

BUILDING COLLABORATIVE CAPACITY SERIES

MODULE 1



HOW TO DEVELOP CROSS-SYSTEMS TEAMS AND IMPLEMENT COLLABORATIVE PRACTICE



National Center on
Substance Abuse
and Child Welfare



Children's Bureau

An Office of the Administration for Children & Families

SAMHSA

Substance Abuse and Mental Health
Services Administration

BUILDING COLLABORATIVE CAPACITY SERIES OVERVIEW

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the *Building Collaborative Capacity Series* to provide states and communities with strategies to create cross-systems collaborative teams, communication protocols, and practice innovations. These strategies aim to improve screening, assessment, and engagement of parents in services to best serve families affected by substance use disorders (SUDs) and child welfare service involvement.

Setting the Collaborative Foundation: Modules 1-4, the first cluster of modules in the series, provides a framework for establishing a collaborative team. This framework includes developing a governance structure and offers ideas to establish the team's principles and mission. It highlights two critical elements of successful collaboration: cross-system communication and a commitment to shared outcomes.

THE MODULES ARE:

- [*Module 1: Developing the Structure of Collaborative Teams to Serve Families Affected by Substance Use Disorders \(SUDs\)*](#)
- [*Module 2: Addressing Values and Developing Shared Principles and Trust in Collaborative Teams*](#)
- [*Module 3: Establishing Practice-Level Communication Pathways and Information Sharing Protocols*](#)
- [*Module 4: Establishing Administrative-Level Data Sharing to Monitor and Evaluate Program Success*](#)

Frontline Collaborative Efforts: Modules 5-7, the second cluster of modules in this series, highlight strategies to improve identification of SUDs and provide timely access to assessment and treatment to support child and family safety, permanency, well-being, and parents' recovery.

THE MODULES ARE:

- [*Module 5: Developing Screening Protocols to Identify Parental Substance Use Disorders and Related Child and Family Needs*](#)
- [*Module 6: Establishing Comprehensive Assessment Procedures and Promoting Family Engagement into Services*](#)
- [*Module 7: Developing and Monitoring Joint Case Plans and Promoting Treatment Retention and Positive Family Outcomes*](#)

While each of the modules can stand alone, they build on each other; thus, professionals should review the entire series to gain a holistic understanding of building a cross-systems initiative.

NCSACW is a technical assistance resource center jointly funded by the Children's Bureau (CB), Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. Points of view or opinions expressed in this series are those of the authors and do not necessarily represent the official position or policies of ACF or SAMHSA.

SETTING THE COLLABORATIVE FOUNDATION:

Developing the Structure of Collaborative Teams to Serve Families Affected by Substance Use Disorders

Improving policy and practice on behalf of families affected by substance use disorders (SUDs) and involved with the child welfare system requires the collective capacities and skills of a cross-systems team of professionals representing child welfare services, SUD treatment, mental health treatment, courts, healthcare, and other community partners. This team must establish a concrete governance structure, which is essential for keeping the collaborative team operating efficiently and effectively, while enabling leadership to achieve true systems change.

The first cluster of modules in this series (**Modules 1-4**) provides a framework for establishing a collaborative team to improve policy and practice on behalf of families affected by SUDs and involved with child welfare services. These modules build on each other; thus, it is recommended that professionals review the entire series to gain the full scope of information.

Module 1 describes a formal governance structure that counties and states can use to provide a venue for productive collaboration, shared leadership, and relationships built on trust and commitment. A governance structure is based on agreed-upon processes, protocols, roles, and responsibilities that ensure consensus-based decision making and effective information sharing across systems. Having a set governance structure helps formalize the initiative and hold each partner accountable for achieving goals on behalf of families. This structure ensures that the initiative has appropriate representation from all involved partners and that the environment is conducive to all levels of staff engaging with their unique perspectives, from the executive level to the local frontline staff.

GOVERNANCE STRUCTURE

LEVEL	PRIMARY FUNCTION	MEMBERSHIP
OVERSIGHT COMMITTEE	Ensures the initiative takes priority, provides final approval of policy and practice changes, and promotes long-term sustainability	Executive-level representatives from partner agencies (e.g., child welfare services agency, alcohol and drug services agency, mental health treatment providers, public health agency, dependency courts)
STEERING COMMITTEE	Creates, directs, and evaluates the activities required to achieve the goals of the initiative and removes barriers to ensure program success	Mid-level managers and supervisors from partner agencies, program evaluators
SUBCOMMITTEES	Address specific topical issues related to the initiative; provide and receive feedback about policies and practices	County-level/local frontline and supervisory staff from all partner agencies

COMMITTEE DESCRIPTIONS

OVERSIGHT COMMITTEE



MEMBERS: The oversight committee is comprised of top-level representatives from the child welfare services agency, alcohol and drug services agency, mental health treatment providers, public health agency, and dependency court. If appropriate the committee may also include members of the governor’s or county commissioner’s office.



MEETING FREQUENCY: The oversight committee includes the most senior officials from each system, all of whom are likely to be facing many demands and time commitments. Thus, this committee is likely to meet as a group only three or four times each year. Each member should receive regular progress reports from steering committee members (who meet more frequently) between the scheduled oversight committee meetings.



PURPOSE: This committee provides a level of accountability for the initiative and ensures that it maintains priority status. The oversight committee, in essence, keeps the momentum going. Officials on the oversight committee must direct senior managers under their purview to prioritize the initiative and ask for periodic progress reports. In addition, these officials must be willing to change their own agencies’ policies when the steering committee identifies barriers and/or policies that impede the staff’s ability to serve families.

STEERING COMMITTEE



MEMBERS: It is important that the steering committee include members with policy, practice, and data expertise across disciplines. This means administrators and mid-level management staff from state and/or county child welfare agencies, alcohol and drug service agencies, mental health treatment providers, and public health agencies; directors of local SUD treatment agencies; judicial officers and attorneys for parents, children, and the social service agencies; and representatives from a recognized Native American Tribe that provides child welfare services in the state. The steering committee should also include local evaluators who can offer expertise in data and program evaluation.

The steering committee, when appropriate, should include representatives of the families served by these systems, as well as individuals who received or are receiving services. Steering committee members must have authority to make decisions on behalf of their agencies. Members of the steering committee do not have jurisdiction over each other—as they report through separate hierarchies—and most likely have different levels of positions within their respective agencies.

The steering committee needs a meeting facilitator, but it is not necessary to hire a full-time consultant or agency employee. A skilled consultant familiar with the subject matter (and how the state operates) can fill this role, and the committee can hire this individual on an hourly or fixed-price basis. If a consultant facilitator is used, all of the represented systems should ideally contribute to paying the facilitator fees as a way to set the collaboration expectations for staff. Whether convening the steering committee becomes the responsibility of an outside facilitator or an employee of a selected agency, these are some ways a facilitator can gain credibility:

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- Supporting the committee members in achieving consensus
 - Focusing on the precise tasks leading to outcomes that committee members believe are most critical
 - Creating an environment conducive for members to express and resolve tensions professionally

Effective facilitators also generate a sense of energy and enthusiasm among the committee members.

In addition, the steering committee will need to assign an administrative staff person to coordinate committee activities. This individual arranges logistics for the meetings, issues agendas, sends reminder notices, tracks committee milestones and deadlines, takes meeting minutes, and reproduces and disseminates meeting materials as necessary.



MEETING FREQUENCY: Meetings should occur monthly or once every two weeks. Members must commit the time to attend meetings and work on both collaboration building and the substantive work involved in creating policies and practices that support improved screening, assessment, retention, and engagement in services. Members are responsible for attending meetings as well as completing the related work assignments in between.



PURPOSE: The steering committee focuses on the “big picture” of creating, directing, and evaluating state and/or local policies and practices to ensure they align with the purpose of the initiative. The steering committee reports directly to the oversight committee, and their primary activities are to:

- Create a mission statement based on an exploration of values and principles
- Establish a common set of baseline information data to be used to determine goals and monitor progress, including data to determine access to services across populations
- Enhance understanding of current systems and the barriers to communication across systems
- Establish goals, timetables, and milestone products while implementing a plan of action to achieve them
- Identify training curricula and strategies that promote increased knowledge and collaboration
- Monitor progress and evaluate outcomes

SUBCOMMITTEES



MEETING: Subcommittees are comprised of county or local frontline and supervisory-level staff from each of the represented systems (e.g., child welfare, SUD treatment, mental health treatment, healthcare, courts). Ideally, a member of the steering committee should chair each subcommittee and provide subcommittee progress reports at each steering committee meeting. This structure can help ensure strong and clear ties between the subcommittees and the steering committee. It also positions the subcommittee chairs as conduits between the ongoing work of their subcommittees and the steering committee, which provides overall oversight and decision making.



MEETING FREQUENCY: Meetings should occur monthly or every two weeks.



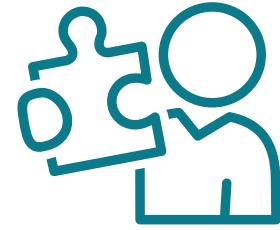
PURPOSE: Subcommittees provide the structure within which the steering committee can give and receive feedback about current and proposed policies and protocols. Subcommittees should perform a variety of tasks and roles:

- Identify, research, and raise concerns to the steering committee for discussion and decision
- Serve as a forum for county and local staff to raise concerns to policymakers and identify collaboration barriers
- Serve as pilot sites and guide the work of pilot sites for testing new training curricula, screening or assessment tools, or multidisciplinary teams
- Research and recommend screening or assessment instruments for all systems to use
- Review existing training curricula and recommend changes
- Collect local-level data and evaluate outcomes related to policy and practice changes
- Identify shortcomings in current local office practice that the steering committee needs to be aware of
- Pilot test models of collaboration



Having a set governance structure helps formalize the initiative and hold each partner accountable for achieving goals on behalf of families.

KEY STEPS IN FORMALIZING THE GOVERNANCE STRUCTURE AND LAUNCHING THE COLLABORATIVE INITIATIVE



ESTABLISH THE PROJECT AS A PRIORITY

The oversight committee is comprised of the top officials in each system; thus, they can raise awareness about the collaborative’s initiative and elevate its importance among the community by releasing a brief notice and statement of support. All letters should be on letterhead stationery embossed with each of the represented agencies’ logos and signed by each oversight committee member. Suggested content for this letter includes key information about the initiative’s goals and timeline, and names of the steering committee members.

The oversight committee should also issue written letters of appointment to each steering committee member. These letters give the project prominence within each system, provide support for steering committee members to spend the time required to participate, and clarify that the steering committee member has authority to make decisions on behalf of the agency he or she represents.

All core systems and community partners must be ready and willing to contribute sufficient time and resources, while agreeing on the value of the initiative to improve outcomes for parents, children, and families. The full commitment and buy-in of child welfare services agencies and the dependency court, including the parent attorneys, are especially important. Widespread partner buy-in must come from all levels—from agency directors who make collaboration a priority, to management and supervisors who promote interagency coordination in service delivery, to frontline staff.

CONVENE A KICKOFF MEETING

The steering committee’s work should begin by facilitating a two-day kickoff meeting. Members of the oversight committee should attend at least part of this meeting. The kickoff should convene in a neutral location to avoid the appearance that any system is leading the initiative, and to reduce the likelihood that members would go back and forth to their work offices. If a two-day meeting is not feasible, the planned activities can take place over a series of meetings. The following are suggested outcomes for the kickoff meeting:

- Members should develop a “wish list” describing the policies, protocols, data collection and program evaluation, training curricula, multidisciplinary teams, and other innovations that members would like to explore. This list does not have to reflect a group consensus, but the group should generally agree on highest priority areas.
- Members should seek clarity about their roles and responsibilities.
- Members should establish the meeting dates for the next 12 months, and they should understand and support the ground rules for meetings, discussions, and decision-making.

THE ROLE OF TRAINING

Creating an ongoing cross-systems training program is an essential element to establishing an effective collaborative initiative. Some teams may choose to create a training subcommittee to lead the development and implementation of training and to ensure that it remains a focus throughout the initiative. Bringing together a diverse group of collaborative partners requires training programs to cover a multitude of topics and skill sets. Each module in this series will highlight the specific role of training in successfully employing the outlined strategies.

When establishing a governance structure for a collaborative team, it is essential that all partners share in creating the framework and protocols for how the teams will operate. In particular the team must establish clear roles for each member, define ways that information will be shared among members, reach consensus regarding the role of family members on teams, and clarify how decisions will be made and enforced. Training for the collaborative partners can provide a venue to address these tasks as well as information and skills on effective group processes, teamwork, and collaboration.

NEXT STEPS

The first four modules of this series offer strategies for building an effective cross-systems collaborative team to improve policy and practice on behalf of families affected by SUDs and involved with child welfare services. Once the collaborative has developed a governance structure and the initiative has begun, it is critical for the partners to build a sense of trust and commitment to shared values and principles, while developing an understanding of each other's systems.

The next module in this series is [Module 2 – Setting the Collaborative Foundation: Addressing Values and Determining Shared Principles in Collaborative Teams](#). This module will describe how to identify shared principles, develop trust among participants of collaborative teams, and use those principles as building blocks for a collaborative effort to improve policy and practice for families affected by SUDs.

The NCSACW provides a variety of resources and technical assistance opportunities for states and communities to improve policy and practice on behalf of these families. Please visit the website to learn more.

ABOUT US

The National Center on Substance Abuse and Child Welfare (NCSACW) is a technical assistance resource center jointly funded by the Children's Bureau (CB), Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. NCSACW provides no-cost consultation, training, and technical assistance to child welfare agencies, SUDs treatment agencies, mental health treatment agencies, courts, healthcare, early childhood providers, and other related entities. NCSACW supports these agencies' efforts to make policy and practice changes to improve outcomes for families affected by SUDs.

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