

Getting Started with the Collaboration Recommendations

The following 10 collaboration recommendations identify practical ways that people working in the perinatal substance use field can work better together.

They were developed through a literature review and analyzing data from a national convening of cross-sector subject matter experts. The interactive [Perinatal Substance Use Collaboration & Policy Action Map](#) explains more about how the recommendations were developed and includes more detailed information for each recommendation including: what it means, why it matters in perinatal substance use systems, common challenges, what the recommendation looks like in practice, where to start, and how to measure it. **This resource provides a summary of the 10 recommendations and actionable ways you can consider implementing them in your role.**





Build and sustain trusting relationships with cross-sector partners working to address perinatal substance use.

- Look for open houses, networking events, advisory councils, or other groups working on perinatal substance use in your community. Webinars and conferences can be valuable places to make new connections. Ask questions and see if there are opportunities to join an existing collaborative effort before deciding to create something new.
- Look for existing collaboratives or convening structures that could support this work, such as a [Perinatal Quality Collaborative](#) (PQC), maternal health task force, substance use coalition, or other cross-sector group in your state or community. Connecting with one of these groups could help you build relationships with cross-sector partners and identify opportunities to work together.
- Bring partners together regularly and create intentional opportunities for relationship building (in-person, if possible).
- Make regular time on meeting agendas to connect as people.
- Establish group norms around listening with curiosity, avoiding assumptions, and transparency. Read the [“collaborative group culture”](#) recommendation for more tips about how to do this.
- Review this [Practice Guidance: Partnerships with the Department of Children and Families](#) (DCF) for an example of how child welfare and treatment providers can build and maintain partnerships through greater transparency, better understanding each other’s roles and requirements, and clear communication and planning. Consider how these approaches could be adapted to strengthen cross-sector relationships in your setting.
- Identify how you will handle sources of conflict and consider using a neutral facilitator when needed.
- Create opportunities for cross-training and information sharing, especially for sectors where there is a history of mistrust or harm.

TRY THIS:

Create a “Brave Conversation” discussion spotlight on each meeting agenda that poses a difficult question or statement and use these discussions to strengthen understanding and trust among partners. Consider questions or statements such as:

- “Why have some sectors been given more real or perceived authority to address perinatal substance use?”
- “What is one assumption or mental model around perinatal substance use that you have needed to work on?”
- “Harmful decisions are being made due to lack of training (e.g., toxicology screens, CPS reporting).”

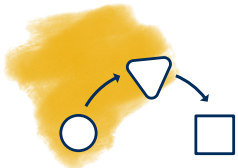


Address power dynamics and practice shared leadership and decision making.

- Assess the current composition of your collaborative and identify any missing or underrepresented perspectives. Review the system actors in the [Action Map](#) to consider who else to engage, and especially who should be represented in your leadership.
- Practice shared leadership by rotating meeting facilitation roles and assigning co-leads of workgroups or collaborative activities.
- Allow collaborative members the opportunity to inform meeting agendas before they are finalized.
- Conduct regular evaluations of meetings and an assessment of the collaborative overall to get members' feedback on participation, decision-making, and whether all voices are being heard. Look at whether some professions, organizations, or sectors have greater influence and whether people and families impacted by perinatal substance use feel welcomed and able to participate fully.
- Make plans for how the collaborative will address power imbalances or interpersonal challenges among members.
- Consider using a neutral facilitator to support the group when difficult conversations or challenging group dynamics arise.

TRY THIS:

Reflect on your last several meetings. Did any person, organization, or sector speak more than others? How were decisions made? Are any perspectives missing? Identify 2 or 3 changes that would create a greater sense of power sharing and shared decision making.



Create meaningful change by listening to, empowering, and investing in families and people who experience(d) perinatal substance use.

- Create a plan to recruit, support, and compensate people and families impacted by perinatal substance use from the beginning of any initiative.
- Allocate funding to compensate families and people with experience of perinatal substance use through direct monetary compensation, childcare, transportation, meals, and other supports to make their participation easier.
- Establish a shared agreement that people and families with experience of perinatal substance use carry equal expertise to professional partners. Shared leadership ensures they are respected and equal partners alongside service providers and that personal experience and professional expertise are parallel.
- Reduce medical and clinical acronyms and terminology and practice using plain language.
- Provide equal opportunities for people and families impacted by perinatal substance use to contribute to leveling the prevalent hierarchy where peer support workers are at the bottom.
- Assign a support person/team to guide them through the collaboration from start to finish (e.g., onboarding, pre/post engagement, submitting financials, etc.).
- Create plans to prevent re-traumatization and strive to create spaces that feel more respectful and welcoming to families and people with experience of perinatal substance use.
- Train the whole team in trauma-responsive and ethical inclusion of people and families affected by perinatal substance use and of stigmatized identities.
- Create structured formats for input and group discussions that do not privilege any one voice but provide the opportunity for families and people with experience of perinatal substance use and others to contribute who may feel less confident or comfortable speaking up.
- Learn more about the [3C's framework](#) in the intellectual property considerations section of this [e-learning module](#) and review this e-learning module about [leveraging storytelling for maternal & child health policy](#).

TRY THIS:

Choose a recent meeting agenda or project. Invite members of your collaborative with experience of perinatal substance use to reflect on how their expertise was honored and what could be improved. Consider questions like:

- Were there multiple ways to participate and provide feedback?
- Was the meeting held at an accessible time and location?
- Were they involved in co-designing the agenda or project?
- Did they have meaningful leadership or decision-making opportunities?



Establish a shared vision, values, and language among partners.

- Have members complete the [Collaborative Values Inventory](#) to assess the different underlying values that different people have at baseline.
- Partners may have different understanding of terms. Make sure everyone is on the same page and speaking the same language (i.e., using trauma-informed, person-centered language). Consider using an [existing guide on strengths-based and compassionate language](#) as your collaborative comes to agreements on shared language.
- Identify the shared values that will guide your collaborative's work. Examples include the values at the center of this [Action Map](#) as well as dignity and respect, keeping families together, and hope.
- Re-evaluate shared vision and value statements regularly to see if you need to make any changes.
- Identify short-, medium-, and long-term goals for your collaborative. It is to document these for making the case for formalizing a governance structure (see "[Create clear roles, responsibilities, and governance structures](#)" recommendation for more information).
- [The Water of Systems Change action learning exercise](#) can help your collaborative identify systems conditions that could hinder progress and brainstorm solutions to address them.

TRY THIS:

Use a "Hopes & Fears" exercise to envision what success looks like for your collaborative. The hopes will show where there are shared goals and the fears will help build trust among members. From there, identify shared values to guide your work moving forward (e.g., harm reduction, transparency, compassion, connection).



Create clear roles, responsibilities, and governance structures around perinatal substance use.

- Identify what governance structures exist in your state/community. These could be formal or informal and include advisory groups, interagency teams, or independent workgroups.
- Bring people together and consider how a neutral convener might help do this. Start with scheduling workgroups and work your way up to formal governance. Consider who should be involved that would have substantial influence in creating formal governance structures, including but not limited to: Title V MCH, MIECHV, ECCS, Medicaid, child welfare, WIC/SNAP, Early Head Start, and state health officials.
- Think strategically about who needs to be involved and why participation would matter to them. Consider what each partner or sector can contribute, how the collaborative's goals connect to their priorities, and how participating could support their own work. Use [ASTHO's Creating Successful Collaboration Structures in Public Health Initiatives](#) to identify who may be missing and plan strategies for engaging different partners.
- Create standing agenda items to demystify each other's roles. Start with topics as basic as mapping out program priorities, perinatal substance use-related goals, reporting requirements, referral systems, and policies/mandates, etc.
- Look for areas of overlap and mutual benefit and discuss who should be responsible for what. Document these responsibilities so there is role clarity and more accountability among partners.
- Build leadership support as you do this. Make sure you connect with state-level leadership and share the progress of your collaborative.
- Review this [Practice Guidance: Partnerships with the Department of Children and Families](#) (DCF) for an example of how child welfare and treatment providers can establish transparent working agreements. Consider how the guidance on roles and responsibilities, policies, operations, service delivery, and staff training could be adapted in your setting.
- Learn more about how some states have formalized collaboration through governance structures and other legislation in this [ASTHO blog](#).

TRY THIS:

Ask partners “If a family impacted by perinatal substance use falls through the cracks, who is responsible?” Discuss whether this aligns with your collaborative's current understanding of roles and responsibilities and what sort of governance structures would help prevent this from happening.



Create a collaborative group culture that promotes member engagement and shared learning.

- Assess your readiness for collaboration by completing a baseline assessment. [This resource](#) has several options you can consider.
- Ask members what they hope to gain out of participating and why they should commit to your collaborative. Also ask members what would make their participation feel more valuable and identify possible solutions that would address this feedback. Reassess this regularly to ensure members still find value in the collaborative.
- Openly discuss challenges to participation and collectively brainstorm solutions to make participation easier.
- Encourage partners to connect with each other outside of the collaborative.
- Seek out additional training around facilitation and planning meaningful meeting experiences.

TRY THIS:

Add a rotating partner spotlight to your meeting agenda. Have that partner share an overview of their work, challenges they face, successes, and opportunities for collaboration. Consider creating a virtual space (e.g., a Google Drive or SharePoint page or a more formal collaboration platform) where you can post meeting agendas, notes, presentations, and a member roster and make room for asynchronous communication and resource sharing among members.



Plan for sustainability from the beginning.

- Define what sustainability means for your collaborative. Are you hoping to continue benefits for your key population, institutionalize your collaborative's program(s) or activities, maintain the capacity of those implementing the program, or ensure that the focus of your program continues?
- Use [these tools and publications from Children and Family Futures](#) focused on funding and sustainability.
- Consider applying the [Program Sustainability Assessment Tool](#) (PSAT) or the [Clinical Sustainability Assessment Tool](#) (CSAT). These validated tools can help you assess your strengths in programmatic or clinical sustainability across a number of domains. Use the report it generates to identify and build on successes while improving areas of weakness. Create a joint sustainability plan with your partners based on the results of the PSAT/CSAT using [AMCHP's Planning for Sustainability Tool](#).
- Learn more about [fiscal mapping](#) and [who you should engage in the process](#).
- Consider conducting systems exercises like whole system mapping or asset mapping to take stock of existing strengths and resources that can help sustain your program/collaborative. [This resource](#) includes other system mapping tools you can use.

TRY THIS:

Take the CSAT or PSAT tool as an organization or as a collaborative. Where do you have common strengths, what about gaps? Use this to create a shared sustainability plan.

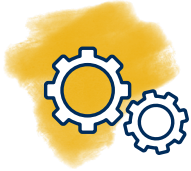


Build accountability by creating a shared understanding of data, measures, and outcomes across sectors.

- Identify what data that you and partners have access to including NAS/NOWS/ODD dashboards and state child welfare reporting. Consider multiple levels of data like national survey data, hospital data, and data from MMRCs, POCs, and community organizations.
- Define measures explicitly and create a common understanding of what you mean by perinatal substance use (e.g., what substances are included/excluded, what data sources are you using, how are you operationalizing metrics) and what outcomes you are working towards.
- Use multiple data sources to develop a comprehensive picture of perinatal substance use.
- Identify key data partners and work to build cross-agency relationships. Set up regular meetings with them and know who you can ask for different data needs.
- Review these briefs from the National Center on Substance Abuse and Child Welfare about [creating a collaborative approach to using data for families impacted by perinatal substance use](#).

TRY THIS:

Ask your collaborative what success would look like from the perspective of families impacted by perinatal substance use. What metrics would indicate that success is achieved while remaining person-centered and honoring the long-term supports families will need? What existing data would support this and/or what new data would need to be collected?



Be strategic in the partners you engage and how you engage them, including those that are unconventional but highly impactful.

- Map your perinatal substance use system with a focus on who influences the experiences and outcomes of families. [This resource](#) includes different system mapping tools you can use like [FSG's Guide to Actor Mapping](#).
- Compare your current partners to the map and identify who is missing or underrepresented. Prioritize outreach to current or potential partners with high influence but low engagement.
- Use the [Collaboration Multiplier](#) to better understand what partners to engage and how to engage them. Consider having people with personal experience of perinatal substance use lead the strategizing around partner engagement.
- Learn about the priorities and responsibilities of potential partners before asking them to participate. Identify several ways that you or your collaborative could be a resource to them.
- Explore collaborative models and policies that meaningfully engage harder-to-reach partners like [infant-toddler court teams](#) and the [Illinois Family Recovery Plans Implementation Task Force Act](#).

TRY THIS:

Create a 2x2 impact matrix for partner influence and engagement. Rate current and potential partners on the influence they have on families' experience navigating the perinatal substance use system and their current level of engagement with you/your collaborative. Identify one low engagement, high influence partner and develop a plan for how you can build or strengthen that relationship over the next 6 months.



Plan for clear and continuous communication both within your collaborative and with partners, community members, and other key audiences.

- Create and keep an updated roster of members with some summary (name, organization, focus area) and contact information.
- Identify what communication methods (e.g., email, newsletters, meetings) you will use and how often you will communicate with each other.
- Create a process for onboarding new members as well as gathering any necessary information people have before they leave the collaborative.
- Formalize communication processes and feedback loops in a shared document to improve accountability.

TRY THIS:

Conduct a baseline communication audit. List the key audiences your collaborative wants to communicate with (e.g., members, state agencies, families, community organizations, funders). Identify how each audience currently receives information from your collaborative, including format and frequency. Compare this to how you would like your collaborative to communicate with each audience and identify strategies for improvement.

The Perinatal Substance Use Collaboration and Policy Action Map was developed by the Association of Maternal & Child Health Programs (AMCHP) with support from the Foundation for Opioid Response Efforts (FORE) and Perigee Fund. The content presented does not necessarily reflect the views of FORE, Perigee Fund, or AMCHP.