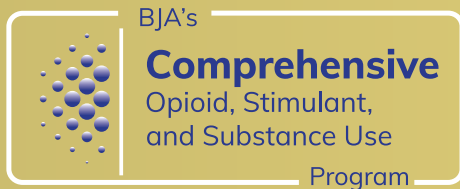# CROSS-SECTOR COLLABORATION

Between Law Enforcement, Courts, Child Welfare, and Schools to Address the Impact of Substance Use Disorders on Children and Families in the United States

The Bureau of Justice Assistance,
U.S. Department of Justice, and the State
Justice Institute collaborated with the
U.S. Department of Education's Office of Safe
and Supportive Schools and the Department
of Health and Human Service's Office of the
Assistant Secretary for Planning and Evaluation
on this project to identify successful strategies
for multi-sector collaboration to assist children
and families impacted by substance use
disorder.

TABLE OF CONTENTS

TABLE OF CONTENTS

This reports highlights **"eight key ingredients"** to successful cross-sector collaboration across law enforcement, courts, child welfare, and schools.

INTRODUCTION

Drug overdose deaths are the leading cause of injury-related death in the United States (U.S.), with drug overdose deaths topping 100,000 from June 2021 to June 2022.[1] In addition to mortality, the 2020 National Survey on Drug Use and Health found that 40.3 million people aged 12 and older had a substance use disorder (SUD) in the prior year, including 18.4 million with an illicit drug use disorder, but only 6.5 percent of these individuals received any substance use treatment that same year.[2] These high levels of SUD and unmet behavioral health needs have negative consequences for the individual, as well as for children and families. Children living with a caregiver who has a SUD are more likely to experience trauma, including witnessing and experiencing violence, losing a caregiver to an overdose, and removal from the home.[3] In addition, children who witness drug use in their homes are more likely to develop a SUD themselves.[3]

The societal impact of SUD is cross-cutting and has had a profound influence on multiple sectors in the U.S. that engage with children and families. Child

welfare agencies have seen a steep rise in cases involving children who have parents with a SUD.[4] School systems have had to manage the trauma their students experience in their home environment when a caregiver is lost to an overdose or has a SUD, as well as students who themselves develop SUD.[5] Law enforcement are part of the frontline of professionals responding to

The **societal impact of SUD** is cross-cutting and has had a profound influence on multiple sectors in the U.S. that engage with children and families.

overdose events, as well as responding to calls related to other adverse consequences of substance misuse.[6] The criminal justice system is one of the largest sources of referral to SUD treatment and court systems have seen the number of individuals with SUD on their dockets climb.[7] The widespread nature and impact of SUD make them a pressing issue in public health and public safety.

Reducing the negative consequences of SUD on children and families is also a matter of equity. Rural areas have been disproportionately affected by substance use and there is a concerning rise in overdose deaths among racial and ethnic minority groups.[8,9] In addition, rural communities must contend with limitations in SUD treatment capacity, compared to their non-rural counterparts, and racial and ethnic minority groups tend to be underrepresented in SUD treatment programs. SUD is also among the most common reasons for child welfare involvement and why racial and ethnic minority families are overrepresented in the criminal justice and child welfare systems.[10–12] For children and families in under-resourced areas, there may be fewer treatment and service options to reduce the prevalence of child maltreatment and child welfare involvement.[13]

The ongoing opioid epidemic has underscored that the causes and consequences of SUD are too complex for any one sector to handle in isolation. Collaboration across sectors that interface with individuals with SUD is an emerging strategy to manage its harmful effects on children and families and to reduce the potential for inequities. This report examines how law enforcement, courts, child welfare, and schools have traditionally intersected with behavioral health, defines cross-sector collaboration, and highlights opportunities and challenges associated with collaboration across sectors. Most importantly, this reports highlights "eight key ingredients" to successful cross-sector collaboration across law enforcement, courts, child welfare, and schools, based on interviews with stakeholders engaged in these types of collaborative efforts across the country. Information was gathered from cross-sector collaborations in communities across the country, via a questionnaire distributed to the field as well as follow-up interviews with stakeholders in 12 different communities. These stakeholders were asked to share how their cross-sector collaborations function, the challenges they've faced and how they've overcome them, and what "ingredients" they believe are necessary to create and maintain successful cross-sector collaborations. Their input is reflected throughout this report.

Figure 1: Cross-Sector Collaboration Example Sites
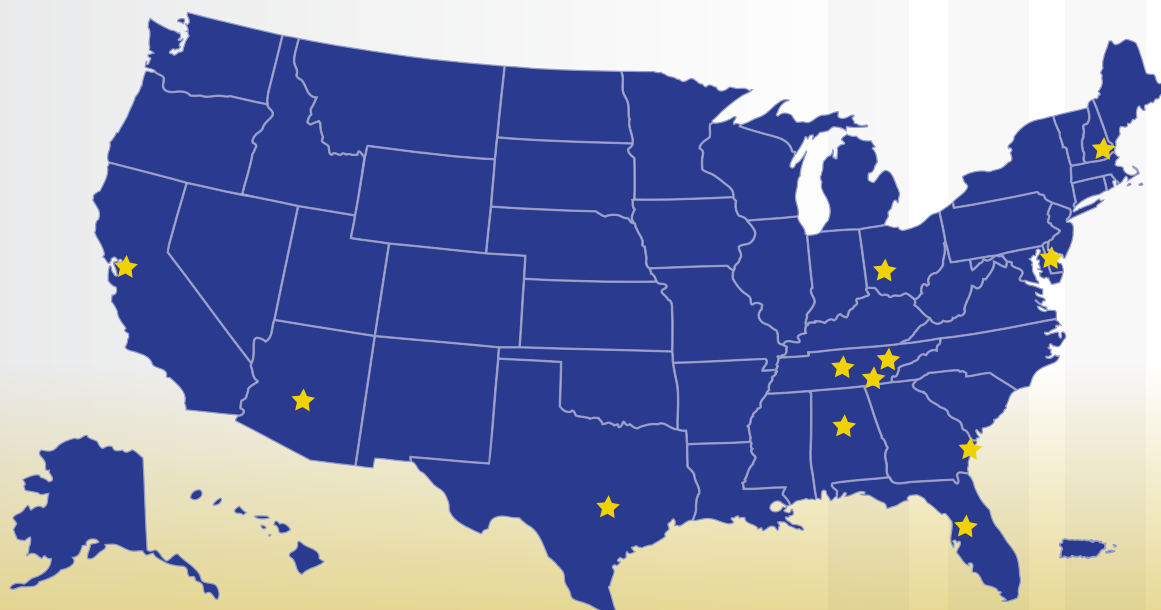
SECTION ONE:
TRADITIONAL APPROACHES TO BEHAVIORAL HEALTH BY SECTOR

There have been significant changes in policies and laws, aimed at deinstitutionalizing individuals with behavioral health conditions in favor of community-based services.[14] Combined with a shortage of community-based services and treatment providers, this has increased the numbers of these individuals within the community where access to treatment services has consistently been limited, the result of which has been that law enforcement and criminal justice-focused responses are often the only available solution for disruptive public behaviors associated with mental health or SUDs.[15] Law enforcement officials are often the first professionals to encounter individuals with behavioral health needs and have become a primary source of referral for behavioral health treatment.

During encounters with individuals exhibiting signs of a mental health and/or SUD, law enforcement officials must deal with complex issues in a way that is both discretionary and constrained by factors outside their control. Officers must use discretion to assess whether the individual may have a behavioral health condition and weigh the public safety risk of the

individual's actions and then decide if the individual should be arrested, hospitalized, or is a minimal threat that requires no action. These decisions are affected, though, by any legal criteria regarding the extent to which an individual can be involuntarily committed, the willingness and/or availability of behavioral health treatment providers and emergency departments to accept them, and often-complicated admissions procedures.[15] As a result, arrest often becomes the most expedient mechanism to get an individual with behavioral health needs off the street and into custodial

Between **50 and 80 percent of children involved** in the child welfare system have a parent with a behavioral health disorder.

care where there is an opportunity for them to be assessed and treated by behavioral health professionals while incarcerated.

Courts are faced with similar challenges. When an individual with a behavioral health disorder is referred to the court system, their cases generally require more time and increased attention, and the court system often lacks the resources to properly address their needs. Court professionals may also be limited in their understanding of behavioral health conditions, and this can affect legal representation and decisions. Mandatory sentencing statutes can also complicate the courts' ability to address an individual's treatment needs.[14] However, courts do have the option of considering diversion programs that can facilitate access to behavioral health treatment through a court referral process. In addition, in many states, courts can order individuals to receive community-based treatment services and monitor their compliance using community-based agencies. However, limited treatment options and access to other social services can become barriers to treatment adherence for individuals pursuing court-referred or mandated treatment and increase the likelihood of subsequent involvement in the criminal justice system. The lack of knowledge regarding behavioral health, coupled with limited resources within the criminal justice system and community, can reinforce a process that makes incarceration appear to be the most feasible option to provide care.

Between 50 and 80 percent of children involved in the child welfare system have a parent with a behavioral health disorder.[16] These cases are typically more complex and children who are removed from the home due to parental substance abuse are less likely to experience family reunification.[17–20] Historically, attending to behavioral health needs has been considered the responsibility of the system upon which the family initially enters—often the criminal justice system. The specific role of child welfare agencies was then to be accountable for the care of an involved child, not the behavioral health needs of the parent, resulting in multiple systems working in siloes. The passage of the

Adoption and Safe Families Act (ASFA) of 1997 (and the 2003 reauthorization) did shift child welfare's role in this process. The primary goal of ASFA was to ensure that decisions about a child's permanent living situation were made in a timely manner and thus requires that, in most cases, permanency hearings be held within 12 months of the child being placed in foster care. Termination proceedings begin if a child has been in out-of-home care for 15 of the prior 22 months.[21] AFSA placed pressure on child welfare professionals to accelerate the permanent placement of children in the foster care system and some states enacted additional legislation to further expedite the process.[22] These requirements also challenged the child welfare system to adequately balance their role to protect the safety of the child while also providing resources and support to parents with behavioral health disorders. These disorders often affect individuals throughout their lives, with episodes of relapse and recovery.[21]

School systems have also recognized the difficulties families face when a parent or child has a behavioral health disorder. Children who are living with, or closely connected to, someone who is coping with a SUD have a higher risk of misusing substances themselves. For children with behavioral health disorders, they may face challenges mentally, emotionally, and socially, which can manifest into behavioral difficulties at school. Teachers then become the person most likely to make referrals for and provide initial support to these students.[23] Since the passage of the Education for All Handicapped Children Act in 1975, school systems have been required to provide access to behavioral health services if behavioral health treatment is a part of a student's individual education plan.[24] However, schools typically lack the capacity or are inadequately funded to address these needs in an effective way that includes prevention, education, referral, or directly providing services.[24] Moreover, while schools have generally tried to move away from punitive responses to disruptive behavior, and toward positive and supportive approaches, there are often limitations on the availability of relevant school-based services, such as psychologists and social workers.[24,25]

SECTION TWO:
DEFINING CROSS-SECTOR COLLABORATION

Collaboration can be defined as a group of people or organizations "working together to create or achieve the same thing."[26] Cross-sector collaboration engages two or more sectors to improve the process and outcomes for a specific population of shared interest. The participating members work toward common goals through shared responsibility, authority, and accountability, and they mutually benefit from the relationship.[27] Cross-sector collaboration provides an opportunity to increase the diversity of perspectives on an issue, in addition to improving an understanding of the strengths and weaknesses within each sector.[27] It can also enhance information sharing between sectors and facilitate service delivery in a way that is more coordinated and individualized.[27] For cross-sector collaboration to be effective, all parties involved should share a belief that change is needed to better address a specific problem and that this problem can be solved with collaboration.[28]

There is widespread recognition that cross-sector collaboration is critical to effectively addressing the needs of children and families impacted by SUD. Children and families impacted by SUD have a range of complex needs that include access to services and supports that cut across multiple sectors, particularly for low-income and racial and ethnic minority families. While the initial sector that crosses their path may be well-equipped to handle the immediate problem, there are likely other important issues to address that extend beyond an individual sector. Individuals with SUD are often involved with the criminal justice system, and if they have children, they may also be involved with the

Collaboration can be defined as a group of people or organizations "working together to create or achieve the same thing."

Cross-sector collaboration engages two or more sectors to improve the process and outcomes for a specific population of shared interest.

child welfare system. For school-aged children, school systems may also be involved.

The substance use epidemic has highlighted the critical need for cross-sector collaboration to combat the negative consequences of SUD on children and families in the U.S. who are involved with the criminal justice, child welfare, and school systems. Within these sectors, there is a growing recognition that each cannot address this behavioral health crisis alone and a readiness to establish collaborative relationships with other sectors.

Although there is increasing consensus on the importance of using cross-sector collaboration to improve outcomes for children and families affected by SUDs, it is important to acknowledge that implementing and maintaining collaboration comes with challenges. Most barriers stem from longstanding policies and practices that make collaboration difficult and can contribute to historical inequities experienced within the criminal justice, child welfare, and school systems. Below are common challenges and barriers identified through conversations with stakeholders: Identifying consistent leaders and champions within each sector can be a critical barrier to cross-sector collaboration. Effective leaders and champions can facilitate relationship-building and move a partnership toward a shared and well-defined vision, which is key to effective collaboration.[22,28] They can also play a key role in the bidirectional transfer of information into the collaboration and then back out to each sector.[28] Yet, dependence on individual actors can also make partnerships difficult to sustain when there is eventual turnover in the workforce.[22] Moreover, ineffective or uninterested leaders can limit the success of a collaborative relationship by refusing to participate or

making it difficult for agency staff to build relationships across sectors.[22]

Establishing trust among stakeholders is key to enhancing understanding and to building a strong foundation for collaborations. But it takes time to build, especially between sectors that may not be used to working together. When bringing different stakeholders together, it is likely that they may not understand each other's sectors, the underlying principles that guide them, or the language used to communicate them.[28,29] These differences between sectors can lead to mistrust between professionals involved in the collaboration and confusion about the different constraints and mandates upon which each sector operates.[22]

Implementing effective processes that facilitate data collection and resource/information sharing is another common challenge to cross-sector collaboration. Each sector also typically operates under different funding streams and budget constraints.[22] Funding structures can be rigid and may not accommodate a pooling of resources.[28] When dealing with multiple funders, there may also be variability in how outcomes are defined and reported, and outcomes typically need to be achieved in a short time frame.[28] These factors can present challenges to cross-sector collaboration because the problems they are trying to solve are complex, so it can be difficult to identify measurable outcomes that can be achieved quickly, are easily shared, and meet the requirements of each of the involved funders.[28] Moreover, obtaining resources can be another barrier because it relies on each funding agency involved to understand and value the problem both initially and throughout the course of the collaboration. Funders' priorities and available resources shift over time and the

The substance use epidemic has highlighted the critical need for cross-sector collaboration to combat the negative consequences of SUD on children and families in the U.S. who are involved with the criminal justice, child welfare, and school systems.

ability to sustain adequate resources within a cross-sector collaboration can be an ongoing challenge.

Variability in the policies and mandates within each sector is another commonly described barrier to cross-sector collaboration. When working with parents with SUD who are involved in the child welfare system, child welfare professionals must operate under the requirements set by ASFA to achieve child permanency within a timely manner.[30] However, SUDs are considered chronic and relapsing conditions and this is reflected in the typical length of time to complete drug treatment court programs (12–18 months). Additionally, previous research indicates that SUD treatment professionals have found ASFA timelines to be unrealistic.[30] There are other policies related specifically to individuals with SUD that can make collaboration more challenging, such as 42 Code of Federal Regulations Part 2, which is a federal law meant to protect the privacy of SUD patient records.[22] Patient consent is required for information from the SUD treatment record to be disclosed with few exceptions, such as a medical emergency or with an appropriate court order.[31] School officials also operate under privacy policies such as the Family Education Rights and Privacy Act (FERPA), which protects the privacy of student education records. FERPA requires that schools get written permission from parents and eligible students to release any information from the student's education record.[32] Maintaining compliance to varying policies can impede information sharing within

cross-sector collaborations, despite it being critical to efficient and effective program implementation and evaluation of outcomes.[28,29]

There are also barriers to eliminating stigma within cross-sector collaborations geared toward children and families affected by SUD. Stigma is complex and, in practice, it can be hard to attain a meaningful reduction in biases that are deeply embedded at the individual, organizational, and structural level.[33] Identifying stigma-reduction strategies that are effective and scalable remains a significant challenge for cross-sector collaborations. The same goes for prioritizing stigma-reduction interventions when there are many other competing needs to implement and sustain an initiative.

Findings from this report and existing evidence indicate that collective action and persistence are required to overcome these common challenges but that collaboration across agencies and sectors is achievable and highly beneficial. The following section explores common strategies in place in existing cross-sector collaborations targeting children and families across the U.S. affected by SUD. The goal is to assist other jurisdictions in addressing some of the challenges identified above and successfully initiating and sustaining collaborations among law enforcement, courts, child welfare, and schools.

SECTION THREE:
EIGHT KEY INGREDIENTS FOR SUCCESSFUL CROSS-SECTOR COLLABORATION

KEY INGREDIENTS

1. HAVING A **CHAMPION** (OR CHAMPIONS)

2. HAVING A **DEDICATED PROJECT DIRECTOR** OR COORDINATOR

3. DEVELOPING A **CULTURE OF COLLABORATION** AND ACCOUNTABILITY AMONG PARTNERS

4. ESTABLISHING **DATA COLLECTION AND INFORMATION SHARING** SYSTEMS THAT FACILITATE THE TRACKING OF OUTPUTS AND OUTCOMES

5. GARNERING **POLITICAL, COMMUNITY, AND ORGANIZATIONAL SUPPORT**

6. CREATING A **STRATEGIC PLAN** – WORKING SMARTER, NOT HARDER

7. **ADDRESSING STIGMA TOWARD PEOPLE WITH SUD** AND SUD TREATMENT

8. MAKING USE OF **EXISTING INFRASTRUCTURE**

This section summarizes the key findings from interviews with professionals currently involved in cross-sector collaborative initiatives targeting children and families affected by SUD. The purpose of the interviews was to gather information on existing collaborations that are engaged with children and families. These included two or more of the following sectors: law enforcement, courts, child welfare, and schools. The interviews focused on how these collaborations began, the barriers and facilitators to collaborating across sectors, and the lessons these groups have learned along the way. The interviews were conducted primarily with groups, comprised of individuals who each had varying roles within the initiative. The groups interviewed represent collaborative initiatives from different regions across the U.S. (Figure 1) and there was variation between them with respect to their initiative's purpose, the target population, and the sectors involved. Despite these

differences, several cross-cutting themes emerged from the interviews regarding the key ingredients to initiating and sustaining a cross-sector collaboration that targets children and families affected by SUD. Descriptions of the collaborative programs interviewed are included at the end of this report.

Following the interviews and identification of cross-cutting themes, a survey was distributed to key stakeholders in national organizations representing law enforcement, courts, child welfare, and schools. Stakeholders were provided a summary of the key ingredients identified by groups involved in cross-sector collaborative initiatives and asked to provide additional insight on how these ingredients can influence implementation and sustainability. As part of this review process, stakeholders were asked to rank order the key ingredients by level of importance to successful cross-sector collaboration. The key ingredients are each presented in the order they were ranked and include representative quotes from interviewees and survey respondents.

Key Ingredient #1: Having a champion (or champions)

Champions are people who fight for or speak up in favor of a cause. One of the most common threads between the collaborations was the presence of a person, or more often several people, who were deeply committed to addressing the negative effects of SUD on their communities. While these champions were professionals who worked in varying sectors, they were all similarly faced with a realization that the existing approaches within their agencies were not working and that changes were urgently needed to address growing crises like the substance use epidemic. These champions also recognized that any changes in the response would require the involvement of multiple sectors and worked to lead those changes and connect those sectors.

"There needs to be a champion in each of the key systems. We find that 'unequally yoked' comes back to be a barrier/challenge in institutionalizing the new way of doing business."

"The champion can shift the culture and then that shift becomes the norm. There are also many forms of leadership. It doesn't always have to start at the top: people can lead from the back or from the bench."

Key Ingredient #2: Having a dedicated project director or coordinator

Stakeholders reported that it was critical to have a dedicated person who could oversee the implementation of the initiative. To do this most effectively, they also indicated that it was helpful for this dedicated person to have access to some administrative support. When a community has this allocated position, that person functions as a leader for the group: someone who can keep all the partners focused on the project's mission, assist them in working through challenges (e.g., data management and information sharing), and hold partners accountable for assigned tasks. Groups also suggested that this person, or team of people, is better positioned to pursue funding opportunities to sustain or expand the initiative, as well as managing those funds when they are awarded.

"Having someone specifically dedicated to the project is a key component to its success."

"The champion can shift the culture and then that shift becomes the norm. There are also many forms of leadership. It doesn't always have to start at the top: people can lead from the back or from the bench."

"Having someone specifically dedicated to the project is a key component to its success. As managers, we can only get so involved. We're spread a mile wide, but an inch deep. It's important to have someone who can keep it moving and give updates on what is going on."

"The best thing to happen to this group is [our project coordinator]. She is a steady hand that can keep us in order. Find the right leader as quickly as you can and make sure that person has administrative support. Amy was trying to lead us, and taking minutes, and making notes."

Key Ingredient #3: Developing a culture of collaboration and accountability among partners

Another key area that was brought up across the stakeholders was the importance of relationship-building and accountability within the collaboration. Partners suggested that groups must invest the time to develop trust and respect among themselves. To do this, some collaborations highlighted the value of having regular meetings that were efficient and maximized everyone's time, as well as having action items at the end to facilitate accountability. They also emphasized the importance of taking time to recognize each other's contributions to the initiative and celebrating any "wins" as a group or for individual partners.

"These collaborations should be formalized through a governance or steering committee to allow regular communication and decision-making among partners."

Other stakeholders discussed how they trained each other on their respective sectors, which helped to break down preconceived notions. For example, several

partners mentioned how they previously had limited understanding of the roles and responsibilities of child welfare professionals. Increasing this awareness by partnering with child welfare agencies allowed them to better understand the reasons behind their actions. When possible, groups suggested that it was helpful to bring in partners who already had a "collaborative spirit" and to find opportunities to do team-building activities to further strengthen relationships. It was also suggested that, as part of this process of developing culture around collaboration and accountability, it is critical to formalize these relationships through a memorandum of agreement, memorandum of understanding, or similar document.

"I think when we first came in, we had a lot of disagreements on who the client was—the child or the parent. It was just culturally, we're really different. We do a team-building retreat once a year. We've done a lot of that—going to lunch and building relationships—and it took some time to deal with that."

Key Ingredient #4: Establishing data collection and information sharing systems that can facilitate the tracking of outputs and outcomes

The importance of putting systems in place that can collect and track data, and having agreements in place to share information across sectors, was highlighted often by stakeholders. Several also emphasized that developing these systems is not without challenges. Groups discussed how it could take significant time to get memorandums of understandings established so that information could be shared between partners, and

"**These collaborations should be formalized through a governance or steering committee** to allow regular communication and decision-making among partners."

how it was difficult to know what type of data to track so that programs could demonstrate the progress that was being made. Although the stakeholders acknowledged these challenges, there was universal agreement that these systems were essential to the success of their initiatives, including their ability to operate more efficiently, more successfully apply for funding, and be able to evaluate their programs so they could identify strengths and gaps.

"Cross-system data is the glue of collaboration. Without having data from each system to drive decisions about sustainability (resources), the collaborative generally can't be sustained."

To alleviate these challenges, some groups suggested that it was helpful to start early in getting information sharing agreements in place, so that stakeholders could identify and begin to clear any hurdles. They also suggested that programs rigorously track their processes, because these outputs could demonstrate short-term successes and keep partners and funders invested until longer-term outcomes could be achieved. One stakeholder recommended the use of other, existing data sources to make the data collection process less burdensome.

"Everyone has their own systems, but also their own rules. Trying to work through those issues and figuring out how to respect each other's boundaries is key because, in many instances, those boundaries are in place to protect those they serve. But it can prevent helping those individuals between one resource to the other. There is more cooperation and more capabilities in data sharing."

Key Ingredient #5: Garnering political, community, and organizational support

Gaining support from leaders across multiple levels was another critical piece to starting a collaborative initiative. Stakeholders indicated that when political leaders threw their weight behind an initiative, it could pave the way for more collaboration across agencies, in addition to increased engagement from community members. To gain this multilevel support, it was frequently mentioned that highlighting the negative effects of substance use on children was a galvanizing force for action within their communities. To sustain this support, stakeholders also emphasized the importance of agency leaders being directly involved in the collaboration, so that information on project goals and outcomes can flow up to political leaders, and down to agency staff— keeping everyone on the same page and invested in the initiative's success.

"How drug use was impacting the next generation was getting a lot of attention from people in the community. Highlighting that aspect of the issue was critically important. From a political standpoint, having the mayor step out and say this is critically important helped bring new partners to the table."

"Get leadership buy-in during the planning stage, and keep them apprised of strategic direction and implementation status throughout the change process. Come back to them to sustain and institutionalize policy and practice changes."

"Cross-system data is the glue of collaboration. Without having data from each system to drive decisions about sustainability (resources), the collaborative generally can't be sustained."

Key Ingredient #6: Creating a strategic plan—working smarter, not harder

A strategic plan allows a collaborative initiative to define its short- and long-term goals and to prioritize its efforts, especially where to allocate resources. Groups and stakeholders also suggested that a strategic plan should facilitate a shared vision and provide structure without being too rigid. They noted that an initiative needs to be able to evolve and adapt to changing conditions, such as shifts in drug use patterns and funding priorities. The strategic planning processes often worked in tandem with the data collection and information sharing processes. This allowed partners to better understand where they were and where they should be going, including any gaps in their response and what additional partners may need to be brought in to fill them.

"Strategic plans should be simple and have achievable goals and a metrics component. Further, ownership of various elements of the plan is essential."

Stakeholders also highlighted the value of collaborations having a "growth mindset"—or a belief that they can work through challenges and setbacks to continuously improve on what they are doing. However, they emphasized that it could result in partners having a greater workload, such as taking on new responsibilities within the initiative to address an identified gap or joining a new task force to grow connections that might benefit the collaboration in the future. To address this, partners indicated that it was critical to grow with intention, based on the shared vision and goals of the collaboration. In addition, they noted that it was important to identify the "right" partners—people who could directly address an identified gap—because bringing in too many partners could slow things down at times.

Key Ingredient #7: Addressing stigma toward people with SUDs and SUD treatment

Several stakeholder groups reported that it is critically important to reduce the stigma surrounding SUD, in order to effectively support children and families affected by SUD. They expressed how the presence of SUD stigma can have many negative consequences, such as reduced community support for public health approaches to substance use, as well as deterring individuals with SUD from engaging in treatment programs.

"Addressing stigma is foundational, especially in cross-system initiatives. Engaging persons with lived experience has a critical role in reducing stigma and stereotypes, and providing more balance in supporting individual clients/patients."

To effectively address SUD stigma, some stakeholders suggested a multilevel approach that begins with partners recognizing their own personal biases and the negative attitudes that may permeate within their organizations. They also indicated that bringing peer workers into the collaboration facilitated an improved understanding of the lived experiences of people living with SUD and the significant needs and challenges that these children and families can encounter. Peer workers can elevate the voice and dignity of individuals, who have the lived experience of recovery from SUD, within the collaboration and assist families along the treatment

"**Addressing stigma is foundational, especially in cross-system initiatives.** Engaging persons with lived experience has a critical role in reducing stigma and stereotypes, and providing more balance in supporting individual clients/patients."

and recovery continuum.[34] Humanizing individuals who are living with SUD and recognizing some of the systemic barriers that they face—such as lacking access to stable housing or reliable transportation—can create a cultural shift in how agencies approach substance use, especially moving away from a punitive approach which often compounds existing challenges.

"I think what's most valuable about our team is that we accept [our clients]: We accept every situation as they are. We don't expect them to be better than or less than—there's no stigma effect. We start with them where they are."

Key Ingredient #8: Making use of existing infrastructure

Nearly every stakeholder group interviewed noted that their initiatives were an expansion or reimagining of existing projects and programs within their communities. Whether it was a mobile crisis unit that was implemented by a law enforcement agency or a drug treatment court program, this existing infrastructure created several advantages. First, stakeholders suggested that it was beneficial to build onto previously established programs because they were often already focused on the target population, demonstrating a commitment to addressing that population's needs. Second, the agencies' leadership had already dedicated resources to solving an identified problem that affected the population, including allocating human and other in-kind resources. Third, building onto existing programs

facilitated an opportunity to demonstrate the capacity of an initiative to be sustainable without dedicated funding—making it more attractive when applying for grant funds.

"Sustaining the collaborative, by embedding change in existing infrastructure, policies, and procedures, is critical. Often sites look for new funding, but changing existing systems and funding based on lessons from the collaborative becomes what we refer to as systems change. We use the 3 Rs to define systems change: a permanent shift in resources based on results driven by relationships."

For communities that may not have these types of program in place, it was noted that existing infrastructure did not necessarily have to be a formal program. It could also be things such as participation on a local or statewide drug prevention task force. In this instance, the infrastructure might be professional networks that were developed through the task force, which could then lay the groundwork to bring different sectors together to collaborate on the implementation of a specific program, or to put together an application for funding.

"The meth crisis is what brought a group meeting together to develop a protocol for those affected by meth use. That was a good breaking point for the collaboration between entities. When the opioid epidemic came up, they reached back out to those original members to address it."

SUCCESSFUL CROSS-SECTOR COLLABORATION EXAMPLES

Adverse Childhood Experiences Response Team Enhancement Project (Manchester, NH)

> **Law enforcement partners:**
> Manchester Police Department
>
> **Schools partners:**
> Manchester School District

The Adverse Childhood Experiences Response Team (ACERT) Enhancement Project initially began as a collaboration between the Manchester Police Department, Amoskeag Health (a federally qualified health center), and YWCA NH to provide a warm handoff and referral to services to children who are exposed to violence or trauma to mitigate the risks for poor behavioral and health outcomes later in life. The collaboration then expanded its partnerships to include the Manchester School District. The ACERT Enhancement Project has been in existence since 2015 and programming has expanded to include the response team, a network of community-based services available to children and their families, and child advocates at the local crisis center.

For more information about the ACERT Enhancement Project's cross-systems collaboration, please visit https://www.acert.us/.

Aiding Drug-Impacted Children in Out-of-Home Care (Odessa, FL)

> **Court partners:** Sixth Judicial Circuit
>
> **Schools partners:** Pinellas County Schools

The Aiding Drug-Impacted Children in Out-of-Home Care Project started in 2020 as a collaboration between the Pinellas Dependency Drug Court and Early Childhood Court to facilitate rapid access to care for at-risk children, expand coverage of services, generate expertise among team members to address the special needs of opioid affected children, implement family-focused and trauma informed care, and align and maximize resources across the system by sharing data.

Successful cross-sector collaboration examples provide ideas and strategies for other groups to consider in their process to implement or sustain initiatives to address the negative consequences of SUDs on children and families.

The project targets all children, ages 0 to 17, who have a parent with a SUD that has opted to participate in either the Pinellas Dependency Drug Court or Early Childhood Court. Children receive comprehensive services to adequately meet their physical and mental health needs, including access to therapy, tutors, and educational advocacy services. In addition, families work with an Opioid peer mentor to provide additional support, such as linkages to transportation services to attend appointments.

For more information about the Aiding Drug-Impacted Children in Out-of-Home Care Project's cross-systems collaboration, please visit https://www.jud6.org/.

All4Knox (Knox County, TN)

⚖ **Court partners:** Juvenile Recovery Court, Expungement Court, Recovery Court, Safe Baby Court

👮 **Law enforcement partners:** Knox County Sheriff's Office, Knoxville Police Department, Tennessee Bureau of Investigation

🏛 **Schools partners:** Knox County Schools

🤲 **Child welfare partners:** Department of Children's Services

All4Knox formed cross-sector partnerships to implement a communitywide strategic plan to reduce substance misuse and its impact on individuals, families, and the community. Beginning in 2018, the partners convened to develop strategies for how each sector would contribute to the overall, communitywide strategic plan. The initiative is now in the implementation phase and includes six cross-sector implementations teams: Prevention and Education (Stigma), Standardization of Practice, Access to Treatment, Housing, Judicial Diversion, and Recovery Support.

For more information about All4Knox's cross-systems collaboration, visit http://all4knox.org/.

Coastal GA Indicators Coalition (Savannah, GA)

⚖ **Court partners:** Chatham County Court System

👮 **Law enforcement partners:** Savannah Police Department

🏛 **Schools partners:** Savannah Chatham Public Schools

🤲 **Child welfare partners:** Department of Family and Children Services

The Coastal GA Indicators Coalition established their Savannah Pre-Arrest Diversion and Behavioral Response Initiative in 2020 to offer improved access to mental health and substance abuse recovery services in their community. The overarching goal was to create a community-level intervention that could reduce incarceration rates for juveniles and young adults who may have behavioral health and other social needs. Partners include social service agencies and community providers who work with Behavioral Health Unit officers to connect the people they come into contact with to needed services. In addition, partners from law enforcement, courts, child welfare, and schools collaborate on a risk-reduction program that was established to identify children and families who are at risk for becoming involved in the court system, either for delinquent or dependency purposes, or children in need of services.

For more information about the Coastal GA Indicators Coalition, please visit https://www.coastalgaindicators.org/.

East End Community Services (Dayton, OH)

⚖ **Court partners:**
Montgomery County Family Court

👮 **Law enforcement partners:**
City of Dayton Police Department

🏛 **Schools partners:** Dayton Public Schools

East End Community Services developed cross-sector partnerships with multiple entities including law enforcement, courts, and the public school system in order to help families break the generational cycle of addiction in their community. The collaboration initially began with a criminal justice grant in 2013, when East End partnered with the Dayton Police Department to look at general crime data and discovered that crimes were largely driven by property crimes, and that 92 percent of the people arrested had an opioid problem. In 2014–15, the collaboration worked to expand access to SUD treatment and then turned their focus to children. They partnered with a local school to identify students who were affected by opioid-related problems in their families and gave them the opportunity to attend Camp Mariposa, a weekend camp that helps them develop skills to cope with the trauma they've experienced. East End Community Services has grown to manage five distinct programs that are funded by 10 different sources with many partners to achieve the goal of breaking the cycle of generational addiction.

For more information about East End Community Services' cross-systems collaboration, please visit https://www.east-end.org/.

HERO HELP Addiction Assistance (Wilmington, DE)

👮 **Law enforcement partners:**
New Castle County Police

The HERO HELP Addiction Assistance Program developed cross-sector partnerships between the Division of Police, the Delaware Department of Justice, and the State Division of Substance Abuse and Mental Health in 2019 to assist qualifying adults in accessing addiction treatment services either by request or in lieu of an arrest. The overarching goal of the HERO HELP program is to decrease reliance on the criminal justice system to combat addiction and related crimes by providing a greater opportunity for those seeking treatment to overcome their addiction and prevent each individual from engaging in criminal activity to support their addiction. The cross-sector partnerships enable the program to better conduct outreach and direct connection to care as well as long-term case management that promotes individual accountability and long-term recovery.

For more information about Hero Help Addiction Assistance's cross-systems collaboration, please visit https://www.newcastlede.gov/1266/HERO-HELP-Program.

In Your Corner: Alameda County Young Adult Opioid Initiative

⚖ **Court partners:** Court of Alameda

👮 **Law enforcement partners:** Alameda County Probation Department

🏛 **Schools partners:** Alameda County Office of Education, Oakland Unified School District

In Your Corner: Alameda County Young Adult Opioid Initiative began as a collaboration in 2019 with an initial focus on identifying the barriers to accessing SUD treatment and harm reduction services for young adults between the ages of 18 to 21. The partners' initial information-gathering work identified stigma as

the primary barrier and, in response, determined that the primary purpose of the initiative would be to launch a stigma-reduction intervention to increase the ability for youth in extended foster care to access substance use services in Alameda County, with a focus on East Oakland. The In Your Corner: Alameda County Young Adult Opioid Initiative's central strategy is an awareness campaign, which aims to 1) reduce stigma by increasing awareness about opioid and substance use signs and treatment; 2) increase knowledge of local prevention and treatment services; 3) improve rapport and trust-building skills for community providers and advocates who directly serve youth in extended foster care; and 4) work with leadership and management to encourage sustainability of these practices.

For more information about In Your Corner: Alameda County Young Adult Opioid Initiative's cross-systems collaboration, please visit https://probation.acgov.org/opioid-and-other-drug-awareness-toolkit.page.

Jefferson County Family Wellness (Birmingham, AL)

⚖ **Court partners:**
Jefferson County Family Court

✊ **Child welfare partners:**
Alabama Department of Human Resources

The Jefferson County Family Wellness program was developed in response to the opioid epidemic and a need to provide distinct services to pregnant women. The mission of Family Wellness is to create change, rebuild families, and strengthen communities through recovery. The program grew from their already established family drug court program and partnerships with child welfare, the court, and the hospital. The Family Wellness program now provides a comprehensive clinic for women who are pregnant and have SUDs where they can access substance abuse treatment, medication-assisted treatment, and prenatal care, all in one location. Included in the program are referrals to trauma counseling, pairing clients with peer specialists, and providing wrap-around services to

give clients the things they need to live a better life and make the healthy changes necessary to either strengthen or rebuild the parent-child dyad.

For more information about the Jefferson County Family Wellness Program's cross-systems collaboration, please visit https://www.uab.edu/medicine/substanceabuse/programs/family-wellness-court.

Police & Community Overdose Response Team Nu-Start (Chattanooga,TN)

⚖ **Court partners:**
Hamilton County Drug Court, Hamilton County Sessions and Criminal Court

👮 **Law enforcement partners:**
Chattanooga Police Department

🏫 **Schools partners:**
Hamilton County Schools

✊ **Child welfare partners:**
Department of Children Services

The Hamilton County Police & Community Overdose Response Team (PCORT) Nu-Start Project built on existing coalition partnerships to develop a program that provides support services to individuals affected by SUDs and overdose. Nu-Start staff assist affected individuals and families with various services to include linkages to SUD treatment and counseling services, transportation services, recovery and transitional housing support, peer support, Safe Stations (in collaboration with 20 Chattanooga Fire Stations), assistance with obtaining identification and employment, and life skills training, as well as access to food and clothing donations and childcare assistance. The Nu-Start Project was implemented in 2019 and within a two-year time frame had successfully enrolled more than 400 clients and their family members into treatment, recovery, and family-stabilization support programs and services.

For more information about PCORT Nu-Start's cross-systems collaboration, please visit https://www.hccoalition.org/nustart-recovery-wraparound.

Safe, Healthy Infants and Families Thrive (Maricopa County, AZ)

⚖ **Court partners:** Superior Court of Arizona in Maricopa County

🖐 **Child welfare partners:** Department of Child Safety

Safe, Healthy, Infants and Families Thrive (SHIFT) implemented their cross-systems collaboration to eliminate the stigma of parents with a SUD and improve the outcomes for children and families. Led by the Juvenile Department of the Superior Court, the multidisciplinary team formed in 2018 and is comprised of members from the legal, child welfare, medical, behavioral health, early intervention, and public health communities. The SHIFT team met regularly to discuss systems improvements for infants and families affected by SUDs and developed a coordinated, cross-systems model for intervention to connect pregnant parents with SUDs with services and resources as early as possible in the pregnancy to improve outcomes for the family. Services include access to prenatal care; medication-assisted treatment programs; Women, Infants and Children (WIC) program; child welfare services; home visiting programs; and other medical providers.

For more information about SHIFT Collaborative's cross-systems collaboration, please visit https://maricopashift.com/.

Tennessee Alliance for Drug Endangered Children

⚖ **Court partners:** Administrative Office of Courts

🖐 **Child welfare partners:** Department of Children's Services

The Tennessee Alliance for Drug Endangered Children leveraged a long history of cross-systems collaboration in substance use prevention to develop a comprehensive approach to meeting the needs of children affected by substance use. The Alliance recognized that no single entity could effectively or efficiently address the needs of these children so formed community-based partnerships to engage professionals from multiple disciplines to combine their expertise and resources. The Alliance's response teams work with an affected child's entire family and incorporate prevention specialists who are embedded in both the community and the law enforcement sector. Services also include peer recovery support specialists who work to reduce stigma and facilitate treatment entry for family members who have SUDs.

For more information about the Tennessee Alliance for Drug Endangered Children's cross-systems collaboration, please visit https://tntogether.com/resources/tn-alliance-for-drug-endangered-children-dec/.

Travis County Child Welfare Race Equity Collaborative (Travis County, TX)

⚖ **Court partners:** Travis County Model Court for Children and Families

✋ **Child welfare partners:** Department of Family and Protective Services

The Travis County Child Welfare Race Equity Collaborative (CWREC) developed cross-systems partnerships to implement long-term strategies to increase racially equitable outcomes and rectify disproportionality present in the Travis County child welfare system. CWREC began its work in 2018 in direct response to data from the Department of Family and Protective Services (DFPS) showing that Travis County had disproportionate outcomes for African American children compared to Anglo children related to allegations of abuse and neglect, investigations by DFPS, and removals from their home. CWREC's overarching goals are to provide comprehensive, court-ordered services to support families affected by substance use without ever having to do a removal or for children to go into the foster care system and to do so using an anti-racism approach so that the program's benefits are proportionate, including looking at aspects within the systems that may be providing barriers that are inequitable for parents of color. The CWREC program facilitates access to treatment and sober living services, case management, wraparound support, and parenting skills training to affected parents, as well as peer recovery coaches.

For more information about Travis County Child Welfare Race Equity Collaborative, please visit https://www.traviscountycps.com/cwrec.

CONCLUSION

The effects of SUD on children and families in the U.S are sweeping. These children and families are commonly engaging with multiple sectors, including law enforcement, courts, child welfare, and schools. The key ingredients and successful strategies around developing effective cross-systems collaboration highlighted in this report provide a framework for other groups to consider in their process to implement or sustain initiatives to address the negative consequences of SUDs on children and families. These key ingredients for successful collaboration cut across different systems, agencies, models, and geographic areas, and should provide a jumping off point for stakeholders and partners looking to enhance cross-sector collaboration in their own communities.

To learn more about ways **COSSUP** supports integrating child welfare, public safety, and behavioral health systems to facilitate access to services for children and families impacted by SUD, visit: **https://www.cossapresources.org/Focus/ChildServices**.

To request training and technical assistance around developing effective cross-systems collaboration in your own community, visit: **https://www.cossapresources.org/Program/TTA**.

REFERENCES

1.   Scholl, L., Seth, P., Kariisa, M., Wilson, N., Baldwin, G. Drug and Opioid-Involved Overdose Deaths—United States, 2013–2017. *Morbidity and Mortality Weekly Report* 2018;67(5152). doi:10.15585/mmwr.mm675152e1.

2.   Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality; 2019:114. https://www.samhsa.gov/data/.

3.   Johnson, J. L., Leff, M. Children of Substance Abusers: Overview of Research Findings. *Pediatrics*. 1999;103(Supplement 2):1085–1099.

4.   Crowley, D. M., Connell, C. M., Jones, D., Donovan, M. W. Considering the Child Welfare System Burden From Opioid Misuse: Research Priorities for Estimating Public Costs. *American Journal of Managed Care*. 2019;(25 [suppl 13]):8.

5.   Rafa, A. Education Policy Responses to the Opioid Crisis. Education Commission of the States; 2019:6. https://www.ecs.org/wp-content/uploads/Education-Policy-Responses-to-the-Opioid-Crisis.pdf.

6.   Goodison, S., Vermeer, M., Barnum, J., Woods, D., Jackson, B. Law Enforcement Efforts to Fight the Opioid Crisis: Convening Police Leaders, Multidisciplinary Partners, and Researchers to Identify Promising Practices and to Inform a Research Agenda. RAND Corporation; 2019. doi:10.7249/RR3064.

7.   National Judicial Opioid Task Force. Convening, Collaborating, Connecting: Courts as Leaders in the Crisis of Addiction.; 2019.

8.   Hedegaard, H. Urban–Rural Differences in Drug Overdose Death Rates, 1999–2019. National Center for Health Statistics; 2021. doi:10.15620/cdc:102891.

9. Shiels, M. S., Freedman, N. D., Thomas, D., Berrington de Gonzalez, A. Trends in U.S. Drug Overdose Deaths in Non-Hispanic Black, Hispanic, and Non-Hispanic White Persons, 2000–2015. Annals of Internal Medicine 2018;168(6):453–455. doi:10.7326/M17-1812.

10. Anyon, Y. Reducing racial disparities and disproportionalities in the child welfare system: Policy perspectives about how to serve the best interests of African American youth. Children and Youth Services Review 2011;33(2):242–253. doi:10.1016/j.childyouth.2010.09.007.

11. Seay, K. How Many Families in Child Welfare Services Are Affected by Parental Substance Use Disorders? A Common Question that Remains Unanswered. *Child Welfare*. 2015;94(4):19–51.

12. Hetey, R. C., Eberhardt, J. L. The Numbers Don't Speak for Themselves: Racial Disparities and the Persistence of Inequality in the Criminal Justice System. Current Directions in Psychological Science 2018;27(3):183–187. doi:10.1177/0963721418763931.

13. Orsi, R., Yuma-Guerrero, P., Sergi, K., Pena, A. A., Shillington, A. M. Drug overdose and child maltreatment across the United States' rural-urban continuum. Child Abuse & Neglect. 2018;86:358–367. doi:10.1016/j.chiabu.2018.08.010.

14. Thompson, M. D., Reuland, M., Souweine, D. Criminal Justice/Mental Health Consensus: Improving Responses to People With Mental Illness. Crime and Delinquency. 2003;49(1):30–51. doi:10.1177/0011128702239234.

15. Lurigio, A. J., Swartz, J. A. Changing the contours of the criminal justice system to meet the needs of persons with serious mental illness. In: Policies, Processes, and Decisions of the Criminal Justice System. Vol 3.; 2000:47–108.

16. Dakof, G. A., Cohen, J. J. B., Duarte, E. Increasing Family Reunification for Substance-Abusing Mothers and Their Children: Comparing Two Drug Court Interventions in Miami. Juvenile and Family Court Journal 2009;60(4):11–23. doi:10.1111/j.1755-6988.2009.01033.x.

17. Ghertner, R., Baldwin, M. The Relationship between Substance Use Indicators and Child Welfare Caseloads. U.S. Department of Health and Human Services; 2018:15. https://aspe.hhs.gov/system/files/pdf/258831/SubstanceUseCWCaseloads.pdf.

18. Brook, J., McDonald ,T. The impact of parental substance abuse on the stability of family reunifications from foster care. Children and Youth Services Review 2009;31(2):193–198. doi:10.1016/j.childyouth.2008.07.010.

19. Choi, S., Ryan, J. P. Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. Children and Youth Services Review 2007;29(11):1395–1410. doi:10.1016/j.childyouth.2007.05.013.

20. Grella, C. E., Hser, Y. I., Huang, Y. C. Mothers in substance abuse treatment: Differences in characteristics based on involvement with child welfare services. Child Abuse & Neglect. 2006;30(1):55–73. doi:10.1016/j.chiabu.2005.07.005.

21. Green, B. L., Rockhill, A., Furrer, C. Understanding Patterns of Substance Abuse Treatment for Women Involved with Child Welfare: The Influence of the Adoption and Safe Families Act (ASFA). The American Journal of Drug and Alcohol Abuse. 2006;32(2):149–176. doi:10.1080/00952990500479282.

22. Drabble, L. Advancing Collaborative Practice Between Substance Abuse Treatment and Child Welfare Fields: What Helps and Hinders the Process? Administration in Social Work. 2010;35(1):88–106. doi:10.1080/03643107.2011.533625.

23. Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., Goel, N. Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. School Psychology Quarterly 2011;26(1):1–13. doi:10.1037/a0022714.

24. Slade, E. The relationship between school characteristics and the availability of mental health and related health services in middle and high schools in the United States. The Journal of Behavioral Health Services and Research 2003;30(4):382–392. doi:10.1007/BF02287426.

25. Bradshaw, C. P., Mitchell, M. M., Leaf, P. J. Examining the Effects of Schoolwide Positive Behavioral Interventions and Supports on Student Outcomes: Results From a Randomized Controlled Effectiveness Trial in Elementary Schools. Journal of Positive Behavior Interventions 2010;12(3):133–148. doi:10.1177/1098300709334798.

26. Cambridge University Press. Collaboration | definition in the Cambridge English Dictionary. Published 2020. Accessed August 31, 2020. https://dictionary.cambridge.org/us/dictionary/english/collaboration.

27. Capacity Building Center for States. Creating and Sustaining Cross-System Collaboration to Support Families in Child Welfare With Co-Occurring Issues: An Administrator's Handbook. Children's Bureau; :26.

28. Danaher, A. Reducing Health Inequities: Enablers and Barriers to Inter-Sectoral Collaboration. Wellesley Institute; 2011:20. https://www.wellesleyinstitute.com/wp-content/uploads/2012/09/Reducing-Health-Inequities-Enablers-and-Barriers-to-Intersectoral-Collaboration.pdf.

29. Normile, B., Hanlon, C., Eichner, H. State Strategies to Meet the Needs of Young Children and Families Affected by the Opioid Crisis. National Academy for State Health Policy; 2018:18. http://www.inckmarks.org/docs/keyissues/OPIODSArticleNASHP.pdf.

30. He, A. S., Traube, D. E., Young, N. K. Perceptions of parental substance use disorders in cross-system collaboration among child welfare, alcohol and other drugs, and dependency court organizations. Child Abuse & Neglect. 2014;38(5):939–951. doi:10.1016/j.chiabu.2013.10.020.

31. U.S. Department of Health and Human Services. Fact Sheet: SAMHSA 42 CFR Part 2 Revised Rule. HHS.gov. Published July 13, 2020. Accessed September 9, 2020. https://www.samhsa.gov/newsroom/press-announcements/202007131330.

32. U.S. Department of Education. Family Educational Rights and Privacy Act (FERPA). Published March 1, 2018. Accessed September 9, 2020. https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

33. Rao, D., Elshafei, A., Nguyen, M., Hatzenbuehler, M. L., Frey, S., Go, V. F. A systematic review of multi-level stigma interventions: state of the science and future directions. BMC Medicine 2019;17(1):41. doi:10.1186/s12916-018-1244-y.

34. Gagne, C. A., Finch, W. L., Myrick, K. J., Davis, L. M. Peer Workers in the Behavioral and Integrated Health Workforce: Opportunities and Future Directions. American Journal of Preventive Medicine 2018;54(6, Supplement 3):S258–S266. doi:10.1016/j.amepre.2018.03.010.

Visit the COSSUP Resource Center at www.cossapresources.org.

The Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center is transitioning in the next few months to the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Resource Center).

About BJA

The Bureau of Justice Assistance (BJA) provides leadership and services in grant administration and criminal justice policy development to support local, state, and tribal law enforcement in achieving safer communities. To learn more about BJA, visit www.bja.gov and follow us on Facebook (www.facebook.com/DOJBJA) and Twitter (@DOJBJA). BJA is part of the U.S. Department of Justice's Office of Justice Programs.