

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

## Assessing the Status of Linkages Across AOD, CWS, MH, and Dependency Courts

This tool is intended to be used as a self-assessment by mental health (MH) agencies, local level alcohol and other drug (AOD) services, 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 local level 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.

\*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.

### Identify your own role in your organization:

#### \*1. Please enter the last four digits of your Social Security Number:

#### \*2. Staff Level:

- Front-line Staff
- Supervisor
- Manager
- Administrator
- Other

Other (please specify)

#### 3. Gender:

- Male
- Female

## \*4. Area of Primary Responsibility:

- Substance Abuse Services
- Child Welfare Services
- Dependency Court Judicial Officer
- Attorney Practicing in Dependency Court
- Domestic Violence
- Mental Health
- Probation
- Other

Other (please specify)

## \*5. Age:

## \*6. Jurisdiction of Agency or Court:

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

Other (please specify)

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

## \*7. Race/Ethnicity:

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

Other (please specify)

## \*8. State:

State:

## \*9. County/Region represented:

## 10. Local Level Entity:

## \*11. Years of professional experience in my primary program area:

## 1. Underlying Values and Principles of Collaborative Relationships

**1. Our region has included the judicial officers and attorneys from the dependency court as partners in the development of new approaches to serving \_\_\_\_\_ in the child welfare system.**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) parents with substance abuse related issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) parents with mental health related issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) children with substance abuse related issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) children with mental health related issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**2. Our region's MH, 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 mental health, AOD use, parenting, and child safety.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**3. Our region's MH, AOD and CWS agencies and dependency courts have negotiated shared principles or goal statements that reflect a consensus on issues related to families with mental health and AOD-related problems in child welfare and the dependency court.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**4. Our region has prioritized parents in the CWS system for receipt of:**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD treatment services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health treatment services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Our region has prioritized children in the CWS system for receipt of:**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD treatment services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health treatment services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. In our region, CWS staff and the courts view alcohol abuse as being as important as other drugs as a contributing factor in child abuse and/or neglect.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**7. Our region 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

## 2. Daily Practice - Screening and Assessment

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**2. Our region has successfully out-stationed \_\_\_\_\_ 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
a) AOD workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) workers who can screen/assess for co-occurring AOD/MH issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. Our region has multi-disciplinary service teams that include MH, AOD and CWS workers.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

## Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**4. Our region has developed coordinated MH and AOD treatment and CPS case plans.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**7. Our region's MH and AOD intake processes identify parents and children who are involved in the CWS system based on previously negotiated information sharing protocols.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

## Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**8. Our region's MH and 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 region routinely documents MH and AOD factors from its screening and assessment process in the information system.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**10. When our MH and 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 region routinely monitors the implementation and the quality of its screening and assessment protocols.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

### 3. Daily Practice - Client Engagement and Retention in Care

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

## 1. Our region's CWS staff have the skills and knowledge to talk with their clients about their:

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD use and related problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health issues and related problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) co-occurring AOD/MH issues and related problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2. Our region's \_\_\_\_\_ 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
a) AOD staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) MH staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 3. Our region's dependency court judges have the skills and knowledge they need to talk with their clients about child welfare and:

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) substance abuse issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 4. Our region's dependency court attorneys have the skills and knowledge they need to talk with their clients about child welfare and:

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) substance abuse issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 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



# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**6. Our systems have implemented integrated case plans that include the \_\_\_\_\_ integrated or linked with the child welfare case plan.**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD recovery plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) MH recovery plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) co-occurring AOD/MH recovery plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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 region's dependency court system has realistic expectations for CWS parents with:**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD problems (e.g., approach to relapse and drug testing issues).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) co-occurring AOD/MH issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. Our region's CWS staff provides outreach to clients who do not keep their initial AOD and MH 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 and mental health 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

## Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**11. Our region's MH and AOD staff track the status of their clients' progress in the CWS system.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**12. Our region 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 region, CWS and MH 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 region, there is an adequate system for monitoring jointly-agreed upon outcomes of child welfare, mental health, substance abuse and dependency court programs and interventions.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**15. In our region, 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 region, 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 region's AOD treatment on the following areas:**

	Poor		Fair		Excellent
Gender specific	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographically accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family focused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age-specific responses to children's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of adolescent treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**18. Rate your region's child welfare services in the following areas:**

	Poor		Fair		Excellent
Gender specific	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographically accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family focused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age-specific responses to children's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of adolescent treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

## 19. Rate your region's mental health services in the following areas:

	Poor		Fair		Excellent
Gender specific	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culturally relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographically accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family focused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age-specific responses to children's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of adolescent treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequacy of other children's services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 4. Daily Practice - Services to Children

### 1. Our region 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 region has implemented infant mental health services for children from birth to age five.

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

### 3. Our region 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

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**4. Our region 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 health effects of their parents substance use.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**5. Our region ensures that all children in CWS are screened for:**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) Neurological effects of prenatal substance exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Developmental delays associated with parental substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Emotional/mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. Our region's Independent Living Program includes significant content on the impact of AOD use.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**7. Our region 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

## Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**8. Our region is familiar with national models of infant mental health early intervention services for children affected by abuse and neglect.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**9. Our region is familiar with national models of prevention and intervention for AOD-affected children.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

### 5. Joint Accountability and Shared Outcomes

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**3. Our region's dependency court has identified system outcomes and has communicated them to the MH, AOD and CWS agencies.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**4. Our region's MH, AOD, CWS agencies and the courts have developed shared outcomes for \_\_\_\_\_ involved families and have agreed on how to use this information to inform policy leaders.**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) CWS and AOD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) CWS and MH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) CWS and co-occurring AOD/MH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

## Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**7. In our region, CWS-AOD-MH 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 region's CWS agency shares accountability with their AOD and MH counterpart for successful treatment outcomes for their mutual clients.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**9. Our region's AOD and MH 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 region, drug testing is not used in the court system as the most important indicator of clients' compliance with substance abuse treatment and their recovery.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

## 6. Information Sharing and Data Systems



# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**1. Our region has assessed its data system to identify gaps in monitoring clients involved in CWS, MH and AOD systems.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**2. Our region's data system can retrieve the percentages of families that receive services in the MH, AOD and CWS agencies.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**3. Our region has identified the confidentiality provisions that affect CWS-AOD-MH 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 region 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

## Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**5. Our region consistently documents MH and AOD factors related to the case in our management information system.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**6. Our region's MH and 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 region has developed the capacity to automate data about the characteristics and service outcomes of the clients who are in the CWS, AOD and MH caseloads.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

## 7. Training and Staff Development

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

## 1. Our region CWS ensures that all managers, supervisors and workers receive training on working with:

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD-affected families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) families affected by mental health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) families affected by co-occurring AOD/MH issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2. Our regional \_\_\_\_\_ ensures that their staff/providers receive training on working with families in the CWS system.

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) MH agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 3. Our region has trained court staff in the principles of effective \_\_\_\_\_ and gender-specific services for mothers.

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) drug treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) treatment for co-occurring AOD/MH disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 4. Our region has trained attorneys who practice in the dependency court regarding effective advocacy and basic education regarding:

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) substance abuse and addiction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) co-occurring AOD/MH issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 5. Our region has developed joint training programs for MH, AOD, CWS and court staff and providers to learn effective methods of working together.

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

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

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) substance abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) co-occurring AOD/MH issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. Foster parents, guardians, kinship placement providers and group home providers are sufficiently trained to work on issues related to:**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) substance abusing families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) families affected by mental health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) families affected by co-occurring AOD/MH issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. Training programs regarding \_\_\_\_\_ child welfare and dependency court issues that are offered in our region are multidisciplinary in their approach and in their delivery.**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) substance abuse,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) mental health issues,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 8. Budgeting and Program Sustainability

### 1. Our region's CWS agency currently uses a portion of its funding for:

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD treatment services (excluding drug testing).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) MH treatment services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) co-occurring AOD/MH services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 2. Our \_\_\_\_\_ currently use a portion of their funding for services to improve clients' parenting skills.

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD treatment agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) MH treatment agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3. Our AOD treatment agencies currently use a portion of their funding for child development screenings for the effects of AOD and mental illness on children of their clients.

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

### 4. Our MH treatment agencies currently use a portion of their funding for child development screenings for the effects of mental illness and AOD on children of their clients.

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

### 5. Our region uses a portion of its TANF allocations to fund programs for:

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD-CWS clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) MH-CWS clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**6. Our region's CWS and \_\_\_\_\_ and dependency courts have jointly sought funding for pilot projects to work more closely together.**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) AOD agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) MH agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**9. Our region has a multi-year budget plan to support integrated:**

	Disagree	Somewhat Agree	Agree	Not Sure/Don't Know
a) CWS and AOD services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) CWS and MH services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) CWS and co-occurring AOD/MH services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. Our courts have sought additional funding to take dependency drug court programs to a region-wide scale of operations.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

## 9. Working with Related Agencies

# Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**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, MH and AOD services systems.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**3. Our region ensures that primary health care and dental care are available for families in the child welfare, mental health, 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 region.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

## Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**5. Our region's CWS staff know how to identify and link families with the support services that are frequently needed by CWS-AOD, CWS-MH 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 region routinely assesses for rates of referral and service completions for all clinical and supportive services needed by families and monitors barriers to accessing these services.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**7. Our region MH and AOD staff/providers know how to identify and link CWS-involved families with the other services that are frequently needed (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 region has MH and AOD support/recovery groups that include a special focus on CWS and child safety issues.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know



## Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**9. Our region coordinates with law enforcement, MH, 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

### 10. Working with the Community and Supporting Families

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**2. Our region includes community members in its planning and program development for mental health and 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 and mental health issues operates at the community level as well as statewide.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

## Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

**4. Our region 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, MH 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 MH, AOD and CWS issues with specific indicators for both systems.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**7. Our region assists in supporting sober/supportive living communities and housing for parents in recovery.**

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

## Local Level Collaborative Capacity Instrument - AOD, MH, CWS and Courts

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

- Disagree
- Somewhat Agree
- Agree
- Not Sure/Don't Know

**9. Our region provides aftercare services to parents in the MH, AOD and 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