

**COLLABORATIVE CAPACITY INSTRUMENT:
A Self-Assessment Tool for Reviewing State and Local Interagency Collaboration to
Address the Problem of Substance-Exposed Infants (SEI)**

This tool is intended to be used as a self-assessment by State (and/or local jurisdiction) agencies which are preparing to work with each other or who may be seeking to move to a new level of cooperation after some initial efforts to respond to substance-exposed infants. The questions have been designed to elicit discussion among and within the several agencies whose cooperation is essential for serious efforts to address the SEI problem.

Responses from this assessment should be tabulated and distributed, along with the total from all participants, to each State 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.

Identify your own role in your organization:

1. Staff Level:

- Front-line staff
- Supervisor
- Manager
- Administrator
- Other, Specify: _____

2. Area of Primary Responsibility:

- Child Welfare Services
- Dependency Court (Judicial Officers and Attorneys)
- Domestic Violence
- Family Support Services, Specify type _____
- Health / Medical Care, Specify _____
- Mental Health
- Substance Abuse Services
- Other, Specify: _____

3. Type of Agency:

- State Office
- County Office
- Community-Based Organization
- Health Services, Specify Type /Setting _____
- Other, Specify: _____

4. Years of professional experience in my primary program arena: _____

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Please mark the response category that most closely represents your understanding of each of the following statements. Keep in mind the following descriptors for potential selections.

- **Important Efforts:** There are important statewide efforts underway in this area.
- **Some Efforts:** Though not a lot, there are some efforts underway in this area, perhaps in select counties.
- **Nothing Yet:** To my knowledge, there is nothing yet happening in this area.
- **Don't Know:** I don't understand or have no knowledge about this area.
- **Priority Area:** Put a check mark in this column next to **5** statements you consider to be a priorities for the state at this time.
- **Willing:** These are areas I'd be willing to work on.

	Import. Efforts	Some Efforts	Nothing Yet	Don't Know	Priority Area?	Willing
I. Underlying Values and Principles of Collaborative Relationships						
1. Our state [or county] has developed a statement of shared principles among the key agencies working with the problem of substance-exposed infants.		3	3	1	3	5
2. Our state [or county] ¹ agencies involved with the SEI issues have identified the major policy areas of consensus and disagreement created by our different mandates and perspectives on the problems of AOD use, prenatal exposure, parenting, and child safety.	1	1	3	2	3	5
3. Our state views prenatal exposure to alcohol as being as important as prenatal exposure to illegal drugs.	2	2	1	2	3	2
4. Our state has an active interagency council that addresses the problem of SEI-involved children and parents and includes all the major agencies whose support is needed.	1	4	1	1	1	2
II. Daily Practice—Screening and Assessment						
1. Our state has developed a protocol for prenatal screening that is accepted by hospitals, maternal and child health providers, private practitioners, and child welfare agencies.		2	4	1	3	1

¹ Hereafter only state will be used; substitute county where relevant.

	Import. Efforts	Some Efforts	Nothing Yet	Don't Know	Priority Area?	Willing
2. Our state protocol for prenatal screening is being implemented effectively by hospitals and other providers of prenatal care.		1	4	2	1	1
3. Our state has developed a protocol for screening for drug exposure at birth.		3	3	1	1	1
4. Our state has developed a protocol for screening for alcohol exposure at birth.		1	4	2		1
5. Our hospitals are effectively implementing our protocol for screening for drug exposure at birth		2	3	2		
6. Our hospitals keep a numerical total of all screenings done, those that are positive, and the disposition of those positive screens.	1	1	2	3		
7. Our child welfare agencies maintain a numerical total of all referrals made to them by hospitals under the provisions of the CAPTA amendments of 2003.	1	1		5		
8. Our state's substance abuse treatment agencies maintain a numerical total of all referrals of women with positive screens from prenatal screening and at birth.		1		6		
9. Our state's child welfare intake process is able to identify the existence of prior substance-exposed births based on previously negotiated information sharing protocols.		3		4		1
10. Our state's maternal and child health system has developed procedures for early assessment and continued monitoring of the developmental status of any infants identified as prenatally exposed.	1	4		2		1
III. Daily Practice—Client Engagement and Retention in Care						
1. Our state encourages and supports local agencies to assign staff to work specifically with parents whose newborns have been identified as prenatally exposed, with the responsibility of engaging and retaining those clients in treatment.	1	3	2	1		2
2. Our state encourages and supports local agencies to assign staff who have personal backgrounds in recovery and child welfare systems which enable them to work effectively with these clients, engaging and retaining these clients in treatment.	1	2	2	2	1	1
IV. Daily Practice—Services to Children						
1. Our state agency responsible for developmental disabilities (the "Part C agency") has a numerical total of all children aged 0-2 who are referred to it from child protective services agencies under the provisions of the 2003 amendments to IDEA and CAPTA.	1		1	5	1	
2. Our state agency responsible for developmental disabilities is in full compliance with the requirements for developmental assessments of all children 0-2 with substantiated cases of child abuse or neglect.		1	1	5	1	1
3. Our state has developed a range of programs for children of substance-abusing parents that are targeted on the special developmental needs of these children.		1	2	4		3

	Import. Efforts	Some Efforts	Nothing Yet	Don't Know	Priority Area?	Willing
4. Our state is familiar with national models of prevention and intervention for SEI-affected children.		3	1	3		3
V. Joint Accountability and Shared Outcomes						
1. Our state agencies involved with SEI have identified SEI-specific system outcomes and monitors them regularly.		1	1	5		
2. Our state has developed outcome criteria in their contracts with community-based providers (who serve SEI-involved clients) to measure their effectiveness in achieving shared outcomes.		2	1	4		1
3. Our state has shifted funding from providers who are less effective in serving SEI-involved clients to those that are more effective.			2	5		
4. In our state, SEI involved parents are referred to parenting programs that have demonstrated positive results with this population.		3	1	3		
5. In our state, drug testing is used in the court system as the most important indicator of clients' status in resolving their SEI-related problems.		2	1	4		
VI. Information-Sharing and Data Systems						
1. Our state has assessed its data system to identify gaps in monitoring SEI-involved clients.	2	2	1	2		1
2. Our state's data system can retrieve the numbers and percentages of SEI-involved families that receive services in both the treatment and child welfare agencies.			2	5		
VII. Training and Staff Development						
1. Our state CWS ensures that all managers, supervisors and workers receive training on working with SEI-affected families.		2	1	4		1
2. Our state AOD agency ensures that their staff/providers receive training on working with families affected by SEI issues.		3		4		
3. Our state has trained court staff in the issues affecting SEIs.		2		5		
4. Foster parents, guardians, kinship placement providers and group home providers are sufficiently trained to work on issues related to substance-exposed infants and their families.		3		4		
VIII. Budgeting and Program Sustainability						
1. Our state agencies addressing the SEI issue have developed and keep current an inventory of all funding directed at preventing, identifying, and treating this problem.			2	5		1
2. Our state's CWS & AOD agencies, dependency courts, & other agencies have jointly sought funding for pilot projects to work more closely together on SEI issues.	1	1	1	4	1	1

	Import. Efforts	Some Efforts	Nothing Yet	Don't Know	Priority Area?	Willing
3. Our state has a multi-year budget plan to support integrated CWS-AOD services.		2	1	4		
IX. Working with Related Agencies						
1. Our state's child welfare agency has identified the SEI problem as a significant task in its preparation for the second round of federal Child and Family Service Reviews		1	2	4		
2. Our state's dependency court system has specific procedures for handling SEI cases and data systems that can identify the total number of SEI cases annually and their disposition			1	6		
3. Our state agencies working on the SEI problem know how to identify and link families with the support services that are frequently needed by SEI-involved clients (e.g., transportation, child care, employment, housing) and makes effective referrals to those agencies.	1	2		4		1
X. Working with the Community and Supporting Families						
1. Our state has developed strategies to recruit broad community participation in addressing the needs of SEI-involved children and families.		3	1	3		1
2. Community-wide accountability systems or "report cards" are used to monitor SEI issues with specific indicators measuring progress for public review.			3	4		
X1. Overall						
Rate your state's efforts to respond to the SEI problem at these five levels (please circle your chosen response).	Poor		Fair		Excel- lent	
1. Pre-pregnancy education	1	2(1)	3(4)	4	5	
2. Prenatal screening	1	2(3)	3(2)	4	5	
3. Screening at birth	1(1)	2(3)	3(2)	4	5	
4. Treatment and support services for SEI-involved parents	1(1)	2(2)	3(2)	4(1)	5	
5. Age-specific responses to prenatally-exposed children's needs	1(1)	2(1)	3(2)	4(2)	5	