

Pathways to Collaboration: Factors that help and hinder collaboration between substance abuse  
& child welfare fields

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**Executive Summary**

**Phase 2 - Pathways to collaboration: Factors that help and hinder collaboration between  
substance abuse and child welfare fields**

*Introduction and Methodology:*

This report describes the second phase in a research and curriculum development project funded with support from the California Social Work Education Center (CalSWEC) 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 first phase of this study examined values and perceived capacity for collaboration among 350 child welfare and substance abuse treatment professions from 12 California counties using two inventories: a Collaborative Values Inventory (CVI) and a Collaborative Capacity Instrument (CCI). The primary aim of phase two of the study was to examine factors that have helped and hindered the process of collaboration based on in-depth interviews with respondents (N=49) from substance abuse and child welfare fields working in counties with established formal collaborative policies and programs (identified through the first phase of the study)

*Overview of Findings*

Themes from these qualitative interviews pointed to several preconditions for the successful adoption of collaborative policies and practices between substance abuse and child welfare systems including a *prior history of collaborative activities* in the county and the emergence of *leaders who would “champion” the cause of collaboration*. In addition, counties with collaborative practice were able to convince stakeholders that that collaborative practice was closely tied to and could contribute to *realizing the county and agency mission*. Furthermore, collaboration required a genuine *commitment to collaboration from key stakeholders in both fields* from multiple levels.

Several factors related to successful collaboration emerged and can be classified in two broad areas: organizational changes and changes in operations for daily practice. Organizational changes were often stimulated by *technology transfer* though accessing information and, in some cases technical assistance, from other county or state agencies. Based on local need, successful counties *adopted specific models for collaboration*. Implementation of a specific program model provided a focal point for collaborative efforts, created a strong sense of success that often

served to fuel continued collaboration, and frequently lead to new collaborative initiatives. Counties with successful collaboration also described having both *formal and informal mechanisms for planning and problem solving* such as collaborative planning teams, and interdisciplinary case conference teams, and strategic planning sessions among collaborative leaders. These counties also described use of *training and cross training* to support all stages of change from program initiation, through implementation, and into continued maintenance and growth.

Some of the changes in daily operations included strategies for *development of communication tools and protocols* such as written memorandum of understanding between systems as well as forms and procedures for obtaining releases of information and sharing information about client progress or changes. In addition, interviewees described formal and information strategies for *building and maintaining relationships* between fields and as well as *acculturating staff to the collaborative process*. Some of the operational strategies, such as those related to using releases appropriately to facilitate communication between systems in the context of confidentiality regulations and fostering working relationships to facilitate collaborative case planning, could be adopted by service providers even in counties that have not yet developed formal collaborative programs.

The interviews also revealed a number of factors that hinder collaborative practice, along with strategies for mediating problems associated with these factors. First, interviewees stressed the importance of resolving *conflicts in values, perspective and expectations* in developing collaborative programs. These issues were particularly salient early in the collaborative process and all interviewees described embarking on deliberate, and sometimes difficult, series of meetings with different stakeholders in which these issues were surfaced and negotiated. Addressing *communication problems* was also stressed by a majority of interviewees. In addition to development of specific forms and procedures to facilitate communication in daily practice (described in above), interviewees acknowledged that resolving differences and problem-solving around new problems in communication was an important ongoing role for both formal collaborative meetings and staff members in key liaison roles between systems. *Funding challenges* and *fragmentation of systems* were also identified as challenges for collaborative practice. However, once collaborative programs were firmly rooted, stakeholders in the county and new staff began to see these innovations in practice as normative rather than experimental. Even when funding was cut, which in some cases necessitated reductions or modifications in services, collaborative programs were sustained. Problems with staff *turnover or inconsistency in participation of representatives in collaborative meetings* often impaired or slowed collaboration, particularly when orientation of new members was a frequent necessity. Finally, *individual personalities*, particularly representatives who exhibited disrespectful attitudes toward other systems were disruptive to collaborative process, requiring leaders and participants in collaborative planning groups to put undue time and energy into “working around” these problematic individuals.

### *Implications*

Despite some of the limitations of this study, such as the qualitative methods and purposive sampling, which limit generalizability to counties throughout the state, the findings document some important factors that both help and hinder the process of collaboration between substance abuse and child welfare fields. Understanding these factors can serve to guide emerging collaborative efforts on local or state levels. Future research could provide cross-site

evaluations of similar models in several counties and investigate the degree to which specific models of organizational change, such as stages of change models and diffusion of innovation, might be used to help advance collaborative practice.

Counties in earlier stages of collaboration might benefit from formal opportunities to learn about collaborative processes, programs and policies from counties that have substantial success in these areas. These opportunities could occur in collaboration with key organizations such as the California Department of Social Services/Children and Family Services Division, the California Department of Alcohol and Drug Programs (ADP), the California Child Welfare Directors Association, the California Alcohol and Drug Program Administrators Association, regional Training Academies, and Technical Assistance and Training providers funded by ADP. Social work educational programs could also examine ways to strengthen competencies related to 1) understanding factors that facilitate or impede collaboration on an organizational level, 2) recognizing practices that may help collaborative practice with case planning, and 3) understanding confidentiality requirements related to substance abuse treatment and how to employ tools and protocols cross-system communication about shared clients. A curriculum based on the findings of this study will provide educational and training materials is designed to address this last recommendation.