CHAPTER 1
COLLABORATION

Introduction

This chapter gives an overview of collaboration and how to build a group for collaboration purposes. In order to build a successful collaborating group, it is helpful to understand the different roles of the members. Each member of a collaborating group brings different viewpoints based on their roles, and it is only with regular meetings and discussion can a collaborating group be successful in accomplishing their shared goals and vision. This chapter also discusses some helpful tools for groups, although not an exhaustive list of tools that may be helpful for the group. Finally, this chapter elaborates on examples of some evidence-based collaboration models in the realm of SU/OU treatment and the benefits of collaboration on SU/OU. It is important to have this understanding of collaboration before being introduced to the different elements of the sequential intercept model that the later chapters of this guide are broken into.

Chapter Objectives

- Understand how to put a team together
- The importance of having a shared objective, scope, and goals for a collaborating group
- Understand the roles and backgrounds of stakeholders in the collaborating group as well as why having these varying backgrounds is important for collaboration
- Recognize tools that are helpful in facilitating collaboration among groups

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Collaboration Overview

While there has been much emphasis on interdisciplinary and multidisciplinary teams, these concepts differ from that of a collaborating group. Both teams and collaborating groups include individuals who have varying backgrounds, viewpoints, and roles within their organization(s). However, there are some fundamental differences between teamwork and collaboration.

Teams Versus Collaboratives

Teams come together for a specified period of time to accomplish a task or a project. Once this task or project is accomplished, the team disbands and continues their individual work. In a team, there is a clear level of hierarchy that dictates the role of each member in the group. Often management chooses which individual is the leader of the team based on skills, experience, or expertise. In a team setting, each member should have the skills to communicate effectively within the hierarchal structure of the team. In order to accomplish the task or project, a team relies on each individual or small group to complete their portion of the project with very little or no overlap between each person's individual task. Once each individual or small group has their portion of the project complete, all of the pieces are compiled for the final product.

Although accomplishing teamwork in a group setting is ideal, there are some instances where a collaborative is preferred. Rather than having a hierarchy of different levels, a collaborative has no definitive leader and all members in the group are seen as equals. Collaboratives also work towards accomplishing a goal; however, these goals go beyond a single organization or individual. The collaborative works together and builds on their varying expertise to accomplish the goal together. While there may be some individual or small group work, the collective group supports each other to accomplish the goal together.

Creating a Collaborative Group

This section gives an overview of creating a collaborative group. This is the first step in forming a likeminded group to reach a particular long-term goal. Some tips and suggestions will be given to aid in recruiting collaborative members as well as a discussion on the need to recruit stakeholders of differing viewpoints. The information gathered for assembling a collaborative is adapted from stages in assembling teams and coalitions. While some of the stages in assembling teams and coalitions are not relevant, we can assume that the introductory stages are similar to the process of developing a collaborative. It is important to note the differences expressed earlier in the comparison of teams and collaboratives as present research groups the two concepts together despite the differences.

Pre-Development Activities

Rather than beginning with the first step of assembling a collaborative group, agencies should acknowledge the activities that work towards building support for a specific cause. In the area of SU treatment for justice-involved individuals, data should be gathered and analyzed to determine gaps in services.

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Additionally, building awareness of the issue will aid in creating partnerships with other organizations (discussed later in this section) as well as funding opportunities. It is through this pre-development stage that the organizing agency begins to think of the partner agencies and resources that will be needed for the collaborating group to successfully operate.

Steps of Creating a Collaborative Group

1. Pre-Development Activities
2. Member Recruitment
3. Develop Collaborative Group Structure
4. Implementation

Recruitment of Individuals and Member Organizations

Although implied, agencies and organizations working towards the same or similar goal of SU treatment access for justice-involved individuals should be invited to participate in the group. Some examples of these agencies would include city or county judges, law enforcement officers, parole or probation officers, community-based treatment providers, and individuals with lived experiences. These actors may all have differing viewpoints, but have a stake in reducing substance use disorder (SUD)/opioid use disorder (OUD) in members of the community. Therefore, each perspective should be valued and considered during the collaboration process. Members of varying agencies or organizations should be sought for membership in the collaborative group. The purpose of a collaborative group is to have diverse perspectives and reach a consensus on a solution that would tend to the needs of individuals with a SUD while incarcerated and in the community.

The collaborating group not only needs to consider recruitment for the initial meeting, but also the importance for long-term sustainment of the collaborative. Butterfross (2020) suggests a Buddy Program for recruitment of new individuals and organizations. This system is an active form of seeking additional collaborative members that places the new potential member with an existing collaborative member to answer questions and make the new member feel welcome.

Buddy Program

STEP 1: Determine the stakeholders who could help with the efforts but are not already part of the collaborative.
STEP 2: For each stakeholder or organization not already in the collaborative, a member with the best connection starts the recruitment process and volunteers as the "buddy".
STEP 3: The buddy contacts the prospective stakeholder/organization and encourages the recruit to join the collaborative. The buddy is in place to answer any questions.
STEP 4: Official documentation is sent to the prospective member (i.e. brochure, roster, by-laws, calendar of meetings, press coverage, program materials, etc.).
STEP 5: Once the buddy is aware of the next collaborative meeting, they contact the prospective member and encourage them to attend the meeting.
STEP 6: At the meeting, the buddy will greet the prospective new member, acclimate them to the setting, introduce them to other members.

Reference

Adapted from: Butterfross, F. D. (2020). Buddy program for member recruitment. Coalitions Work. Retrieved April 8, 2022, from https://acrobat.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A7ce47562-fd89-400a-bf65-52fe095681fe#pageNum=1

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Initial Collaborative Meeting. The initial meeting is one of the most important aspects of creating a collaborative group. One agency should take leadership of the collaborative in order to coordinate future meetings and activities of the group. This first meeting will have attendees decide whether to participate in the collaborative group. During this meeting, the collaborative group should set the vision, objectives, and goals (Butterfross, 2019).

In order for a group to be successful, a clear objective, vision, and goals are needed. The determination of these aspects typically happens upon group formation with consensus from the whole group. Without a clear vision, the group may be working towards different goals, whether that be personal goals or towards a goal that reflects a misunderstanding of the collaborative group's goals (Tompkins, 2004). The use of a logic model can prove to be helpful in developing a shared vision, objectives, and goals that require all participants to share input.

Key Terms

Objectives are the action items towards reaching the collaborative group's vision. The objectives should be specific and have timelines on completion.

A **vision** refers to the main impact the collaborative group wants to have (i.e. the issue the group wants to solve). The vision statement should be the guiding principle of the collaborative group's actions.

Goals are the steps that make up an objective. These are the smaller victories made towards reaching the vision.

Develop Collaborative Group Structure

Tools in this stage of development include a memorandum of understanding (MOUs), establishing a shared language, and determining a communication process. All of these tools will be explained further in this chapter. The central thought behind this stage is laying the framework of the collaborative's sustainability. This framework should be revised regularly to update the vision, MOUs, etc. As time goes on, conditions change and therefore the vision of the collaborative may change. During this stage, a logic model can be useful in determining the actions of the group and how those strategies will help the group reach the determined objectives and goals.

Implementation

Once the group is gathered, differences are put aside, and the structure of the collaborative group is determined, the group can then implement a strategy to reach the determined objectives. Working as a collaborative group does involve long-term communication between the group members and agencies. Groups may be able to work together without communication, but this does not meet the standards or produce the benefits of a collaborative group.

Stakeholders and Their Roles

All of the subsections below are an overview of different stakeholders that can be utilized in a collaborative group. These stakeholders will ideally have some kind of collaboration in determining

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treatment for the justice-involved population in need of SU treatment. This is not an exhaustive list of the stakeholders that should be utilized in collaborative efforts, rather this is a list of some of the most common stakeholders with roles during stages of the Opioid Services Cascade.

Criminal Justice System

Supervision Officers

Justice-involved individuals may be required to visit with parole and/or probation officers as part of their sentencing or as a condition of their release. Therefore, parole and probation officers play a central role in linking justice-involved individuals to SU treatment. Ideally, these officers will not only monitor substance use and conduct drug testing but actively refer justice-involved individuals to community-based treatment. It is important for supervision officers to be aware of all treatment types and providers in their respective communities. With such a pivotal role in the opioid service cascade, supervision officers prove to be valuable members of any collaboration model.

Police Officers

Being the first point of contact with justice-involved individuals, police officers serve as gatekeepers to community-based treatment or the justice system. Officers can be trained as crisis interventionists (see the "Crisis Intervention Team" section further in this chapter) and use their judgement to take individuals to treatment providers or even recommend the justice-involved individual's case be handled in drug treatment courts (described later in this chapter). Police officers have some element of collaboration with other members of the criminal justice system, however, the knowledge and connection with community service providers would increase collaborative efforts and positive effects of collaboration.

Courts

Whether a disposition is more punitive or rehabilitative lands mostly on courts and their actors (i.e. judges, lawyers). Judges decide the sentencing of the justice-involved individual such as probation versus parole versus incarceration. If convicted, the court actors will also decide the length of sentencing and any conditions of community supervision, incarceration, and/or treatment. However, the sentencing guidelines vary by local government with little to no collaboration with federal courts. The National Judicial Opioid Task Force (NJOTF) (2019) has taken it upon itself to release an overview of findings and recommendations for the court system in relation to the opioid epidemic.

Community-Based Setting

Behavioral Health Providers/Substance Use Treatment Providers

Behavioral health providers and SU treatment providers directly monitor and provide treatment for justice-involved individuals. These treatment providers will likely overlap with counselors, social workers, case managers, and other professionals. Substance use may be a co-occurring disorder with mental illness, thus, a variety of approaches (i.e., clinical, therapeutic) may need to be utilized for one client.

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Treatment may happen in a variety of manners including but not limited to MOUD, medication assisted treatment (MAT), therapy, and any combination of treatment types. Furthermore, treatment can happen in a variety of settings and lengths of time. Justice-involved individuals may sometimes start treatment while incarcerated, thereby requiring a smooth transition to community-based treatment providers. Providers may choose to have clients admitted into in-patient treatment or outpatient treatment.

Counselors

Counseling is an integral part of substance use treatment (SAMHSA, 2005b). Counselors have a role in understanding addiction and teaching justice-involved individuals the tools they need in comprehending their addiction and how to combat it. Counselors can be found in a variety of settings including but not limited to private practice, behavioral health treatment centers, substance use treatment centers, jails, and prisons. Counselors' abilities to work in diverse settings puts them in a unique position to reach many clients. It is important to note, counselors do not prescribe medication, rather they can work concurrently with justice-involved individuals on MOUD (SAMHSA, 2021a).

Case Managers

Case managers work one-on-one with justice-involved individuals through every stage of the recovery continuum. Additionally, case management focuses on all aspects of the justice-involved individual's life to support them in reaching their treatment goals. Case management is individualized and prioritized based on the justice-involved individual's strengths and needs. Case managers are available through a variety of community-based resources and can provide referrals to a variety of wraparound services such as behavioral health, medical care, prescription assistance, substance use treatment, etc.

Social Workers

Similar to counselors, social workers can provide therapeutic services and tools for clients to comprehend and combat their addiction. Due to their training, social workers can be utilized in the screening and assessment process for justice-involved individuals (Lombardi et al., 2018). Social workers work in similar settings as counselors; with a unique mix of clinical and therapeutic training, social workers are valuable members in the fight against the opioid epidemic. Although similar, social workers are better equipped to refer clients to sociocultural resources (e.g., housing, financial assistance, child care, transportation) and work with them through any barriers that would prevent treatment initiation and retention (Council on Social Work Education, 2020).

Peer Navigators/ Peer Support Specialists

It is highly advisable to have individuals with lived experience to either advise collaborative efforts or work with justice-involved individuals. These peers are more likely to connect and build trust with justice-involved individuals thus resulting in greater willingness to seek and continue treatment.

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Other Stakeholders

Government

The role of government should be thought of beyond the means of creating legislature, they may also support changes in public policy. Numerous social issues have been brought to the attention of government officials, further creating support and awareness of the issue. Additionally, the government has the authority of increasing or decreasing the budget going towards social issues. Whether at the local or federal level, the inclusion of professionals involved in the government will aid the efforts of a collaborative group.

Researchers

Research is critical for addressing the opioid epidemic. Through research, we are able to see trends in opioid use, overdose, and treatment efforts. Social research not only enables scientists to determine which screening and assessment tools are effective, and which treatment modalities show promise, but also encourages new methods of thinking that challenge the barriers justice-involved individuals may encounter. Research articles advise collaborative groups, governments, and others on new ways of thinking that can have positive impacts. Researchers have an understanding of program planning, implementation, and evaluation, all of which can lend knowledge to the collaborative group's processes.

Collaboration Tools

The below subsections give a brief overview of some useful tools for collaboration. These are some examples of tools and are not an exhaustive list of tools for collaborative groups to use.

Memorandum of Understanding

Memorandum of Understanding (MOUs), or formal agreements, can be developed among a variety of agencies working within the criminal justice system to encourage information sharing (SAMHSA, 2005b). Information related to screening, assessment, treatment progress, outcomes, diagnoses, and ancillary needs should be shared among agencies across different points in the cascade of care to ensure service continuity or the initiation of services at the appropriate time (SAMHSA, 2005b). A sample MOU can be found in **Appendix A**.

Cross-Training

In brief, cross-training is a term that references the training of collaborative group members on roles separate from those they usually perform (Volpe et al., 1996). Essentially this type of training gives group members additional perspectives other than their own. For instance, a parole officer could be cross-trained with a case manager. In this case, a parole officer will learn the everyday responsibilities of the case manager and their role in community reentry support for justice-involved individuals. The case manager would also be cross-trained on the parole officer's duties and gain a deeper understanding of the processes the parole officer must follow for each justice-involved individual.

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Note: Positional Clarification

The overview of each stakeholder and their role in substance use treatment given earlier can be considered cross-training. However, collaborative groups should go into more depth on each member's role in substance use treatment and prevention. The brief descriptions given earlier in this chapter are meant to give ideas of each stakeholder that can be brought to the collaborative group.

There are three different types of cross-training that vary in the intensity of training modalities (Marks et al., 2002). The least intense type of cross-training is *positional clarification*. This modality gives a brief overview of each team member's job and responsibilities. Positional clarification is typically given verbally to all team members, although a written description could prove to be helpful to reflect on job descriptions at a later time. *Positional modeling* is similar to positional clarification in that a verbal description is given, but each group member also shadows teammates in order to learn more about their role and responsibilities. Finally, *positional rotation* is the most time and resource-intensive form of cross-training. Since this form of cross-training is much more intensive, most research studies have focused on this form of cross-training. In this type of cross-training, each member works in different roles on a rotating basis.

Research has shown effectiveness and desirable outcomes in cross-training group members (Hedges et al., 2019; Gorman et al., 2010; Marks et al., 2002). However, it is important to note some of the limitations of cross-training. Cross-training is still a relatively new concept, and therefore, research on long-term effectiveness is limited. Gorman et al. (2010) discuss an even larger issue in that cross-training, especially using positional rotation, is limited by the job complexity and knowledge and skills of the group members. For example, a parole officer paired with a buprenorphine waivered practitioner is a pairing that is unable to learn much from each other. While the parole officer would benefit from positional modeling and understanding the prescribing rules and regulations, they would not be able to perform the job function.

Despite these limitations, Marks et al. (2002) discovered that some form of cross-training was better than none and lead to a greater knowledge of each group member's role. Further, the two more intense cross-training modalities showed improved outcomes in group interactions and coordination. For the purpose of this guide, positional clarification can be found earlier in this chapter in regard to some stakeholders in the cascade of care. This gives organizations a starting point when collaborating and cross-training group members using positional modeling or positional rotation.

Shared Terminology

A study by Hollis (2016) detailed the difficulties of collaboration between criminal justice agencies and community-based organizations. Hollis noted that a lack of shared terminology between the groups led to a breakdown in communication during collaborative meetings. Those individuals involved in criminal justice used jargon and acronyms that were not familiar to community-based organizations and vice versa. Miscommunication often happened during these collaborative meetings rather than

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problem-solving and working towards a shared goal.

Therefore, it is highly advised that collaborative groups explain any jargon or agency-specific terminology used when presenting or speaking. An additional method would be to create a "codebook" of the terms and acronyms used for future reference and to help acclimate new collaborative group members.

Logic Model

Literature on creating collaborations continually comes to a consensus that a breakdown in communication and an unclear goal lead to ineffective collaborative groups. Logic models can be used in several different stages of a program or intervention from planning to evaluation. In the case of collaborations, logic models are useful in the planning stages by helping collaboratives to identify a clear goal, activities that work towards specified outcomes, and the long-term goal of the collaborative group's efforts (Family and Youth Services Bureau, 2020; Kekahio et al., n.d.).

The different sections of a logic model flow from one section to another by showing the relationship between the previous section to the following section. Logic models will aid a collaborating group in determining the shared goal and the framework of the actions in getting to the determined goal (Family and Youth Services Bureau, 2020; Kekhio et al., n.d.). The goal statement is what starts the logic model and should be at the top of the model (Bureau of Justice Assistance, 2019). An example logic model can be found in **Appendix B**.

There are a few components that are the basic foundations of a logic model (Bureau of Justice Assistance, 2019; Family and Youth Services Bureau, 2020; Kekahio et al., n.d.). Inputs list the resources the intervention/program will use in reaching the group's goal. These resources are not only material objects but can include financial resources, required staff or community members, knowledge, partnerships, or other supports that will be utilized to reach the goal. The resources listed under the inputs section will dictate the activities that will take place. These activities are not the outcomes of the intervention, rather, they are the specific actions that will lead to the outcomes of the intervention. In the logic model, each of the determined activities will lead to specific outputs. The outputs of the activities will then lead to outcomes, whether those be short-, medium-, or long-term outcomes.

Note: Outcomes

Typically, **short-term outcomes** show a change in knowledge, awareness, attitudes, skills, and intentions. **Intermediate outcomes** focus on higher level changes such as behaviors, policies, systems, etc. **Long-term outcomes** go hand-in-hand with the goal of the intervention.

Essentially, the short-term outcomes can be seen as changes at the personal level; intermediate outcomes as changes in the societal level; and long-term outcomes at a global level.

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Optional, although important, sections of the logic model include external factors and assumptions. External factors are those aspects that have an impact on the program; these should be factors that are either positive or negative and affect the program's activities and outcomes (Bureau of Justice Assistance, 2019). Assumptions are those factors that the program assumes are in place that enables the success of the program. For instance, an assumption for post-incarceration SU treatment could be stable transportation to the treatment provider or consistent public transportation to the treatment provider.

Keep in mind that the visual logic model that is produced should correspond to a logical narrative of the process from start to finish. It is helpful to think of an 'if-then' process to determine if the logic model flows correctly or if there are additional gaps that need to be filled (Family and Youth Services Bureau, 2020).

Collaboration Models

The models listed in the section below are examples of collaborations that are already in place. Although there are only three listed collaboration models in this section, these are meant to be examples and are not an exhaustive list of collaboration models.

Drug Courts

Drug courts are prevalent in the United States, but their availability varies widely across municipalities. In short, drug courts are specialized courts that justice-involved individuals may be sent to if they have a SUD and are arrested for drug-related offenses. Those individuals sent to drug courts typically have court-mandated SU treatment and go through random drug testing, regular court hearings, and visits with probation officers (Gottfredson et al., 2007; Matusow et al., 2013). Due to the structure of this model, it is important for there to be a cross-agency collaboration between the justice system staff and treatment providers.

Gottfredson et al. (2007) studied the Baltimore drug court to determine whether there was an impact on reduced crime and drug use among those randomized to drug treatment courts. Study participants who were in the drug treatment court group went through intense supervision as well as court-mandated treatment. The outcomes showed overall crime and drug use were lower among drug court participants. Further, it was found that the elements of drug testing and drug treatment did reduce polysubstance use as well (Gottfredson et al., 2007).

Although drug courts can increase treatment initiation and other positive outcomes, they are not without limitations. Matusow et al. (2013) found close to 50% of the surveyed drug courts did not offer methadone or buprenorphine as part of justice-involved individuals' treatment, and there were more constraints on methadone than buprenorphine. Counseling was involved more often than not (92% vs. 8%) in MAT mandated by drug courts (Matusow et al., 2013), showing the importance of counselors in the drug court system.

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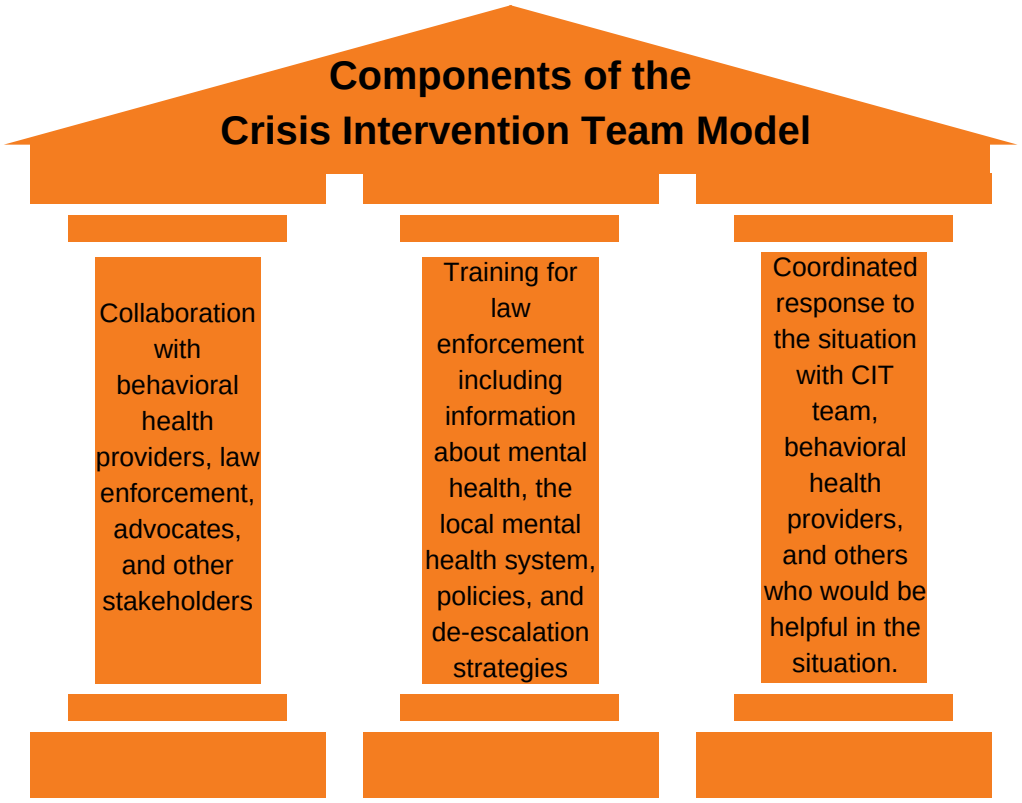
Treatment types available as part of drug courts according to data from Matusow et al. (2013)

To summarize, law enforcement officers, jails, the court system, and justice-involved individuals collaborate in the setting of drug courts. Once a decision is made for treatment, counselors and staff from treatment facilities collaborate within this system as well. Family and peer support play an important role in the justice-involved individual successfully completing the requirements set forth by the drug courts.

Crisis Intervention Team

The Crisis Intervention Team (CIT) model was created in the 1980s as a new policing strategy when encountering individuals experiencing a mental health crisis or substance use (Compton et al., 2011). This model's framework is built on collaboration and utilizes some cross-training. When members of law enforcement on a CIT encounter an individual with a mental health crisis or substance use, their training in behavioral health enables them to calm the individual and get them the help they may need. In some instances, this requires the officer to take the individual to a behavioral health treatment center.



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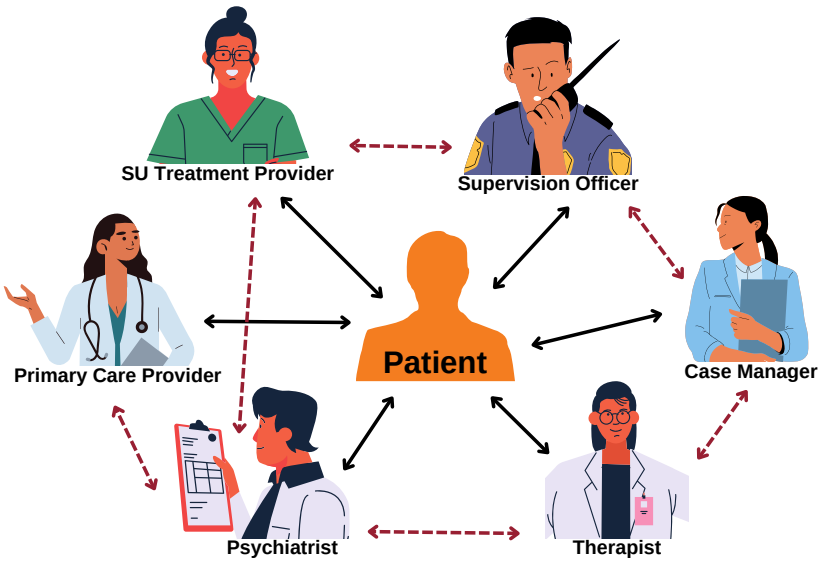
Training as a CIT should be voluntary and officers should be screened to determine fit for the position as a CIT member (Watson et al., 2017). Once an officer is accepted into the CIT specialty, they go through training on behavioral health, stigma, and response methods to keep themselves and the individual safe (Watson et al., 2017). A key piece of CIT training is linking the individual to psychiatric or substance use treatment (Watson et al., 2017). Research has shown an improvement in officer-level outcomes, such as knowledge, attitudes, and self-efficacy, after being trained as a CIT officer (Compton et al., 2014). The hope of implementing a CIT is to reduce the incarceration of individuals experiencing a mental health crisis or substance use and initiate treatment instead (National Alliance on Mental Illness [NAMI], n.d.). Therefore, the collaboration between the criminal justice system and behavioral health treatment providers is essential for the success of the program. For additional information on forming a CIT, you can explore this guide by SAMHSA.

Collaborative Care Model

Although not originally inclusive of the criminal justice system, we could take the medical collaborative care model and expand it to include the criminal justice system. The basis of this model is grounded in patient-centered care within a medical home (Duncan, 2017), in other words, the client is the focus of a group of medical professionals who all collaborate and cater to the patient's needs. In the setting of substance use treatment for the justice-involved individual, this collaboration would contain key stakeholders such as the supervision officer, primary care provider, substance use treatment provider, a representative from each of the social service agencies the client utilizes, as well as the client and their family/peers that provide support.

This model is important in sharing key information that pertains to the treatment of the client (Rackets, 2021). For instance, the sharing of information through the collaborative care model on medications prescribed to the client will reduce the chance of negative drug interactions. Through shared communication among the collaborative group members, all of the client's medical information is relayed to all parties involved in the care of the client. Additionally, the supervision officer that meets with the client will have access to information in determining compliance with substance use treatment.

Visual Representation of the Collaborative Care Model



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Summary

This chapter gave an overview of the importance of collaboration in SU treatment for justice-involved individuals. The chapter begins with the steps of organizing and creating a collaborative group of individuals and/or organizations with shared goals. It is through collaborative efforts of a variety of stakeholders that change can be made. What follows is an explanation of the roles of the most important stakeholders in a collaborative group. Although these stakeholders are not an exhaustive list, they play a large role in SU treatment for justice-involved individuals. These stakeholders should be included in collaborative group efforts toward process improvement and other beneficial system changes for justice-involved individuals.

Once stakeholders are gathered, a variety of tools can be used within the collaborative group setting. Some tools are listed in this chapter in moderate detail, although, additional tools can be used to garner conversation within the collaborative group. Finally, a couple of successful collaborative models are listed as examples of successful collaborative group efforts in action. The tools and models section is meant to give ideas on how to implement actions in the collaborative group. Readers should keep this chapter in mind when reading through the subsequent sections of this guide. Each of the following sections in the Cascade of Care benefits from collaborative group efforts.

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