

BUILDING COLLABORATIVE CAPACITY SERIES

MODULE 3



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). 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:

Establishing Practice-Level Communication Pathways and Information Sharing Protocols

Once a collaborative team is established to improve policy and practice for families both affected by substance use disorders (SUDs) and involved in the child welfare system, the partners must develop effective communication and information sharing protocols. Doing so will ensure that each partnership agency has access to the client-level information needed to best coordinate their services and the system-level data to monitor their effectiveness.

Child welfare agencies, alcohol and drug services agencies, healthcare providers, mental health treatment providers, and courts need to communicate consistently to monitor how parents and children are progressing with SUD and other treatment, identify any problems, and make any needed adjustments to the treatment or case plan. It is critical to develop clear administrative policies and protocols so confidential information is protected and properly exchanged to protect participants' rights. Building trust among the partners is essential to ensure information will be shared with discretion and in accordance with the established rules.

Information sharing must occur at both the practice and administrative levels.

At the practice level, partners need to share information to measure and track family members' progress in meeting the goals developed in the case plan. This entails sharing the following types of information:



Details about an individual's recovery from substance use, which includes periods of sobriety, the nature and frequency of lapses or relapses, negative drug test results, and participation in treatment activities



Engagement in parenting, mental health, employment, or other services identified in the child welfare case plan



Consistency and quality of child visitation



Indicators of safety and stability for the children

At the administrative level, partners need to create a way to access information across the system's datasets to monitor and evaluate the overall success of the initiative. The next module in this series (Module 4) focuses on information sharing at the administrative level.

Module 3 provides key steps collaboratives can take to establish communication pathways and concrete protocols to ensure consistent, proper exchange of client information at the practice level.

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 TO DEVELOP EFFECTIVE PRACTICE-LEVEL COMMUNICATION BETWEEN SYSTEMS

DETERMINE PATHWAYS OF COMMUNICATION

Collectively serving families affected by SUDs requires partnership agencies to address the following questions:

- Is there a substance use or a child abuse and neglect issue in the family? If so, what is the urgency of the issue?
- What is the nature and extent of the issue?
- What is the response to the issue?
- What clinical and supportive services are needed to support the family?
- How are the parent, child, and family in clinical and supportive services progressing with the case/treatment plan?
- Is the family ready for transition, and what happens after discharge?
- Did the interventions work?

Responding to these questions requires formal and clear patterns of communication between the distinct agencies serving these families. The pathways of communication graphic shows the communication that must flow between child welfare, alcohol and drug services, courts, mental health treatment providers, and healthcare/community-based agencies. Collaborative teams must discuss the questions and considerations throughout the entire case; it's necessary to understand the communication that must occur within and among the agencies, while identifying any barriers to information sharing. The team must then determine the precise information each agency needs to know, and the method and frequency of information exchange.

- Child Welfare Services Agency
- Alcohol and Drug Services Agencies
- Dependency Courts and Family Treatment Courts
- Healthcare and Community-based Agencies



IDENTIFY SPECIFIC CLIENT INFORMATION FOR EACH AGENCY TO SHARE

The collaborative team must determine which information should be shared among partners at different points in the timeline of the case. Not all information discussed in SUD treatment needs to be shared with child welfare services and the courts. Privacy considerations limit the nature and extent of information disclosed. For example, a parent may share details of traumatic life events with SUD or mental health treatment counselors; however, legal professionals do not need these details to develop their advocacy positions or court orders. It is important to work closely with local SUD treatment agencies to identify which information to share according to confidentiality regulations.

Information about attendance in treatment, drug testing results, and progress in treatment is often shared as long as the client has submitted a signed consent. In some communities child welfare agencies have agreed to share case plans with treatment providers, and treatment providers share treatment plans with child welfare. Relapse prevention and safety plans can help service providers inform each part of treatment process. It is important to discuss with families the specific information the agencies plan to share.

Some parents may want to limit shared information; they may only agree to share treatment attendance and drug testing results. This discussion is an important opportunity to engage the parent and to understand their concerns related to sharing. The module provides a detailed description of confidentiality laws, the development of client consent forms, and information sharing agreements and protocols in the next section.






Relapse prevention and safety plans can help service providers inform each part of treatment process.






The following graphics show examples of the types of information each key agency might share with partner agencies throughout the child welfare and SUD treatment case. Please note: these examples do not provide the full range of possibilities when it comes to sharing information among systems. Each collaborative team should discuss and complete a personalized Pathways of Communication Template spelling out specific information shared by the agencies involved with their partnership.

INFORMATION SHARED BY CHILD WELFARE SERVICES

 SCREENING AND IDENTIFICATION	 ASSESSMENT OF NEEDS AND DEVELOPMENT OF TREATMENT/CASE PLANS	 ENGAGEMENT IN SERVICES AND MONITORING CHANGE
<ul style="list-style-type: none"> • Results of the substance use screen or observations and indicators of substance use • Known history of child welfare involvement, including any children previously removed and/or reunified • Information about whether the case involves prenatal substance exposure • Risk or safety factors for children in the home 	<ul style="list-style-type: none"> • Results of the child welfare investigation/assessment (e.g., whether allegations are substantiated, or whether a case is opened) • Child welfare services case plan • Identified clinical services needs for parent and children (e.g., mental health, developmental, early intervention, trauma) and referrals • Identified supportive services needs for the family (e.g., housing, transportation, childcare, education, employment, life skills) and referrals 	<ul style="list-style-type: none"> • Progress and participation in the child welfare case plan • Observations of the frequency and quality of family time, including opportunities for parenting skills practice and parent-child interaction, as well as any safety concerns • Progress and participation in services for children • Any other observations pertinent to the case • Permanent placement decisions




INFORMATION SHARED BY ALCOHOL AND DRUG SERVICES

 SCREENING AND IDENTIFICATION	 ASSESSMENT OF NEEDS AND DEVELOPMENT OF TREATMENT/CASE PLANS	 ENGAGEMENT IN SERVICES AND MONITORING CHANGE
<ul style="list-style-type: none"> • Results of SUD assessment • Physical and behavioral observations of substance use • Drug test results • Diagnosis and level of care recommended, treatment services recommended, and SUD treatment plan • Knowledge of children in the home and any safety concerns 	<ul style="list-style-type: none"> • Identified strengths and needs of the family, including family-centered treatment or children's services • Identified need and any referrals to clinical services for parents and children (e.g., mental health, developmental services, early intervention services, trauma services) and supportive services for the family (e.g., housing, transportation, childcare, education, employment, life skills) • Medicaid or health insurance status and healthcare needs (shared with healthcare providers) 	<ul style="list-style-type: none"> • Level of treatment being offered • The degree of parental participation in SUD treatment (e.g., whether parents are regularly attending sessions, including individual, group, case management meetings, and others) • The quality of engagement and progress in treatment, including behavioral changes and positive steps toward recovery • How the family is doing within domains of recovery (e.g., SAMHSA's four domains of health, home, purpose, and community) • Parental engagement with recovery supports (e.g., peer support and recovery meetings) • Observations of the frequency and quality of family time, including opportunities for parenting skills practice and parent-child interaction, as well as any safety concerns • Relapse prevention plans • If parents have relapsed or left treatment • The timeframe for anticipated successful completion of treatment • Discharge plans and aftercare recommendations and referrals

INFORMATION SHARED BY DEPENDENCY COURTS/FAMILY TREATMENT COURTS

 SCREENING AND IDENTIFICATION	 ASSESSMENT OF NEEDS AND DEVELOPMENT OF TREATMENT/CASE PLANS	 ENGAGEMENT IN SERVICES AND MONITORING CHANGE
<ul style="list-style-type: none"> • Court orders (if applicable) • Placement of child(ren) 	<ul style="list-style-type: none"> • Court orders, including key written findings as mandated by the Adoption and Safe Families Act (ASFA) and state statutes • Service provision requirements for child welfare services, SUD treatment, and community-based agencies • Case plan and SUD treatment plan recommendations • Orders and plans for family time/visitation 	<ul style="list-style-type: none"> • Court orders, including child placement changes • Outcomes monitoring (e.g., recidivism, new filing of petition, sibling entry into care) • Family progress in clinical and other supportive services and family time/visitation

INFORMATION SHARED BY HEALTHCARE AND COMMUNITY-BASED AGENCIES

 SCREENING AND IDENTIFICATION	 ASSESSMENT OF NEEDS AND DEVELOPMENT OF TREATMENT/CASE PLANS	 ENGAGEMENT IN SERVICES AND MONITORING CHANGE
<ul style="list-style-type: none"> • Insurance status and Medicaid eligibility • Healthcare history • Information about prenatal substance exposure, hospital discharge plans, and plan of safe care (POSC) • Identified need for healthcare services, as well as clinical and supportive services for parents and children 	<ul style="list-style-type: none"> • Medical treatment plan to meet identified healthcare needs • Clinical services treatment plan for parents and children (e.g., mental health, developmental, early intervention, trauma) • Case plan for supportive services (e.g., housing, transportation, childcare, education, employment, life skills) 	<ul style="list-style-type: none"> • Attendance of healthcare appointments (e.g., prenatal appointments if parent is currently pregnant, postpartum visits, well-woman visits, pediatric visits for children) • Treatment progress in clinical services for parents and children (e.g., mental health, developmental services, early intervention services, trauma services) • Progress in supportive services for the family (housing, transportation, childcare, education, employment, life skills)

After the steering committee fully understands federal, state, and jurisdictional regulations related to privacy, it must develop a client consent form allowing parents to provide written permission to share information about their progress and participation in SUD treatment. Parents must sign a written consent form compliant with 42 CFR Part 2 so their SUD treatment provider can share information with child welfare agencies and the court. Collaborative teams can jointly develop a consent form all partner agencies use, or teams can use a federally approved consent form. The form should reflect prior work the collaborative team has done in addressing values and developing the mission for the initiative.

UNDERSTAND CONFIDENTIALITY LAWS

Child welfare agencies, alcohol and drug services, healthcare services, and courts all operate within strict federal, state, and jurisdictional guidelines regarding how information about families may be shared. Families also have a legal and ethical right to trust this information will be kept confidential. Yet, it is possible to develop information sharing policies that do not violate legal or ethical standards.

The steering committee can take the lead in developing protocols for sharing sensitive information that complies with regulations. Team members and others should know:



The basic federal confidentiality rules for SUD treatment providers and the reasons for these rules



Additional state law restrictions that govern confidentiality (state laws may be more restrictive than federal requirements)



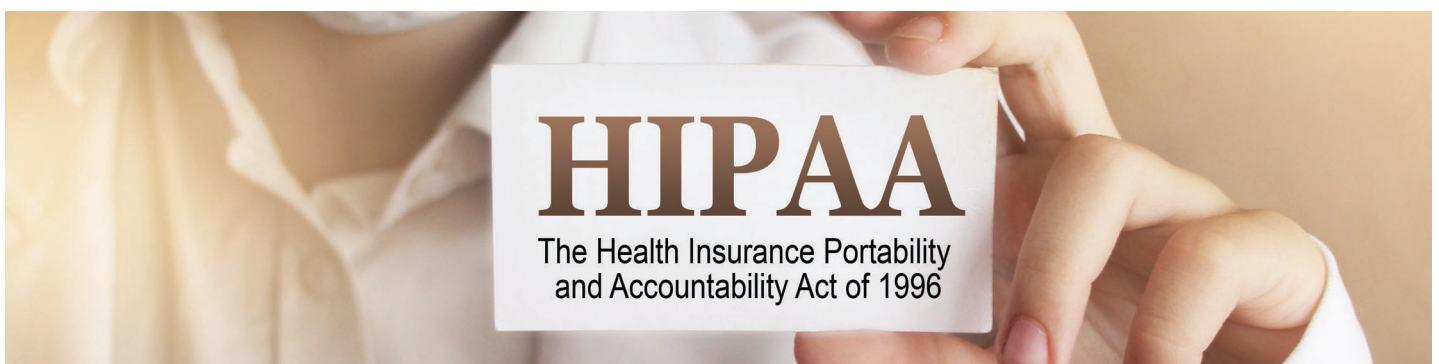
The basic federal, state, and local laws governing confidentiality in the child welfare, court, and healthcare systems

The key federal government regulations affecting SUD treatment and health care are the 42 Code of Federal Regulations (CFR) Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule. Both laws protect client privacy by regulating how client information can be shared and disclosed.

Alcohol and drug treatment records are governed by 42 CFR Part 2 — prohibiting SUD treatment providers from disclosing client identities or records without written consent. When information is disclosed with the parent’s written consent, the disclosing entity must include a notice that “re-disclosure” of the information is prohibited without further authorization from the parent. If a parent authorizes an SUD treatment provider to share certain information with the child welfare professional, that professional is not allowed to share this information with anyone else who is not specifically identified on the consent form.










The HIPAA Privacy Rule provides federal privacy protections for individually identifiable health information, while also allowing the flow of information required to provide high-quality health care, and to promote health and well-being.

The Substance Abuse and Mental Health Services Administration (SAMHSA) published a series of fact sheets and FAQs providing additional information on 42 CFR Part 2 and HIPAA. The Legal Action Center also provides a variety of resources related to 42 CFR Part 2.



DEVELOP A CLIENT CONSENT FORM

The following information must be included on consent forms:

-  Name or general description of programs making disclosure
-  Name or title of individual or organization that will receive disclosure
-  Name of the person who is the subject of disclosure
-  Purpose or need for disclosure
-  How much and what kind of information will be disclosed
-  Statement that the person giving consent may revoke (take back) consent at any time, except to the extent the program has already acted on it
-  Date, event, or condition upon which consent will expire, if not previously revoked
-  Place for a signature (and, in some states, parent signature is also required)
-  Date on which consent is signed

DEVELOP AN INFORMATION SHARING AGREEMENT

Upon determining pathways of communication and types of information to be shared, the steering committee should establish a formal protocol that staff from all key systems involved with the initiative can use. This protocol must outline the specific information to be exchanged, along with the method and frequency of the exchange. Each agency should agree on the parameters of this protocol and disseminate the information across their agencies. Having a formal protocol in place ensures information is shared consistently over time and that families are not over-identified, and that all confidentiality requirements are met.

THE ROLE OF TRAINING

Successfully implementing an information sharing protocol requires ongoing training for the collaborative partners to ensure they understand:

- The importance of consistent information sharing across systems
- The client-level information needed by their collaborative partners
- Confidentiality requirements
- The detailed processes for sharing information

The collaborative team (or the training subcommittee if one has been established) must develop a plan to train all agency staff on the information sharing protocol. Teams must reassess their training over time and repeat as necessary to account for staff turnover and new staff joining the initiative.

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. After a collaborative team has developed a concrete protocol dictating proper sharing of client information among systems, the next step is for the team to develop administrative-level sharing processes that ensure efficient data management and monitoring of program outcomes.

The next module in this series, [*Module 4 – Setting the Collaborative Foundation: Establishing Administrative-Level Communication Pathways to Monitor and Evaluate Program Success*](#), describes how collaborative initiatives can develop administrative-level data sharing, monitoring, and evaluation to jointly track families across systems and evaluate program success.

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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