

# SCREENING AND ASSESSMENT FOR FAMILY ENGAGEMENT, RETENTION, AND RECOVERY (SAFERR)



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## SECTION I: BUILDING CROSS-SYSTEM COLLABORATION

The Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR) model and this guidebook are based on principles holding that (1) the problems of child maltreatment and substance use disorders demand urgent attention and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being; (2) success is possible and feasible; and (3) family members are active partners and participants in addressing these urgent problems.

Although many parents with substance use disorders are involved with a variety of social service systems, SAFERR is focused on three key systems that have particular responsibility for and influence over how families fare: the child welfare service system, the alcohol and drug service system, and the court system.

No system or set of workers has the authority, capacity, or skills to respond to the array of challenges faced by these families, but collectively they do have those capacities and skills. When leaders have common vision, create joint policies, and require collaborative frontline practices, they create work environments and expectations that encourage staff to work with colleagues from other systems in making decisions that affect family stability and recovery.

Collaboration among child welfare, alcohol and drug, and court systems is necessary if families are to succeed, but effective collaboration at all levels of each system is very hard to accomplish. The barriers to building successful collaborations between the alcohol and drug and the child welfare systems are well known and have been described in several publications (Children and Family Futures, 1999). Adding the court system to the mix complicates the challenges.

This section of the guidebook provides managers with information about ways to create, guide, and sustain a State or countywide initiative aimed at improving services to families who are involved with child welfare and affected by substance use disorders. The “Facilitator’s Guide” (see Appendix A) provides exercises and tools to assist States and communities in their efforts to implement a cross-systems initiative. It proposes that administrators create a Steering Committee to direct the initiative, and it describes specific functions of the Steering Committee. Subsequent sections of the guidebook describe the activities that must take place within and across systems in order for staff to collaborate effectively on behalf of families.

### 1.1 Developing a Collaborative Team

A SAFERR collaborative involves—  
An Oversight Committee  
A Steering Committee  
Subcommittees

The decision to collaborate on behalf of families involved with substance use disorders, child maltreatment, and the courts has to come from top officials who give priority to this work. If leaders are not committed, little will be sustained. Leaders are the only ones who can free up staff time and invest staff with authority to make decisions on behalf of the agency. Appendix B, “Fact Sheets,” includes

several fact sheets that describe the challenges facing each system and the extent to which families need services from them. This information should help administrators understand how their own successes are intertwined with the successes of other agencies. It should also help managers and others educate administrators about the numbers and types of families that are involved with several systems. The following subsections present a structure for States and counties to use to govern a multidisciplinary initiative.

### **The Oversight Committee**

The top child welfare, alcohol and drug services, and court officials (and, if appropriate, members from the governor's or county commissioner's office) serve as the Oversight Committee for the initiative. Officials on the Oversight Committee must direct senior managers in their systems to give this initiative priority, and they must ask for periodic progress reports. In addition, these officials have to be willing to change their own agencies' policies when those policies impede the ability of staff to serve families.

Because the Oversight Committee includes the most senior officials from each system, all of whom are likely to be facing many demands and pressures for their time, it is anticipated that this committee will meet as a group only three or four times each year. It is also expected that each member will receive regular updates from Steering Committee members between meetings.

### **The Steering Committee**

After top administrators form the Oversight Committee, they can take a significant first step by establishing a senior-level multidisciplinary Steering Committee charged with creating, directing, and evaluating the activities required to translate shared commitment at the top to shared screening, assessment, engagement, and retention policies and practices in the field.

Running a multidisciplinary Steering Committee requires skills that differ from those required to direct single-agency hierarchical workgroups. It is helpful if the Steering Committee is cochaired by senior managers from the child welfare service, alcohol and drug service, and court systems who will share responsibility for ensuring that the Committee functions effectively. If this approach is infeasible or unwieldy, consideration should be given to rotating the chair of the Steering Committee among the three systems.

This Steering Committee will include members who do not have jurisdiction over each other, who report through separate hierarchies, and who most likely have different (nonparallel) positions within their respective agencies. Decisionmaking by decree or majority rule will not work in these situations. Some jurisdictions hire outside facilitators to convene and staff their Steering Committees. These facilitators are generally not considered to be chairs of the Committee and they are not authorized to make decisions that Committee members should make. If funds are available, using facilitators is a good strategy to avoid the perception that the initiative is being "run" by one agency. In addition, facilitators are trained in guiding multidisciplinary groups to make decisions.

The Steering Committee should focus on the big picture of State policies, protocols, monitoring and evaluation, and include the representatives of the following, at a minimum:

- Administrators and mid-level managers from State and some county child welfare agencies;
- Administrators from the State alcohol and drug service agency and directors of some substance abuse treatment provider agencies;

- Judicial officers and attorneys for parents, children, and the social service agency;
- Representatives from a recognized Native American Tribe that provides child welfare services in the State; and
- Representatives of the families served by these systems, including individuals who received or are receiving services from the child welfare or alcohol and drug systems.

There are three minimum requirements for establishing an effective Steering Committee:

- **Members must have authority to make decisions on behalf of their agencies.** The Steering Committee should be able to reach conclusions and take actions without losing time and momentum while members return to their agencies for approval.
- **Members must have sufficient time to participate in meetings.** The committee members must have time to attend meetings and to work on both collaboration building and the substantive issues involved in creating screening, assessment, retention, and engagement strategies. Attending meetings and completing related work between the meetings must be considered part of the members' work assignments.
- **An administrative staff person should be assigned to coordinate committee activities.** The staff person should arrange logistics for the meetings, issue agendas, send reminder notices, track Committee milestones and deadlines, take minutes, and reproduce and disseminate meeting materials as necessary. Although freeing up or funding a dedicated staff person represents an investment from one of the agencies, this level of administrative support is a critical component in supporting the work of the Steering Committee and, ultimately, in building a successful collaborative team. Ideally, this investment would be shared among participating agencies if resources permit joint funding of this position.

It is possible that Steering Committee members have had frustrating experiences with multidisciplinary groups who they felt did not yield meaningful results. Leaders, however, do respond well to groups when their time is respected, the discussions are engaging and being held at the appropriate policy level, multiple perspectives are sought, and decisions are made. Whether convening the Steering Committee is the responsibility of an outside facilitator or an employee of a particular agency, that person gains credibility by achieving consensus among Committee members, focusing on specific tasks leading to outcomes that Committee members feel are important, airing and resolving tensions professionally, and creating a sense of energy and excitement among the members. As noted earlier, multidisciplinary groups differ from traditional single-agency groups in important ways. Steering Committee members—

- Report to a multidisciplinary Oversight Committee and not solely to supervisors within their own agency;
- Are authorized to make decisions and commitments on behalf of their agency; and
- Cannot make decisions on their own, independent of the Steering Committee as a whole.

What the facilitators or chairs lack in formal authority over members can be achieved by creating high standards for meeting logistics and discussions. Therefore, attention must be paid to the way Steering Committee meetings are arranged and conducted or members are likely to either stop attending or send substitutes who lack authority to make decisions.

Techniques for facilitators are as follows:

- Facilitators and committee chairs may not be able to set priorities for members who work for other agencies and systems, which makes scheduling meetings difficult and frustrating. Therefore, it is important to **establish and send out a schedule of meetings for 12 months**. Members should know that meetings will not be cancelled or rescheduled, and that they will start and end on time. People tend to adjust their attendance to the expectations of the group, and setting meeting schedules for several months ahead makes it harder for other priorities to “bump” these meetings.
- Facilitators should **tell members in advance about issues that require decisions** at the next meeting, giving them time to consult with supervisors or review background information that will prepare them to make a decision or commitment on behalf of their agency. Therefore, they should receive annotated agendas in advance of each meeting. Annotations can indicate whether each agenda item involves a decision, whether background reading is suggested, who is leading the discussion, and what length of time is allocated for that item. Summaries of the prior meeting should be attached to the agenda.
- Facilitators should **help Steering Committee members approach their work believing that they are all responsible to the Oversight Committee** and not solely to supervisors within their own agency. Therefore, if decisions are to be made at a meeting, the agenda should indicate that decisions will not be deferred because a member is absent or an agency is not represented by a member who has authority to make decisions.
- Chairs and facilitators have to **strike a balance between encouraging open *dialogue* and allowing healthy debate of sensitive and controversial issues on one hand, and avoiding monopolizing monologues or pointless and repetitive arguments on the other**. This balance may be more difficult when people engaging in these debates have limited understanding of each other’s systems and when they may have unequal positions within their systems. If the duration of the meeting is appropriate and each agenda item includes a reasonable amount of time for both presentation and discussion, frequently the group will monitor itself in striking a good balance.
- If an issue cannot be resolved during the meeting or does not warrant participation of the entire group, the facilitator can **create alternative mechanisms**, such as referring the issue to a Subcommittee or creating an ad hoc workgroup.

Appendix B, “Facilitator’s Guide,” includes sample tools and templates to help facilitators create effective Steering Committees.

## **The Subcommittees**

Steering Committees of the type proposed in this guidebook will oversee a wide range of tasks and activities related to improving the way their State or jurisdiction screens, assesses, engages, and retains families in services. In order for the Steering Committee to retain its focus both on large policy issues facing the three systems and on the real-world practices that need to be changed and monitored, the Steering Committee structure should include appropriate Subcommittees composed of county or local frontline and supervisory staff from all three systems.

Subcommittees provide a structure within which the Steering Committee can provide and receive feedback about current and proposed policies and protocols. They should be charged with identifying,

researching, and raising concerns to the Steering Committee for discussion and decision. They create a forum in which county and local staff can raise concerns to policymakers and identify pressures that make it difficult to collaborate. They also serve as pilot sites and guide the work of pilot sites for testing new training curricula, screening or assessment tools, or multidisciplinary teams.

Ideally, each Subcommittee should be chaired by a member of the Steering Committee, who should provide Subcommittee progress reports at each Steering Committee meeting. This structure ensures that the ties between the Subcommittees and the Steering Committee are clear and subcommittee chairs serve as conduits between the ongoing work of their Subcommittees and the oversight and decisionmaking work of the Steering Committee.

Subcommittees might be charged with researching and recommending screening or assessment instruments that should be used by all systems, reviewing existing training curricula and recommending changes, identifying shortcomings in current local office practice for attention by the Steering Committee, or pilot testing models of collaboration (some of which are described in Section II of this guidebook).

The remainder of this guidebook focuses only on that part of the Steering Committee scope of work concerned with screening and assessments and only on the Subcommittees established to address issues related to screening and assessments. It is understood, however, that screening and assessment are just two parts of a larger and related agenda that is of concern to States and to the Steering Committees.

Section III of this guidebook describes frontline collaborative activities and protocols that might be guided by the Steering Committee or Subcommittees.

## **1.2 Establishing the Steering Committee's Charge and Approach**

The Oversight Committee that establishes the Steering Committee should specify what it expects from the Steering Committee and by when. It is essential that the Steering Committee members understand and agree upon the purpose, objectives, and parameters of their work. When participants are not clear about the purpose of a Steering Committee, they tend to use meetings to address any of several general or unrelated issues that exist among their agencies. When this misuse of meeting time happens, the focus becomes diluted, decisions are not made, and everyone becomes frustrated.

The primary activities of the Steering Committee are to—

- Create a mission statement based on exploration of values and principles;
- Enhance understanding of current systems and the barriers to communication across systems;
- Establish a common set of baseline information data to be used to establish goals and monitor progress;
- Establish goals, timetables, and milestone products and implement a plan of action to achieve the goals and milestone products;
- Identify training curricula and strategies that promote increased knowledge and collaboration; and
- Monitor progress and evaluate outcomes.

## **Create a Mission Statement Based on Exploration of Values and Principles**

Although there are structural and philosophical differences among the alcohol and drug, child welfare, and court systems that tend to highlight their differences, in reality staff from these systems hold several important core values in common. It is important for Steering Committee members to identify and make explicit the shared values and principles, and to use those values as building blocks for a mission statement. The recognition and explicit statement of common principles create the foundation on which a collaborative can be built.

For example, people from all three systems generally hold the following principles:

- Services should be tailored to the specific needs of the individual or family;
- Services should be provided in a timely manner; and
- Services should be provided in a manner that is appropriate for the gender and culture of the individual or the family.

At the same time, both individuals and systems have areas of difference, and those areas should be brought to the surface and discussed. The goal in these situations should be to enhance understanding and respect for values rather than to force agreement in areas where people simply do not agree. Areas of disagreement that are not put “on the table” and aired out seriously undermine the ability of the team to do its work.

The Steering Committee, Subcommittees, and other groups should start their work by surfacing values shared by the child welfare, alcohol and drug, and court systems. The following “Examples of Shared Principles” presents principles used in collaborative initiatives in California, Ohio, and New York. Appendix B provides a protocol to use in developing shared principles and values and other examples of principles and collaborative mission statements.

## Examples of Shared Principles

1. All children deserve to live in safety.
2. Effectively addressing alcohol and drug abuse and related problems among families involved in the child welfare and court systems would contribute to better results for children and their families.
3. Substance use disorders must be addressed in the context of other issues affecting children and parents, including parenting, domestic violence, health, mental health, criminal justice involvement, nutrition, housing, family services, education, and employment.
4. No one agency has the resources and expertise to respond adequately to the needs of parents who are addicted and who have abused or neglected their children, but collectively, it is likely that they do have these capacities.
5. Early and effective intervention for substance use disorders and related problems among families involved in child welfare systems contribute to better outcomes related to safety, child and family well-being, and permanency.
6. Most families involved with the alcohol and drug and child welfare systems can reduce risk in their lives and achieve self-sufficiency, particularly when they have access to a full continuum of prevention and treatment services tailored to their needs.
7. Interventions and decisionmaking for families involved in the alcohol and drug and child welfare systems should be based on a thorough, strength-based, and holistic approach to assessment, which includes addressing the impact of substance use disorders on child safety, child development, parental competency, and self-sufficiency.
8. Empowered families are capable of defining their needs, identifying their strengths, and actively participating in the development of case plans.
9. Removal of children from families with substance use disorders should occur only when there are no other options to ensure their safety.
10. Parents must be held accountable for maintaining expectations of compliance with case plans and court orders while, at the same time, be treated with dignity, understanding, and fairness.
11. Although sobriety is an appropriate goal for parents, caregivers, or siblings who have substance use disorders, recovery is a lifelong process and may include an occasional relapse. Other measures of success must also be acknowledged and valued.
12. Parents and children best respond to services that are family focused, responsive to their strengths and needs, culture, ethnic, and gender identities.
13. Staff that serve families involved with child welfare and alcohol and drugs should feel secure that they have the knowledge, skills, tools, empathy, and resources to do their jobs well.
14. Human service and legal professionals have a responsibility to strengthen families' natural and informal networks within their own communities and to reduce reliance on professional systems.
15. Service providers, families, and other helping networks should respect each other to collaborate effectively. They can show respect by taking time to understand each other.
16. Services can benefit families only to the extent that there is a structure in place within which the coordination of those services can take place.

## Enhance Understanding of Current Systems and the Barriers to Communication

Too often, people from one system have little knowledge or understanding of the mandates, responsibilities, and priorities that guide the operations of systems with which they have to collaborate. In order to meet the needs of families in which both substance use disorders and child maltreatment occur, staff from the alcohol and drug, child welfare, and court systems have to learn about each others' roles, responsibilities, nomenclature, values, and practices. The Steering Committee can advance this knowledge and understanding by educating its own members about these systems and by creating joint policies and protocols for assuring that knowledge is systematically transmitted across all three systems.

The table on the following pages, **Terms and Processes in the Alcohol and Drug Service, Child Welfare Service, and Dependency Court Systems**, explains the terms and describes the activities undertaken by the alcohol and drug, child welfare, and court systems through the time each system is involved with a family. This time starts with the initial report of substance use or child maltreatment (“*Is there an issue?*”) through eventual disposition and continuing care if needed (“*What happens after discharge or case closure?*”). While the terms for these activities and the processes that guide them are likely to differ across and even within States, all jurisdictions are involved with all the activities described here.

The Steering Committee should ask a Subcommittee to “translate” the terms and process outlined in the chart into their local language so that all staff can develop a common language and base of understanding to guide them in responding to situations that inevitably arise when multiple people are serving the same family. The Subcommittee should develop a unified glossary of terms and process that would be used by all systems in discussing case activities, or it could use this table as a template to create a table specific to their jurisdiction that could be used as the framework for all systems. The Steering Committee can use the outcome of that assignment to inform its own members about all of the systems and to identify areas of confusion or disagreement that need to be resolved.

Once the Subcommittee and the Steering Committee have created a shared base of understanding and knowledge about each other's systems and have identified activities in which there is confusion or disagreement, they can begin to create or modify training curricula for use with front line supervisors and staff. If the Steering Committee endorses a unified glossary or template that describes the activities of each system at various points in time, it becomes easier to develop cross-system training curricula and training approaches. Resources for cross-system training are available free of charge through online courses developed by the NCSACW at [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov).

## SAFERR Terms and Processes in the Alcohol and Drug Service, Child Welfare Service, and Dependency Court Systems

Identification through community or family awareness of signs, symptoms, and behaviors						
	Alcohol and Drug Service System		Child Welfare Service System		Dependency Court System	
Is there an issue?	<b>Screen</b>	Use of brief screening questions	<b>Child Abuse Report</b>	Brief questions posed to determine whether a report of abuse or neglect will be accepted for in-person response		The court may not be involved; if there is a prior history of court involvement by a family, it is important for both alcohol and drug services (ADS) and child welfare services (CWS) to inquire.
What is the immediacy of the issue?	<b>Immediate Need Triage</b>	Clinical determination of imminent risk	<b>In-Person Safety Assessment</b>	Use of a formal tool to determine imminent harm to a child, whether the child will be removed from or remain in the home	<b>Preliminary Protective Hearing</b>	The court may not necessarily be involved; Some jurisdictions require a CWS worker to seek judicial approval for emergency removal of a child—a removal hearing is also referred to as a shelter care hearing, a temporary custody hearing, and a protective custody hearing. (see Glossary).
What is the nature of the issue?	<b>Diagnosis</b>	Use of standardized questions in an interview to differentiate between substance use, abuse or dependence	<b>In-Person Response/ Risk Assessment</b>	Use of an interview protocol and risk assessment tools to determine level of risk to a child and whether services will be voluntary or court involved	<b>Court Findings</b>	If a Preliminary Protective Hearing is held, the court will issue key written findings as mandated by ASFA and State statute
	Alcohol and Drug Service System		Child Welfare Service System		Dependency Court System	
What is the extent of the issue?	<b>Multi-Dimensional Assessment</b>	Use of a standardized set of questions by a staff member trained in substance abuse issues, including functioning, needs, and strengths leading to a determination of the level of care required and needed services	<b>Family Assessment</b>	Family assessment of strengths and needs to determine the areas of family functioning requiring interventions for children to be safe in a permanent living situation that contributes to their well-being	<b>Petition Filed; Preliminary Protective Hearing (court process could begin here as well).</b>	A petition may be filed—it may or may not include allegations related to substance use or dependence; the court, attorneys, child welfare workers, CASAs, and other treatment providers also become involved; the court must establish jurisdiction; and adjudication and dispositional hearings then take place—these can be held on the same day
What is the response?	<b>Treatment Plan</b>	Individualized treatment plan with measurable objectives and outcomes	<b>Case Plan</b>	Individualized treatment plan with measurable objectives and outcomes	<b>Adjudication and Dispositional Hearing; Court-Ordered Case Plan</b>	Court orders include federally mandated findings regarding court review; the case plan and the treatment plan may be incorporated into the court order to varying degrees of specificity; various court orders may be used to ensure parental compliance with services and to facilitate parent's visitation at placement facilities; and court oversight monitors provision of services by CWS and ADS.

	Alcohol and Drug Service System		Child Welfare Service System		Dependency Court System	
Are there demonstrable changes?	<b>Treatment Monitoring</b>	Conducting oversight and tracking of participants' progress in treatment and recovery	<b>Case Plan Monitoring</b>	Regularly reviewing of the family case plan and reports to the court (when applicable) on parents' progress and children's well-being when applicable	<b>Court Review Hearings</b>	ASFA requires that periodic review occurs within six months of foster care entry—reviews include receipt of written and oral reports from all stakeholders on the progress of parents and well-being of children; consideration of permanency needs of children at each hearing by the court, other stakeholders (e.g., CASA, attorneys, and community members)
Is the family ready for transition?	<b>Transition Planning</b>	Assessment of on-going recovery plan, support systems and other needed services	<b>Permanency Determination</b>	Assessment of the most appropriate form of permanency for the child	<b>Permanency Hearing</b>	A Permanency Hearing is required within 12 months of entering foster care to determine whether a child should be returned home, file for TPR, freed for adoption, custody transferred to another individual or couple, or long-term foster care
	Alcohol and Drug Service System		Child Welfare Service System		Dependency Court System	
What happens after discharge or case closure?	<b>Recovery Management</b>	Ongoing self-assessment, and periodic professional, assessment, as needed	<b>Family Well being</b>	Ongoing self-assessment of enhanced capacity to care for children	<b>Case Closed</b>	In traditional courts, although the court case may be closed, parents and children may work with treatment providers in an aftercare program or with CWS for services; in a Drug Court program, the court may review parent's progress in aftercare 6 months after case is closed (e.g., Washington, DC, Reno, and Charlotte, NC Model Courts' Dependency Drug Courts)
Did the interventions work?	<b>Outcome Monitoring</b>	Data-driven outcome monitoring of changes in life functioning and substance use-related consequences	<b>Outcome Monitoring</b>	Data-driven outcome monitoring of recurrence of maltreatment and reentry into child welfare system	<b>Outcome Monitoring</b>	Recidivism—reabuse of child, refile of petition, or sibling entry

### Establish a Common Set of Baseline Information Data

If the Steering Committee has been able to develop its principles and reach consensus on terms and processes, members should create a set of baseline data agreed upon by all members. Baseline data include the following information:

- For the child welfare service system:
  - Number of child maltreatment reports and substantiated reports;
  - Number of children in foster care;
  - Number of families receiving preventive services;
  - Length of time families are involved by child welfare; and
  - Kinds of services most frequently used.

- For the alcohol and drug service system:
  - Number of people admitted to alcohol and drug treatment;
  - Number of people admitted who have minor children;
  - Number of children born prenatally exposed to substances;
  - Number of parents in treatment who have had children removed by child welfare; and
  - Kinds of treatment most frequently used.
- For the court system:
  - Number of dependency cases filed;
  - Number of children who are court involved because of placement in foster care;
  - Number of children who are court involved but not removed from home; and
  - Number of dependency cases involving families with substance use disorders.

Efforts should also be made to determine the number of families who are involved with more than one or all three of these systems. This information is often partly or completely lacking, so it can help Steering Committee members determine some first steps in their future work or information system gaps and needs.

### **Establish Goals, Timetables, and Milestone Products, and Implement a Plan of Action**

After the Steering Committee has gathered baseline data, it should establish goals and then timetables and interim milestone products to achieve those goals. Goals, timetables, and milestone products should be incorporated into a plan of action that serves as a blueprint for Steering Committee priorities and as a framework for monitoring progress and evaluating outcomes. Each goal is likely to include multiple milestone products that can be monitored and whose results can be evaluated by the Steering Committee. The following text box provides an example of one goal and several practical milestone products that might be developed and overseen by the Steering Committee.

**Goal: Develop statewide guidelines for alcohol and drug providers to ask questions about children.**

**Milestone Products:**

- Report of research of guidelines used by other jurisdictions
- Draft of guidelines prepared by Subcommittee for Steering Committee
- Steering Committee approval/issuance of final guidelines
- Training curricula for guidelines

### **Identify Training Curricula and Strategies for Increased Knowledge and Collaboration**

As Steering Committee and Subcommittee members explore their values and learn more about each other's systems, it is almost certain that staff development and training needs will emerge as a priority. Staff from each system are likely to need training about the operations, philosophies, techniques, mandates, and limitations of the other systems. They will also need training and support in learning how to work with colleagues from those systems, including how to share confidential information, develop coordinated or uniform case and treatment plans, share decisionmaking, and work as members of multidisciplinary teams.

The Steering Committee can guide the development of appropriate approaches to training and professional development by—

- Assigning a Subcommittee to compile an inventory of current training curricula used by all three systems; examine the content of curricula to determine areas where there is duplication or inconsistency and identify those curricula that appear most effective; and recommend training strategies to the Steering Committee;
- Identifying training resources within and outside of the State. For example, resources for cross system training are available free of charge through online courses developed by the NCSACW at [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov);
- Establishing policies that promote the creation of cross-system training curricula and that allocate resources for staff from all systems to collaborate in creating, delivering, and evaluating training; and
- Overseeing and analyzing feedback from pilot tests of new training approaches implemented in selected counties and localities under guidance from the Subcommittee.

Section II provides more specific information regarding training topics. In addition, an annotated guide to training resources can be ordered through a link to [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov). The guide is called “The Child Welfare-Substance Abuse Connection: A Compendium of Training Curricula and Resources.” It includes (1) curricula for training child welfare personnel about substance use disorders and about the system that serves people with substance use disorders; (2) curricula for training alcohol and drug personnel about child maltreatment, about the child welfare and court systems, and on the implications of substance use disorders for child maltreatment; (3) curricula designed to cross-train child welfare, alcohol and drug, and court staff (and other relevant professionals) about how to work collaboratively and how to address the barriers to collaboration. It is important to note, however, that existing training curricula must be adapted to meet the needs of communities and the operations of systems within those communities.

### **Monitor Progress and Evaluate Outcomes**

One of the most critical activities for the Steering Committee (and one likely to be of high interest to the Oversight Committee) is to measure the families’ progress in recovering from substance use disorders and in attaining appropriate parenting capacities. Indicators and benchmarks should be based on specifications included in case plans and may include changes in patterns of substance use (e.g., periods of sobriety, nature and frequency of lapses or relapses, negative drug test results, participation in treatment activities); engagement in parenting, mental health, employment, or other services included in the child welfare case plan; consistency in child visitation; changes in risk factors to children, and others.

Steering Committee members should create and publicize standards they will use to determine whether collaborative strategies result in improved screening, assessment, engagement, and retention of families in treatment and other services and should monitor those standards against the baseline they created. These standards should include establishing mechanisms to determine how many screenings and assessments have been conducted, how many families have entered services, and when families have dropped out of services. State and local jurisdictions should be monitored against those standards, and corrective action taken when performance is below the established standards.

Section III of this guidebook, “Collaborative Practice at the Frontline,” provides more information about alcohol and drug and child welfare case plans.



