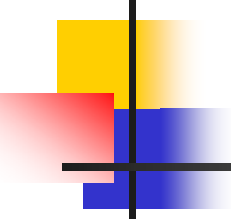


# **Pathways to Collaboration: Factors That Help and Hinder Collaboration Between Substance Abuse & Child Welfare Fields**

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# About the Study Used for This Curriculum...

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- Purpose: To examine factors that have helped and hindered the process of collaboration
- Methods: In-depth interviews with respondents (N = 49) from substance abuse and child welfare fields working in five California counties with established formal collaborative policies and programs



# Section I

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## **Collaboration Between Child Welfare, Substance Abuse, & Related Fields**



# Why Collaborate? What the Literature Tells Us

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- Why collaborate?
- Models of collaboration
- Factors that affect collaboration between child welfare (CW) and alcohol and other drug treatment/prevention (AOD) systems



# Why Collaborate: What the Literature Tells Us (cont'd)

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- Rates of substance abuse within child welfare cases range from approximately 30% to 80%
- Children in the child welfare system with substance abusing parents tend to...
  - Be younger,
  - Have higher out-of-home placement rates,
  - Be more likely to have a case plan of adoption, and
  - Spend more time in out-of-home care



# Why Collaborate? What the Literature tells us (cont'd)

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- Participation in substance abuse treatment is linked to higher reunification rates
- Collaborative programs appear to increase reunification and decrease time for permanent placement
- Systemic barriers between the child welfare (CW) and the alcohol and other drug (AOD) systems interfere with substance abuse assessments and treatment options
- Policy changes (e.g., ASFA) that shorten timelines for reunification make collaboration more urgent



# Why Collaborate? Quote That Typified Respondent Interviews

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"I can't imagine going back to the old school where you would interview someone and give them three names to treatment programs and say 'take care of it.'...The difference is that they are reunifying quicker. Pre-[collaborative programs] our average was 36 months to reunification and now we are down to 14 months. The kids are getting the benefit and that is what we want."



# If Collaborative Practice Is More Effective, Then...

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- What is collaboration and what issues arise in collaborative practice between substance abuse and child welfare fields? (Section 1)
- What are the elements of successful collaborative practice; what models “work”? (Section 2)
- What are the factors that facilitate or impede the development of these kinds of effective collaborative practices? (Section 3)
- What are some of the specific strategies that allow for collaborative case planning in daily practice, including issues related to confidentiality? (Section 4)



# Definition of Collaboration

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- ...the collection of knowledge, skills, values and motives applied by practitioners to translate the following into effective practice:
  - Formal systematic joint working arrangements (such as inter-disciplinary or integrated teams)
  - Less formalized joint work between different professions and agencies arising in the course of assessing for, arranging, providing and evaluating services (sometimes called multi-agency or multi-professional networks)
  - The goals of participation, empowerment and social inclusion of service users and providers

(Whittington, 2003)

Section I - Overhead 7



# Systems/Ecological Perspective on Collaboration

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- Micro Level: Personal Factors
- Mezzo Level: Professional Factors
- Macro Level: Organizational Factors

(Whittington, 2003)



# A Developmental Perspective of Collaboration

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- Incentive to collaborate
- Willingness to collaborate
- Ability to collaborate
- Capacity to collaborate

(Robertson, 1998)



# A Process Perspective of Collaboration

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- Interdependence
- Newly created professional activities
- Flexibility
- Collective ownership of goals
- Reflection on process

Bronstein (2003)



# Factors That Affect Collaboration Between the CWS and AOD System

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- Defining the client
- Values and attitudes regarding substance abuse
- Structural constraints
  - ASFA timelines
  - TANF timelines
  - Recovery timelines
  - Developmental timelines
  - Systems timelines
- Differences in training and education among workers



# Challenges for Child Welfare...

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- Questions regarding the effectiveness of substance abuse treatment
- Information systems may not accurately reflect the extent of substance abuse problems within CW populations
- Difficulty accessing treatment for CW clients
- Confidentiality



# Challenges for AOD...

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- Competing demands for treatment referrals from multiple systems
- Treatment shortages and limited services for women with children
- Capacity problems/waiting lists
- Different tracking systems
- Attitudes toward clients (may differ from child welfare or other systems)



## Section II

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# **Core Elements of Promising Collaborative Models Between the CW and AOD Systems**



# 10 Dimensions of Successful Collaboration:

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1. Underlying values and principles
2. Daily practice related to screening and assessment
3. Daily practice related to client engagement and retention in care
4. Daily practice - services to children
5. Joint accountability and shared outcomes
6. Information sharing and data systems
7. Training and staff development
8. Budgeting and program sustainability
9. Working with related agencies
10. Working with communities and supporting families



# Core Elements of Collaboration...

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1. Shared vision through regular communication
2. Memorandums of understanding and protocols for sharing confidential information
3. Development of concrete programs
4. Training and cross training
5. Joint case planning



# Illustrations: Shared Vision Through Regular Communication

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- Child Welfare and AOD Collaborative, with leadership from managers in both fields, to plan and problem solve about programs, joint case planning, and training (Contra Costa County)
- A collaborative group with representatives from multiple fields to coordinate enhanced services for children with existing resources and to seek collaborative funding for new needed services.



# Illustrations: MOUs and Protocols for Communication

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- Memorandum of understanding between child welfare
- Examples...(Contra Costa County)
- Children's services...(Merced County)



# Illustrations: Concrete Collaborative Programs

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- Drug Dependency Court (Sacramento, San Diego)
- Intensive case management for substance-abusing parents involved in child welfare (Sacramento, San Diego)
- Co-located services for child welfare, substance abuse, mental health (Shasta)
- Outstationed substance abuse expert in child welfare (Merced, Shasta)



# Illustrations: Concrete Collaborative Programs

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- Early Intervention Specialists (with both substance abuse and child welfare expertise) stationed in dependency court (Sacramento, Contra Costa)
- Enhanced services for children (Merced)
- Substance abuse treatment program specific to women and children concurrently involved in CWS (Contra Costa)



# Illustrations: Training and Cross Training

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- Systemwide training initiative to educate all professionals in child welfare and health about substance abuse (Sacramento)
- Specialized training and cross training between systems to respond to emerging needs and advance new policies or programs (Contra Costa, San Diego, Shasta, Merced)



# Illustrations: Joint Case Planning

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- Multi-disciplinary case conference (MDCC) with representatives across systems to coordinate case planning (Contra Costa and others)
- Integrated case planning as part of co-located services (Shasta)

# Collaborative Program

## Outcomes

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- Increase timely access to treatment, improve client engagement and retention in treatment,
- Improve reunification rates,
- Speed up the reunification process,
- Increase alternative permanent placements when reunification is not possible, and
- Decrease the incidence of new child maltreatment reports



## Section III

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# **Factors That Help and Hinder Collaboration: Findings From Interviews**



# Preconditions for Collaboration...

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- Prior *history of collaborative activities*.
- Emergence of *leaders who would “champion” the cause of collaboration*.
- Ability to convince stakeholders that collaborative practice was closely tied to and could contribute to *realizing the county and agency mission*.
- Genuine *commitment to collaboration from key stakeholders in both fields* from multiple levels.



# Factors That Help

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- Collaboration was often stimulated by *technology transfer* through accessing
  - Information from other states/counties, and
  - Technical assistance from other county or state agencies.



## Factors That Help (cont'd)

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- Based on local need, successful counties *adopted specific models for collaboration.* Implementation of a specific program model
  - Provided a focal point for collaborative efforts,
  - Created a strong sense of success that often served to fuel continued collaboration, and
  - Frequently led to new collaborative initiatives.



## Factors That Help (cont'd)

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- Formal and informal mechanisms for planning and problem solving such as:
  - Collaborative planning teams,
  - Interdisciplinary case conference teams, and
  - Strategic planning sessions among collaborative leaders.



## Factors That Help (cont'd)

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- Use of *training and cross training* to support all stages of change including:
  - Orientation of new staff--staff training for work with new program models,
  - Professional development trainings across fields, and
  - Continued training needs assessment and planning of special training/cross training.



# Factors That Help: Operational Changes

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- Development of communication tools and protocols
- Formal and informal strategies for building and maintaining relationships
- Acculturating staff to the collaborative process



# Factors That Hinder Collaboration and How They Were Addressed

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- Conflicts in values, perspective, and expectations
  - Addressed by deliberate, and sometimes difficult, series of meetings with different stakeholders in which these issues were surfaced and negotiated
- Communication problems
  - Resolving differences and problem-solving in both formal collaborative meetings and through staff members in key liaison roles between systems



# Factors That Hinder Collaboration (cont'd)

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- Funding challenges and fragmentation of systems
  - Collaborative grant writing
  - Creative use of resources to maintain key programs or positions
  - Collaborative planning for reductions or modifications in services; innovations in practice were often viewed as normative rather than experimental



# Factors That Hinder Collaboration (cont'd)

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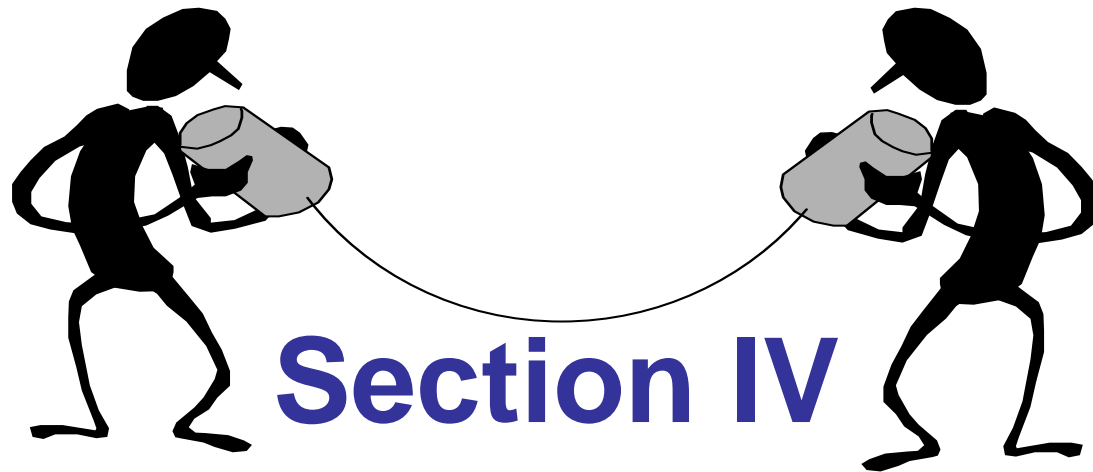
- Problems with staff turnover/  
inconsistency in participation of  
representatives in collaborative  
meetings
- Individual personalities
  - Leaders and participants in collaborative  
planning groups to put undue time and  
energy into “working around” problematic  
individuals



# Activity: Mock Collaborative

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## Section IV

# Overcoming Barriers to Collaboration: Strategies for Everyday Practice in Communication Across Systems



# Why a Special Focus on Communication & Confidentiality?

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- Confidentiality concerns, and development of tools & protocols to address these, are important in the context of current law (e.g., ASFA).
- Earlier research with California Counties found that Child Welfare Professionals were more than twice as likely as professionals from the AOD field to view confidentiality as a major barrier to collaboration.
- Confidentiality issues *can* be addressed effectively within the context of existing laws.
- Strategies to address confidentiality are relevant to practice, even in counties that do not yet have formal collaborative programs and policies.



# Information Needed by the CWS From AOD Treatment

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- Whether the parents are actually involved in a treatment program
- The degree of parental participation: whether they are regularly attending, not missing appointments, and demonstrating a willingness to engage in treatment
- When parents are experiencing relapse or have left treatment
- The continuing care plan of the parents if they are in residential treatment

National Center on Substance Abuse and Child Welfare, 2003



# Information Needed by AOD From CWS Treatment

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- Whether the family is an in-home case or if the child has been removed from the home
- Whether some children have been removed while others remain at home
- The permanency goal for the child
- Whether reunification is a goal
- Whether there is a concurrent plan for both foster care and adoption
- The court requirements and deadlines for specific hearings and achieving necessary outcomes.

(National Center on Substance Abuse and Child Welfare, 2003)



# Themes From the Study: Factors That Helped Collaboration

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- Development of communication tools and protocols such as
  - Written memorandum of understanding between systems on county level
  - Development of release of information forms and procedures for obtaining releases
  - Sharing information about client progress or changes (e.g., regular update reports or “urgent notice” forms)



# Themes From the Study: Factors That Helped Collaboration (cont'd)

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- Formal and informal strategies for building and maintaining relationships
  - Communication and coordination between leaders
  - Role-modeling of respect
  - Opportunities to develop and maintain relationships at all levels



# Themes From the Study: Factors That Helped Collaboration (cont'd)

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- Acculturating staff to the collaborative process through
  - Formal training, supervision, coaching
  - Creating a culture of continued learning and problem solving
  - Opportunities to observe “successes” such as graduations



# De-Mystifying Confidentiality and Substance Abuse Treatment

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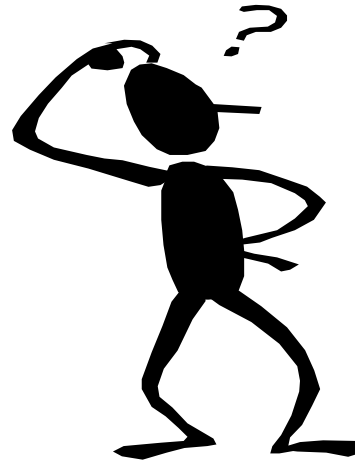
- Federal confidentiality regulations (42 CFR, Part 2) ensure confidentiality of clients seeking and entering substance abuse treatment
- Programs providing substance abuse programs must adhere to these regulations
- Communication and collaboration is possible in the context of these federal regulations

# De-Mystifying Federal Confidentiality Regulations (42 CFR, part 2)

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ACTIVITY:

*Confidentiality Quiz*





# Consent to Disclose Treatment Information

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- The most common way to allow sharing information for collaborative practice is through use of release forms
- A general release form that does not contain all the elements required by federal regulations will not work



# Required Elements of Consent

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- Name of the program/person permitted to make the disclosure
- Name or title of the individual or organization to receive disclosure
- Name of patient/client
- Purpose or need for the disclosure (specific)
- The information to be released
- Statement about the client right to revoke
- Date or condition upon which the consent expires
- Signature of client and date signed



# Activity: Consent Form Review

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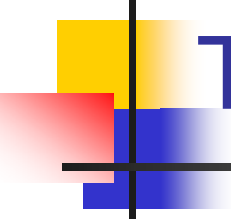
- Review draft consent form
- In small groups, identify elements that you would recommend including in a revised form and, if possible, ideas about how the form would be used
- Prepare to share recommendations for improvement with the full group



# Section V

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## **Building Bridges Between Systems: Resources and Next Steps**



# Highlights From the Study: Changes That Helped Collaboration

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## *Organizational Changes:*

- Technology transfer
- Adoption of specific programs
- Formal and informal to plan & problem solve
- Training and cross training

## *Operational Changes*

- Development of communication tools & protocols
- Building & maintaining relationships
- Acculturating staff to collaborative processes



# Addressing Barriers to Collaboration Included

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- Resolving conflicts in values, perspectives, and expectations
- Addressing communication problems
- Addressing funding challenges and fragmentation of systems
- Minimizing problems with staff turnover, inconsistency in participation, and problem “personalities”



# Resources

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- National Center on Substance Abuse and Child Welfare (resources, links, & free online training) <http://www.ncsacw.samhsa.gov/>
- Children and Family Futures [www.cffutures.org](http://www.cffutures.org)
  - Collaborative Values Inventory
  - Collaborative Capacity Instrument
- National Clearinghouse on Alcohol and Drug Information (NCADI) <http://ncadi.samhsa.gov/>



# Closing Reflection & Identification of “Next Steps”

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- As you reflect on highlights from the curriculum, what areas stand out to you and why?
- What specific information or ideas might be relevant to *your own* social work practice? What next steps would be useful to you as a practitioner?
- What “promising practices” in cross-systems collaboration might be adopted or adapted in your county system? What are the next steps you would recommend to your county administrators and staff?