Increasing Collaboration between Nurse-Family Partnership and Child Protective Services

Policy and Programmatic Recommendations

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Executive Summary

Background

In February 2013, Colorado's Governor John Hickenlooper announced an enhanced Child Welfare Plan named "Keeping Kids Safe and Families Healthy 2.0". The plan built upon Colorado's existing Child Welfare framework and proposed to enhance existing services and introduce new practices, including prevention initiatives to support families even before they became a part of the Child Welfare system. Specifically, prevention services were deemed necessary to support families at risk for abuse and neglect. As part of the enhanced Child Welfare Plan, the Colorado Department of Human Services (CDHS) provided services and funding that could help families address a broad range of factors that impact their stability and safety. Through CDHS funding from the enhanced Child Welfare Plan, a partnership involving the University of Colorado (CU), Invest in Kids (IIK), and the Nurse-Family Partnership (NFP) National Service Office (NSO) conducted a quality improvement project of the NFP program, with the goal of preventing child maltreatment through improved organizational collaboration, enhanced nurse education, and increased enrollment of clients in the NFP program.

The NFP is an evidence-based, voluntary, nurse home visitation program designed to improve the health and development of first-time low-income mothers and their children. In a series of randomized-controlled trials, the NFP program had consistent effects in improving prenatal health, child health and development, and maternal life-course, as well as decreasing childhood injuries and the incidence of child abuse and neglect. In Colorado, the NFP has the capacity to serve over 3,500 families in 61 of 64 counties, operating through a variety of local implementing agencies. Strengthening the NFP's ability to reduce child abuse and neglect requires continuous improvements in the implementation of the program model and better collaboration with local CPS. To strengthen collaboration efforts between local teams of NFP nurses and Child Protective Services (CPS) workers, there was a need to understand the types of collaborative efforts currently existing in the state of Colorado and examine factors that facilitate or create challenges towards collaboration.

As part of the quality improvement project, researchers from CU conducted qualitative research to explore factors that facilitate or create challenges towards organizational collaboration. This document presents a set of recommendations (that were informed by qualitative research) to decision-makers of CDHS and NFP on programmatic or policy changes to strengthen organizational collaboration. These recommendations are based on a systematic gathering and analysis of professional experiences and perspectives among CPS and NFP workers, expert validation and opinion, and stakeholder input. These recommendations are evidence-based but also sensitive to the needs, beliefs, and opinions of both CPS and NFP workers in Colorado.

Evidence-based Decision Making

Qualitative Research

A multiple case study approach, using grounded theory, was used to explore how collaboration could be improved between NFP and CPS to prevent child abuse and neglect. This approach allowed for key stakeholders to share their perspectives and experiences. Qualitative data was collected through focus groups with NFP nurses and supervisors as well as key informant interviews with NFP nurses and nurse supervisors, CPS caseworkers and supervisors (e.g. senior level Child Welfare workers including managers, administrators, and directors), and various community partners. A total of 130

qualitative interviews were conducted with NFP staff (54/130), CPS workers (65/130), and other community partners (11/123) over seven NFP sites serving 15 counties in Colorado.

Recommendations Development

Community and academic partners identified collaboration recommendations for decision-makers, drawing on evidence from qualitative data and input from key stakeholders. To ensure applicability of recommendations, there was a need to ensure that there was stakeholder buy-in, recommendations were adapted to incorporate stakeholder viewpoints, and both NFP nurses and CPS workers were available to reflect on the proposed recommendations to improve collaborative relationships between CPS and NFP. To achieve these goals, a working group was initially formed in the fall of 2014 while data analysis of the qualitative research was occurring. The working group consisted of academic partners from CU, community partners from the NFP NSO, and key stakeholders from IIK. The working group met weekly and aimed to discuss thematic memos developed through the research analysis process and utilize such data to develop recommendations to support improved organizational collaboration. A sub-working group was formed to facilitate weekly discussions and refine recommendations that were initially suggested by the larger working group.

In the winter of 2015, the sub-working group generated a draft list of key recommendations related to policy and programmatic changes both for decision makers within CDHS and NFP NSO to consider. The draft recommendations were refined through feedback and suggestions from the larger working group. In the spring of 2015, the recommendations were then presented to various stakeholders, including NFP nurses and nurse supervisors as well as CPS caseworkers and supervisors. A total of seven focus groups were conducted with stakeholders: five focus groups with Colorado NFP representatives (including nurses and nurse supervisors across the state) and two focus groups with CPS caseworkers and supervisors (representatives from four major urban Colorado counties). The focus groups aimed to gather stakeholder perspectives on recommendations informed through qualitative research. These focus groups ranged from one to two hours, each with four to eight participants, and were led by academic partners from CU. After each focus group was conducted, recommendations were refined based on participants' feedback and shared with the next group of participants. The recommendations were then revised based on input from CPS and NFP workers from the focus groups. These revised recommendations were presented in a joint-meeting to two representatives from the CDHS Division of Child Welfare and four representatives from the Office of Early Childhood in May 2015. Feedback was incorporated and informed the final recommendations presented below.

Recommendations

Recommendations for NFP NSO

1. NFP should *improve follow-up with Child Welfare (CW)* when CW makes a client referral to NFP (*now/short term*)

There is a need to implement an agency policy to have follow-up with referral organizations, including CW. The specific information flow between NFP and CW would depend on the context, but mainly if NFP had initiated contact and/or the client enrolled in the NFP program. The NSO can offer sample ideas and letters based on what sites currently use (e.g. verbal, email or fax communication).

2. Reinforce that each item in the *Informed Consent is verbally reviewed* with the client at enrollment (*now/short term*).

Ensure that mandatory reporter responsibilities are reviewed with the client and that the consent is reviewed in the preferred language of the client (e.g. telephone interpretation).

3. Emphasize the *importance of mandatory reporting and safety of the child* to nurses (*now/short term*).

Address this topic in the next edition of the “Ask David” column (Summer or Fall 2015).

4. NFP should develop written guidance and provide practice-based training on *maintaining the relationship with the client* when needing to report to CW and/or throughout the client’s involvement with CW (*short term*).

When reporting to CW, transparency with the client is encouraged but there is a need to recognize that transparency is not always appropriate (e.g. when nurse safety is a concern). Many nurses already know their client best and need to trust their judgment regarding transparency with their client. Furthermore, this written guidance should be informed through research with known clients who were reported to CW by the nurse (with or without clients’ knowledge) and remained in the program, as well as with nurses who were involved with such clients. Consider partnering with CW to learn and understand what caseworkers do to maintain client relationships. There is also need to emphasize that child safety is the number one priority for NFP nurses and reinforce that nurses are mandatory reporters with legal responsibility.

5. Research is needed to *define what makes a client “high-risk” for poor maternal and child health outcomes* and to inform policies that allow nurses to prioritize and work effectively with such clients (*medium term*).

Additional research is needed on defining high-risk using the Strengths & Risks (STAR) Framework. Consider how CW categorizes high risk (High Risk Assessment versus Family Assessment Response if moderate to low risk family).

Create an incentive structure for nurses to engage with and maintain high-risk clients, for example a decreased caseload if the nurse is visiting more high-risk clients:

- Recognize that legislative changes are barriers in Colorado due to NFP funding requirements.
- Need to understand caseload management and level of support needed for nurses.
- Recognize that cost per client may be impacted if nurses take on more “high-risk” clients.
- Consider nurse home visitor safety and develop guidance to promote safety. (Consider existing federal level guidance on home visitor safety.)

6. Explore opportunities around *expanding the NFP eligibility requirements* (*long term*).

Continued research on the effectiveness of the NFP program on multiparous mothers is needed. There is also a need to gather input from nurses in the field. Eligibility considerations:

- Mothers who have had their children up for adoption and have not parented
- Mothers who lost their child within days post-partum and have not parented
- Termination (removal from CW) not just adoption and have not parented
- Kinship or foster parents who have never parented

Create concrete guidelines on eligibility so referring agencies are clear on eligibility requirements. (*Note:* The NSO is discussing about revising Model Elements for the current eligibility requirement.)

7. *Consider workload* before adding paperwork/interventions/innovations on nurses (make it more achievable for nurses) (*long term*).

Conduct a work flow analysis to determine current workflow and amount of burden on nurses. At the administrative level, do not add paperwork without taking something away. There is also a need to integrate innovations into current practice. A national committee of nurse home visitors and nurse supervisors should assist with development, pilot, revision, and implementation of program innovations. Finally, consider the timing of when education occurs (December and May are challenging months due to the holidays and graduations).

Recommendations for NFP NSO Education Team

1. Provide a general *summary of CW mission, scope of work, and processes* to NFP nurses (*now/short term*).

It is helpful for nurses to understand the multiple roles of CW workers and the impact of their caseload on their ability to communicate with nurses. Provide copies of this information at the NFP IPV Education in May 2015 at a booth hosted by the CU Research Team. Include these topics in ongoing mandatory reporting training (*Note:* NFP Education Recommendation #3).

2. Every new nurse home visitor attends *mandatory reporting training*, whether online or in person (*medium term*).

Every new nurse, within 3-6 months of employment, needs to complete at least the CDHS online training before a more suitable option is available. Integrate a home-visitor specific mandatory reporter training into the NSO core education. Education should include:

- Differences between safety and risk (e.g. teach nurses how to assess for and articulate impact on the child and translate risk into safety concerns when reporting)
- Factors that CW considers in their assessment of the report
- What to include in the report (e.g. ongoing relationship with the child, interest in accompanying on the first CW visit, requesting referral number and follow-up on status)
- Ability to call CW within 24 hours to ask about their report status (with referral number)
- (In Colorado) the Enhanced Screening guide and RED (Review Evaluate Direct) team process

3. Develop annual *ongoing education to better address mandatory reporting* (*long term*).

Ongoing enhanced education should continue to address mandatory reporting and child maltreatment. Ongoing education should include:

- Emphasis that a nurse's primary goal is to protect the health and lives of children.
- Clarity on the legal and ethical responsibilities of reporting second-hand experiences
- Greater guidance on addressing gray areas (e.g. marijuana, intimate partner violence, statutory

rape, and sex trafficking)
- CW mission/philosophy, processes/structure, different models (e.g. Differential Response), family engagement, court processes, legal terminology, etc.

4. Additional *education for supervisors* is needed on effectively supporting nurses throughout a client's involvement with CW (*medium term*).

Education should include being able to provide appropriate support and supervision for nurse home visitors around: mandatory reporting, making the first report, maintaining the relationship with the client, how to work with ongoing CW cases, etc.

Recommendations for local NFP Nurse Supervisors

1. NFP nurse supervisors should coordinate, minimally, an *annual outreach attempt and/or activity with local CW* to develop and/or maintain collaborative relationships (*now/short term*).

The annual activity may include:
- Lunch and Learns or roundtable discussions (e.g. learn about common language, tools, and frameworks used by one another's agency)
- Meeting with leadership teams and/or individual units (e.g. intake, teen units)
- Participation or observation in Child Protection Teams or RED teams or shadowing a caseworker
- Inviting CW to team meetings/staffings or have CW conduct trainings for NFP
- Having a CW representative sit on the Community Advisory Board
- Attending joint trainings on mutually relevant topics (e.g. risk assessment, motivational interviewing, approaching marijuana, strengths-based programs, etc.)

These attempts and/or activities with CW should occur with at least one county if the NFP site serves multiple counties. Consider working with the local Early Childhood Council to organize education activities.

Recommendations for CDHS

1. Create a position for a *state level contact person* for consultation to home-visitation programs, preferably located in the Office of Early Childhood (*short term*).

A full-time (1.0 FTE) contact at the state level would have expertise in mandatory reporting laws, is responsive, and can be readily available for any home-visitor in the state. The state contact would be responsible for:
- Giving guidance and clarity in mandatory reporting responsibilities
- Being a resource regarding child abuse and neglect
- Supporting local relationships with CW (e.g. helping to coordinate meetings, luncheons, trainings, etc. and facilitating information sharing)
- Familiarizing with CW rules and changes that occur at the state level
- Connecting with programs to support prevention or function in a preventive capacity
- Offering a forum or space (e.g. trainings) for home visitors to learn from others' gray-area experiences and share successes

This state contact would ideally be a nurse with social work or child protection background OR a social worker with child protection experience and a medical background or early childhood development experience (aged zero through five).

2. CW needs to *improve follow up with NFP* when NFP makes a report on a client and when CW serves a mutual client with NFP (*short term*).

Encourage memorandum of understandings and planning together as global collaboration points. Improved communication with NFP when serving mutual clients may include:

- Notifying nurses when a report is screened out and referred to prevention
- Sharing of treatment plans*
- Allowing nurses to acknowledge the plan of care*
- Inviting nurses to family meetings*

*Requires a release of information

Ensure standard practice for implementation of the policy that mandatory reporters are notified about the status of a report by letter or by phone call. Finally, intake/assessment workers should engage with the NFP nurse (if reporter) before making their first visit, if appropriate. This needs to be emphasized to CW workers in initial and ongoing training.

3. *Add questions* regarding whether or not the client participates in a home-visitation program (e.g. NFP) *to the existing checklist* or standard of practice for CW assessment (*short term*).

Caseworkers should ask the client at assessment if she is already involved with a home visitation program such as NFP. Rather than asking about general community resources, consider asking specific questions such as, "Does someone visit your home, e.g. a nurse?" or "Does someone help you with (blank)?"

4. Consider *providing NFP as a resource to reporters* when they report on a pregnant woman (with no other child in the home) to CW (*short term*).

5. *Access to prevention programs* (such as Colorado Community Response - CCR) should not be limited to screened-out CW reports (*medium term*).

Create a mechanism for home-visitors to engage their clients in prevention programs (e.g. CCR) without first reporting to CW to then be screened-out. There is a need to bypass the CW system and mitigate potential safety issues before a client penetrates the system.

6. CDHS should continue *implementation of Differential Response (DR)* with quality assurance and quality improvement components (*long term*).

CDHS should develop expectations of oversight and performance monitoring of DR implementation with local counties. Ongoing messaging and communication from CDHS to county departments is needed regarding their status in implementing DR. Continue to focus on a model that supports transparency, family engagement, relationship building with clients, client strengths, and supports.

7. Create a coordinated plan on *increasing CW staff retention* (*long term*).

The staff retention plan should include:

- Increasing direct case-carrying staff (intake and ongoing)
- Standardizing salaries within and across counties based on cost of living
- Providing greater structure for county implementation (e.g. offering reflective supervision or greater supervisory support and self-care for caseworkers; operating in team-based settings; decreasing the burden on caseworkers through engaging with other service providers)

(*Note*: Findings from the Colorado Child Welfare County Workload Study (Aug 2014) supports this recommendation.)