National Evaluation of the Greenbook Demonstration Initiative (2004), a collaboration across child welfare, substance abuse and the courts to address the co-occurrence of family violence and child maltreatment. As the six "Greenbook" pilot sites moved from the planning to the early implementation phase, they fine-tuned their partnerships at the institutional, individual, and community level; yet, they were mindful of the need to continually address obstacles to collaboration, such as trust, institutional empathy, power, leadership, and vision, as they moved forward (*ibid.*).

Examination of collaboration barriers, as experienced by the QIC initiative, underscores the value of applying the six-stage implementation framework advanced by Fixsen et al. (2005) to research and demonstration projects, as well as the implementation of evidence-based programs. In this framework, implementation is viewed as a process that occurs in discrete stages over time: (1) exploration and adoption; (2) program installation; (3) initial implementation; (4) full operation; (5) innovation; and (6) sustainability (*ibid.*). Addressing challenges during the early stage of exploration and adoption will likely result in a smoother process during the period of initial program installation and early implementation. At every stage, however, there needs to constant interchange and communication between the program, the community stakeholders, agency partners, and other interested parties in order to maintain momentum and address issues as they arise (*ibid.*).

In this regard, some lessons learned from the evaluation of the Children's Bureau's QIC initiative during its early implementation phase may prove valuable to grantmaking entities, applied researchers, and practitioners when forming research collaborations:

- Conduct a pre-award site visit with potential sub-grantees and their intended partners in order to understand the history of collaboration or leadership in the community, and to assess the degree of inter-agency readiness and commitment to implement a multi-year project and evaluation.
- Build time into the project timeline for developing or establishing effective collaborations, either through hands-on training about what it means to be a partner or by creating and sharing protocols on the roles and responsibilities of partners.
- Plan to deal with bureaucratic constraints or inefficiencies and have a back-up plan in place.
- Facilitate cooperation between agencies in the design of evaluations to foster awareness and appreciation of translating research-into-practice and *vice versa*.

- Allow for flexibility when designing eligibility criteria and approaches for cross-agency referrals.
- Increase buy-in and commitment of project partners by reducing workload burdens for key inter-agency processes, such as creating a worker-friendly referral process.
- Establish informal and formal channels of communication with stakeholders and provide ongoing opportunities for ongoing face-to-face interaction with community partners, particularly frontline staff.

Conclusion

This brief examination of some facilitating factors in developing research collaborations, along with exposition of some barriers experienced by the QICs and its sub-grantees in coordinating a cross-agency referral process, affirms the complexity of implementing a knowledge development approach that integrates research and practice in the real world setting of public child welfare (Brooks and Wind, 2002). Given that public child welfare is a resource-scarce environment and "subject to myriad contextual influences that may force constant change" (Solomon, 2002), attention must be paid to the shared burdens of implementation and evaluation posed by research and demonstration projects.

Interim evaluation findings suggest that the Children's Bureau's Quality Improvement Centers present a promising vehicle for managing and assisting a set of sub-grantees in conducting demonstration projects on a common topic and the development and dissemination of evidence-based practice in the field of child protective and adoption services (James Bell Associates, April 2005). A key factor in realizing that potential, however, rests on the commitment of multiple partners involved in a QIC initiative to facilitate the integration of project implementation with rigorous evaluation that test innovative models or hypotheses and measures children and family outcomes across sites. As learned from the experiences of the QICs and the sub-grantees, long-term engagements in knowledge development between local community-based partners and public child welfare agencies benefit from building on facilitating factors and early resolution of barriers to inter-agency collaboration.

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