

Successes and Challenges in the Development of Collaborative Systems Changes
Among County Alcohol and Drug, Child Welfare, and Court Systems

by

Nicole M. Jordan

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Dr. Kathy Lemon Osterling

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Abstract

This research examines perceived successes and challenges in the development of collaborative systems changes between county alcohol and drug programs, child welfare and court systems in one California county in the early stages of implementing an innovative collaborative dependency drug court project. This qualitative research will utilize in-depth interview and focus group designs with an exploratory purpose to look at perceived successes and challenges in the development of collaborative systems changes between county alcohol and drug programs, child welfare and court systems. This study will take place at the offices of Family and Children's Services in Santa Cruz, California and will include professionals that are representative of the key systems involved in existing or potential collaborative practice and, more specifically, involved in the new Santa Cruz County Treatment Alliance for Safe Children (TASC) Project. A purposive sample of approximately (10) adult professionals over the age of 18 who work in the child welfare, substance abuse treatment systems, and the courts will be recruited to participate in in-depth interviews and focus groups. (findings to follow)

Introduction

Up to 80% of families entering the child welfare system are experiencing difficulties related to drugs and alcohol (National Center on Substance Abuse and Child Welfare, 2007). These families will be more likely to have out-of-home placements of their children, spend more time in the child welfare system, and experience more complications related to reunification (Curtis & McCullough, 1993). Research indicates that one of the most important components to mitigating many of the issues of families in the child welfare system that are simultaneously dealing with drug and alcohol issues, is well-designed, evidenced-based collaboration between county child welfare social workers and alcohol and drug specialists (Hunter, 2003). Identifying commonalities based on similar values and recognizing the differences in perspectives associated with each system appears to be a useful starting point for successful collaboration (Drabble, 2007). This research examines perceived successes and challenges in the development of collaborative systems changes between county alcohol and drug programs, child welfare and court systems in one California county in the early stages of implementing an innovative collaborative dependency drug court project.

Relevance to Social Work

Substance abuse issues among parents involved with child welfare represent an important practice and policy challenge to child welfare systems and practitioners (McAlpine, Courts Marshall & Harper Doran, 2001). Developing an integrated model of support between child welfare agencies and alcohol and drug agencies is imperative to their client's success and wellbeing. Establishing a willingness to work together in a solution-based manner with the family as the mutually focused client is critical to the

family ultimately navigating the child welfare system successfully (Kopels, Carter-Black & Poertner, 2002).

The perceptions of the participants of this research will be carefully examined from a transcultural perspective. Specifically, an area of interest is looking at the impact of positionality in terms of child welfare workers and alcohol and drug specialists.

Alcohol and drug specialists are often members of the recovery community themselves and therefore, bring a more personal experience to their work with parents. By contrast, the child welfare worker is often primarily focused on the children of the family and the effects the parent's substance abuse has on them (Hodges, Hernandez & Nesman, 2003).

In addition, it is important to look at the distinct roles of each worker. There is some evidence that suggests a power dynamic between the ultimate control a child welfare social worker has in determining the outcome of families that are also working with alcohol and drug specialists (Kopels et al, 2002).

Literature Review

Background of Collaborative Systems

There are over 500,000 children in foster care in the United States (Casey Family Services, 2007). This population has doubled in the past two decades and the length of time a child remains in foster care has increased to an average of three years (Casey Family Services, 2007). This is especially true of children in the child welfare system with substance-abusing parents. In addition, substance abuse is often connected with more severe child abuse and neglect (Green, Rockhill & Burrus, 2008). To address these complex issues it is important to look to evidence-based interventions that improve adult and family relationship outcomes through collaborative teams among child welfare,

alcohol and drug, and court systems. This collaboration must work to increase team-service planning and connections to services in order to increase successful outcomes for families (Pecora, Whittaker, Maluccio & Barth, 2006).

There is a trend toward more evidence-based treatment and interventions in an effort to close the gap between research and practice (Gambrill, 2006). Dependency drug courts are a place where multiple systems can join together in collaboration to support families. This collaboration appears to be a vital link to families with substance abuse issues in experiencing successful outcomes once they have entered the child welfare system (McAlpine et al, 2001). Through this innovative process agencies are able to offer expanded services such as enhanced treatment, case management, and improved access to services that are more flexible and coordinated (Hunter, 2003).

Dependency drug courts are designed to increase the collaboration between child welfare, alcohol and drug, and the courts. Traditionally, the child welfare and court systems were engaged in monitoring substance-abusing parents' behavior with an emphasis on imparting sanctions and rewards (Osterling & Austin, 2008). Evidence indicates that a move to team support, in collaboration with alcohol and drug agencies, may be more effective in helping parents enter treatment in a timely manner, increase reunification timelines, and improve case management; these are opportunities which may lead to more successful outcomes for families (Osterling & Austin, 2008). Along with team decision making, the dependency drug court collaborative has the unique ability to share knowledge and experience with one another. This process has helped to develop a deeper, more respectful, understanding among the professionals involved; this

collaboration has resulted in a more tolerant perspective regarding the complex issues of recovery, family dynamics, and judicial mandates (Semidei, Radel & Nolan, 2001).

Systems Theory and Collaborative Systems

Systems perspective theory is helpful in analyzing the cross-system collaboration between child welfare, alcohol and drug, and the courts. Systems theory looks at the integration of reciprocal relationships and how individual subsystems function within larger systems; each subsystem has an effect on all other parts of the overall system which affects the homeostasis or equilibrium of that system (Hutchison & Charlesworth, 2003). It is important for subsystems to be in constant adjustment to one another and their environment in order to maintain balance (Hutchison & Charlesworth, 2003).

Historically, the various subsystems working with families that are concurrently involved with child welfare and dealing with substance-abuse issues were closed to one another; these systems worked in isolation and avoided direct interaction. Research has shown that in order to facilitate successful collaboration a primary step is to ensure subsystems have an open exchange of resources and information (Hodges, Hernandez & Nesman, 2003).

Interventions that come from a multidimensional approach, including utilization of cross-system teams, provide more successful outcomes for families concurrently involved with child welfare and drug and alcohol systems (Young & Gardner, 2002). The systems theory emphasizes a more holistic approach that examines the entire family and social system, including the physical environment, rather than focusing exclusively on the individual (Payne, 2005). By meeting collectively with members of each subsystem that works with these families we gain a deeper understanding of the complex

issues they face. Additionally, a sense of cohesion can develop among the members of the team as the focus turns from individual parents and children to the family as a whole.

Another benefit from a systems perspective approach is the opportunity for subsystems to develop a common base of knowledge regarding child welfare concerns and substance abuse issues (Young & Gardner, 2002). The multi-systems collaborative process can provide an opportunity for subsystems to identify a shared purpose that directly addresses both substance abuse and child welfare issues, thereby improving planning and practice (Drabble, 2007).

Successes and Challenges of Collaborative Systems

Unrealistic timelines imposed by federal and state mandates often hamper the family reunification and treatment process. The passage of the Adoption and Safe Families Act, which was intended to increase permanency for children, has, in practice, complicated the issues facing substance-abusing parents (Green, Rockhill & Furrer, 2006). Addiction recovery is a turbulent process with many cycles of relapse and recovery (Green et al, 2006); it is estimated that on average it takes 90 to 200 days after the start of their child welfare case for parents to begin treatment services (Green et al, 2006). This is due to lack of funding which creates long waitlists, budget constraints, and a shortage of service providers. In addition, there is evidence to suggest that substance-abusing parents involved with child welfare face more risk factors that impact their family's outcomes in both systems (Green et al, 2006). These parents are often people of color, are younger, have more children and are experiencing underemployment or unemployment issues (Green et al, 2006).

Understanding that addiction is complex and touches upon genetics, chemistry, and personal choice can help lead the way for professionals to find a meeting place in their collaborative practices (Young & Gardner, 2002). Often compliance can be a sticking point between child welfare, alcohol and drug, and court systems. Traditionally, alcohol and drug specialists have a more client-based abstinence and testing compliance perspective (Semidei et al, 2001). On the other hand, child welfare and court agencies are federally and state mandated to closely monitor clients in terms of compliance; there are often severe consequences for non-compliance (Young & Gardner, 2002). Research suggests that a more central position, where there is a shared responsibility between the client and the various agencies, is beginning to emerge and has found some success (Young & Gardner, 2002). In fact, many collaborative team professionals now see relapse as a conceivable, even inevitable, piece in the process of recovery (Semidei et al, 2001).

An instrumental piece in successful inter-agency collaboration appears to be beyond policy that requires collaboration and must include encouragement to implement collaboration in everyday agency practice (Smith & Mogro-Wilson, 2006). Historically, research has focused on inter-agency collaboration at an organizational level (Smith & Mogro-Wilson, 2006). In practice however, it appears that individual staff beliefs, perceptions, and knowledge may have a significant impact on the success of inter-agency collaboration as well (Smith & Mogro-Wilson, 2006). It is important to look at collaborative practice from a multi-level perspective with both individual and institutional influences in mind (Smith & Mogro-Wilson, 2006). Beyond written policies, agencies must have clear incentives for engaging individual professionals in

collaboration. Inter-agency collaborative best-practice must include improved communication, enhanced knowledge base of professionals in both agencies, and provide adequate and appropriate service models (Darlington & Feeney, 2007). In addition, one of the most important aspects of successful collaboration appears to be developing and/or identifying a shared commitment to the core purpose and an investment in the ultimate goal of both agencies (Smith & Mogro-Wilson, 2006).

In many states, such as California, service and collaborative opportunities occur at the local county level (Geen, 2000). Therefore, addressing policy and practice issues on the county level is critical. In Santa Cruz County, Family Preservation Court (FPC) has been established as an opportunity to provide expanded and enhanced services to families that are concurrently involved with child welfare and are experiencing substance abuse issues. The Family Preservation Court services include intensive case management, cross-system case and treatment plan development, and improved access to services. Through these expanded services it is expected that the cross-system collaborative services between child welfare, alcohol and drug, and court systems will have a positive impact on well-being, safety, and improved permanency outcomes for families.

Research questions

The overall aim of this research is to systematically document and identify issues and progress in improving collaboration between county alcohol and drug programs, child welfare, and dependency court systems. Specific research questions include:

1. What do experts in child welfare, substance-abuse fields and the courts perceive as the gaps, challenges, and successes in cross-systems collaboration in Santa Cruz County?

2. What are some of the factors that facilitate or impede the process of collaboration?
3. How do perceived capacity for collaboration and values change over the development of a collaborative program start up?
4. How do the program design and program activities facilitate or impede the desired program outcomes?

Methods

Research Design

This qualitative research will utilize in-depth interview and focus group designs with an exploratory purpose. This study will look, in an exploratory manner, at perceived successes and challenges in the development of collaborative systems changes between county alcohol and drug programs, child welfare and court systems. In-depth interviews and focus groups are excellent qualitative tools that are ideally suited to obtain information about complex processes of interactions between systems and the insights of professionals embedded in those systems (Rubin et al., 2008). This qualitative research will use a phenomenological research design. Phenomenological research is a method of looking at a similar phenomenon experienced by several people (Creswell, 2007). The goal is to discover the underlying meaning of that experience. The focus of phenomenological research is on the description of the experience and identifying significant collective themes (Creswell, 2007).

Sampling

This study is focused on identifying progress in collaborative practice as well as factors that help or hinder collaboration among professionals in child welfare, substance

abuse, and court systems. The professionals to be recruited for the study are representative of the key systems involved in existing or potential collaborative practice and, more specifically, involved in the new Santa Cruz County Treatment Alliance for Safe Children (TASC) Project. First, a purposive sample of prospective interviewees and focus group participants will be developed in conjunction with key contacts at Santa Cruz County. Prospective study participants will be informed of the purpose of the study, the voluntary nature of their participation, and invited to ask questions about the study. Some participants will be recruited by phone or email and others will be invited to participate in the study in person at local professional or staff meetings. Approximately (10) adult professionals over the age of 18 who work in the child welfare, substance abuse treatment systems, and the courts will be recruited to participate in in-depth interviews and focus groups.

Study Site

The interviews and focus groups will take place in Santa Cruz, California at the office of Family and Children's Services at 1400 Emeline, building K. The interviews and focus groups will take place in a visitation or conference room located on the first floor of building K, or other sites convenient to prospective study participants. The interviews and focus groups will be conducted by this writer and one of the lead evaluators and will be scheduled at a time deemed suitable by the interviewees.

Variables and Themes

For this qualitative study, purposively selected participants will be asked open-ended questions with a semi-structured interview design. Demographic survey data will be included in the interviews. The demographic data will include the following variables:

Gender, age, race/ethnicity, occupation and job title, number of years in current position, primary language, and level of education. The interview questions were designed to discover themes related to the perceived successes and challenges in the development of collaborative systems changes between county alcohol and drug programs, child welfare and court systems in one California county in the early stages of implementing an innovative collaborative dependency drug court project. The interview questions specifically focus on the experience of inter-agency collaboration: (1) What are the most important factors for effective collaborative planning, project implementation, and ongoing functioning? (2) What are some of the challenges in the collaborative practice that you have observed during the beginning period of the Family Preservation Court project? (3) What are some of the successes that have emerged out of the project? (4) Are there any opportunities for improvements to the current collaborative practice between Alcohol and Drug, Family and Children's Services and the courts that might strengthen Family Preservation Court? (see Appendix A for a complete list of questions)

To establish credibility of the interview questions, this author consulted with the lead investigator of the TASC project as well as a key member of the FPC team. This author engaged in extensive consultation with both experts in order to develop interview questions as well as garner insider information regarding the inner-workings of the project and the dynamics of the FPC team. In addition to increasing the credibility of this study, this consultation provided valuable insights which increase the efficacy of the research (Creswell, 2007). Additionally, the sample size $n=10$ establishes a good measure of credibility.

The trustworthiness of this study is established by employing a quality digital recorder in order to obtain detailed and precise transcriptions (Creswell, 2007). In

addition, the trustworthiness of the study will be further established using multiple coders to analyze transcript data. Utilization of multiple coders determines the stability of responses and themes across coders (Creswell, 2007).

Human Subjects Protocol

Privacy and confidentiality risks will be carefully guarded through the following procedures: No identifiable private information about the participants will be obtained other than basic data for descriptive purposes only, including gender, age, race/ethnicity, occupation and job title, number of years in current position, primary language, and level of education. Interview data will be kept at the office of the principal investigator in a locked drawer. Interviews will be recorded only with permission of the interviewee and the recordings from the interviews will be destroyed after they are transcribed.

Data from participants will be reported in an aggregate manner and no identifying information about individuals will be included in the report. During the recruitment and informed consent process this author, who has received training and protocols on informed consent, will describe steps taken to maintain respondent confidentiality. All elements of informed consent will be addressed in a scripted dialogue with prospective participants and in the consent form developed for prospective study participants (see Appendix B). Each interface with a prospective participant will include an opportunity for clarification of any outstanding questions, prior to making a decision regarding participation. Individuals who choose not to consent to participate may do so freely, without fear of penalty or consequence. The informed consent process will include giving participants a copy of the written agreement to participate in research that will be signed by the participant and this author during their face-to-face meeting and discussion of the evaluation study. A

proposal for human subject participation has been submitted to the Institutional Review Board (IRB) at San Jose State University for approval.

Procedures and Data Collection Techniques

The qualitative, face-to-face, semi-structured interviews are conducted at a time specified by the interviewee and will take place at the offices of Family and Children's Services in Santa Cruz, California unless otherwise specified by the interviewee. The interviews are recorded on a digital recorder and immediately transcribed into narrative form by this author. In addition, brief notes are taken by this author during the interviews in order to capture specific details and quotes. Common themes that emerge are documented.

Proposed Analysis

The qualitative data is based on a thematic analysis of themes and patterns that emerge from the in-depth interviews. Transcribed narratives will be carefully analyzed multiply times in order to accurately discover reoccurring themes across interview transcriptions. Initially, the information will be aggregated into large clusters of ideas ultimately narrowing into a smaller, manageable set of themes (Creswell, 2007).

In terms of the univariate level, all the demographic variables asked during the interview will be tested (see included table). The categorical variables -- Gender, race/ethnicity, occupation and job title, primary language, level of education -- will be looked at in terms of frequency and percentage. Specifically, the variables will be expressed in the percentage of males versus females, the frequency of a particular race/ethnicity or type of occupation, and so forth. The continuous variables, age and

number of years in current position, will be described using the mean and standard deviation.

| Univariate/Descriptive Statistics | |
|---|--------------------------|
| Variable and Level of Measurement | Statistic |
| Occupation and Job Title – categorical, nominal | Frequency, Percentage |
| Primary Language – categorical, nominal | Frequency, Percentage |
| Gender – categorical, nominal | Frequency, Percentage |
| Race/Ethnicity – categorical, nominal | Frequency, Percentage |
| Age (in years) – continuous, ratio | Mean, Standard Deviation |
| Number of Years in Current Position – continuous, ratio | Mean, Standard Deviation |
| Level of Education – categorical, ordinal | Frequency, Percentage |

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Appendix A

(Interview protocol to be used with FCS, AOD, FPC team, and Court)

This study is part of a larger evaluation of the new Family Preservation Court, a special project funded by the Children's Bureau of the Administration for Children and Families. The Family Preservation Court is a collaborative project involving Family & Children's Services, Alcohol and Drug Programs, and the Courts, which is designed to expand and enhance services for families concurrently involved in substance abuse treatment and child welfare services.

As part of this larger project, we are specifically looking at some general perception regarding the current Family Preservation Court project and some of the successes and challenges in terms of collaboration between Alcohol and Drug, Family and Children's Services, and the courts.

Review protection of human subjects and obtain consent for before interview:

1. From your perspective, what are the most important factors for effective collaborative planning, project implementation and ongoing functioning?
2. How would you characterize the collaboration between systems now that the Family Preservation Court is up and running?
 - a. Probes:
 - i. What are some of the "gaps" in collaboration?
 - ii. What gaps, if addressed, might improve effectiveness of services to program participants and their children?
3. What are some of the challenges in the collaborative practice that you have observed during the beginning period of the Family Preservation Court project?
 - a. Probes:
 - i. What are some of the problems that may have emerged in the process of the project start-up and how were they addressed?
 - ii. What, if any, new collaborative practices or planning processes are in place?
4. From your perspective, what are some of the successes that have emerged out of the project?
 - i. How has collaborative planning or collaborative practices improved?
 - ii. Has communication between systems improved?
5. From your perspective, what are the most important "lessons learned" from the development of this project?
6. From your perspective, are there any opportunities for improvements to the current collaborative practice between Alcohol and Drug, Family and Children's Services and the courts that might strengthen Family Preservation Court?
 - a. Probes:
 - i. Ideas you have about specific practices, staffing, policies, procedures.
7. (Re-state the purpose of the project) Is there anything I missed or you believe is important for us to know?

(Interview protocol to be used with parent mentors)

This study is part of a larger evaluation of the new Family Preservation Court, a special project funded by the Children's Bureau of the Administration for Children and Families. The Family Preservation Court is a collaborative project involving Family & Children's Services, Alcohol and Drug Programs, and the Courts, which is designed to expand and enhance services for families concurrently involved in substance abuse treatment and child welfare services.

As a parent mentor you have a unique perspective of the different people and systems involved in Family Preservation Court. We would like to ask you a few questions about your experiences regarding the processes of Family Preservation Court.

Review protection of human subjects and obtain consent for before interview:

1. How would you describe the collaboration between child welfare, alcohol and drug, parents and the courts now that the Family Preservation Court is up and running?
 - a. Probes:
 - iii. What are some of the "gaps" in collaboration?
 - iv. What gaps, if addressed, might improve effectiveness of services to program participants and their children?
2. What are some of the challenges in the collaborative practice that you have observed during the beginning period of the Family Preservation Court?
3. From your perspective what are some of the successes of Family Preservation Court?
4. Drawing from you overall experiences with parents participating in Family Preservation Court can you talk about the parent's perspective of how FPC works for them.
 - a. Probes:
 - i. How do they find it helpful?
 - ii. Have they shared with you how it could be more effective? If so how?
5. From your perspective how does the Family Preservation Court team support parents?
6. (Re-state the purpose of the project) Is there anything I missed or you believe is important for us to know?

Appendix B

Agreement to Participate in Research Interview

Responsible Investigator: Nicole Jordan

Title of Project: The Santa Cruz County Treatment Alliance for Safe Children (TASC) 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 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, I 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 this study.
7. Questions about this research may be addressed to me, Laurie Drabble, at (408) 924-5836. Complaints about this research may be addressed to Dr. Alice Hines (408) 924-5800. Questions about research subjects' rights, or research-related injury may be presented to Pam 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 participant" in the study.
9. Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. If you decide to participate in the study, you are free to withdraw at any time without negative effect on your relations with San Jose State University or with 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 subject in the research and attestation that the subject has been fully informed of his or her rights.

Signature

Date

Investigator's Signature

Date

