

SUD Collaborations that Work: Findings from Providers in Region 8



Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network
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Introduction

The purpose of the Mountain Plains Addiction Technology Transfer Center (ATTC) is to improve the capacity of Region 8's substance use disorder (SUD) treatment/recovery services workforce by using state-of-the-art training/technical assistance, innovative web-based tools, and proven workforce strategies to expand access to learning, change clinician practice, and advance provider efficiencies, resulting in improved client outcomes.

In an effort to understand and describe best practices in relation to collaboration and collaborative partnerships for SUD treatment/recovery services, the Mountain Plains ATTC engaged multiple providers throughout Region 8 in a series of focus groups. The purpose of these focus groups, conducted live, online via Zoom, was to discuss the benefits, barriers, and key factors that make collaborations work.

A total of five focus groups with a variety of providers from throughout the region were conducted. Individual providers and/or agencies were nominated by the Single State Authority (SSA) in their state, as exemplars of excellent collaborative work. Nominated individuals/agencies were contacted by Mountain Plains ATTC staff and asked to participate in one of the series of focus groups. Participants were informed that each of the focus groups would be recorded and analyzed to determine themes related to best practices for SUD provider service collaboration. They were also informed that recordings of the focus groups would be posted online for others to view as an educational tool, at the conclusion of the project. Thus, all were informed that their participation in the focus groups and individual responses to questions would not be confidential, and were told that if they were not comfortable with this, they should NOT participate in the focus group. All participants who participated in the focus groups agreed to this provision. (Note: individual focus groups for this project can be

viewed at the Mountain Plains ATTC website: <https://attnetwork.org/centers/mountain-plains-attc/home>). All participants were provided with a study information sheet, which explained the study purpose, risks, and benefits to participation, and voluntary nature of the participation. This was reviewed with all participants prior to the focus group and they were given the opportunity to ask questions about the study. The study received approval from the Institutional Review Board (IRB) at the University of North Dakota.

A total of 16 individuals participated in the focus groups and described their collaborative work with other agencies/organizations. A variety of partnerships were described and included partners from many sectors, including but not limited to outpatient and residential treatment providers, recovery support services providers, primary care, emergency departments, law enforcement and correctional facilities, housing, the court system, child protective/welfare services, and other social service agencies.

All focus groups recordings were transcribed and transcripts were analyzed by the author, with the aid of Dedoose, a cloud based qualitative data software management program. The following report represents the themes derived across focus groups. These themes are supplemented with supporting literature to describe best practices in collaborative partnerships for SUD treatment and recovery services. Four primary themes were identified in relation to best practices for SUD collaborations: *Coming Together, Working Together, Keeping the Collaboration Going, Benefits of Collaboration, and Effects of Lack of Collaboration*. These themes are described in the following findings section. Quotes from participants are indicated in italics.

Findings

Coming Together

The impetus to develop collaborative partnerships was commonly borne out of identification of a client need or needs that could not be met by one agency alone. Being able to identify this requires conscious examination of your agency's areas of expertise and what your own agency is able to do for a client and, more importantly, what it is not able to do.

It's the willingness to say you don't know everything and ask for help, ask other people for help or other agencies. . . It helps us grow or provide better services, but it also really helps the people that we are trying to help. If we can work together as a large group. I think they have a better chance.

When an individual agency recognizes their own limitations, it may prompt them to look to other agencies that can meet client needs in areas that they cannot. A potential collaborative partnership may exist, but the process of coming together requires that each agency must explore together what the other can and cannot offer and bring to the partnership. This process is not always comfortable or easy.

Being willing to listen to what the other person has to offer and also what their limitations are, as well as us being able to talk about our limitations and what we have to offer. Understanding what you can and cannot do. Some of us, it's really easy for us. And some of it is very hard.

Or, as another participant noted:

Recognizing your own weaknesses and being willing to be transparent about what you are, what you can bring. It's like making a cake. If you're the flour, you're not going to be the sugar and that's okay because we need it all. And so I think being a part and

doing what you do well, but being willing to give up the parts you don't do well.

Participants acknowledged that this process of taking stock and sharing one's own limitations with others requires a degree of humility.

[It's] about humility, recognizing that we don't know it all--and that's okay--and that in the true spirit of collaboration, we're not supposed to know it all.

Once two or more agencies decide to work together in collaboration, participants indicated it is important to make sure the right people are at the table, particularly in the early stages. Having the right people at the table means that those who have the authority to make decisions on behalf of their agency and are open to forming a collaborative partnership are part of the early processes.

If you have the right people there from the onset. You don't have to sit there and backtrack and try to catch people up. And so making sure you do a really holistic approach to who needs to be involved and who the stakeholders are is really important.

Additionally, finding champions for the formation of the collaborative partnership is important. Seeking out individuals who are enthusiastic about the collaboration and the potential outcomes is important to getting the work off the ground.

We also identified key champions. There were persons that were really passionate and said, yes, very quickly. They knew we had this aligned problem. They wanted to share in the problem-solving approach with us.

Once there is agreement that the collaborative partnership will provide added benefits to clients, an understanding of what each partner can and cannot bring to the partnership, and an enthusiasm to move forward, the more challenging step of *Working Together* begins.

Working Together

To engage in the process of truly Working Together in a meaningful collaborative manner, three processes need to occur: Creating a Shared Vision, Engaging in the Collaborative Process, and Being a Good Collaborator.

Creating a Shared Vision

Participants identified that, in order for a collaborative partnership to succeed, it is of primary importance that the partners share a vision for the collaboration that everyone can identify with and buy into. Partners need to define their common goal and commit to working toward that goal together. This process begins with making sure that there is alignment of philosophies and values in relation to how clients are viewed and treated.

Our philosophy is in a relationship of collaboration. We want to make sure that our values align when we work with a partner. We want to make sure that the interest that we hold for the patient is very similar and that we have a similar philosophical framework for how we treat people. We find that when that initial alignment is solid, we experience fewer barriers within collaboration.

Some participants reported that it was often easier for non-profit agencies to reach out to other non-profits for collaboration, because their philosophies and values often aligned easily. Some expressed concern that non-profits working in collaboration with for-profit agencies was more challenging because the core missions of the agencies may not be as closely of aligned.

Regardless of who has agreed to be part of the collaborative partnership, when partners initially begin working together, they typically realize that

not all of their values, philosophies, and ways of working are in complete alignment.

In my experience, you're bringing together to at least two or more different organizations or philosophies, or entities, that have maybe differing perspectives. And if you want to succeed at the long-term goal, it's finding a way to really respect and allow for those differences.

In order to move toward a shared vision for the collaboration, it is important that each partner is



transparent in sharing their own expertise, agency mission, and perspectives and values in relation to client services in an effort to educate the other partners. It is equally important that each partner also be open to hearing the perspectives of others.

The value of working for the same thing. We both understand each other's mission and are willing to help each other with that, and that takes some time. . . I've had to do some education; they've had to educate us. So, taking that time to build that is has been



important for us. Yeah, I love that what we're building is an aligned vision, mission.

It is important to the collaborative process that adequate time be allowed for communication with each other about any differences of perspective or philosophy, and to take these differences into consideration while creating a shared vision to which all partners can commit. This process may not be comfortable for all, particularly for those who are anxious to “do the work,” but it is important for all to understand that the process of understanding others is an important part of the work, and it takes time.

So there was a lot of teaming around hearing each other, making sure that we were taking into consideration the other's perspective and making sure that we came up with protocols and expectations and processes that work for everyone and that met everyone's agendas.

In a meeting or something like that, I'm not going to change someone's mind in an hour. It's again, finding where can the relationship start or begin. It is not necessarily convincing everyone on day one that MAT is the way to go.

Further, in order to create a shared vision, partners must also create a shared language. This means that, as partners begin to understand each other's perspectives and values, they must also be able to speak the same language in relation to the work to be done. Again, dedicated time for this mutual education, dialogue, and creation of agreed upon language is critical to the collaboration working effectively.

Creating shared language is a key part of making collaboration work well, both internal teams as well as external providers and agencies that we collaborate with, so that the theories of what we do make sense. We believe good collaboration. . . defining what those

priorities of practice are and creating shared language is so important.

Once partners have an understanding of each others' values, agency missions, and perspectives of client treatment and recovery, and have developed some shared language that is understood by all, the next step in creating a shared vision is to identify possible solutions to the problem which brought the partners together. Being solution-oriented is key to developing a shared vision and working together, despite any differences that may exist between partners.

I really, really appreciate the ability to come to the table and have partners at the table who really listen to what needs to happen, and see the end game, and are creative in terms of how we're going to move forward to reach the end goal. Really starting with yes and saying, 'Yeah, we want to be a part of the solution. Let's figure out the most effective, efficient path forward so that we can do this important mission driven work because our citizens deserve it.'

Collaborative partners brainstorm solution-focused ideas, putting their own agenda's aside, in order to work together to develop strategies which will lead to positive outcomes. As one participant noted:

There's lots of paths to get to the same outcome. It doesn't always have to be my path, but there's many different, different ways of making it there.

When partners are solution-oriented, they keep the shared vision at the forefront of all that they are working toward.

Once a shared vision, shared language, and a data-driven solution is agreed upon, partners should develop a memorandum of understanding (MOU). This MOU should outline the vision and goals of the interagency collaborative, and what each agency brings to the collaboration.

Engaging in the Collaborative Process

Once partners have created a shared vision and have identified a potential solution, a strategic plan should be developed. When that plan is developed, it may be useful to add specific agency responsibilities to the interagency MOU. Some of the participants mentioned that one of the lessons they had learned in working collaboratively was that it was so important to develop a strategic plan that guided the work of the collaboration, in order to work more efficiently and avoid later problems.

I wish that we would have done a little more planning. We just were kind of thrown into this collaboration and we were both hitting the ground. . . So it was very difficult. . . We wish you would have more time to sit and strategically plan.

Additionally, it was noted that even with a strategic plan in place, it is important to be flexible with that plan, and make adjustments as needed as the work moves forward.

Knowing that it is ok if you're ready and you have your smart goals, and you plan, and you studied it - that you're going to have to adapt midstream. Giving permission that when you have something that doesn't work. Failures can be our biggest learning lessons.

As the work of the collaborative partnership moves forward, it is important to build trust within the members. Participants indicated that building trust was primarily achieved by developing relationships with the other members of the partnership, which occurred through frequent meetings, particularly in the beginning, as relationships were being formed. Several participants indicated that weekly meetings were needed in the beginning.

So for us, the barriers were knocked down that first six months of weekly meetings and I can tell you there was

more than just weekly meetings. There was individual meetings as we learned to become friends.

Some of the participants indicated that they felt face-to-face meetings were integral to developing that relationship, and thereby building trust. As one participant noted:

We had a lot of meetings. I know sometimes people don't like to hear that there were a lot of meetings involved, but a lot of face to face conversation - we really believe that is a very powerful tool in collaboration because when I know you and I spend time with you, I trust you. I learn how to engage with you, and we develop that rapport with one another.

Another participant noted that face-to-face meetings provided an opportunity to build trust in ways that online meetings or emails did not, and thus were of higher value in learning to work together effectively.

Face-to-face is the most important thing to me. Man, we can do these collaborations on Zoom and all that stuff. And it's kind of cool, but I'm old. When I walk in, I'm a shake your hand, 'how you doing today' type of guy. That's important to me - handshakes - people when they shake their hand, that tells me character. . . And it's also the vision--how do you understand if that vision is just on a piece of paper and you're a very good talker. Well, it's my job to watch how you are really interacting.

Participants noted that another way to build trust between agency partners is to have a consistent individual who is the contact person for their agency and is at the table for the meetings. This helps to demonstrate reliability and individual commitment to the other members of the collaboration. It also provides a point of contact for whom the other partners will feel more comfortable reaching out to with question or concerns.

The manner, in which partners communicate with each other, also helps to build trust and move the work of the collaboration along. Honesty and transparency among partners are highly valued and an expectation.

Good collaboration starts with openness open, honest dialogue and communication, you know, being willing to get our egos out of the way and say, 'I can't help this client. Can you help this client?' and realizing that we're all in this together with the same goal of helping our client recover.

Finally, in order to truly engage in the collaborative process, partners need to be willing to change the ways in which they have traditionally been doing things. Coming together to work on a new inter agency collaboration requires that partners acknowledge that their old ways of doing things were not meeting the needs of clients. This is the impetus for which the idea for the collaboration was born. Thus, acknowledgment that everyone must engage in new and different solutions to the problem is key to collaboration. One cannot continue doing things the same way and expect different results. Changes in practice are easier for some than others, and some may be resistant to this change. By having a consistent partner at the table who is able to build relationship and trust, and come to understand the perspectives of others, that partner can help individuals within their own agency be more willing to change.

Well, why don't you just do it? And it's because in my previous [positions], I didn't need to know that. So I never asked. Well, now I do need to know this. So now I'm able to take that information and share it back to [my coworkers] so they understand the hiccups of the system-- not because of what we're not doing right, but because of how you have to do the process.

Another participant described how resistance to change might be grounded in history within

agencies, and as a collaborative partner, her role is to facilitate that change in a respectful manner.

Recognize that history is history and that you know sometimes some of the issues may be really long standing but they don't impact me because I wasn't involved. And so knowing that I can help facilitate the change by just accepting where we are today and just kind of honoring the past but not living in the past, and just putting it away and moving forward.

Being a Good Collaborator

The final process required for working together in a collaborative manner is for individuals who are engaged with the work to be “a good collaborator.” Participants identified several key characteristics that make individuals both desirable to collaborate with and effective in their collaborative work.

Participants repeatedly discussed the importance of being open-minded, which meant that individuals need to be willing to hear and consider suggestions and feedback from other partners, without judgment. As one participant described, individuals need to “come in with a clean slate and go to the drawing board with an open mind.” Being open minded also requires that individuals are honest and transparent in their communication. And, as previously noted, it requires a stance of willingness to try new ways of operating.

The biggest issue that I come up against is when people aren't open to new things or agencies don't want us you know they've been doing things this way forever. . . So it's a lot easier when you have to work with somebody that is willing to try something they haven't tried before or having a really open communication with other agencies.

Participants also emphasized that having patience is another important characteristic of being a good collaborator. The relationships of collaborative

partnerships take time to build and even greater time is needed to implement the work.

If you have a common goal and have the right players in place, and if you can get everyone on the same page--and it takes a long time for all that to happen. So have patience.

Another important characteristic of collaborators is the need to be data driven, which requires that everyone make decisions based on data that best



informs those decisions and that a commitment to collecting data on outcomes is present. Some participants described how even in the early stages, when the collaboration does not yet have data on outcomes, it's important for collaborators to use existing evidence and tools to drive their initial decisions.

Let's just look at what the evidence says, and let's look at what some of these the tool kits and the research

indicate and let's not even pretend like we know the right answer. Let's see what's out there.

Later, as the work of the collaborative partnership continues, if individuals are committed to being data driven, they will use that data for evaluation of their collaborative work. The data will indicate if the goals and strategic plan are being met and provide guidance for how they may need to adjust. Importantly, data can also be used by members of the collaborative to promote the positive outcomes that result, by sharing the data with less enthusiastic staff within their own agencies, and with the community at large, thereby decreasing stigma and increasing support for clients with SUDs.

That data has changed the minds of all of us. . . We have had over 300 presentations in our community in 18 months and that information is so spot on. At the end of every single month, it gives us a continual flow of information to help the community. So when you get the naysayers from outside this [collaborative], even if they're just John Q Public, they can't argue with all that's there, and the cost with it. Again, we're here to help people. But some people need to see that to get their minds changed.

Further, if individuals are data driven in their work, the data can also provide them with a sense of pride in the work that they are doing as part of the collaborative partnership. This can serve as a motivator to continue being a part of the collaboration.

It really allows you to see what your contribution is and understand the [collaborative partnership] as a whole and how you contribute to the larger mission. . . I always say that the charts and the numbers, they're fine and everything, but it is a representation of everybody's hard work.



A final characteristic that participants indicated was important for individuals was the ability to put egos aside. If individuals are able to set aside their own agendas and personal needs, they are more likely to be able to participate in creating a shared vision and work toward common goals. As one participant stated:

I'm sorry, have you checked your ego at the door? Because we're a part of this, and only a part of this.

The ability of all members to put their egos aside also allows everyone to share in successes collectively, because no single member is viewed as more important than others.

It doesn't matter who gets the job done. We don't need to take credit for things. It's not about that. . . It makes no difference [who was responsible], if that help move that client forward in a positive way, that's all that really matters.

Keeping the Collaboration Going

Once the partners are effectively working together, there are still things that must be addressed to keep the collaborative partnership going over the long-term. This work involves several sub-themes: Working through Conflict, Supporting Each Other, One Collaboration Leads to Another, and Gaining Community Support.

Working through Conflict

It is important to actively address conflicts that may arise throughout the work of the collaborative partnership. Overall, participants reported that they had not experienced a large number of conflicts and felt this was largely due to the work that had been done early on in creating a shared vision and building trust. However, participants also indicated that some conflict was inherent

in the work and it is important that members of the partnership commit to working through any conflicts that arise. As one participant noted, this requires “being courageous to ask why there is tension; why there are problems.” Participants agreed that open, transparent communication among those who are in conflict is key to being able to successfully overcome the conflict and work together in partnership.

And so if I have a conflict with another provider, and if I can't resolve it over the telephone I asked to have an in person conversation, because having that visual of interaction and to get all of our points across. We may agree to disagree, but it's sitting down and talking about it and avoiding the resentment.

When conflicts occur, it is often helpful to relate back to the shared vision of the partnership, and focus on achieving mutual outcomes, rather than individual responses.

Sometimes you just have to go all the way back to the very beginning and say this is why we're doing this. Now let's work out our issues.

That being said, there may be times when individuals cannot get on board with the shared vision and strategic plan, or change old ways of doing things. In those cases, attempts to resolve conflicts that arise from those core values may be futile. While it may be difficult, that individual may ultimately not fit with the new model of the collaborative partnership. One participant described such a situation, in which the only solution to the conflict was to remove the person.

I really had to put a hard line on some things. And eventually, actually let somebody go because they were just unwilling to change how they did things. And I think that got the message to everybody else. And so it's one of those things. It's a hard change.

Supporting Each Other

Supporting each other was seen as an important component of ongoing work. Participants indicated that it was important to the interpersonal relationships within the partnership that a supportive environment is established. As one participant noted “I think people who compliment, and praise others are better collaborators.” A supportive environment is also one in which partners are able to share in the successes of the collaborative, and thus the ability for individuals to put their individual egos aside lends itself to this support.

Gaining Community Support

An important strategy for keeping the collaboration going over time, is to gain support of the larger community. Participants described that in order for a collaborative partnership to be successful in the long-term, community support was necessary.

So that was one of the big unique aspects that makes a partnership like this succeed, I think, is having the community support and endorsement. Of all the major stakeholders, and of course there was some community [members] that were skeptical about it. But when you had more support it helped to offset any concerns. That helped the program succeed.

Being data-driven and using data related to program outcomes were identified as effective strategies to educate the community and gain their support. Importantly, providing that information to the community was also seen as a way to decrease stigma toward individuals with SUDs, which is also a significantly positive outcome that can result from successful collaborative partnerships.

And we're creating more opportunities for success in the community. And as that success grows the message

spreads and helps the stigma around substance use disorder and medication assisted treatment.

One Collaboration Leads to Another

When one collaborative partnership is successful, others may be inspired to develop their own partnership in a similar manner. Several participants described how their work on one successful collaboration lead to them being asked to be a part of another collaboration. Others talked about how what started as a smaller collaborative partnership grew to include other partners and expand it's services to a wider audience. Participants were enthusiastic about this ability to expand their collaborative work for the benefit of others.

And so starting last year we were able to reconvene the same group of stakeholders and then gather more individuals who were important for this discussion to come forward and talk about how do we then expand this to reduce suffering to provide the full continuum and spectrum of care to all individuals who are identifying with an opioid use disorder or alcohol use disorder.

Benefits of Collaboration

Participants spoke enthusiastically about the benefits that collaborative partnerships for SUD treatment and recovery services could bring. By working together in a collaborative manner, agencies are better able to view and treat clients holistically. The partners within the collaborative will be able to provide services which are complementary to the other partners, and thereby better meet all of the needs of the clients they serve. Collaborative partnerships can make it easier for clients to be able access services which meet their concrete / tangible needs, such as clothing, food, and shelter, as well as provide for their emotional

and/or mental health needs, and their physical health needs. This better allows clients to focus on recovery and set goals for themselves that are now achievable. Collaborative partnerships have the potential to provide a fuller continuum of care in which clients feel better supported and able to move forward in their recovery.

Those collaboration make. . . people need to feel like they're not their addiction. Addiction is what's happening for them. But they're an individual who has the strength to succeed, with the right supports.

Some participants described working in collaborative partnership which had created an integrated care model, in which client behavioral health and physical health needs were all provided under one roof. This single point of entry model allows for a seamless provision of services, which decreases redundancy for clients and provides wrap-around services to meet their holistic needs.

We have a doctor's office and exam rooms just down the hall from where they actually get their addiction treatment. So to them, it's one organization. They don't realize that the doctor works for somebody else. . . So it kind of rounds out the whole person concept. We do addiction work, mental health work, and now medical work with the client. And they can do it all in one spot and they don't have to go all over town. They don't have to deal with three different billing issues. It's just hard for me to describe the benefit of not going to a bunch of different places, that they feel comfortable and they'll get all their work done here.

Collaborative partnership which do not have an integrated care model under one roof, can still provide services which meet the holistic needs of clients, though care coordination and case management, with the consent of the client. Many participants described how the establishment of their collaborative partnership allowed them to

provide much more comprehensive services for clients than as a single agency.

We call it coordination of care. When we have somebody come in, we make sure that we're talking to all of their other providers, and within that could be medical, could be their probation, could be Child Protective Services. So that it's clear what services we're providing and how that will interact with what they're providing.



Thus, coordination of care also has the potential to increase communication between providers and thereby decrease redundancy for clients.

Clients become frustrated when there's redundancy in their care or when they're starting over and over and over again in their care; whether it's changing levels of care and behavioral health services; or whether it's doing the same assessment or the same evaluation with a medical provider and a behavioral health provider--that type of redundancy. . . The recovery process

is a very, very trying process. . . So our objective in creating collaborative partnerships is always try to find the easiest path forward right that's going to lead to the most efficient, effective care.

Participants described how their established relationships within their collaborative partners better allowed them to provide a “warm hand-off” between service providers, thereby helping the clients to feel comfortable with different providers.

It's just really important to just to keep those relationships going. . . And also getting clients connected with services that they need; walking them through it, so they receive treatment in a way that's compassionate.

One benefit to the establishment of SUD collaborations that all participants agreed upon was the increase in successful outcomes for clients. Improved rates of treatment completion, recovery maintenance, independent living, family reunification, and decreased encounters with law enforcement and incarcerations were described by participants, as a direct result of their collaborative partnership. One participant eloquently described how positive outcomes can be seen not only for the clients within their program (which provided MAT and care coordination during and following incarceration) but for the greater society as well.

In our recidivism study, the introduction of medication assisted treatment behind the wall and then access to it after had a significant recidivism impact. In the first year we saw 63% reduction in recidivism, which was beyond anything that we imagined. And when you pair access to Medicaid and access to the full continuum of behavioral health services and medical services and medication that individuals deserve, we saw a 94% impact on recidivism. If you think about how much it costs to incarcerate someone, so as a societal amount. Then you think about the impact of children and having parents removed because of



substance use disorder and being incarcerated and what that does to adverse childhood experiences scores for the coming generations. I don't know how you put a price tag on all of that. . . This is the benefit of this type of collaboration. We're changing thousands of lives and not just the individual client, but their family members, their employers, their children, their parents.

Finally, the reduction in redundancy in services as well as improved client and societal outcomes results in the benefit of saved dollars. Some participants identified that without collaboration, there are wasted resources, and that given the limited number of resources available, seeking out collaborative partnerships is the fiscally responsible thing for agencies to do.

It's a huge step to get us working together. It's twofold: First, is that we're there to help people; the second is that it's taxpayer's money, and how do we be fiscally responsible [with taxpayer's money].

Effects of Lack of Collaboration

Contrary to the positive outcomes that can result from effective collaboration, a lack of collaboration can have detrimental effects, particularly for clients. Having experienced the positive effects of collaborative partnerships, participants were able to reflect on how different outcomes for persons with SUDs were prior to the establishment of their collaboratives.

When collaborative partnerships are not in place, it can result in less than ideal, often times punitive, solutions for helping persons with SUDs. One participant, whose work involved adolescents described it this way:

Without collaborating, we were seeing things like the police being the first call when kids were having

behavioral disturbances in school versus the behavioral health provider. We were seeing probably a lot more kids being out of school for longer than what they should have because there weren't ready options for kids who get into trouble because of their substance use.

Persons with SUDs who do not have the benefit of effective collaboration among their providers, face a greater burden in getting their holistic needs met. In a single-provider focus, it becomes the sole responsibility of the client to seek out the services that will meet all of their tangible, behavioral health, and physical health needs.

Maybe you've got a home, but yet you don't have aftercare. You don't have case counseling. You don't have food stamps. You don't have Medicaid. You don't have those things. And the person that's coming into this recovery process has to go out and try to figure it out by themselves. It becomes very challenging.

Additionally, clients often face redundancy with intake/admission procedures and forms among multiple providers. This redundancy becomes trying and clients may feel burdened by the repetition of filling out the same forms and answering the same questions over and over. Thus, without the benefit of effective collaborative partnerships among providers, clients face greater obstacles in effectively engaging with their treatment and recovery. Further, clients may be at higher risk of relapse.

Where people come in and they're 'I don't know where I need to go.' Then all of a sudden they're struggling mentally and spiritually, and they end up going back on the relapse, because there was nobody that was really giving them that opportunity to be able to find services within the community. So, it's hugely important that collaboration does happen. Without that, we just end up playing. I mean there's no recovery process happening for individuals.

Participants described that in the case of MAT, in particular, if there was not good collaboration among providers, clients were particularly vulnerable to relapse. One participant provided this example:

The communication between [our program] and the child protective services wasn't as good as it could have been. They had recommended that this client had to be removed from her medication. So, what ended up happening was that she was doing a rapid taper off her medication, which put her at large risk for relapse.

Without the relationships and trust that a collaborative partnership brings, there may be a lack of transparency between agencies and providers. Participants described experiences were other providers “were less than honest” in their interactions related to shared clients. This lack of transparency can result in inappropriate referrals, more time for intake/admission procedures, and mistrust between agencies/providers.

The worst example I had of this was that we had a man who showed up to treatment, who was an amputee. We didn't know that. He was a recent amputee. So I went back to the referral source and said, 'In all the information that you provided me nobody ever said that he was an amputee, and that he had some pretty extensive medical ongoing treatment that needed to happen.' They basically said, 'Well, you never asked.' So that, to me, is not playing fair and not being honest and not being collaborative. We've got to have this ability to be very collaborative upfront and honest and not have this situation where you're essentially tricking the person into taking your client. I would have accepted him anyway. But I would have been much more prepared and I would have known what we were going to do, had they been honest with me up front.

At the agency level, when collaborative partnerships are not in place, it can result in turf

wars, particularly from a financial perspective. Participants described that, when a collaborative partnership exists, agencies can still maintain their own funding streams, but the delineation of who bills for what services becomes better articulated and understood by all, and it is also possible that funding streams may be shared.

We don't really have that turf war over the funding because we have a piece of the pie. And so we all kind of stay our area, and we do what we're going to do.

In contrast, when there is no collaborative partnership, there can be significant competition for funding dollars, which may result in poor relationships between agencies and providers.

Every one of our counties and every one of our centers is fighting for their clients, the people that they're supposed to be serving. You want people to be actively competitive and seeking out that additional funding, but sometimes that can result in a turf war where you want to have a person under your grant. . . There could be this turf for who's going to get to count that person toward their statistics and to draw down their money. So I think that that can get destructive in some ways.

Thus, a lack of collaboration and collaborative partnerships can result in unintended negative consequences to both the clients being served, and the providers/agencies themselves.

Discussion

A common understanding of collaboration involves individuals or groups working together to achieve a common goal, and to resolve issues of trust, turf, resources and conflict of interest that may be affected by past relationships, differing “languages,” aims and agendas between professionals, and/or power inequalities and struggles (Aarons et al., 2014). All of these concepts were addressed by participants in our project, whom were recognized as collaboration experts and exemplars of effective collaboration.

Interagency collaborative partnerships have the potential to improve overall health outcomes for persons with SUDs. In order to make a collaborative partnership successful, agencies and individuals within those agencies must be willing to seize the opportunity to work together in a manner that provides complementary services to individuals, in order to meet their holistic needs (SAMHSA-HRSA Center for Integrated Health Solutions, n.d.).

Those who participated in this project identified that, after coming together, the first step that partners must undertake when beginning the work of the collaborative is to develop a shared vision. This first step in working together collaboratively, is supported as a best practice by Children & Family Futures (2011), in their work which outlines the essential elements of collaborative practice. Additionally, partners must be willing to help create and operate within a structure that may be different from which they are accustomed. This requires clear communication, developing a comprehensive strategic plan, while understanding that they will need to be flexible and allow the plan and responsibilities to change, depending on the stage of implementation and collaboration (Aarons et al., 2014).

Many of the findings from this project are supported by other qualitative studies related to

collaboration in SUD services. In a qualitative study examining collaboration between child welfare, SUD treatment, and the courts system, Green, Rockhill & Burrus (2008) reported that developing a shared system of values among partners was key, and the relationships built through collaboration could create an understanding of each other’s roles and overcome any existing mistrust. They reported that the biggest barrier to effective collaboration “were the negative cross-system attitudes, mistrust, and a lack of understanding



of each others' activities, perspectives, and priorities." (p. 59). Thus, the importance of regular meetings, particularly early on in the collaborative partnership, in order to establish relationships, build trust, educate each other, and share perspectives should be underscored. These strategies are key to developing an effective collaborative partnership. Further, in a case study of a successful collaborative project between SUD and STD service providers, Appel et al. (2016) found that facilitators of effective collaboration included agreement on mission and policies of the collaborative partnership, creation of a MOU, mutual transparency of collaborative efforts, sharing of information, and collegial problem-solving. Additionally, to gain acceptance of a new model of collaborative operation, partners needed to engage in open sharing of their individual knowledge and expertise, and buy-in was required by all staff in partner agencies. The findings from these studies largely mirror those of our project.

Open, honest and transparent communication between partners was seen as integral to a successful collaborative partnership, and was also key in resolving any conflicts that arose within the collaborative. Aarons et al. (2014) stated that when partners do not share the same understandings and expectations, or are guided by competing organizational and individual goals and agendas, conflicts are common. Our participants reported experiencing few conflicts in their collaborations, and this was largely attributed to the fact that they had completed the groundwork to have a shared vision and built trusting relationships among partners. It may also be due to the fact they were recognized as expert collaborators themselves, and thus were adept at circumventing conflict within their partnerships before it occurred.

While information-sharing was a valued component of collaborative partnerships, client confidentiality rules and regulations are always of concern. It is important to establish clear processes for communication and information-sharing within the collaborative, including MOUs and protocols for the process of informed consent, as well as the type of information that is essential to providing care (Canadian Collaborative Mental Health Initiative, 2006). This will allow partners to share client information while adhering to each system's confidentiality rules/regulations and legal mandates. Without efficient communication protocols, agencies may end up duplicating services and clients will need to reiterate their information to multiple providers. Thus, effective communication protocols can reduce redundancy for clients, and also help to save scarce resources among interagency partners (Children & Family Futures, 2011).

The findings of this study may be limited by the small focus group sizes, which ranged from two to four participants each. Further, focus groups were conducted online, and not everyone had a video camera available for the session. Thus, group interaction, a hallmark of focus groups (Krueger & Casey, 2014), was limited. Additionally, while attempts were made to conduct focus groups with participants in each of the six states in Region 8, we were unable to acquire participants within one state. Further, as noted, all participants and/or agencies were viewed by the SSA within their state as expert exemplars of effective collaboration. Thus, while these participants were able to provide a good snapshot of best practices in collaboration, their experiences and perceptions would be very different than someone who was new to a collaborative partnership model.

Conclusion

There is a tendency to underestimate the complex processes required to engage in and build an effective collaborative partnership (Aarons et al., 2014). And yet, collaboration is considered an effective model of service delivery to better meet clients' holistic needs, achieve improved client outcomes, and conserve valuable behavioral and physical health service resources. To effectively move from single-agency service delivery to that of a collaborative partnership requires time and commitment from all staff within the partner agencies. Patience in the process, and transparent, honest communication by all are key factors in collaboration. Further, development of a shared vision for the partnerships and planning data-driven solutions are of primary importance. "In practice, the notion of collaboration actually represents a complex process of burgeoning interest in an initiative that moves through discussion and negotiation, entails consideration of competing priorities, accurate or inaccurate assumptions, and structures and processes that can either facilitate or hinder effective movement" (Aarons et al., 2014, p. 925). The findings from our project, derived from the experiences and perspectives of expert collaborators in SUD services, provide an excellent roadmap for those who are interested in beginning, strengthening or expanding their collaborative partnerships.

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