

Pathways to Collaboration: Understanding the Role of Values and System-Related Factors That Contribute to the Adoption of Promising Practices between Child Welfare and Alcohol and Drug Systems

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Preface

This report contains a summary of findings from the research project on research on “Pathways to collaboration: Understanding the role of values and system-related factors that contribute to the adoption of promising practices between child welfare and alcohol and drug systems.” The findings are based on data from respondents in both child welfare and substance abuse from a Collaborative Values Inventory and a Collaborative Capacity Instrument. Specifically, the following analyses are summarized:

- Factor analysis and reliability testing of both the Collaborative Values Inventory and the Collaborative Capacity Instrument.
- Findings from the Collaborative Values Inventory
- Findings from the Collaborative Capacity Instrument

It is important to note that the current study was modified, with approval from CalSWEC, from the original proposal. Between submission of the original proposal and project start up, the primary collaborating organization, Children and Family Futures (CFF), launched a National Center of Substance Abuse and Child Welfare (NCSACW) with joint funding from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration of Children Youth and Families (ACYF), Children’s Bureau’s Office on Child Abuse and Neglect. NCSACW’s goals are to develop and implement a comprehensive program of information gathering and dissemination, to provide technical assistance, and to develop knowledge that promotes effective practice, organizational and system changes at the local, state, and national level. As part of the NCSACW start up and in preparation for providing consultation to selected states in the U.S., CFF changed and expanded both the Collaborative Capacity Instrument (CCI) and Collaborative Values Inventory (CVI).

These new inventories are currently being used and disseminated by the NCSACW. Consequently, the study was modified to gather data using the new instruments. Analysis of the data from these new instruments provided an exciting opportunity to 1) refine instruments that will be widely used to evaluate collaboration in California and nationally and 2) examine differences and commonalities between child welfare and substance abuse fields in relation to domains of collaboration that were not addressed in earlier versions of the instruments.

Although a secondary analysis, conducted based on instruments no longer in use, was provided in a preliminary report to the Research and Development Committee in January of 2004, this report focuses solely on research using the current version of the instruments. In order to obtain

a sufficient sample for the factor analysis using the new instruments, the study sample size was increased without additional funding. The final number of inventories collected for this study (N=350) substantially exceeded the original project goals (N=100).

Executive Summary

Research over the past decade has documented a strong correlation between substance abuse and problems of child abuse and neglect (CASA, 1999; Curtis & McCullough, 1993; Karoll & Poertner, 2002; Kelleher, Chaffin, Hollenberg, & Fischer, 1994; Magura & Laudet, 1996; Maluccio & Ainsworth, 2003; McAlpine, Marshall, & Doran, 2001; Peterson, Gable, & Saldana, 1996; Smith, 2003; Sun, Shillington, Hohman, & Jones, 2001; E. Tracy & Farkas, 1994; Widom, 1993). Although many data collection systems do not collect accurate data on substance abuse and child welfare, most studies suggest parental substance abuse is a factor in one-third to two-thirds of children involved in the child welfare system (DHHS, 1999). Substance abuse is a significant factor in out of home placements (Barth, 1994; Maluccio & Ainsworth, 2003; Zuravin & DePanfilis, 1997) as well as re-reports of maltreatment and re-entry of children into foster care (Duerr Berrick, Lim Brodowski, Frame, & Goldberg, 1997; GAO, 1998; Wolock & Magura, 1996).

A growing body of research and policy analysis focused on addressing the needs of substance abusing families in child welfare call for “bridging the gap” in values and attitudes between substance abuse and child welfare systems and developing collaborative models for intervention and case planning (DHHS, 1999; Legal Action Center, 2003; Young & Gardner, 2002). Recent changes in national and state law that limit timelines for potential reunification and the high prevalence of children of substance abusing families in out of home placements underscore the importance of addressing these differences effectively (Young & Gardner, 2002). At the same time, we have little empirical knowledge of how values and attitudes about substance abusing parents as well as differences in personnel, philosophies, and interventions between these two fields may be better aligned to facilitate successful collaboration in programs and cooperation in case planning.

The aim of this study was to investigate the role of values and other system-level factors in facilitating or impeding the development of collaborative models for improved intervention and shared case planning with substance abusing families. The specific research questions were as follows:

1. What is the relationship between values and discipline (e.g., what are the differences or primary areas of disjoint in values between child welfare and substance abuse professionals)?
2. What is the relationship between staff level in the system (e.g., manager, supervisor or line staff) and collaborative values?
3. How do measures of values and perceived collaboration differ in counties that are developmentally in different stages of collaboration (e.g., formal collaboration vs. early collaboration)?
4. How do measures of values of professionals in each system relate to measures of perceived collaborative capacity?

Methods

To explore these questions, this study used a cross sectional survey research design to examine similarities and differences in values and perceived capacity for collaboration between child welfare and alcohol and other drug treatment professions from counties that have formal collaborative programs and written agreements as well as counties that are just starting collaboration. Data were gathered from a purposive sample of 350 managers, supervisors and line staff who work with families impacted by substance abuse and also involved in the child welfare system. Respondents included professionals in child welfare, substance abuse treatment, and other allied fields (such as dependency court officers or attorneys, domestic violence, and mental health) in twelve counties in California. Data were gathered between January and August of 2004 using two surveys: a Collaborative Values Inventories (CVI) and Collaborative Capacity Instrument (CCI). The response rate was approximately 57%.

The collaborating counties in this study were selected based on their adoption of “promising practices” in collaboration between systems (Young & Gardner, 2002). Promising practices in collaboration include initiatives such as the use of outstationed substance abuse staff in child welfare agencies, early intervention/outreach specialists in child welfare court disposition hearings, dependency drug court, and other formal collaborative programs and agreements between systems. Other counties were prioritized based representation of small, mid-size and large counties and their interest in advancing their collaborative capacity. Participating counties, listed in alphabetic order, included the following:

- ❖ Contra Costa County
- ❖ Glenn County
- ❖ Humboldt County
- ❖ Merced County
- ❖ Napa County
- ❖ Sacramento County
- ❖ San Diego County
- ❖ San Joaquin County
- ❖ San Luis Obispo County
- ❖ Shasta County
- ❖ Stanislaus County
- ❖ Tehema County

Individual respondents from participating counties were recruited with the help of key informants in each of the counties. Characteristics of respondents are characterized below:

- ❖ Respondents were professionals in the alcohol and drug field (38.4%), child welfare (45.1%) and other related fields such as dependency court, mental health, domestic violence and probation (16.5%).
- ❖ The mean number of years of professional experience was 11.4 (range from 1 to 33 years)
- ❖ The mean age of the respondents was 46.8 (range of 24 to 75 years).
- ❖ Approximately 55.4% were front line staff, 21.4% were supervisors, 16.8% were managers or administrators, and 5.8% were other.
- ❖ Approximately 19.4% were male, 71.2% were female and 9.4% did not provide data related to gender.

- ❖ Race/ethnic identification of respondents was as follows: 2.6% African American, 2.6% Asian/Pacific Islander, 64.6% Caucasian, 8.6% Hispanic/Latino/a, 2.3% Native American, 2.3% other and 17.1% did not provide data about ethnicity.

Findings from a Factor Analysis of the Collaborative Values Inventory and the Collaborative Capacity Instrument

The instruments used in this study were developed by Children and Family Futures/National Center for Substance Abuse and Child Welfare: the Collaborative Values Inventory and the Collaborative Capacity Instrument. Although these instruments are commonly used as tools in establishing or enhancing collaboration in work with California counties and state agencies in the U.S., studies have not yet been conducted to examine the strength of these instruments. Factor analysis was used to provide information about the internal consistency of the instruments as well as to explore the factors and specific items that comprise these instruments.

The Collaborative Values Inventory (CVI) measures responses to 47 statements about values and beliefs related to collaboration on a scale from 1-4 (strongly disagree to strongly agree). Two items measure respondent estimates of the proportion of client success in substance abuse and child welfare systems using an 11-point scale (in 10 point increments from 0% to 100%). The overall internal consistency for the Collaborative Values was strong: .8643. Factor analysis and reliability testing on the first 47 items and revealed seven underlying dimensions of the instrument: values and beliefs related to planning and outcomes, drug using parents, parental accountability, service systems, funding, courts, and priorities. Seven items that did not load well on any factor were dropped from the analysis. The internal consistency of the factors was generally reasonable (around .60 or more) or good (above .70). The two items related to success in treatment were analyzed as an eighth factor and had strong internal consistency (alpha <.80).

The Collaborative Capacity Instrument, also developed by Children and Family Futures, was designed to assess collaborative process in 10 areas using a Likert type scale (agree, somewhat agree, disagree and a fourth option of not sure). Each of these 10 areas (comprised of items that relate to each other conceptually) was treated as a separate factor.

- Underlying Values and Principles of Collaborative Relationships
- Daily Practice – Screening and Assessment
- Daily Practice – Client Engagement and Retention in Care
- Daily Practice – Services to Children
- Joint Accountability and Shared Outcomes
- Information Sharing and Data Systems
- Training and Staff Development
- Budgeting and Program Sustainability
- Working with Related Agencies
- Working with the Community and Supporting Families

In addition, the instrument includes two subscales in which respondents rank their county services separately for alcohol and drug treatment and child welfare services in 5 areas (gender specific, culturally relevant, geographically accessible, family focused, age-specific responses to

children's needs, and adequacy of adolescent treatment) on a scale from one to five (poor to excellent). These two subscales were analyzed separately. The reliability of the full instrument was very strong: .97. Furthermore, each of the 12 factors that make up the instrument has strong internal consistency of approximately .80 or above.

Findings: Differences & Commonalities by Field of Practice

Composite scores were created for each of the factors in the Collaborative Values Inventory (CVI) and Collaborative Capacity Instrument (CCI) which, in turn, were used to examine differences in mean scores (using ANOVA) between respondents classified as working in different fields of practice: child welfare, substance abuse, and "other" (e.g., courts, health, mental health, domestic violence) fields.

Scores related to beliefs and values from the Collaborative Values Inventory were similar among respondents across disciplines in several areas.

- ❖ Strong agreement with statements about priorities, such as the importance of addressing substance abuse issues and child welfare, was consistent across fields (M=3.8 on a scale in which 4 represents "strongly agree"). Respondents across fields also tended to disagree with statements corresponding to beliefs about dependency court (M=2.3, with the value of 2 representing "disagree"), including statements asserting that judges and attorney responses to parents with alcohol and drug problems are appropriate and effective and that dependency courts do a good job involving communities in planning and evaluating court services.
- ❖ Respondents had similar levels of agreement (M=3.1) related to beliefs about improving service delivery systems and community systems, although separate analysis of items revealed that child welfare respondents were more likely than respondents from the alcohol and drug field to perceive confidentiality of client records as a barrier to collaboration or to believe that publicly funding substance abuse treatment providers should give higher priority to women referred from child protective services.
- ❖ Respondents from different disciplines also had similar responses to a question about the three "most important causes of problems affecting children, families, and others in need in our community" from a menu of 25 options. Although there was some variation in the proportion assigned to specific problem areas, the issues consistently identified as fundamental causes of problems that impact children and families included the following: drug abuse, mental illness, alcoholism, child abuse, poverty, and domestic violence.

Differences between respondents from child welfare, substance abuse treatment and other fields in three of the seven domains of the CVI were significant: Values and beliefs related to drugs and drug using parents, planning and outcomes, and funding. Follow up analyses on individual items within these areas was also conducted to explore these differences.

- ❖ Respondents from the alcohol and drug field scored higher than respondents from child welfare or other fields on a factor related to beliefs about drug using parents and drug use. Examination of specific items associated with this factor revealed that respondents from the AOD field were more likely to agree with items asserting that it is not possible

for parents to be effective parents if they use drugs, abuse drugs, or are chemically dependent. (There is no method in this study to measure whether respondents from alcohol and drug fields and child welfare conceptualize “effective” differently in these kinds of items). Although most respondents agreed that people who were chemically dependent have a disease for which they need treatment, this agreement was significantly higher among respondents from the alcohol and drug field.

- ❖ Although the score for the factor related to planning and outcomes was high overall (M=3.6), the mean from child welfare respondents was higher than alcohol and drug treatment professional in response to statements about the importance of community involvement in planning and other items related to planning services and developing outcome measures.
- ❖ Scores in the area of funding were higher among respondents from child welfare and other fields compared to respondents from the alcohol and drug treatment field, including responses to statements suggesting that programs should be funded based on results rather than the number of people served. Although most respondents disagreed with the statement that “there is enough money in the systems to respond to alcohol and drug problems today, we need to redirect the money to use it better,” disagreement was more pronounced among respondents from the alcohol and drug field.

Scores from the Collaborative Capacity Instrument were also compared between respondents from substance abuse, child welfare and other fields. Differences between fields were significant in four of the ten areas: services to children, collaborative treatment, assessment, and values. There were also significant differences in the two subscales for rating effectiveness of child welfare and alcohol and drug services.

- ❖ Mean scores for perceived development of services for children were lower among respondents from child welfare (M=1.69) compared to those from the alcohol and drug field (M=1.91).
- ❖ Respondents in other fields, including judicial officers, attorneys from dependency courts, mental health, and other fields, were more optimistic about collaboration in the areas of development of shared values, assessment, and treatment (mean approximately 2.4 in each area) compared to both child welfare and substance abuse treatment professionals (mean approximately 2.1 in each area in both fields).
- ❖ Respondents from the substance abuse field and respondents from child welfare tended to rate services (on a scale from 1 to 5) somewhat more highly in their own field. The scores for alcohol and drug services were significantly higher among respondents from the alcohol and drug treatment field (M=3.2) compared to respondents from child welfare (M=2.8). Scores for child welfare services were rated somewhat more highly by child welfare respondents (M=3.4) compared to respondents from the substance abuse treatment field (M=3.2).

Findings: Differences & Commonalities by Staff Level

Scores for factors were also compared between respondents who classified themselves as line staff, supervisors, and managers or administrators. Differences in values and beliefs measured by the Collaborative Values Inventory emerged in only one area: scores related to beliefs about drugs and drug-using parents were higher for line staff compared to both supervisors and managers. Line staff had greater agreement with assertions that illegal drugs are a bigger problem in the community than alcohol, that parents cannot be effective if they use drugs, and that abstention from use of alcohol or drugs should be the standard for deciding when to remove children from their parents.

Supervisors had lower scores on the Collaborative Capacity Instrument in several areas: treatment, outcomes, information and data, and services to children.

- ❖ In the area of engagement and retention of clients in care, supervisors were least likely and managers were most likely to agree that the county had adequate systems for monitoring jointly agreed upon client outcomes, used drug testing effectively to monitor compliance, had developed and trained staff in approaches that improve retention in treatment, or that AOD staff track the progress of clients in the CWS system.
- ❖ Supervisors were also least likely to agree with statements about the adequacy of children services and data systems. For example, they were less likely to agree that data systems could be used to identify gaps in monitoring clients, retrieve information about families involved in both CWS and AOD systems, or retrieve the percentages of families that receive services in both the AOD and CWS systems.
- ❖ Scores for alcohol and drug services were significantly higher among managers and administrators compared to supervisors ($p < .01$). Ratings of services in child welfare did not differ by staff level.

Differences & Commonalities by Level of Collaboration in County

Scores were compared for respondents from counties classified as having advanced collaboration and respondents from counties in earlier stages of collaboration. Differences in scores from the Collaborative Values Inventory were not significant. However, scores in two areas of the Collaborative Capacity Instrument were significantly higher among respondents from counties with a strong history of collaboration in two areas: screening and assessment training.

- ❖ Counties with advanced collaboration are more likely to report use of promising practices in multiple areas of screening and assessment such as development of a joint AOD-CWS-Dependency court policy on standardized screening and assessment of substance abusing families in CWS, use of outstationed AOD workers at CWS offices and courts, use of multidisciplinary teams for services and case planning, use of intake processes that allow the child welfare system to identify clients with prior AOD treatment episodes, and access by the AOD system to adequate information about child welfare cases to conduct assessments.
- ❖ In the area of training and staff development, counties with a strong history of collaboration were more likely to report having a multi-year staff development plan that

includes updates to training provided to CWS and AOD agencies on working together, implementing training programs that including staff's cultural competency in working with diverse AOD-CWS client groups, providing multidisciplinary training, and providing basic training on substance abuse and addition to attorneys who work in dependency court.

Discussion

The Collaborative Values Inventory (CVI) and Collaborative Capacity Instruments (CCI) appear to have strong reliability and to have utility in exploring different dimensions of collaborative values and collaborative practice. Although some items of the Collaborative Values Inventory did not appear to be strong statistically and were dropped from this study, it may be important to consider whether weak items could be re-worded in future inventories. For example, two of the items that did not correlate well with any of the factors in the Collaborative Values inventory focused on respondent perception of whether the problems of Indian children were significant in their county and whether agencies do a good job in responding to the needs of Indian children and families. Variability in responses (e.g., by people in counties with differing demographics) may have made these items appear weak statistically, while the questions remain important for initiating discussions about cultural competence in planning and practice.

Areas of commonality and difference between fields provide a rich opportunity for building on a sense of shared purpose and identifying problems to be overcome in the process of collaboration. For example, the near consensus about the importance of prioritizing addressing both substance abuse and child welfare issues may be a pivotal starting point for growing collaborative efforts, particularly if collaborating partners translate these values into formal policies and programs. The relatively low scores for the factor related to courts (on the CVI) may provide direction for examining opportunities to improve existing services. High concurrence about the importance of targeting children from substance abusing families in child welfare for services (in the CVI) in conjunction with the overall low score and for services to children (on the CCI) might also suggest opportunities for collaborative development of new finding or programming in this area.

Values and beliefs about substance abusing parents differed by both field of practice and by staff level. Development of policies and protocols for practice will likely require addressing fundamental exploration about how different stakeholders conceptualize the process of addiction as well as "effective" or "ineffective" parenting. These questions should be addressed in forums within counties and in schools of social work. Perceived quality of services tended to be in the "good" rather than "excellent range for both services systems and respondents tended to hold higher esteem for services in their own system. The degree to which this reflects a need for improvement in service design and access or a need for stronger understanding of services across fields of practice deserves exploration between stakeholders on a county level.

Counties in earlier stages of collaboration might benefit from formal opportunities to learn about collaborative processes, programs and policies from counties that have developed successful models in areas such as training and screening and assessment. State agencies could facilitate this process through technical assistance or state level convening of interdisciplinary teams from different counties. Although this study has limitations, such as the purposive sample design that

limits its generalizability to the state of California, it provides valuable insights about values and practices associated with collaborative practice across systems.

References

- Barth, R. P. (1994). Adoption of drug-exposed children. In R. Barth, J. Duerr Berrick & N. Gilbert (Eds.), *Child Welfare Research Review* (Vol. 1, pp. 273-294). New York, NY:: Columbia University Press.
- CASA. (1999). *No safe haven: Children of Substance Abusing Parents*. New York: Center on Addition and Substance Abuse at Columbia University.
- Curtis, P. A., & McCullough, C. (1993). The impact of alcohol and other drugs on the child welfare system. *Child Welfare*, 72(6), 533-542.
- DHHS. (1999). *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection*. Washington D.C.: U.S. Government Printing Office.
- Duerr Berrick, J., Lim Brodowski, M., Frame, L., & Goldberg, S. (1997). *Factors Associated with Family Reunification Outcomes: Understanding Reentry to Care for Infants*. Berkeley, CA: UC Berkeley School of Social Welfare, Bay Area Social Services Consortium.
- GAO. (1998). *Foster care: Parental drug abuse has alarming impact on young children*. Washington, DC: General Accounting Office.
- Karoll, B. R., & Poertner, J. (2002). Judges', caseworkers', and substance abuse counselors' indicators of family reunification with substance-affected parents. *Child Welfare*, 81(2), 249-269.
- Kelleher, K., Chaffin, M., Hollenberg, J., & Fischer, E. (1994). Alcohol and drug disorders among a physically abusive and neglectful parents in a community-based sample. *American Journal of Public Health*, 84(10), 1586-1590.
- LegalActionCenter. (2003). *Safe and sound: Models for collaboration between the child welfare and addiction treatment systems*. Washington, DC: Author.
- Magura, S., & Laudet, A. B. (1996). Parental substance abuse and child maltreatment: Review and implications for intervention. *Children and Youth Services Review*, 18(3), 193-220.
- Maluccio, A. N., & Ainsworth, F. (2003). Drug use by parents: A challenge for family reunification practice. *Children and Youth Services Review*, 25(7), 511-533.
- McAlpine, C., Marshall, C., & Doran, N. H. (2001). Combining child welfare and substance abuse services: A blended model of intervention. *Child Welfare*, 80(2), 129-149.
- Peterson, L., Gable, S., & Saldana, L. (1996). Treatment of maternal addiction to prevent child abuse and neglect. *Addictive Behaviors*, 21(6), 789-801.
- Smith, B. D. (2003). How parental drug use and drug treatment compliance related to family reunification. *Child Welfare*, 82(3), 335-365.
- Sun, A.-P., Shillington, A. M., Hohman, M., & Jones, L. (2001). Caregiver AOD use, case substantiation, and AOD treatment: Studies based on two southwestern counties. *Child Welfare*, 80(2), 151-177.
- Tracy, E., & Farkas, K. (1994). Preparing practitioners for child welfare practice with substance abusing families. *Child Welfare*, 73(1), 57-68.

- Widom, C. S. (1993). Child Abuse and Alcohol Use and Abuse. In S. E. Martin (Ed.), *Alcohol and Interpersonal Violence: Fostering Multidisciplinary Perspectives*. (pp. 291-314). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- Wolock, I., & Magura, S. (1996). Parental substance abuse as a predictor of child maltreatment re-reports. *Child Abuse & Neglect*, 20(12), 1183-1193.
- Young, N. K., & Gardner, S. (2002). *Navigating the pathways: Lessons and promising practices in linking alcohol and drug services with child welfare*. SAMHSA Publication No. SMA-02-3639. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- Zuravin, S. J., & DePanfilis, D. (1997). Factors affecting foster care placement of children receiving child protective services. *Social Work Research*, 21(1), 34-42.