



## Interagency collaboration: Strengthening substance abuse resources in child welfare



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### ABSTRACT

Supporting child welfare (CW) workers' ability to accurately assess substance abuse needs and link families to appropriate services is critical given the high prevalence of parental substance use disorders (SUD) among CW-involved cases. Several barriers hinder this process, including CW workers' lack of expertise for identifying SUD needs and scarcity of treatment resources. Drawing from theories and emergent literature on interagency collaboration, this study examined the role of collaboration in increasing the availability of resources for identifying and treating SUDs in CW agencies. Using data from the second cohort of families from the National Survey of Child and Adolescent Well-Being, study findings highlight a lack of SUD resources available to CW workers. On the other hand, the availability of SUD resources was increased when CW agencies had a memorandum of understanding, co-location of staff, and more intense collaboration with drug and alcohol service (DAS) providers. These results provide evidence to support efforts to improve collaboration between CW and DAS providers and showcase specific collaboration strategies to implement in order to improve service delivery.

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### 1. Introduction

Substance use disorders (SUDs) among parents constitute a persistent problem in the child welfare (CW) system. An estimated two thirds of substantiated child abuse and neglect cases in CW involve issues of substance misuse (U.S. Government Accountability Office [GAO], 1998; Wulczyn, Ernst, & Fisher, 2011; Young, Boles, & Otero, 2007). Heightened risk of later substance misuse, higher rates of rereport to CW, and lengthier out-of-home placements are just some of the adverse long-term outcomes linked to children with parents dealing with SUDs (Barth, Gibbons, & Guo, 2006; Brook & McDonald, 2007; Choi & Ryan, 2006; Grella, Hser, & Huang, 2006; U.S. Department of Health and Human Services, 1999; Vanderploeg et al., 2007). Given the high number of CW-involved families dealing with SUDs and the impact of parental substance misuse on children, CW workers require resources to identify parental SUDs and connect parents with SUD treatment in a timely manner. Prior research has found that children spend less time in foster care and are more likely to be reunified when parents with SUDs enter treatment more quickly and complete treatment (Green, Rockhill, & Furrer, 2007). However, the limited expertise of CW workers in dealing with SUDs and limited SUD resources available to them (e.g., standardized assessment instruments and treatment availability) can inhibit their ability to accurately assess for parental SUDs and arrange for treatment when necessary (Chuang, Wells, Bellettiere, & Cross, 2013; Feit, Fisher, Cummings, & Peery, 2015; GAO, 2013). Fortunately, the

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organizational intervention of interagency collaboration (henceforth referred to as collaboration) between CW and drug and alcohol service (DAS) providers may address this challenge. Drawing from theories and emergent literature on interagency collaboration, this study examined the role of collaboration in increasing the availability of resources for identifying and treating SUDs in CW-involved families.

### 1.1. Theoretical framework: collaboration and organizational resources

Several theoretical frameworks provide the rationale for how collaboration between these two entities can increase SUD-related organizational resources. According to resource-based theories, organizations enter into collaboration with partners when that partner can provide or contribute to resources or capacities that the organization does not possess (Dyer & Singh, 1998; Pfeffer & Salancik, 1978). Interorganizational collaboration theory (Alter & Hage, 1993) posits that organizations opt for collaboration because it allows for resource sharing. Based on these theories, CW organizations may establish collaborative relationships with DAS providers to develop or acquire specialized SUD resources for their agencies, share resources, increase capacity, and alleviate service burden (He, 2015; Pfeffer & Salancik, 1978). For example, one study using nationally representative data on CW agencies found that having a higher worker caseload was associated with increased collaboration between CW agencies and DAS providers (He, 2015). This study suggested that CW agencies may be engaging in greater collaboration with DAS providers to bring in specialized support to CW workers and alleviate workload.

Within organizational research (for-profit and non-profit), empirical evidence indicates that interagency collaboration helps organizations to gain resources, including financial capital (e.g., cost savings and access to markets), social capital (e.g., relationships, influence, and enhanced reputation and legitimacy), and human capital (information, knowledge, and innovative practices; Barringer & Harrison, 2000; Clarke & MacDonald, 2016; Hillman, Withers, & Collins, 2009). Within the child welfare arena, emergent literature also suggests that collaboration between CW agencies and specialized service providers help to support development of organization resources. For example, He et al. (2015) found that collaboration between CW and mental health agencies supported the development of mental health screening tools for CW workers. Another study found that collaboration between CW and DAS providers facilitated the streamlining of SUD assessment and treatment processes within CW agencies in the state of New Jersey (Traube, He, Zhu, Scalise, & Richardson, 2015).

Still, while collaboration between CW agencies and DAS providers has been shown to have beneficial outcomes on the individual level, including increased rates of parental SUD services referral and assessment, service use, and family reunification (Aarons, Hurlburt, & Horwitz, 2011; Green, Furrer, Worcel, Burrus & Finnigan, 2007; Young & Gardner, 2002), there remains a dearth of research examining the role of collaboration in increasing SUD-related organizational support and resources in CW agencies. Therefore, drawing from organizational theories of collaboration, this present study aims to address this gap in the literature.

### 1.2. Need for SUD resources in CW agencies

Parental substance abuse can jeopardize the safety, well-being, and permanency of children. As stated, children of parents with SUDs are at heightened risk for maltreatment, substance misuse, rereport to CW, and lengthier out-of-home placements. In addition, CW-involved parents with SUDs are particularly vulnerable to having their parental rights terminated as a consequence of the Adoptions and Safe Families Act which stipulates that parental rights be terminated if a child under six years old is placed out of the home and not reunified within 12 months (ASFA, 1997). This requirement is problematic because the SUD treatment and recovery process often takes longer than a year and parents with SUDs may wait several months before enrolling in treatment (Rockhill, Green, & Newton-Curtis, 2008). The ASFA timeline creates great urgency to identify SUD needs and link CW-involved parents to treatment services.

In the CW system, however, the identification and assessment of SUD problems is limited by the fact that CW workers are not SUD specialists or practitioners and may rely too heavily on their personal judgments and assumptions (Feit et al., 2015). This likely contributes to the long-recognized issue of under-identification of SUDs in child abuse and neglect investigations (Chuang et al., 2013; Dore, Doris, & Wright, 1995; Schroeder, Lemieux, & Pogue, 2008). Several resources may assist caseworkers in the identification of parental SUDs. The use of a standardized SUD assessment instrument may reduce subjectivity and better equip CW workers with the tools necessary for accurate identification and assessment of parental SUD (Feit et al., 2015). For example, Traube et al. (2015) found that having adequate resources, including a standardized assessment instrument, to screen for SUD needs contributed to higher SUD treatment completion for high-risk parents involved in the CW system. Additional resources such as having a SUD specialist accompany CW workers during child abuse and neglect investigations may also improve identification of parental SUD needs. During investigations of child abuse and neglect, the primary focus of the CW worker is to identify and assess factors that pose threats to child safety and well-being. Although issues related to parental SUD problems may be one area of concern, it is not the main focus of the investigation. Having a SUD treatment specialist accompany CW caseworkers on investigations may improve identification of a parent's need for SUD services and alert the CW caseworker to the urgency of connecting these families to SUD services. Indeed, availability of resources such as a standardized SUD assessment tool or support of SUD treatment specialists during child abuse and neglect investigations has the potential to increase identification of SUD needs and expedite linkages to services for parents involved in the CW system. However, little is known about the availability of these two resources and there is also a dearth

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