

Using Venns to Widen the View: Seeing Problems Whole with Interoperational Data on Overlaps

Venn diagrams, which are typically overlapping circles, show the logical relationship between groups of things.

In working at the intersection of child welfare and substance abuse, there is a critical overlap between families with confirmed abuse and neglect cases and those in which substance abuse has been documented. The federal government has estimated that this overlap is substantial; one estimate was that substance abuse was a major problem in at least one-third of all families in which abuse and neglect was reported and in two-thirds of those families in which children were removed from their parents' custody.

The federal government now monitors child welfare outcomes through an outcomes-based review process called the Child and Family Services Review (CFSR). Through this process, each state tracks its federally mandated outcomes—how many families are reunified once children have been removed; how many children are affected by a recurrence of abuse or neglect once reunified, etc. But the fly in the ointment is that child welfare outcomes are not under the complete control of the child welfare system. The CFSR process uses the phrase “array of services” to refer to those services such as substance abuse treatment, parent education, and mental health treatment that are needed to ensure that some families can be reunified. If parents are not in compliance with court orders to seek such treatment, their parental rights can be permanently terminated.

So a classic situation of interoperability is set up, in which one set of agencies depends upon another set for a portion of its results and funding, but without direct line control over that agency. The better the connections, the transmission of vital information, and the essential “handoffs,” the more likely the outcomes for children and families will be positive.

Decisions to remove or reunify a child are important decisions, profoundly affecting the lives of children in the heart of a family. But if the extent of the overlap among agencies is only estimated, the agencies cannot gauge how widely they need to collaborate, and so they tend to revert to a pattern of “referral, deferral, and blame.” Clients are referred from child welfare to treatment agencies, the child welfare staff then defers monitoring the clients until they come back to court, and often the

treatment agency is blamed for not having the appropriate treatment slot or program for the client.

What works better? If the three agencies involved—child welfare, treatment agencies, and the courts—are able to track clients through each process with a common identifier or a negotiated protocol that allows accurate, timely information to move from one agency to another, then client progress and compliance are tracked in a single system or in three separate systems that are well-linked. And the extent of overlap across the three systems can be annually summarized in Venn diagrams or their functional equivalents, enabling each agency to know how much they need to work with each other to achieve their desired outcomes for specific clients. The driving question of true collaboration—“who do we need to succeed?”—could be better answered by more accurate Venn diagrams that graphically depicted the dependencies among agencies.

Costs: the missing dimension in integration and sustainability

Once the extent of overlap is known, the extent of shared costs can be developed, as well as the extent of shared clients. But cost analysis is at a primitive state in most human services agencies. Dividing the total cost of a project or a process by the number of clients to determine the unit costs of an innovation is a hopelessly crude method of answering the question any potential funder is entitled to ask: what does the innovation cost and how many clients can you serve? The obvious, more difficult question is how many clients are better off as a result of the innovation—a cost benefit or cost-offset question. But in human services, cost analysis must precede cost-effectiveness analysis—and many agencies cannot even do rudimentary cost analysis.

What does that have to do with interoperability? When two or more agencies are required to work together to achieve changes in the lives of children and families, the degree of interoperability in tracking clients across those systems will help determine whether the cost of multi-agency outcomes, which is typically greater than single-agency efforts, is worth the higher cost. But it will also take strong interoperability agreements and mechanisms to accurately count and track the clients who need multiple, integrated services. It is difficult for a single agency to capture its fixed and variable costs in human services; to do so across agencies is far more challenging, but would have much greater payoff in determining where investments are optimum.

Some cautions: More than new boxes

Interoperability takes more than adding a few questions or a new box on a form for workers to check off. As an example, Structured Decision Making, as a tool of risk assessment, has not yet proven capable of identifying substance abuse in enough depth to assure follow-up to provide needed services. Workers are averse to using the forms, they lack training in screening methods, and they are unsure what will happen to their clients if they note the presence of substance abuse. Often missing is training in new data collection as well as the policy changes needed to explain what will change if workers identify clients with needs for non-child welfare services.

Cautions II: More than siloed evidence-based practice

While evidence-based practices are an important antidote to obsolete programs that are clearly ineffective, a caveat is essential. The narrower the silo, the easier it is to conduct gold standard evaluations inside a box—and the less relevant to true interoperability that cuts across agencies and programs. Evidence-based practice is harder to apply to comprehensively structured interagency programs that are client-centered and go beyond testing a single approach—which does not obviate the effort to develop such evaluations, but offers an appropriate caution.

Cautions III: It ain't necessarily confidentiality

Interoperability discussions are often constrained by perceptions that confidentiality and privacy issues are involved. But in our experience with more than thirty states and fifty localities, “confidentiality issues” are rarely based on true legal impediments. They are far more often the byproduct of a lack of Trust and a Trained Team (the three Ts) able to work across agency lines in the interests of consumers. The good news is that states and localities have developed numerous protocols that enable a team of interagency workers to share information about the services needed and received by a family.¹

Conclusion

The intersection between child welfare and substance abuse treatment is only one of many arenas in which closer interoperability can pay dividends. But hundreds of thousands of children and families are affected by how well these two systems, working with the dependency courts, can connect to provide services needed to keep a family together—or to make a timely decision about removing a child to greater safety and stability. This is a

high-stakes interoperability setting, and one that needs appropriate attention to ensure that advances in other settings can be successfully tested and transferred when appropriate.

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Sid Gardner is President of Children and Family Futures, an Irvine, California-based nonprofit firm that is under contract to the federal government to operate the National Center on Substance Abuse and Child Welfare. His comments are his own and do not reflect the views of any of CFF's funders.

¹ Some of these are listed at <http://www.ncsacw.samhsa.gov>