

Examination of the similarities and differences in values and beliefs between the child welfare
and substance abuse treatment systems

by

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Abstract

This study aims to inform collaborative efforts between child welfare and substance abuse treatment services by examining and identifying similarities and differences in their values and beliefs. A descriptive cross-sectional survey research design will be used to test the hypothesis that significant differences will exist between the values and beliefs held by child welfare and substance abuse treatment professionals. Using a non-probability, purposive sampling method, this study will examine the responses on the Collaborative Values Inventory (CVI) of 50 professionals working within child welfare or substance abuse treatment systems in the County of Santa Cruz. The proposed analysis uses univariate descriptive statistics including frequency, percentage, mean and standard deviation, bivariate independent t test, as well as multivariate multiple linear regression with dummy coding to analyze the data. Additionally, two focus groups consisting of 6-8 participants will be asked to provide their own interpretations of the findings from the CVI data analysis. A content analysis of the data gathered through the focus groups will be conducted to identify key themes.

Introduction

There is a growing awareness surrounding the relationship between substance abuse on the part of one or both parents and the numbers of children coming to the attention of Family and Children's Services. Parental substance abuse is generally acknowledged to increase the risk of neglect and abuse of children (Ondersma, 2007). Outcomes for children who are removed from their parents due to substance abuse are generally negative, with many facing longer stays in out of home care (Walker, Zangrillo, & Smith, 1991), less frequent visitation by their parents (McNichol, 1999), and a reduced likelihood of reunification (Brook & McDonald, 2007). In response to emerging research surrounding child development and the importance of establishing secure and lasting relationships during these early years, federal and state policy changes have brought new light to the relationship between substance abuse and child welfare. The Adoption and Safe Families Act (ASFA), for example, with the overarching goal of improving safety for children, accelerated permanency timelines for children in foster care (Rockhill, Green, & Furrer, 2007). These shortened timelines, created a sense of urgency surrounding substance abuse treatment services, putting additional pressure on an already strained system. Policy changes, rather than changes in substance abuse levels may be what are driving the increased interaction between these two systems. Irregardless of the causes, increasing numbers of child welfare cases involve parents with alcohol and drug issues (Ondersma, 2007). With more families requiring both child welfare and substance abuse treatment services, it is important to take a closer look at both of these systems and identify ways in which they can work together, supporting positive outcomes for both children and parents. This research aims to inform collaborative efforts between child welfare and substance abuse treatment systems by examining and identifying similarities and differences in their values and beliefs.

Although the long-term goals of child welfare and substance abuse treatment services appear to be closely aligned, with both striving to reunite families and create healthier family systems, their views surrounding how to reach these goals and timelines for doing so vary dramatically. Treatment services emphasize the well being of the client/parent, and believe that recovery is dependent on an extended length of treatment. Child welfare services, on the other hand, view the child as the client and emphasize a much more abbreviated timeline, requiring a review of parent's progress toward completing their case plan after 6 months (Young & Gardner, 2002). In order for these two systems to work together, an ideological shift is necessary. The clarification of underlying values may serve as a crucial step in creating changes in both practice and policy that will help facilitate the development of new timelines and larger philosophical changes.

Relevance to Social Work

This research contributes to the field of social work by identifying the values and beliefs that are shared across the child welfare and substance abuse treatment systems, as well as examining those factors that could potentially hinder collaboration. Through the identification of shared, as well as divergent values, this study will help inform the collaborative efforts of these key systems. Improving collaboration between these systems will potentially improve working relationships, subsequently improving the outcomes for adult substance abusers and their children who are involved with child welfare and substance abuse treatment services. Improved outcomes include reducing the risk of out of home placement, decreasing the timelines for reunification when out of home placements are unavoidable, reducing the recurrence of child abuse and neglect, and improving child development and behavior (Drabble, 2007). In addition,

through cross-system collaboration, there is an opportunity to improve the quality, quantity and accessibility of care.

In looking at this study from a transcultural perspective, it is important to consider the dimension that acknowledges the importance of demonstrating respect in interactions with client systems (School of Social Work, n.d.). Families that find themselves at the receiving end of child welfare and substance abuse treatment services find themselves in a very vulnerable position. Clearly, families that are in need of these services are not at their best in terms of healthy functioning. Identifying similarities and differences in values and beliefs is an important starting point in moving towards creating a more collaborative working relationship between child welfare and substance abuse treatment systems. It is necessary to keep the idea of respectful partnerships in mind when using the subsequent data to inform collaborative efforts. Not only is it important for these key agencies to respect what the other brings to the table, in terms of goals and objectives, but it is also important to respect the family systems that are entrenched in these agencies. Respectful relationships between agencies and clients cannot help but lead to an attitude of their being in this situation together and doing one's best for the other. In addition, it is necessary to consider the dimension that addresses positionality and how our perspectives are informed by our location in the larger society, but often also through our professional contexts (School of Social Work, n.d.). Positionality can affect how we view and approach problems, as well as how we interact with others, potentially playing an important role when considering collaboration between various systems (School of Social Work, n.d.). Improving outcomes for families that are involved with these agencies involves recognizing that collaboration between these key delivery service systems is a crucial piece.

Literature Review

Substance Abuse and Child Maltreatment

The connection between substance abuse and child maltreatment has been well documented, with many families coming to the attention of the child welfare system due to parental substance abuse (Ondersma, 2007). Parental drug use has been shown to increase child welfare caseloads, increase the number of and length of time spent in out of home placements, decrease rates of reunification, and put additional strain on an already tenuous foster care system (Curtis & McCullough, 1993). Although the connection is clear, there is a lack of comprehensive data reflecting this link between substance abuse and child welfare. With the initial development of distinct and separate data collection methods by child welfare services and substance abuse treatment systems, the importance of coordinating collection methods in order to capture the overlap between the two systems was not yet recognized (Young, Boles, & Otero, 2007). Due in large part to this lack of coordinated data collection efforts, early studies reflect varying degrees of connection between parental substance abuse and child welfare. The Child Welfare League of American (CWLA, 1997) estimates that in 1996 50% of substantiated reports of child neglect involved parental abuse of alcohol or other drugs. According to the U.S. Department of Health and Human Services (DHHS, 1999), substance abuse is a factor in one-third to two-thirds of maltreated children who are involved in the child welfare system. In a lecture on October 28, 2008, Jonathan Weinberg, Program Manager for Court Services with Santa Clara County Department of Family and Children's Services, estimates that within Santa Clara County the overlap between substance abuse treatment and child welfare are as high as 75 to 80% (Jonathan Weinberg, personal communication, October 28, 2008). With such high rates of overlap between child welfare and substance abuse treatment systems, it would seem that collaboration between

these two systems is an important and necessary step in helping families involved with these agencies.

Systems Theory

The systems perspective on organizations looks at the organization within the larger system, with the understanding that it is constantly interacting with its surrounding environments (Hutchison, 2003). From this perspective, the ongoing dynamic interaction between service delivery systems, client systems and the larger policy environment are pertinent to both individual and organizational outcomes. Organizations are influenced by their external environment which can include clients, funding sources and other service organizations, and must be able to adapt to changes within these multiple environments (Gambrill, 1997). If an organization or agency is unable to adapt, a lack of coordination among agencies can develop. Gambrill emphasizes the importance of a self-learning organization, described as an organization that can “seek and use corrective feedback about how they can improve services and adapt to changing circumstances” (Gambrill, 1997, p. 597). In social work practice it is often necessary to work within multiple systems/environments in order to most effectively help clients. This may involve working on a larger scale with a neighborhood and the surrounding community, or it can involve several different departments within a single organization or agency.

Although the child welfare and substance abuse treatment services interact with a variety of other service providers, in terms of collaboration, they remain relatively closed systems. Closed systems are isolated from exchanges with other systems, potential resources and sources of help and support (Hutchison & Charlesworth, 2003). In order to better serve the families that are involved with both child welfare and substance abuse treatment services, facilitating collaboration between these two systems requires the establishment of common goals and a

shared philosophy. For these agencies to work together collaboratively, it is imperative that they learn from one another, acknowledging the similarities and differences in their attitudes and beliefs, identifying commonalities, and creating mutual values and subsequent goals.

Cross-Systems Collaboration

Studies suggest that agencies which share a commitment to a central purpose are more likely to participate in collaborative practices (Smith, Mogro-Wilson, 2006). Barriers to collaboration include differences in timelines, priorities, definition of the client, concerns surrounding confidentiality and definitions of success (Green, Rockhill, & Burrus, 2008). However, the research agrees that cross-systems collaboration leads to improved services for families, along with more positive outcomes (Green et al., 2008). Through cross-systems sharing of current and accurate information, better decision making can take place. Additional benefits to collaboration include improved monitoring of case progress, along with improved coordination and timing. Finally, cross-system coordination of services and support should help ensure that families no longer become overwhelmed by their multifaceted case plans (Green et al., 2008). Despite barriers, research has shown that collaboration produces a number of desired outcomes including improved relationships among child-serving agencies, more effective service delivery, and more positive relationships between families and service providers (Evans, Armstrong, Beckstead, & Lee, 2007).

Successful Collaboration

The Dependency Drug Court (DDC) represents one model of successful collaboration between systems. According to the California Department of Alcohol and Drug Programs (2007), the goal of DDC is to decrease the number of children in the foster care system, by providing a comprehensive treatment plan for their parent's substance abuse. The aim of the

DDC model is to “protect children from abuse and neglect and ensure timely judicial decisions through coordinated services, provision of substance abuse treatment, and increased judicial oversight” (Boles, Young, Moore, & DiPirro-Beard, 2007, p. 162). This approach depends on the collaboration between child welfare agencies, substance abuse treatment providers, and the courts. Substance abuse treatment providers and child welfare staff work in close collaboration in order to monitor compliance with court-mandated treatment plans (Boles et al., 2007). Research indicates that parents participating in DDC receive treatment services more quickly, reunify with their children sooner, and experience fewer subsequent incidences of child abuse and neglect (Worcel, Green, Furrer, Burrus, & Finigan, 2007).

Intersection between Values and Attitudes in Collaboration

An organization’s beliefs and values play an important role in their willingness to collaborate with other agencies (Young & Gardner, 2002). Conflicting values and attitudes surrounding parents with substance abuse issues, for example, has been a significant barrier to collaboration between the child welfare and substance abuse treatment systems (Drabble, 2007). Whether parents with substance abuse issues can be competent parents is just one underlying value that must be addressed before effective collaboration can occur (Young & Gardner, 2002). Who the agency views as the client, and what the ultimate goals are, family reunification or child safety, serve as additional barriers that must be identified and clarified if agencies are to come to any type of agreement surrounding collaborative practices (Young & Gardner, 2002). In cross-system collaboration it is important for agencies to work towards developing a shared philosophy.

Child welfare and substance abuse treatment professionals can have very different perspectives, due to their differences in education, training, and even in the language they use

which may be specific to their field/agency (Green et al., 2008). Child welfare workers may lack an understanding of the issues surrounding addiction, while Alcohol and Drug staff may have their own negative connotations surrounding the job/duties of child welfare workers, and their often unilateral focus on the child rather than the family. An examination of the findings from case studies illustrate that different underlying values in the child welfare and substance abuse treatment systems can hinder effective collaboration between these two systems (Young & Gardner, 2002).

Hypothesis

Although much has been written regarding the benefits of collaboration between systems, as well as the potential barriers, few studies address how the similarities and differences in agency values and beliefs affect these collaborative efforts. One such study has examined similarities and differences in values between systems, taking an important step beyond simply calling for collaboration but in actually identifying areas on which to focus (Drabble, 2007). This current study differs from previous studies in that it will provide an opportunity to compare the values and beliefs between the child welfare and substance abuse treatment systems within the context of a specific county during the early start-up of a collaborative program model. This comparison of values and beliefs could potentially facilitate and/or impede collaboration between these two systems. This study looks at the similarities and differences in values and beliefs between Family and Children's Services and Alcohol and Drug treatment professionals within the context of the implementation of an expanded dependency drug court. It is hypothesized that there will be significant differences in the values and beliefs held by child welfare and substance abuse treatment systems. The qualitative component of the study will look at key areas in which

differences exist between child welfare and substance abuse treatment fields, and how these differences impact practice.

Method

Research Design

This will be a triangulated study. The quantitative portion will use a descriptive cross-sectional survey research design. A self-administered survey will be completed by the participants. A qualitative component, in the form of focus groups, will also be carried out. Focus groups will be conducted during/as part of larger Children and Family Services/Alcohol and Drug cross-systems meetings. In addition, secondary analysis of meeting notes from these cross-systems meetings, along with minutes and documentation of similar meetings of leaders and partners from child welfare, substance abuse, and court systems may be analyzed for additional data.

Sample

A non-probability, purposive sampling method will be used to recruit survey respondents. The sampling frame for the study will include professionals over the age of 18 who work in the child welfare and substance abuse treatment systems. In addition, professional participants will be recruited from Family Preservation Court and other relevant service providers. These professionals will represent managers and line staff within the key systems involved. Participants will be accessed in conjunction with key contacts at the partnering organization, the Santa Cruz County Mental Health & Substance Abuse Services. It is anticipated that prospective participants will be recruited in person while attending staff meetings, as well as by phone and/or email.

Prospective participants will be informed of the purpose of the study and encouraged to ask questions regarding the study. In addition, prospective participants will be informed that their

participation is completely voluntary. It is expected that approximately 50 professionals will be invited to complete the Collaborative Values Inventory (CVI). Of these 50 participants, it is expected that there will be a mix of men and women ranging in age. In addition, it is anticipated that the sample will include professionals representing various racial and ethnic backgrounds including, but not limited to, non-Hispanic White, African American, Hispanic, and Asian.

A non-probability, purposive sampling method will be used to recruit focus group participants once the initial analysis of the data collected through the CVI is completed. The participants recruited for the focus groups will be representative of the key systems involved in current and/or potential collaborative practices. Two focus groups will be held, each consisting of 6 to 8 participants. These one-time focus groups will last approximately an hour. Prospective focus group participants will be recruited from Children and Family Services/Alcohol and Drug cross-systems meetings in conjunction with and at the direction of the key contacts/informants within Santa Cruz County.

Study Site

The study will take place at the County of Santa Cruz offices located at 1400 Emeline Avenue, or as appropriate, other social service or court sites within Santa Cruz County, in Northern California. Alcohol and Drug Abuse Services, along with Family Preservation Court are part of the larger Santa Cruz County Health Services Agency Mental Health & Substance Abuse Services Division. Through this agency Santa Cruz County residents are provided with prevention, intervention and treatment services. Family and Children's Services falls under the Santa Cruz County Human Services Department, and is responsible for providing child welfare services to children who are/or have been abused and neglected, or are at risk for abuse and neglect.

The survey will be self-administered by participants, who will be able to complete the form during a general meeting or at a time and location of their choosing. Focus groups will take place at the County of Santa Cruz offices at 1400 Emeline in one of several conference rooms that have been made available.

Variables, Measurements and Themes

For the quantitative portion of this study, a self-administered survey in the form of the Collaborative Values Inventory (CVI) will be used to examine the congruence and differences in values and beliefs between the key systems (see Appendix A). The survey was developed by Children and Family Futures (CFF) as a tool for assessing similarities and differences in beliefs and values between individuals from different systems, including child welfare and substance abuse systems. The CVI is being used by the National Center for Substance Abuse and Child Welfare (Drabble, 2007). It is expected that the survey will take 20 – 30 minutes to complete. CFF recommends that after reviewing the results, discussions take place surrounding the areas where commonalities occur and where views diverge (CFF, n.d.).

The CVI consists of 50 statements, 39 of which are measured on a 4-point Likert-type scale (*strongly agree, somewhat agree, somewhat disagree, strongly disagree*). The first portion of the survey consists of questions regarding demographics. This portion asks about the participant's gender, age, and ethnicity. In subsequent questions participants will be asked about their role in the organization, areas of primary responsibility, the county they are working in, and years of professional experience. Questions regarding their beliefs surrounding alcohol and drug use will be included in the next section. Example questions include "People who are chemically dependent have a disease for which they need treatment" and "There is no way that a parent who abuses alcohol or other drugs can be an effective parent". The next section includes 2 statements

that allow the participants to identify the percentage of clients that they believe will be successful in alcohol and drug treatment and through Family and Children's Services, based on an 11-point scale. Finally, the participants will be asked to choose three "important causes of problems affecting children, families and others in need within the community" from a list of 28. Additionally there is a space provided that is labeled "other", for participants to write in their own choice.

As part of an earlier study, the reliability and validity of the CVI was examined through factor analysis and reliability testing (Drabble, 2007). After testing was conducted on data from 350 CVI, it was determined that the overall internal consistency for the CVI was strong (.86) (Drabble, 2007). Validity of the CVI has been established through face validity, as well as through expert opinion. Face validity establishes that the instrument appears to be measuring what it is intended to measure (Rubin, Babbie, & Lee, 2008). The CVI was evaluated in a recent study (Drabble, 2007), and is widely used and acknowledged as a valid instrument by both the National Center for Substance Abuse and Child Welfare (NCSACW) and Children and Family Futures.

Once the data from the CVI has been analyzed, focus groups representing the child welfare and substance abuse treatment services systems will be asked to interpret and validate the findings. Focus groups will be provided with a brief overview of the CVI data analysis and asked several questions regarding the results. Participants will be asked for their interpretations of the data, along with their opinion regarding whether the data does or does not reflect the attitudes and beliefs of their particular field. Additional questions will ask participants to brainstorm ideas surrounding the implications of the data for current practice, as well as identify the shared values they see as being the most effective for collaborative practice and ideas regarding strategies for

strengthening these values (see Appendix B). One potential theme involves the different perceptions held by child welfare versus substance abuse treatment professionals with regards to addiction and substance use while parenting. Additional themes revolve around the different perceptions of these same professionals surrounding funding, resources, and capacity for collaboration.

Minutes from key meetings between child welfare and substance abuse treatment systems will be examined. The key differences in values and perspectives that are identified will be noted along with any emerging recommendations/ideas regarding how to deal with these differences.

Human Subjects Consideration

Study participants will be asked to sign a consent form (see Appendix C). Participants will be informed via a cover letter of our efforts to maintain participant confidentiality. The letter will further explain that in order to ensure confidentiality, surveys will not contain any identifiable information. Respondents who choose not to participate may simply elect not to consent. Any data that is shared with external entities will be stripped of potential identifiers. All CVI surveys will be kept in a locked cabinet when not being used for coding, data entry and/or analysis. All computer data files will be password protected, with access allowed only to necessary project staff. Additionally, project reports will include statistical summaries of the data only.

Demographic and/or other personal data will be insufficient to identify participants. Prior to beginning the study, the human subjects protocol was submitted to the San Jose State University Institutional Review Board (IRB) and was approved.

Procedures and Data Collection Techniques

Data will be collected through a self-administered survey. Participants will be able to complete the form during a general meeting or at a time and location of their choosing.

Participants will be given the choice of returning the survey through a self-addressed stamped envelope, returning the survey at a group meeting in an unmarked envelope, or dropping off the survey at a convenient location at the county offices in an envelope without any identifying information.

Once the initial analysis of the data collected through the CVI has been completed, participants representing both fields, who had completed the CVI, will be recruited for several focus groups. Focus group participants will be recruited from Children and Family Services/Alcohol and Drug cross-systems meetings in conjunction with and at the direction of the key contacts/informants within Santa Cruz County. Focus groups will be held at the county offices on Emeline, last approximately an hour, and be scheduled at a time that is convenient for the participants. Participants will be asked to reflect on whether the findings from the CVI appear to reflect their own experiences and thoughts. The researcher will take notes detailing the responses and/or comments from the focus groups.

Meetings of minutes between child welfare and substance abuse treatment services will be evaluated by the researcher. Minutes are from meetings in which value differences and next steps in developing agreements/protocols between systems based on the identified values were discussed. The researcher will read through meeting minutes, compiling a list of identified values along with the corresponding recommendations related to the potential process or policy used to address these value differences.

Proposed Analysis

At the univariate level the categorical variables including, field (child welfare or alcohol and drug), gender, and ethnicity will be described by the percentage and frequency (see Appendix D). For example, the percentage of female participants will be compared with the

percentage of male respondents, as well as the percentage of professionals in each field. For continuous variables including, age, and years of experience, the researcher will use the mean and standard deviation.

At the bivariate level, the independent t test will be used. This is the most appropriate statistical test due to the independent variable which is categorical, nominal, with only two categories, and a dependent variable which is continuous. As the study is comparing the means of the two samples that are not related, CVI scores from participants working in child welfare and CVI scores of participants working for substance abuse treatment services, the independent t test is the most applicable. Results of the independent t test will indicate whether there is a statistically significant difference between the mean CVI score among professionals working in child welfare and those working in the alcohol and drug field.

At the multivariate level, multiple linear regression with dummy coding will be used. This is the most appropriate statistical test due to the multiple independent and control variables which are continuous or categorical, and the continuous dependent variable of an increased CVI score. The independent variable is the agency with which the participant is connected, while the control variables include gender, age, ethnicity, and years of experience.

For the qualitative portion of the study, the information collected through the focus groups will be carefully reviewed and analyzed in order to identify the key themes. The ideas and comments from the groups will be organized into clusters of ideas, providing details that support the specific themes.

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Appendix A

Collaborative Values Inventory: What Do We Believe about Alcohol and Other Drugs, Services to Children and Families and Dependency Courts?

Many collaboratives begin their work without much discussion of what their members agree or disagree about in terms of underlying values. This questionnaire is a neutral way of assessing how much a group shares ideas about the values that underlie its work. It can surface issues that may not be raised if the collaborative begins its work with an emphasis on programs and operational issues, without addressing the important values issues affecting their work. Learning that a group may have strong disagreements about basic assumptions that affect its community's needs and resources may help the group clarify later disagreements about less important issues which are really about these more important underlying values.

After reviewing the results from a collaborative's scoring of the Inventory, it is important to discuss the areas of common agreement and divergent views. That discussion should lead to a consensus on principles that the collaborative members agree can form the basis of state or local priorities for implementing practice and policies changes, leading to improved services and outcomes for families.

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. Age: _____ Years

5. Jurisdiction of Agency or Court:

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

6. Race/Ethnicity:

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

7. County: _____

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

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

- 1) **Dealing with the problems caused by alcohol and other drugs would improve the lives of a significant number of children, families, and others in need in our community.**

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

- 2) **Dealing with the problems caused by alcohol and other drugs should be one of the highest priorities for funding services in our community.**

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

- 3) **Dealing with the problems of child abuse and neglect should be one of the highest priorities for funding services in our community.**

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

- 4) **Illegal drugs are a bigger problem in our community than use and abuse of alcohol.**

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

- 5) **People who abuse alcohol and other drugs have a disease for which they need treatment.**

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

- 6) **People who are chemically dependent have a disease for which they need treatment.**

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

- 7) **People who abuse alcohol and other drugs should be held fully responsible for their own actions.**

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

- 8) **There is no way that a parent who abuses alcohol or other drugs can be an effective parent.**

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

- 9) **There is no way that a parent who uses alcohol or other drugs can be an effective parent.**

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

10) There is no way that a parent who is chemically dependent on alcohol or other drugs can be an effective parent.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

11) In assessing the effects of the use of alcohol and other drugs, the standard we should use for deciding when to remove or reunify children with their parents is whether the parents are fully abstaining from use of alcohol or other drugs.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

12) Parents who have been ordered to remain clean and sober should face consequences for non-compliance with those orders.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

13) Parents who are noncompliant with dependency court orders should face jail time as a consequence.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

14) We have enough money in the systems that respond to the problems of alcohol and other drugs today; we need to redirect the money to use it better.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

15) We should fund programs that serve children and families based on their results, not based on the number of people they serve, as we often do at present.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

16) We should fund programs that treat parents for their abuse of alcohol and other drugs based on their results, not based on the number of people they serve, as we often do at present.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

17) We should provide incentive funds and penalties to courts based on their results in meeting statutory timelines.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

18) If we funded programs based on results, some programs would lose some or all of their funding.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

19) In our community, agencies should involve people from the community and court system in planning and evaluating programs that respond to the problems of substance abuse.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

20) In our community, agencies should involve people from the community in planning and evaluating programs that serve families affected by child abuse/neglect.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

21) In our community, dependency courts do a good job of involving people from the community in planning and evaluating services and programs in the dependency court.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

22) Judges have a responsibility to be involved with planning community-wide responses to the problems associated with alcohol and other drug use.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

23) Children of substance abusers who are also in children's services should be a high priority group for targeted substance abuse prevention services.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

24) Substance abuse treatment outcome measures should include indicators regarding the safety, permanency and well being of the children of parents who are in their treatment programs.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

25) Child welfare service outcome measures should include indicators regarding the substance abuse recovery status of parents of the children they seek to protect.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

26) Child welfare service outcome measures should include indicators regarding the parents' ability to be effective parents.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

27) Persons who are in recovery and have successfully transitioned out of the child welfare system should play a significant role in supporting and advocating for parents in the child welfare and family court systems.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

28) Changing the system so that more services were delivered closer to the neighborhoods and community level would improve the effectiveness of services.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

29) Services would be improved if agencies were more responsive to the cultural differences between client groups.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

30) The problems of Indian children and families are significant in our community.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

31) Our agencies and courts do a good job in responding to the needs of Indian children and families in the child welfare and treatment systems.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

32) Services would be improved if all clients, regardless of income, who receive services made some kind of payment for the services with donated time, services, or cash.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

33) In our community, the judges and attorneys in the dependency court and the agencies delivering services to children and families often are ineffective because they don't work together well enough when they are serving the same families.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

34) The dependency courts should provide increased monitoring of parents' recovery as they go through substance abuse treatment, and should use the power of the court to sanction parents if they don't comply with treatment requirements.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

35) The most important causes of the problems of children and families cannot be addressed by government; they need to be addressed within the family and by non-governmental organizations such as churches, neighborhood organizations, and self-help groups.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

36) Judges should be the leaders of collaboratives seeking to solve problems associated with substance abuse and child welfare.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

37) Our judges and attorneys' response to parents with problems of addiction is generally appropriate and effective.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

38) The problems caused by use of tobacco by youth are largely unrelated to the problems caused by the use of alcohol and other drugs by youth.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

39) A neighborhood's residents should have the right to decide how many liquor stores should be allowed in their neighborhood.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

40) The messages which youth receive from the media, TV, music, etc. are a big part of the problem of abuse of alcohol and other drugs by youth.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

41) The price of alcohol and tobacco should be increased to a point where it pays for the damage caused in the community by use and abuse of these legal drugs.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

42) I believe that the significant barriers to interagency cooperation would be resolved if children's services, substance abuse and dependency court staff were involved in a comprehensive training program for child welfare staff.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

43) I believe that confidentiality of client records is a significant barrier to allowing greater cooperation among alcohol and drug treatment, children's services agencies, and the courts.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

44) I believe that publicly-funded alcohol and drug treatment providers should give higher priority in allocating treatment slots than they do at present to women referred from child protective services.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

45) Judicial ethics should be interpreted that judges not participate in collaborative efforts that involve attorneys who may appear in their courts.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

46) Attorneys who represent parents in dependency court proceedings have an ethical conflict if they advise parents to admit that they have a substance abuse problem or to seek treatment prior to the court taking jurisdiction in a case because the substance abuse admission could be negatively interpreted during the investigation of the child abuse and neglect allegations.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

47) Some parents with problems with alcohol and other drugs will never succeed in treatment.

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

48) The proportion of parents who will succeed in treatment for alcohol and other drug problems is approximately (circle one).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

49) The proportion of parents in substantiated CPS cases who will succeed in family services, regain custody of their children, and not re-abuse or re-neglect is (circle one).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

50) The most important causes of problems affecting children, families, and others in need in our community are [circle only three]:

- | | |
|---------------------------|---|
| A lack of self-discipline | The level of violence tolerated by the community |
| A loss of family values | Lack of skills needed to keep a good job |
| Racism | The harm done by government programs |
| Drug abuse | Too few law enforcement personnel |
| Mental illness | Fragmented systems of service delivery |
| Domestic violence | Deteriorating public schools |
| Alcoholism | The way the welfare program works |
| Poverty | Children born and raised in single-parent homes |
| Child abuse | A lack of business involvement in solutions |
| Low intelligence | Too few jails and prisons |
| Illiteracy | Inadequate support for low-income families who work |
| The drug business | Economic changes that have eliminated good jobs |
| Incompetent parenting | An over-emphasis upon consumer values |
| Illegal immigration | Media concentration on negatives |
| Other_____ | |

Appendix B

Example questions for focus groups:

- How would you interpret the data from the Collaborative Values Inventory analysis?
- Do you think that the data reflects the attitudes and/or beliefs of your field?
- What do you believe are the implications of the data for/on current practices?
- Can you identify the shared values you believe to be the most important for collaborative practice?
- What are your ideas regarding possible strategies for strengthening these values?

Appendix C

Agreement to Participate in Individual or Focus Group Interview

Responsible Investigator (s): Laurie Drabble, Ph.D., Associate Professor. San Jose State University, College of Social Work, and Patricia Shane, Ph.D. M.P.H. Senior Research Scientist, Sutter Health Institute for Research and Education

Title of Project: The Santa Cruz County Family Preservation Court Project.

1. You are invited to participate in this research study investigating factors that facilitate or impede collaboration between the fields of substance abuse, child welfare, and dependency courts.
2. Specifically, you will be asked to participate in an interview at a time and location that is convenient to you. The interview will be audio taped with your permission and the tape of the interview will be destroyed after it is transcribed.
3. There is no foreseeable risk to you associated with participation in this study.
4. Even though there is no direct benefit to you from the research, we hope that the research will help in planning for future collaborative efforts to better address the needs of families in the child welfare system with substance abuse problems.
5. Although the results of this study may be published, no information that could identify you will be included.
6. There is no compensation for participation in the study. However, your time and your views will be deeply appreciated should you elect to contribute to the study.
7. Questions about the research may be addressed to Laurie Drabble, at (408)924-5836. Complaints about this research may be directed to Dr. Alice Hines, (408)924-5800. Questions about research participants' rights or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (408)924-2480.
8. No service of any kind to which you are otherwise entitled will be lost if you choose to not participate in the study.
9. Your consent is being given voluntarily. You may refuse to participate in the entire study or any part of the study. If you choose to participate in the study, you are free to withdraw at any time without any negative effect on your relations with San Jose State University or any other participating institutions or agencies.

The signature of a subject on this document indicates agreement to participate in the study. The signature of a researcher on this document indicates agreement to include the above named individual in the research and attestation that the participant has been fully informed of his or her rights.

Signature

Date

Investigator's Signature

Date

Appendix D

Univariate/Descriptive Statistics

Variable & Level of Measurement	Statistic
Field: categorical, nominal	Frequency, Percentage
Age: continuous, ratio	Mean, Standard Deviation
Ethnicity: categorical, nominal	Frequency, Percentage
Gender: categorical, nominal	Frequency, Percentage
Years of experience: continuous, ratio	Mean, Standard Deviation
CVI score: continuous, ratio	Mean, Standard Deviation

Bivariate Statistics

Independent Variable & level of Measurement	Dependent Variable & Level of Measurement	Statistical Test
Field: categorical, nominal	CVI score: continuous, ratio	Independent t test

Multivariate Statistics

Independent or Control Variable & Level of Measurement	Dependent Variable & Level of Measurement	Statistical Test
Field: categorical, nominal	Increase in CVI score: continuous, ratio	Multiple linear regression with dummy coding
Age: continuous, ratio		
Ethnicity: categorical, nominal		
Gender: categorical, nominal		
Years of experience: continuous, ratio		