



Collaborative Capacity Instrument: Reviewing and Assessing the Status of Linkages Across Alcohol and Drug Treatment, Child Welfare Services and Dependency Courts

This tool is intended to be used as a self-assessment by State (and/or local jurisdiction) alcohol and other drug (AOD) service and child welfare service (CWS) agencies and dependency courts* who are preparing to work with each other or who may be seeking to move to a new level of cooperation after some initial efforts. The questions have been designed to elicit discussion among and within both sets of agencies and the court about their readiness for closer work with each other.

Responses from this assessment should be tabulated and distributed, along with the total from all participants, to each State team. The results can be used to compare the jurisdiction with the matrix of progress in linkages and prioritizing any needed action. The NCSACW has the ability to tabulate these responses via the internet for interested sites.

Please enter the last four digits of your Social Security Number: _____

Identify your own role in your organization:

1. Staff Level:

- Front-line staff
- Supervisor
- Manager
- Administrator
- Other, Specify: _____

2. Gender:

- Male
- Female

3. Area of Primary Responsibility:

- Substance Abuse Services
- Child Welfare Services
- Dependency Court Judicial Officer
- Attorney Practicing in Dependency Court
- Domestic Violence
- Mental Health
- Other, Specify: _____

4. Jurisdiction of Agency or Court:

- Federal Government/National
- State Office
- Within State Regional Office
- County
- Community-Based Organization
- Reservation
- Other: Specify _____

5. Race/Ethnicity:

- African-American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- Native American
- Other: _____

6. Age: _____ Years

7. State represented: _____

8. County represented: _____

9. Years of professional experience in my primary program area: _____

* Dependency court is used in this document to include the courts that have jurisdiction in cases of child abuse and/or neglect and include judicial officers as well as the attorneys that represent parents, children, social services and the state.

Circle the response category that most closely represents your extent of agreement with each of the following statements:

I. Underlying Values And Principles Of Collaborative Relationships

- 1) **Our state has included the judicial officers and attorneys from the dependency court as partners in the development of new approaches to serving substance-abusing parents in the child welfare system.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 2) **Our state AOD and CWS agencies and dependency courts have used a formal values assessment process to determine how much consensus or disagreement we have about issues related to AOD use, parenting, and child safety.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 3) **Our state AOD and CWS agencies and dependency courts have negotiated shared principles or goal statements that reflect a consensus on issues related to families with AOD-related problems in child welfare and the dependency court.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 4) **Our state has prioritized parents in the CWS system for receipt of AOD treatment services.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 5) **In our state, CWS staff and the courts view alcohol abuse as being as important as other drug as a contributing factor in child abuse and/or neglect.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 6) **Our state has discussed and developed responses to the conflicting time frames associated with CWS, TANF, AOD treatment and child development.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

II. Daily Practice–Screening, And Assessment

- 1) **Our state has developed a joint AOD-CWS-Dependency Court policy on its approach to standardized screening and assessment of substance abuse issues among families in child welfare.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

2) Our state has successfully out-stationed AOD workers at CPS offices and/or the dependency court to help with screening and assessment of clients.

Disagree Somewhat Agree Agree Not Sure/Don't Know

3) Our state has multi-disciplinary service teams that include both AOD and CWS workers.

Disagree Somewhat Agree Agree Not Sure/Don't Know

4) Our state has developed coordinated AOD treatment and CPS case plans.

Disagree Somewhat Agree Agree Not Sure/Don't Know

5) Our state supplements child abuse/neglect risk assessment with an in-depth assessment of AOD issues and their impact on each of the family members.

Disagree Somewhat Agree Agree Not Sure/Don't Know

6) Our state's child welfare intake process is able to identify prior AOD treatment episodes based on previously negotiated information sharing protocols.

Disagree Somewhat Agree Agree Not Sure/Don't Know

7) Our state's AOD intake process identifies parents who are involved in the CWS system based on previously negotiated information sharing protocols.

Disagree Somewhat Agree Agree Not Sure/Don't Know

8) Our state's AOD providers have sufficient information about the child welfare case to conduct quality assessments among families referred by child welfare to treatment.

Disagree Somewhat Agree Agree Not Sure/Don't Know

9) Our state routinely documents AOD factors from its screening and assessment process in the information system.

Disagree Somewhat Agree Agree Not Sure/Don't Know

10) When our AOD treatment providers assess clients, they routinely include questions about children in the family, their living arrangements, and child safety issues.

Disagree Somewhat Agree Agree Not Sure/Don't Know

11) Our state routinely monitors the implementation and the quality of its screening and assessment protocols.

Disagree Somewhat Agree Agree Not Sure/Don't Know

III. Daily Practice–Client Engagement And Retention In Care

- 1) **Our state’s CWS staff have the skills and knowledge to talk with their clients about their AOD use and related problems.**

Disagree Somewhat Agree Agree Not Sure/Don’t Know

- 2) **Our state’s AOD staff have the skills and knowledge to talk with their clients about child safety and CWS involvement.**

Disagree Somewhat Agree Agree Not Sure/Don’t Know

- 3) **Our state’s dependency court judges have the skills and knowledge they need to talk with their clients about child welfare and substance abuse issues.**

Disagree Somewhat Agree Agree Not Sure/Don’t Know

- 4) **Our state’s dependency court attorneys have the skills and knowledge they need to talk with their clients about child welfare and substance abuse issues.**

Disagree Somewhat Agree Agree Not Sure/Don’t Know

- 5) **Our systems have assessed common drop-out points where clients in care leave the system prior to completing treatment.**

Disagree Somewhat Agree Agree Not Sure/Don’t Know

- 6) **Our systems have implemented integrated case plans that include the substance abuse recovery plan integrated or linked with the child welfare case plan.**

Disagree Somewhat Agree Agree Not Sure/Don’t Know

- 7) **Our dependency court system has adequate access to treatment monitoring information to determine how parents are progressing through treatment in a timely way.**

Disagree Somewhat Agree Agree Not Sure/Don’t Know

- 8) **Our state’s dependency court system has realistic expectations for CWS parents with AOD problems (e.g., approach to relapse and drug testing issues).**

Disagree Somewhat Agree Agree Not Sure/Don’t Know

- 9) **Our state’s CWS staff provides outreach to clients who do not keep their initial AOD appointment or drop out of treatment.**

Disagree Somewhat Agree Agree Not Sure/Don’t Know

- 10) **Our dependency court staff follows up with the substance abuse treatment agency that the parent is ordered to attend if a parent fails to keep a court date.**

Disagree Somewhat Agree Agree Not Sure/Don’t Know

11) Our state AOD staff track the status of their clients' progress in the CWS system.

Disagree Somewhat Agree Agree Not Sure/Don't Know

12) Our state has developed and trained our staff in approaches with clients that improve rates of retention in treatment once they enter it.

Disagree Somewhat Agree Agree Not Sure/Don't Know

13) In our state, CWS and AOD agencies have agreed on the level of information about clients' progress in treatment that will be communicated from treatment agencies to CWS workers and the courts.

Disagree Somewhat Agree Agree Not Sure/Don't Know

14) In our state, there is an adequate system for monitoring jointly-agreed upon outcomes of child welfare, substance abuse and dependency court programs and interventions.

Disagree Somewhat Agree Agree Not Sure/Don't Know

15) In our state, client relapse typically leads to a collaborative intervention to re-engage the client in treatment and to re-assess child safety.

Disagree Somewhat Agree Agree Not Sure/Don't Know

16) In our state, drug testing is used effectively and in conjunction with a treatment program to monitor clients' compliance with treatment plans.

Disagree Somewhat Agree Agree Not Sure/Don't Know

17) Rate your state's AOD treatment on the following areas:

	Poor		Fair		Excellent
Gender specific	1	2	3	4	5
Culturally relevant	1	2	3	4	5
Geographically accessible	1	2	3	4	5
Family focused	1	2	3	4	5
Age-specific responses to children's needs	1	2	3	4	5
Adequacy of adolescent treatment	1	2	3	4	5

18) Rate your state's child welfare services in the following areas:

	Poor		Fair		Excellent
Gender specific	1	2	3	4	5
Culturally relevant	1	2	3	4	5
Geographically accessible	1	2	3	4	5
Family focused	1	2	3	4	5
Age-specific responses to children's needs	1	2	3	4	5
Adequacy of adolescent treatment	1	2	3	4	5

IV. Daily Practice - Services To Children

- 1) **Our state has implemented substance abuse prevention and early intervention services for most children in the CWS system.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 2) **Our state targets children of substance abusers in the child welfare system for specialized substance abuse prevention programming.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 3) **Our state ensures that all children in the child welfare system have a comprehensive mental health assessment that includes screening for developmental delays, neurological, effects of prenatal AOD exposure, and the emotional and mental effects of their parents substance use.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 4) **Our state ensures that all children in CWS are screened for:**

- a) **Neurological effects of prenatal substance exposure**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- b) **Developmental delays associated with parental substance abuse**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- c) **Emotional/mental health problems associated with parental substance abuse**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- d) **Substance use disorders**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 5) **Our state's Independent Living Program includes significant content on the impact of AOD use.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 6) **Our state has developed a range of programs for children of substance-abusing parents that are targeted on the special developmental needs of these children.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 7) **Our state is familiar with national models of prevention and intervention for AOD-affected children.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

V. Joint Accountability and Shared Outcomes

- 1) **Our state's AOD agency has identified system outcomes and has communicated them to CWS and the dependency court.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 2) **Our state's CWS agency has identified system outcomes and has communicated them to the AOD agency and the dependency court.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 3) **Our state's dependency court has identified system outcomes and has communicated them to the AOD and CWS agencies.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 4) **Our state AOD and CWS agencies and the courts have developed shared outcomes for CWS-AOD involved families and have agreed on how to use this information to inform policy leaders.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 5) **Our state has developed outcome criteria in their contracts with community-based providers (who serve CWS-AOD clients) to measure their effectiveness in achieving shared outcomes.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 6) **Our state has shifted funding from providers who are less effective in serving clients in the CWS-AOD systems to those that are more effective.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 7) **In our state, CWS-AOD involved parents are referred to parenting programs that have demonstrated positive results with this population.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 8) **Our state CWS agency shares accountability with their AOD counterpart for successful treatment outcomes for their mutual clients.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 9) **Our state AOD agency shares accountability for positive child safety outcomes for clients who have enrolled in treatment programs.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 10) **In our state, drug testing is used in the court system as the most important indicator of clients' status in resolving their AOD problem.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

VI. Information Sharing and Data Systems

- 1) **Our state has assessed its data system to identify gaps in monitoring clients involved in both CWS and AOD systems.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 2) **Our state's data system can retrieve the percentages of families that receive services in both the AOD and CWS agencies.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 3) **Our state has identified the confidentiality provisions that affect CWS-AOD and dependency court connections and has devised means of sharing information while observing these regulations.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 4) **Our state has developed formal working agreements with the courts that include how child welfare and treatment agencies will share information about clients in treatment with the court system.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 5) **Our state consistently documents AOD factors related to the case in our management information system.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 6) **Our state's AOD services have supplemented the alcohol/drug data system to generate data on their clients' children and their CPS involvement.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 7) **Our state has developed the capacity to automate data about the characteristics and service outcomes of the clients who are in both the CWS and AOD caseloads.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 8) **Our state is using data that can track CWS/AOD clients across information systems to monitor system outcomes.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

VII. Training and Staff Development

- 1) **Our state CWS ensures that all managers, supervisors and workers receive training on working with AOD-affected families.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 2) **Our state AOD agency ensures that their staff/providers receive training on working with families in the CWS system.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 3) **Our state has trained court staff in the principles of effective drug treatment and gender-specific services for mothers.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 4) **Our state has trained attorneys who practice in the dependency court regarding effective advocacy and basic education regarding substance abuse and addiction.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 5) **Our state has developed joint training programs for AOD, CWS and court staff and providers to learn effective methods of working together.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 6) **Our state has a multi-year staff development plan that includes periodic updates to the training and orientation received by the staff of both CWS and AOD agencies on working together.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 7) **Our state has training programs that include cultural issues to improve staff's cultural relevance and competency in working with diverse AOD-CWS client groups.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 8) **Our state has revised the state university and social work pre-service educational programs so that future staff are prepared to work across systems on substance abuse and child welfare issues.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 9) **Foster parents, guardians, kinship placement providers and group home providers are sufficiently trained to work on issues related to substance abusing families.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 10) **Training programs regarding substance abuse, child welfare and dependency court issues that are offered in our state are multidisciplinary in their approach and in their delivery.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

VIII. Budgeting and Program Sustainability

- 1) **Our state CWS agency currently uses a portion of its funding for AOD treatment services (excluding drug testing).**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 2) **Our AOD treatment agencies currently use a portion of their funding for services to improve clients' parenting skills.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 3) **Our AOD treatment agencies currently use a portion of their funding for children development screenings for AOD effects on children of their clients.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 4) **Our State uses a portion of its TANF allocations to fund programs for AOD-CWS clients.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 5) **Our state's CWS and AOD agencies and dependency courts have jointly sought funding for pilot projects to work more closely together.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 6) **Our state has identified the full range of potential funding from all sources that could support the changes needed to work more closely across CWS-AOD agencies.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 7) **Our state has identified whether federal waivers would be appropriate to fully utilize available funds for families in the CWS-AOD systems.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

8) Our state has a multi-year budget plan to support integrated CWS-AOD services.

Disagree Somewhat Agree Agree Not Sure/Don't Know

9) Our courts have sought additional funding to take dependency drug court programs to a county-wide scale of operations.

Disagree Somewhat Agree Agree Not Sure/Don't Know

IX. Working with Related Agencies

1) Clinical services to address mental health and trauma issues are included in comprehensive assessments and case plans for all families.

Disagree Somewhat Agree Agree Not Sure/Don't Know

2) Domestic violence advocacy and services are included in comprehensive assessment and case plans for all families in the CWS and AOD services systems.

Disagree Somewhat Agree Agree Not Sure/Don't Know

3) Our state ensures that primary health care and dental care are available for families in the child welfare and AOD services systems.

Disagree Somewhat Agree Agree Not Sure/Don't Know

4) Specialized health services for substance abusing parents regarding HIV/AIDS, Hepatitis C and other diseases frequently transmitted among intravenous drug users are accessible in our state.

Disagree Somewhat Agree Agree Not Sure/Don't Know

5) Our state CWS staff know how to identify and link families with the support services that are frequently needed by CWS-AOD involved clients (e.g., transportation, child care, employment, housing) and makes effective referrals to those agencies.

Disagree Somewhat Agree Agree Not Sure/Don't Know

6) Our state routinely assesses for rates of referral and service completions for all clinical and supportive services needed by families and monitors barriers to access for these services.

Disagree Somewhat Agree Agree Not Sure/Don't Know

7) Our state AOD staff/providers know how to identify and link CWS-involved families with the other services that are frequently needed services (e.g., transportation, child care, family violence services, mental health services) and make referrals to those agencies.

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 8) **Our state has AOD support/recovery groups that include a special focus on CWS and child safety issues.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 9) **Our state coordinates with law enforcement, AOD, and CWS to meet the needs of parents and their children affected by the criminal justice system (e.g., visitation for children with incarcerated parents, treatment while parents are incarcerated).**

Disagree Somewhat Agree Agree Not Sure/Don't Know

X. Working with the Community and Supporting Families

- 1) **Our state has developed strategies to recruit broad community participation in addressing the needs of AOD-CWS and dependency court involved families.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 2) **Our state includes community members in its planning and program development for substance abuse issues in child welfare and dependency court services.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 3) **In our state, prevention of child abuse/neglect and substance abuse operates at the community level as well as statewide.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 4) **Our state has developed a formal mechanism to solicit support and input from community members and consumers and this is widely used.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 5) **CWS and AOD staff members have access to up-to-date resource directories to locate family support centers and resources.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 6) **Community-wide accountability systems or "report cards" are used to monitor AOD and CWS issues with specific indicators for both systems.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 7) **Our state assists in supporting sober living communities and housing for parents in recovery.**

Disagree Somewhat Agree Agree Not Sure/Don't Know

- 8) Consumers, parents in recovery and program graduates have an active role in planning, developing, implementing and monitoring services for families with substance abuse problems in the child welfare system.**

Disagree

Somewhat Agree

Agree

Not Sure/Don't Know

- 9) Our state provides aftercare services to parents in the AOD & CWS systems that include the full array of family income support programs (EITC, Child Support, SCHIP, Food Stamps, Housing Subsidies, etc.).**

Disagree

Somewhat Agree

Agree

Not Sure/Don't Know