

Differences in values among team members may be barriers to collaboration, so it is important to understand where members agree or disagree on key values. The Collaborative Values Inventory (CVI) is a neutral way of assessing how much a group shares beliefs and values that underlie its work. The CVI includes 46 items which assess your personal opinion on a variety of statements regarding families affected by substance use and/or involved in the child welfare system. Results of the CVI will identify areas of agreement and disagreement within the collaborative, and facilitate discussion on differences in values which may be barriers to successful collaboration.

Your responses to the CVI are anonymous; you will not provide your name, and results will only be summarized for the whole group. Please answer the items with your own personal beliefs rather than your perception of what might be the 'right' belief or the value of your organization or the collaborative. There are no 'right' answers.

Please note: You will need to complete the CVI in one sitting because the system will not allow you to answer some questions and complete it later. If you exit before completion, your answers will be lost. The survey is divided into 11 sections; your progress in completing 11 sections is visible at the bottom of the page. It is estimated that it will take you 15-20 minutes to complete the survey.

Please tell us a little bit about yourself and your role within your organization.

1. What is your primary role in your organization:

- Management/Executive Leadership
- Mid-Level Manager/Supervisor
- Administrative/Support Staff
- Other:
- Front-Line Staff/Direct Service Provider
- Judge
- Attorney

2. What is the setting or organization that you primarily work for?

- Child Welfare
- Dependency Court
- Domestic Violence
- Family Drug Court
- Home Visiting
- Maternal/Child Health
- Other:
- Medical Providers
- Mental Health
- Other Court Services
- Other Public Health Services
- Substance Use Disorder Services
- Tribal

3. Do you or your organization mostly serve clients of American Indian, Alaskan, Hawaiian, or Pacific Island Native heritage?

- Yes
- No

4. How many years of professional experience do you have in your current field?

- Less than 6 months
- 6 months to 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 to 15 years
- 16 to 20 years
- more than 20 years

5. What is your gender?

- Female
- Male
- Other
- Decline to answer

6. What is your ethnic background?

- Hispanic or Latino
- Not Hispanic or Latino
- Not Applicable/Decline to Answer

7. What racial background do you identify with?

- African-American
- American Indian/Alaskan Native
- Asian
- Pacific Islander
- Other:
- Caucasian
- Native Hawaiian or Other Pacific Islander
- Multi-Racial

We would like to know about your organization's collaboration with other agencies.

8. Consider your organization's relationship with other agencies involved in this project/initiative or program. Collaboration evolves in stages and changes over time. Please select the one level that you believe reflects the highest level of current collaboration between at least two of your initiative's key partner-agencies.

Our partner/s are:

- Generally unfamiliar with the working of other agencies.
- Exchanging information between agencies on basic operations; getting to know each other.
- Developing and implementing at least one joint project together, such as a grant.
- Working together to change practices or policies to implement a project such as completing cross training or sharing data.
- Making system changes or improvements that extend beyond a given project such as developing an integrated cross-agency data system or adding a screening tool for substance use disorders for all child welfare cases.

9. The next set of questions ask for your thoughts on a variety of statements. Please review each statement and indicate whether or not you agree or disagree with the item. If you are unsure or do not have an opinion, please select "Neutral or Unsure".

|  | Strongly Disagree     | Disagree              | Neutral or Unsure     | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Parents who abused or neglected their children can be effective parents.   | <input type="radio"/> |
| Children who are abused and neglected are better off in foster care.   | <input type="radio"/> |
| Parents who truly love their children would just stop using addictive drugs.   | <input type="radio"/> |
| Parents with substance use disorders (SUD; sometimes called addiction) can be effective parents.   | <input type="radio"/> |
| For families, it is just as important for fathers with a SUD to get treatment as it is for mothers with SUD.                                   | <input type="radio"/> |
| When a parent refuses SUD treatment they should face penalties.  | <input type="radio"/> |
| Parents should not be allowed visitation with children removed from their care until they demonstrate abstinence from alcohol or drugs.        | <input type="radio"/> |
| A parent's relapse should result in the child's removal from a parent or a change in the case plan goal if reunification efforts are in place. | <input type="radio"/> |

Strongly Disagree

Disagree

Neutral or Unsure

Agree

Strongly Agree

Parents with SUD often fail to complete treatment because they face real barriers such as poverty, mental illness, family violence, or transportation.

A parent with co-occurring mental health issues must first receive mental health treatment before SUD treatment can work.

The stigma associated with addiction prevents parents from seeking treatment.

If parents with an addiction had enough will power they would not need SUD treatment.

10. These questions continue to ask for your thoughts on a variety of statements. Please review each statement and indicate whether or not you agree or disagree with the item. If you are unsure or do not have an opinion, please select "Neutral or Unsure".

|  | Strongly Disagree     | Disagree              | Neutral or Unsure     | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A person with an addiction should not be held accountable for their negative behavior.   | <input type="radio"/> |
| In different circumstances, any person could be a parent with a substance use disorder (SUD).                                  | <input type="radio"/> |
| Negative drug tests are the best indicator of parents' progress in recovery from SUDs.   | <input type="radio"/> |
| Newborns with positive tests for illegal drugs should be removed from their parent's custody.                                  | <input type="radio"/> |
| Medication assisted treatment, prescription drugs that treat opioid addiction, should be made available to pregnant women.     | <input type="radio"/> |
| Parents should be reunified with their children only if they abstain from using alcohol and/or drugs.                          | <input type="radio"/> |
| Parents with a SUD should have a voice in decisions about their child/ren's safety, custody, and living arrangements.          | <input type="radio"/> |
| The need to protect client confidentiality will always be a significant barrier to case planning between our partner agencies. | <input type="radio"/> |

Strongly Disagree

Disagree

Neutral or Unsure

Agree

Strongly Agree

A parent's relapse should be a private matter between them and their SUD treatment provider.

SUD treatment professionals involved with parents should have a voice in decisions about child safety, custody, and living arrangements.

11. These questions continue to ask for your thoughts on a variety of statements. Please review each statement and indicate whether or not you agree or disagree with the item. If you are unsure or do not have an opinion, please select "Neutral or Unsure".

|   | Strongly Disagree     | Disagree              | Neutral or Unsure     | Agree                 | Strongly Agree        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Child welfare professionals should have a voice in decisions about treatment needs for parents with a substance use disorder (SUD).   | <input type="radio"/> |
| Persons in sustained recovery from a SUD should be hired and paid to support and mentor parents with SUD.                             | <input type="radio"/> |
| The courts, SUD treatment providers, and child welfare have equally important roles in achieving child, parent, and family outcomes.  | <input type="radio"/> |
| The results of SUD treatment for parents should directly influence child welfare outcomes.  | <input type="radio"/> |
| Collaboration would be improved if interagency meetings focused on child and family outcomes rather than individual program updates.  | <input type="radio"/> |
| Funding restrictions prohibit collaborative service delivery between agencies serving parents with SUD and child welfare involvement. | <input type="radio"/> |
| SUD treatment will only be effective if a parent wants treatment.   | <input type="radio"/> |

|  | Strongly Disagree     | Disagree              | Neutral or Unsure     | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Programs that provide methadone or other medication assisted treatment (such as buprenorphine/suboxone) are just substituting one addiction for another.             | <input type="radio"/> |
| Addiction to drugs is more serious than addiction to alcohol.  | <input type="radio"/> |
| Community services like Alcoholics Anonymous, Narcotics Anonymous or faith-based supports are as important to recovery as clinical treatment for parents with a SUD. | <input type="radio"/> |
| SUD treatment should focus on adult recovery instead of the needs of children and families.  | <input type="radio"/> |
| Funding to programs should be based on positive outcomes not just the number of parents and children served.   | <input type="radio"/> |
| Funding for programs with poor outcomes should be reduced.   | <input type="radio"/> |
| My attitudes on substance abuse and recovery are based in part on my personal experience with family or friends.   | <input type="radio"/> |

12. The next two questions ask about your estimate of the overall outcomes of families affected by SUD.

0-20%

21%-40%

41%-60%

61%-80%

81%-100%

What proportion of parents do you believe succeed in SUD treatment?

What proportion of parents with a SUD remain with or are reunified with their children when the child welfare case is closed?