BUILDING COLLABORATIVE CAPACITY SERIES

MODULE 2

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:

Addressing Values and Developing Shared Principles and Trust in Collaborative Teams

Once a cross-systems collaborative team is established to improve policy and practice for families affected by substance use disorders (SUDs) and involved in the child welfare system, the partners must create effective, trusting relationships with each other. Professionals who represent such diverse systems—child welfare services, alcohol and drug services, mental health services, courts, healthcare, and community-based agencies—possess overlapping (and divergent) values, philosophies, beliefs, and training. These values can be intense, deep-seated, and long-lasting.

Moreover, professionals may not fully understand their partner agencies' differing mandates, priorities, and operations. Divergent belief systems and misunderstandings of each other's operations may lead to mistrust and disrupt effective collaboration.

Module 2 provides key steps to address these differences among partners, as well as strategies to build both trust and a shared commitment to the initiative.

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.

KEY STEPS IN DEVELOPING TRUST AND SHARED COMMITMENT TO THE INITIATIVE

IDENTIFY DIFFERENCES IN VALUES

One of the most critical activities at the outset is to have open and honest discussions about the partners' values and beliefs, while establishing principles on how they will work together. Unless teams acknowledge their differences across systems, these differences will emerge repeatedly and frustrate efforts to make important changes.

Each partner in the collaborative team has values that reflect their organizational and professional training. These values support the primary focus of the agencies. The chart below shows some of the inherent focus areas:

Examples of Primary Focus for Each System in the Collaborative:

AGENCY	PRIMARY VALUE
CHILD WELFARE	Safety, permanency, and well-being of the child
ALCOHOL, DRUG, AND MENTAL HEALTH TREATMENT AGENCIES	Recovery and treatment outcomes for the parent
DEPENDENCY COURTS	Safe living arrangements and permanent caregiving relationships for the child

Also related to values, beliefs, and approaches is the critical need for collaboratives to discuss disproportionality and underserved populations and identify stigmas and negative perceptions often associated with parents who have SUDs. These may include:

"They don't really want to change"
"They must love the drug more than their children"
"Once an addict, always an addict"
"They lie"
"They need to hit rock bottom before..."

Once the collaborative has identified its perceptions of parents with SUDs and disparities in both access to services and outcomes, teams must establish ongoing cross-systems training and education to promote a better understanding of addiction, the treatment and recovery process, and the mandates/requirements for child welfare services and courts and resolve barriers for underserved populations. This process can help ease negative perceptions of parents with SUDs as well as professionals in each of the systems.

Achieving common vision and principles to guide the collaborative among all systems requires extraordinary effort since the three agencies have quite different mandates, training, funding, timing, and methodologies. Partners must proactively discuss these differences to address bias and enhance understanding and respect for the role each system and professional discipline plays. It is not effective to force agreement in areas where people simply do not agree. Authentic discussions regarding differences ultimately yields statements of mission, values, and principles the entire team can endorse and support.

Many methods exist to assess collaborative values. Many jurisdictions use the *Collaborative Values Inventory (CVI)*, a self-administered questionnaire offering an anonymous way of assessing the extent to which group members share ideas about values underlying their collaborative efforts. The CVI is a short and simple tool used to identify areas of commonality and difference otherwise overlooked because people either feel uncomfortable discussing values or focus solely on program and operational issues.

NCSACW provides technical assistance to help collaborative teams complete and analyze CVI results. Contact the NCSACW for more information.

IDENTIFY COMMON VALUES AND DEVELOP A STATEMENT OF SHARED PRINCIPLES

Team members must not only acknowledge their differences, but also reinforce the values they hold in common to develop shared principles for their collaborative work. Although structural and philosophical differences exist among the child welfare, alcohol and drug treatment, mental health treatment, healthcare, and court systems, staff from all systems share several core goals:

Tailor services to the specific needs of the individual or family

Provide services in a timely manner

Provide services in a manner appropriate for the gender and culture of the individual or the family

Keep children safe from harm

Keep families together when possible (and safe)

Team members must explicitly identify shared values and principles for their cross-agency work. These act as the building blocks for crafting a mission statement.

Examples from a statement of shared principles:

All children deserve to live in a safe environment.

Effectively addressing parental SUDs, mental health, and related problems among families involved in the child welfare and court systems would contribute to positive outcomes for everyone.

SUDs must be addressed in the context of other issues affecting children and parents, including parenting, domestic violence, physical and mental health, criminal justice involvement, nutrition, housing, family services, education, and employment.

No one single agency or service system has the resources and expertise to respond adequately to the needs of parents with SUDs and involved with child welfare services; however, when agencies work collectively, they can build these capacities.

Early and effective intervention for SUDs, mental health, and related problems among families involved in child welfare services contributes to better outcomes related to safety, child and family well-being, permanency, and recovery.

A statement of shared principles ensures that each family's outcomes are more important than any one agency's activities, and that the partners will monitor outcomes to assess whether the lives of children and families have improved.

CREATE A MISSION STATEMENT BASED ON EXPLORATION OF VALUES AND PRINCIPLES

A clear mission statement details the goals of the initiative. It's also based on the values and principles of collaboration that all partners share. Finally, a mission statement defines the client-specific outcomes of innovative collaborative approaches, and the systems changes necessary to sustain them over time.

The amount of attention paid to establishing collaborative principles and a joint mission determines whether the resulting practice model can serve as a tool for increasing accountability in this effort, or is simply a list of disconnected, abstract principles. If a practice model merely expresses partners' hopes that they will coordinate their activities, as opposed to laying out a concrete plan for achieving family-focused outcomes, the model may have no practical impact.

Partners also need to distinguish between two different components of a mission statement: client-related goals and system-related goals. Practice changes among collaborative partners frequently take the form of a project. Small-scale projects, even when they are innovative, do not make an impact on a large number of clients. Moreover, they often do not change the system in which they operate.

Partners might want to ask (and answer) these questions before proceeding:

- Who is the client?
- How significant is the problem, and how will joint efforts change the data points on the reported prevalence of both the problem and outcomes for families?
- Whose resources should we use for joint efforts? What is a fair way to allocate resources to different systems for shared responsibilities?
- What are parents' responsibilities? What is the system's responsibility to provide parents and children with timely and effective services?
- Which children and parents do we prioritize for receiving help? How long will we provide this help?

A mission statement documents the purpose of the collaborative's initiative and ensures continued commitment despite any turnover of administration or staff.

A sample mission statement:

All families affected by substance use, mental health disorders, and involved with child welfare services receive comprehensive, family-centered treatment promoting family recovery, safety, permanency, and well-being.

REVIEW CURRENT OPERATIONS

Professionals from one system may have little knowledge or understanding of the mandates, responsibilities, and priorities that guide the operations of other collaborating agencies. To meet the needs of families affected by SUDs and child maltreatment, staff from child welfare, alcohol and drug treatment, mental health treatment, healthcare, and court systems must learn about each other's roles, responsibilities, terminology, and current practices. Conversations and exercises educating partners on each other's practices remain valuable for team members; they help uncover current strengths and barriers in collaboratively serving families affected by SUDs.

One exercise collaborative partners can do to better understand practice efficacy is to conduct a systems walkthrough. This can assess the ability of cross-system practices to achieve desired results or outcomes, such as family reunification, successful completion of treatment, and child safety. A walkthrough identifies how efficiently families move through the systems.

During an in-person or virtual walkthrough, identified representatives from each key agency follow a hypothetical case example through the course of receiving services. The walkthrough can help team members:

- Develop a solid understanding of the system as it currently exists
- Identify any problem areas (e.g., inconsistency of referrals, delays in accessing SUD treatment, lack of services/involvement from critical stakeholders, problems with engagement and retention, disparities in accessibility and outcomes, lack of communication across systems)
- Generate ideas for improving organizational processes

The NCSACW offers technical assistance to communities on conducting systems walkthroughs as well as a tool outlining the process. Once partners understand current practices, the team develops goals and an action plan to address the identified barriers and challenges.

Contact *NCSACW* to learn more.

THE ROLE OF TRAINING

Addressing values and developing shared principles require a cross-systems training program—one that provides collaborative partners with a deep understanding of the unique challenges and needs of these families. These include the SUD and mental health treatment and recovery process and the effect SUDs and mental health challenges have on children and families.

Training curricula for child welfare and court professionals should include the fundamentals of SUDs, mental health, treatment and recovery, and how SUDs and mental health challenges can affect child safety and well-being. Collaborative teams should leverage the expertise of their local SUD and mental health treatment partners when developing training. At a minimum, child welfare and court professionals should understand:

- How and why people develop SUDs and mental health disorders
- Types of SUDs and mental health challenges
- How addiction and mental health challenges affects a person's ability to function (particularly as a parent)
- How people are screened and assessed for SUDs and mental health disorders
- Types of treatment available to families
- The role of relapse in the recovery process
- How treatment improves family stability, employment, and other outcomes

The NCSACW offers free online tutorials geared toward SUD treatment, child welfare, and court professionals who work with these families. Many communities have implemented this training as a required component of their new staff training package. The NCSACW also offers a child welfare training toolkit to teach workers about substance use and co-occurring disorders among families involved in the child welfare system.

It is also essential that SUD and mental health treatment professionals receive training about basic principles of child safety, stages of child development, and ways that parental SUDs and mental health challenges affect children at all developmental stages, including prenatal substance exposure. Staff working in the SUD and mental health treatment systems need specialized training that addresses at least the following:

- State definitions of child maltreatment
- The role of the SUD and mental health treatment providers in reporting suspected abuse or neglect
- Benefits of addressing family dynamics and potential child maltreatment when working with a parent who has a SUD and/or mental health challenges
- Other family issues arising when parents are involved with child welfare
- How treatment staff help parents prepare for child welfare and court reviews
- How Adoption and Safe Families Act (ASFA) requirements influence decisions regarding treatment
- How treatment improves family stability, employment, and other outcomes

Just as child welfare staff need to explore their beliefs about addiction, SUD and mental health treatment professionals need opportunities to address their experiences with, and exposure to, the child welfare and court systems. They should also identify the attitudes stemming from these experiences. Training must also help SUD and mental health treatment professionals recognize how their personal beliefs and attitudes regarding child maltreatment may affect their ability to work with families.

Cross-systems training should compliment the information gleaned in the walkthrough to help collaborative partners gain a solid understanding of their partner agencies' systems and processes. Training should allow child welfare and court professionals to learn the following information about their local SUD and mental health treatment providers:

What are the procedures for making assessment referrals regarding the nature and extent of substance use and/or mental health challenges? Who has to "sign off" on referrals?

Where are SUD and mental health assessments conducted and how accessible are these locations to families? Who pays for assessments?

What assessment instruments are used? Are they always the same, and if not, why are different ones used? How long do assessments take?

Is there a waiting list for an assessment, and if so, how long is it?

What do the "results" look like? What releases of information are necessary to receive them? How long does it take? How are the results used to decide what type of treatment (particularly residential treatment) is needed?

What treatment and recovery resources are available in the community? Are there waiting lists, and if so, how long are they and for what type of treatment? Are there interim programs for parents while they wait for an opening in a treatment facility?

What are the implications of SUD and mental health assessments and type of treatment selected for child welfare planning?

Training should allow SUD treatment, mental health, healthcare, and other community-based agency professionals to answer the following questions about how their local child welfare systems operate:

What are the indicators of child maltreatment and how are reports made?

How does child welfare staff respond to reports of maltreatment, and how are initial and subsequent investigations and assessments made?

What assessment forms are used, and how long does it take to conduct an investigation or assessment?

What happens when a child abuse report to a hotline turns into allegations of child abuse or neglect? What happens when the allegations are not substantiated? What happens when they are substantiated? How long does it take to determine whether reports are substantiated?

How does child welfare make determinations about removing a child from a parent's custody and how do they determine when to return a child? What services are available to children and families, and how are those services delivered?

What are the implications of child welfare findings for treating mental health and SUDs?

NEXT STEPS

The first four modules in 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. After collaborative teams have cultivated a trusting relationship built on an agreed-upon mission statement, shared principles, and understanding of each other's systems, the next step is to develop communication pathways and information-sharing agreements.

The next module in this series, *Module 3 – Setting the Collaborative Foundation: Establishing Practice-Level Communication Pathways and Information Sharing Protocols among Collaborative Teams*, describes the client-level information needed among the various partner agencies, addresses confidentiality considerations, and provides strategies for developing protocols.

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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