BUILDING COLLABORATIVE CAPACITY SERIES

MODULE 4

HOW TO DEVELOP CROSS-SYSTEMS TEAMS AND IMPLEMENT COLLABORATIVE PRACTICE

National Center on Substance Abuse and Child Welfare

Children's Bureau

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: Examining 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 can 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 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:
Module 4: Establishing Administrative-Level Data Sharing to Monitor and Evaluate Program Success

After a collaborative team develops concrete communication protocols dictating proper sharing of client information among agencies, the next step is to establish administrative-level data management. This helps monitor overall outcomes and success of the program—and make adjustments to program operations—with an eye on quality assurance. Administrative-level information sharing ensures accountability across systems in the pursuit of the initiative's goals, while allowing partners to identify necessary adjustments to policy and practice. Access to quality evaluation data also allows leaders to communicate program outcomes and ensure sustainability.

Module 4 describes how collaborative initiatives can develop administrative-level data sharing, monitoring, and evaluation to jointly track families across systems and measure program success.

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 ADMINISTRATIVE-LEVEL DATA SHARING AND EVALUATE PROGRAM SUCCESS

CREATE A DEDICATED DATA AND EVALUATION TEAM OR SUBCOMMITTEE

Collaborative teams can establish a data and evaluation team (or designated subcommittee) to lead efforts ensuring consistent and institutionalized sharing of data among agencies, and to develop a plan to measure the initiative's success. Having a designated team to tackle this issue will ensure data sharing and evaluation remain a priority and are not superseded by other practice and policy issues. Ideally a collaborative team hires a professional evaluator early in the process. He or she can offer expertise about methodology, key variables for data collection, analytic approaches, and other aspects of the data and evaluation process.

It is important to include program staff in the subcommittee so the team can draw meaningful conclusions from the data to improve outcomes. Some teams may choose to leverage research and evaluation staff from one or more partner agencies. Either way, the team would benefit from a dedicated champion to ensure data and outcomes are properly managed. The steering committee ensures that evaluators, especially when they are external consultants, take an active role in the partnership beyond just "running the numbers."
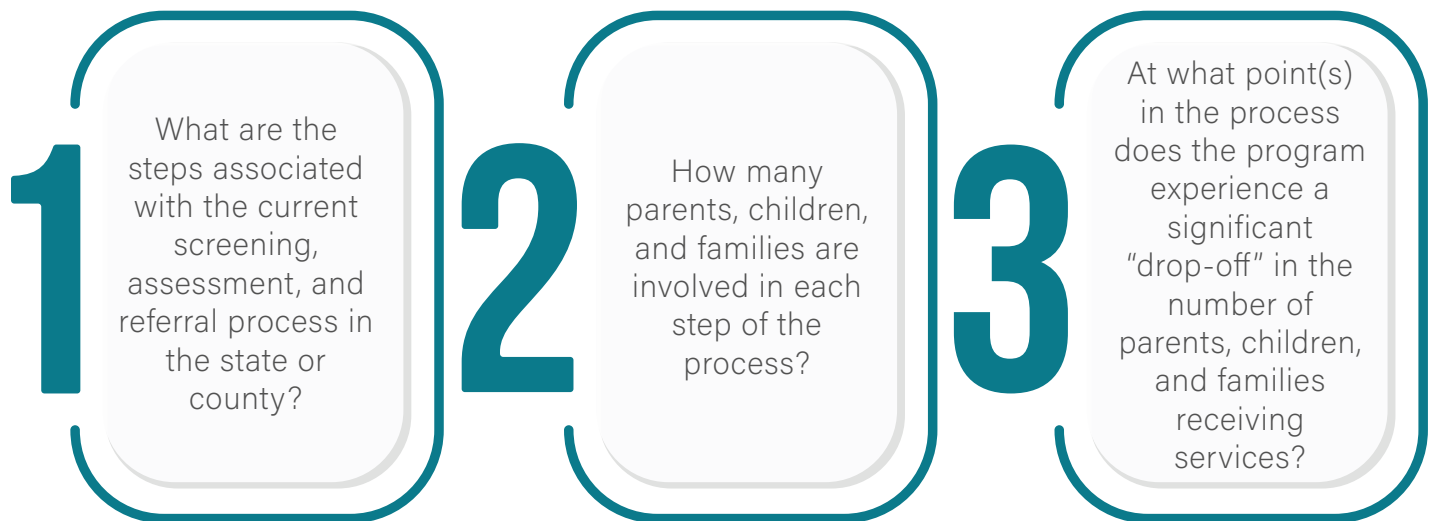
COMPLETE A DATA INVENTORY AND DROP-OFF ANALYSIS

Conducting a data inventory allows the collaborative team to increase its understanding of the data key partner agencies already collect (e.g., child welfare services, alcohol and drug services, healthcare, and courts). The process of completing this data inventory can help identify available data sources, their limitations, and challenges with access. A data inventory can help answer the following questions:
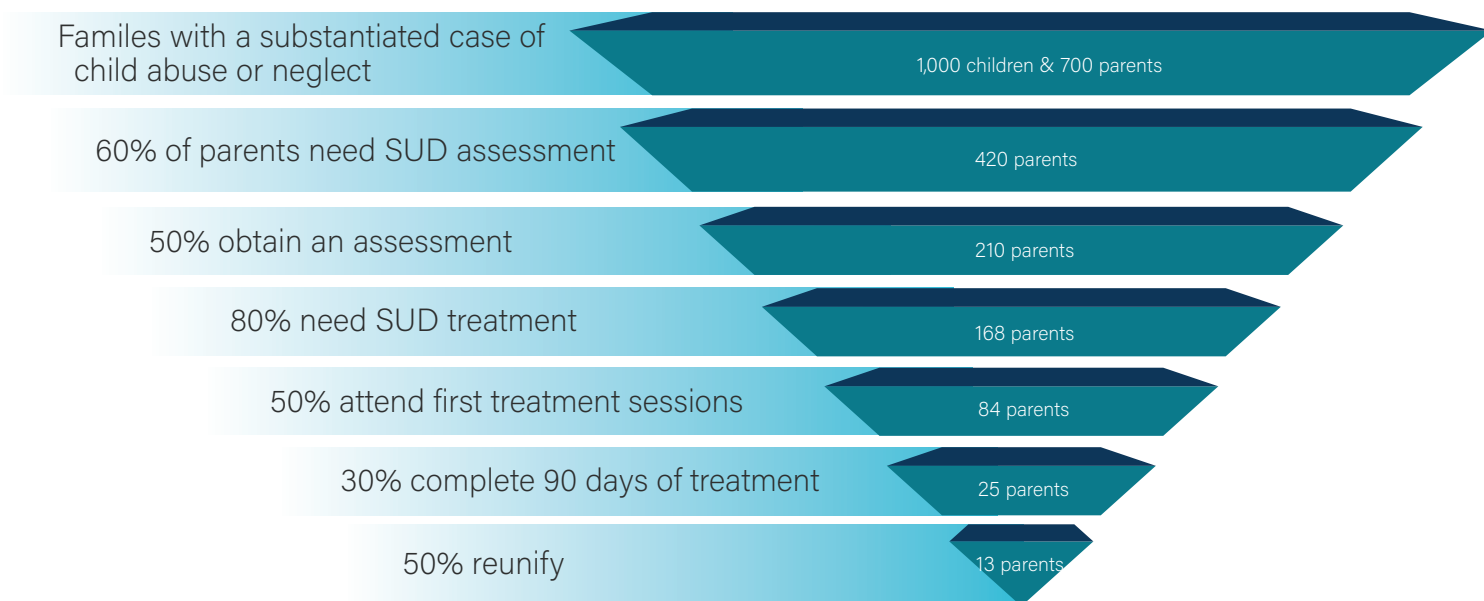
- What data do partners currently collect?
- Where are the data stored?
- Who can access the data?
- What essential data are missing or difficult to access, and how can the team reduce these barriers?

Teams trying to determine the number of families involved with more than one system may find they can only obtain partial information or none at all. Teams can then discover their information system gaps and prioritize tasks in their data-related work. It is important to know and understand what the data is showing, which can be instrumental in driving important decisions to create meaningful change.

Teams can use the collected information to conduct a drop-off analysis, which sheds light on the current flow of information and family engagement in services throughout key points in the case. A drop-off analysis is intended to answer at least three questions:

1 What are the steps associated with the current screening, assessment, and referral process in the state or county?

2 How many parents, children, and families are involved in each step of the process?

3 At what point(s) in the process does the program experience a significant "drop-off" in the number of parents, children, and families receiving services?

The following graphic is a drop-off analysis template. The data included are not representative of any specific jurisdiction. Rather, they are intended to provide an example of how to prepare a drop-off analysis. The percentages included in the graphic are based on national averages and research-based estimates of family engagement in SUD treatment, child welfare, mental health, and related services.

Families with a substantiated case of child abuse or neglect	1,000 children & 700 parents
60% of parents need SUD assessment	420 parents
50% obtain an assessment	210 parents
80% need SUD treatment	168 parents
50% attend first treatment sessions	84 parents
30% complete 90 days of treatment	25 parents
50% reunify	13 parents

The goal of a drop-off analysis is to understand the circumstances in which parents and families are "dropping off" from services.

Drop-off analysis information helps programs modify practices to better engage families in services at these specific points. For example, if 450 parents need an SUD assessment, but only 50 percent attend the assessment appointment, then the team can determine the appropriate response to increase attendance. Some collaborative teams may experience a relatively high percentage of parents who receive the SUD assessment they need, but face challenges in getting them to attend their first treatment session. In this scenario, the team needs to pinpoint aspects of the assessment and engagement practices not helping parents advance to the next step.

Teams must also assess drop-off analysis data by key demographic information to identify patterns in service engagement. Teams might then consider adjusting engagement strategies or treatment approaches to eliminate these gaps and better respond to families' needs.

The NCSACW offers technical assistance tools and support to collaborative teams to complete a data inventory and drop-off analysis in their jurisdictions or communities. Contact the NCSACW to learn more.

DEVELOP COLLABORATIVE OUTCOME MEASURES

The collaborative team can develop a common set of agreed-upon outcome indicators to monitor the success of the initiative on behalf of families. To do this, teams have three options:

- They may choose to develop collaborative outcome indicators by selecting measures already used by each agency.

- They may develop new outcome measures specifically for the collaborative initiative.

- They may use both existing and new measures.

The team can use these outcome measures along with state data systems to yield qualitative and quantitative information, and explain the successes and shortcomings of their collaborative work.

Creating a logic model can help the team establish how the initiative's activities will lead to the desired outcomes, while helping members determine which outcome measures should be included in the evaluation.

The following is a sample logic model template teams may customize and complete:
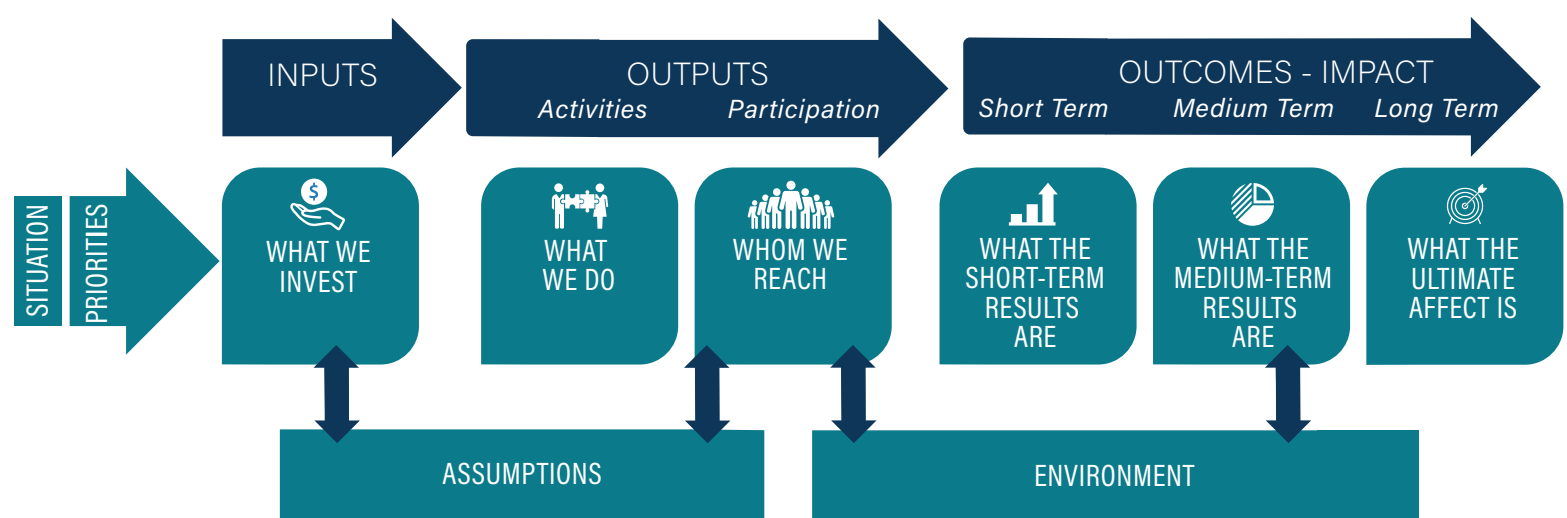
The types of outcome indicators the team may choose to assess may include, but are not limited to, the following:

CHILD SAFETY AND PERMANENCY	ADULT SUD RECOVERY	CHILD, ADULT, AND FAMILY WELL-BEING	SYSTEMS COLLABORATION
• Children remaining at home • Occurrence of child maltreatment • Average length of stay in foster care • Re-entries to foster care placement • Timeliness of reunification • Timeliness of permanency	• Access to SUD treatment • Retention in SUD treatment • Reduced substance use • Access to mental health treatment • Parents or caregivers receive supportive services • Employment status • Criminal behavior	• Prevention of prenatal substance exposure • Children receive supportive services • Improved child well-being • Adult mental health status • Parenting capacity • Family relationships and functioning • Risk and protective factors	• Coordinated case management • Prevalence rates of parental SUDs in child welfare cases • SUD and mental health education/ training for foster care and other substitute caregivers • Collaborative capacity • Capacity to serve families

In addition, the team can evaluate family demographic data to monitor outcome patterns.

Team members create and publicize standards used to determine whether collaborative strategies result in improved screening, assessment, engagement, and retention of families in treatment and other services. For example, they can

- Establish mechanisms to determine how many screenings and assessments have been conducted
- Determine how many families have entered services
- Identify when families have dropped out of services

They can also monitor the standards against the baseline they created. State and local jurisdictions can be measured against those standards, and the team needs to take corrective actions when performance falls short.

CREATE LINKAGES BETWEEN ADMINISTRATIVE DATA SYSTEMS

Independent agencies have their own administrative databases to track client outcomes, and these data systems are governed by distinct information sharing policies and procedures. These separate systems are not traditionally connected or linked. Thus, collaborative partners often cannot readily access or track information on the children, parents, and families they jointly serve. Examples of system-specific national and state data sets include:

- Comprehensive Child Welfare Information System
- National Child Abuse and Neglect Data System
- Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Episode Data Set

In addition to these data systems not typically being linked, data quality can vary significantly across agencies and create a barrier to interpreting, analyzing, and sharing. The collaborative partners can ask detailed questions about their partner agencies' data to add more context and fill in any gaps.

The collaborative partners can create a way to monitor family outcomes and link parents with children across the systems. Doing so will allow them to jointly monitor families' progress in services and review the collaborative outcome measures. The most commonly used methods to match data on families served by different systems include:

- Using existing identifiers in multiple databases and developing a logical syntax to match records across databases
- Developing common identifiers in multiple databases and merging data files, or conducting statistical analyses of data from different data sets to create cross-system management reports
- Creating a centralized web-based data system in which the partners enter and share data

DESIGN AND REGULARLY REVIEW A DATA DASHBOARD TO MONITOR OUTCOMES

Once team members have established collaborative outcome measures and determined how to collaboratively share data across systems, they can then develop a data dashboard to regularly review critical data points and monitor progress on agreed-upon outcomes to identify needed program improvements. The data dashboard can include baselines and target outcomes to capture the initiative's progress in achieving its mission and goals in measurable terms. The data dashboard should help teams answer the question: "Is the collaborative team improving outcomes for parents, children, and families—and compared to what?" and "Are the outcomes ensuring families have an opportunity and access to needed services?" A standing agenda item for both the collaborative team's oversight and steering committee regular meetings can be to review the data dashboard.

THE ROLE OF TRAINING

While the collaborative team may have a designated evaluator or research team to lead the evaluation, not all agency staff will have a deep understanding of data sharing, monitoring, and procedures. Thus, it is important for teams to engage their research and data experts to design training curricula. That training can provide members with a fundamental knowledge of evaluation, as well as how to use critical data points to monitor progress and assess the success of the initiative.

NEXT STEPS

Module 4 concludes the first cluster of modules in the *Building Collaborative Capacity Series.* The first four modules 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.

The second and final cluster of modules focuses on frontline collaborative efforts to improve identification of SUDs and provide timely access to SUD assessment and treatment services to prevent child removal and support child permanency and family wellbeing. The first of these, *Module 5: Frontline Collaborative Efforts: Developing Screening Protocols to Identify Parental Substance Use Disorders and Related Child and Family Needs,* includes an overview of the screening tools used within the child welfare, SUD treatment, and healthcare systems. This module also provides specific steps to help collaborative teams improve screening practices.

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, SUD 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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