National Center on Substance Abuse and Child Welfare

Module 7:

Collaborating to Serve Parents with Substance Use Disorders

Contents

Introduction

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the Child Welfare Training Toolkit to educate child welfare workers about substance use and co-occurring disorders among families involved in the child welfare system. The training is intended to provide foundational knowledge to help child welfare workers:

1. Understand substance use and co-occurring disorders.
2. Identify when substance use is a factor in a child welfare case.
3. Learn strategies for engaging parents and families in services.
4. Understand potential effects for the parent, children, and caregivers.
5. Learn the importance of collaboration within a system of care. Through a deeper understanding of these topics, child welfare workers can apply knowledge gained to their casework and improve their own practice.

The Training Toolkit consists of 10 modules—7 core and 3 special topics training modules:

Module 1: Understanding the Multiple Needs of Families Involved with the Child Welfare System

Module 2: Understanding Substance Use Disorders, Treatment, and Recovery

Module 3: Understanding Co-Occurring Substance Use Disorders, Mental Health/Trauma, and Domestic Violence

Module 4: Engagement and Intervention with Parents Affected by Substance Use Disorders and Mental Health/Trauma

Module 5: Case Planning, Family Strengthening, and Planning for Safety for Families with a Substance Use Disorder

Module 6: Understanding the Needs of Children of Parents with Substance Use or Co-Occurring Disorders

Module 7: Collaborating to Serve Parents with Substance Use Disorders

Special Topic: Considerations for Families in the Child Welfare System Affected by Methamphetamine

Special Topic: Considerations for Families in the Child Welfare System Affected by Opioids

Special Topic: Understanding Prenatal Substance Exposure and Child Welfare Implications

The entire Training Toolkit can be delivered in a series, or each module can be delivered individually as a stand-alone training. Each module is approximately 2 hours in length and contains a range of materials that can be adapted to meet the needs of child welfare trainers for in-person workshops or more formal training sessions. This flexibility allows the facilitator to determine the best format and timing for the training, according to the needs of the agency and staff. The special topics, in particular, lend themselves to brown-bag or lunchtime trainings.

Each module includes a Facilitator's Guide with training goals and learning objectives, a PowerPoint presentation, resources, and references. The PowerPoint presentation contains talking points and key details in the notes section of the slides. These talking points are not intended to serve as a script to read aloud to attendees, but rather as key points to highlight while presenting. Facilitators are encouraged to infuse their own content knowledge, expertise, and real-world experience to bring the training to life. NCSACW integrated discussion questions and experiential activities throughout the training sessions.

The Facilitator's Guide includes a list of resources where facilitators and participants can find additional information on related topics. Facilitators can customize content to include state or local child welfare practice information and terminology where appropriate.

NCSACW provides a free online tutorial, *Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*, which is a self-guided online training that complements the content of this Training Toolkit. Toolkit facilitators may encourage the training participants to complete the online tutorial to augment their knowledge. The online tutorial is approved for 4.5 Continuing Education Units.

Intended Audience

The Training Toolkit contains information considered foundational for child welfare practice. The content is general enough for all child welfare workers, but it should be tailored to the audience's experience and role in child welfare practice (such as investigations, in-home services, or ongoing case management) to enrich the learning opportunity.

Facilitator Qualifications

Facilitators should be knowledgeable about substance use disorders, mental health, and child welfare systems. They should be familiar with the laws and policies that affect child welfare agency decision-making to ensure that the information is presented in the proper context. If the facilitator does not have specific knowledge in substance use disorders or mental health, he or she should partner with local substance use and mental health treatment agencies for support.

Terminology

Field-specific terms are used during the course of this training. To understand the purpose and intended meanings of these terms, please review the Trainer Glossary at https://ncsacw.samhsa.gov/training/toolkit. This glossary is also a useful resource for training participants.

Module 7 Description and Objectives

The goal of Training Module 7 is to provide child welfare workers with an understanding of the importance of collaborating with other service providers. The module provides an overview of confidentiality laws and the requirement for releases of information to work collaboratively with treatment providers to serve families. It is important when working with treatment providers to understand the types of information to gather and share. This module concludes with ways to build a collaborative team to support successful outcomes for children and families.

After completing this training, child welfare workers will:

- Identify the importance of collaboration with other service providers.
- Recognize key steps in building effective cross-systems collaboration.
- Discuss 42 CFR, HIPAA, and releases of information.
- Determine what information to gather from service providers.
- Determine what information to share with service providers.
- Demonstrate collaborative case planning.
- Adhere to information and communication protocols.
- Consider shared outcomes.

Training Tips

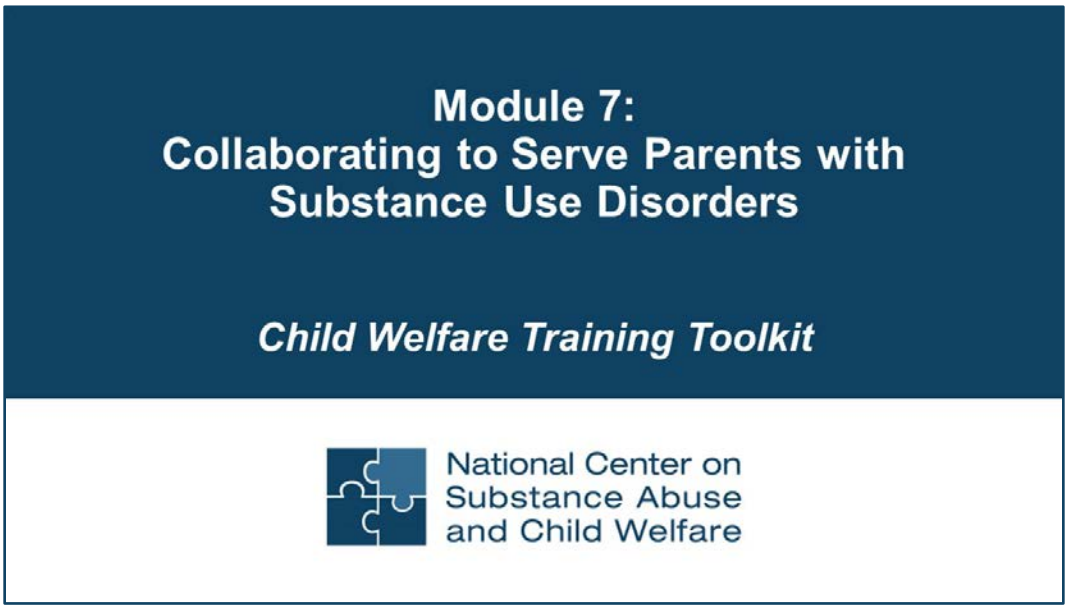
- ✓ Partner with a local expert on substance use disorders to co-facilitate the training.
- ✓ Use the ***** bolded** discussion questions integrated in the module talking points to enrich the training and further engage participants.
- ✓ Share or incorporate agency policy, procedures, and forms around information sharing.
- ✓ Provide participants with a list of local treatment providers.
- ✓ Provide copies of releases of information.
- ✓ Contact the National Center on Substance Abuse and Child Welfare for more information about using the Collaborative Values Inventory, a self-administered questionnaire that provides jurisdictions with an anonymous way of assessing the extent to which group members share ideas about the values that underlie their collaborative efforts, in your community.

Materials

- ✓ Computer and projector
- ✓ Speakers
- ✓ Internet access
- ✓ PowerPoint slides
- ✓ Facilitator's Guide
- ✓ Flip chart paper or white board (for use as a visual aid during discussion)

PowerPoint Presentation and Talking Points

Slide 1



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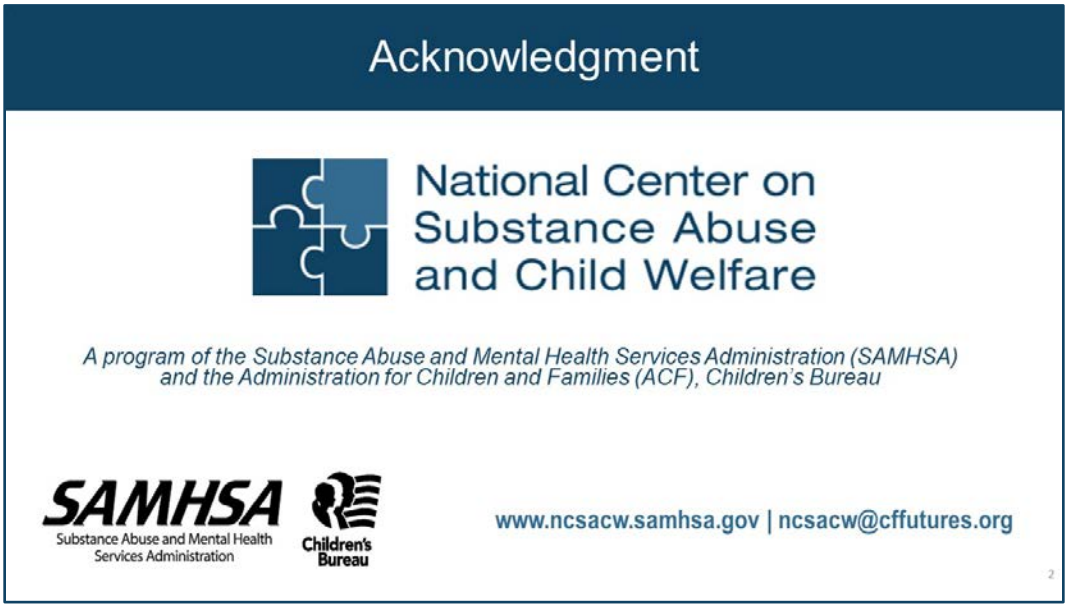
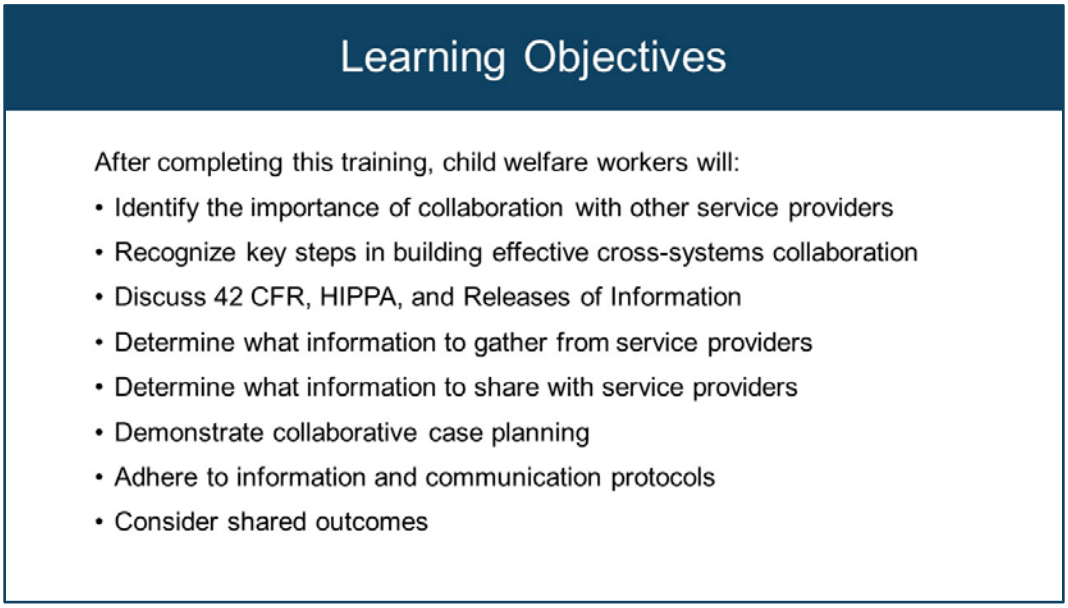


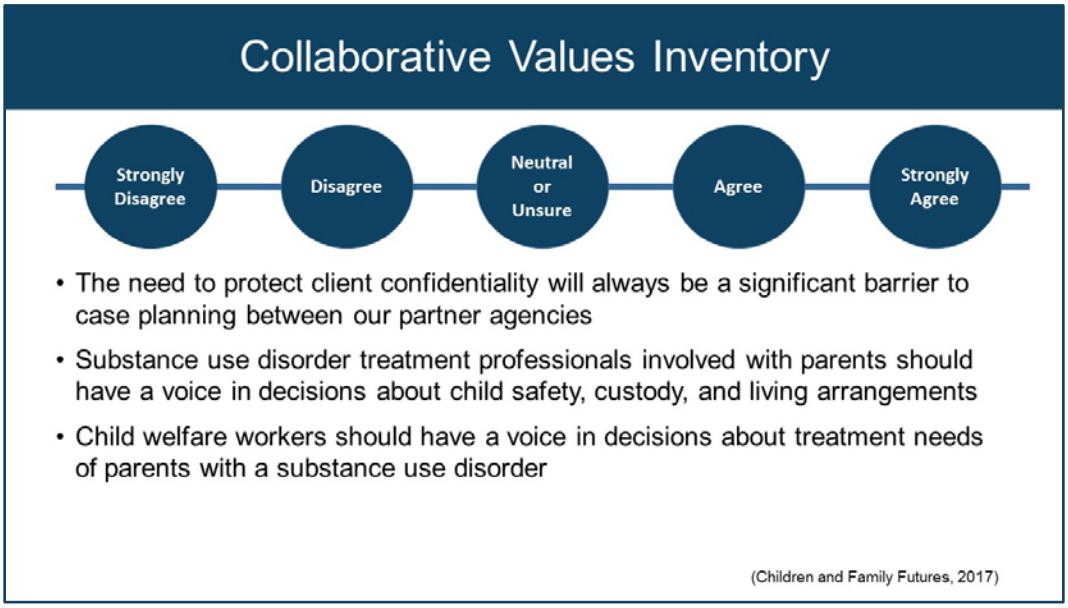
This toolkit was developed by the National Center on Substance Abuse and Child Welfare (NCSACW), an initiative of the U.S. Department of Health and Human Services jointly funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Administration on Children, Youth and Families (ACYF), Children's Bureau's Office on Child Abuse and Neglect (OCAN).

Slide 3



The goal of Training Module 7 is to provide child welfare workers with an understanding of the importance of collaborating with other service providers. The module provides an overview of confidentiality laws and the requirement for releases of information to work collaboratively with treatment providers to serve families. It is important when working with treatment providers to understand the types of information to gather and share. This module concludes with ways to build a collaborative team to support successful outcomes for children and families.

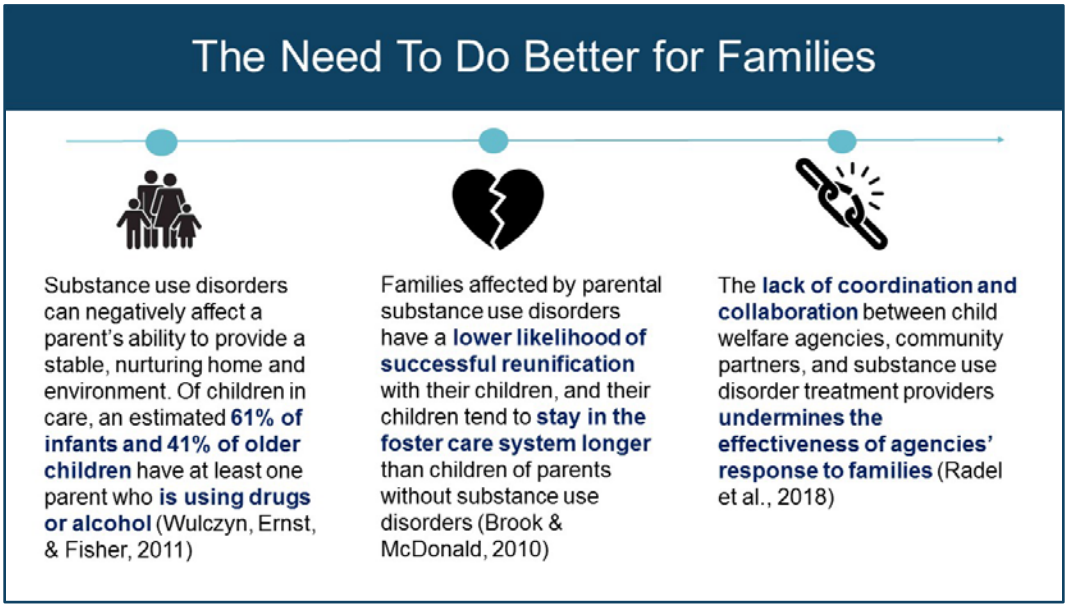
Slide 4



Differences in values among participants are important to recognize because they may come up in the training and with the families participants are working with. These questions can be asked at the beginning of this training to help understand the different values and perspectives participants bring to the training. Have a brief discussion with participants on how their individual values can affect their work with families.

*****Review the slide questions from *The Collaborative Values Inventory (CVI),* a validated tool that assesses how much a group shares beliefs and values that underlie its work. Participants can share their experiences or keep their answers private. Discussion should be limited to understanding value clarification, instead of debating individual answers to questions. Participants' responses will fall along a continuum.**

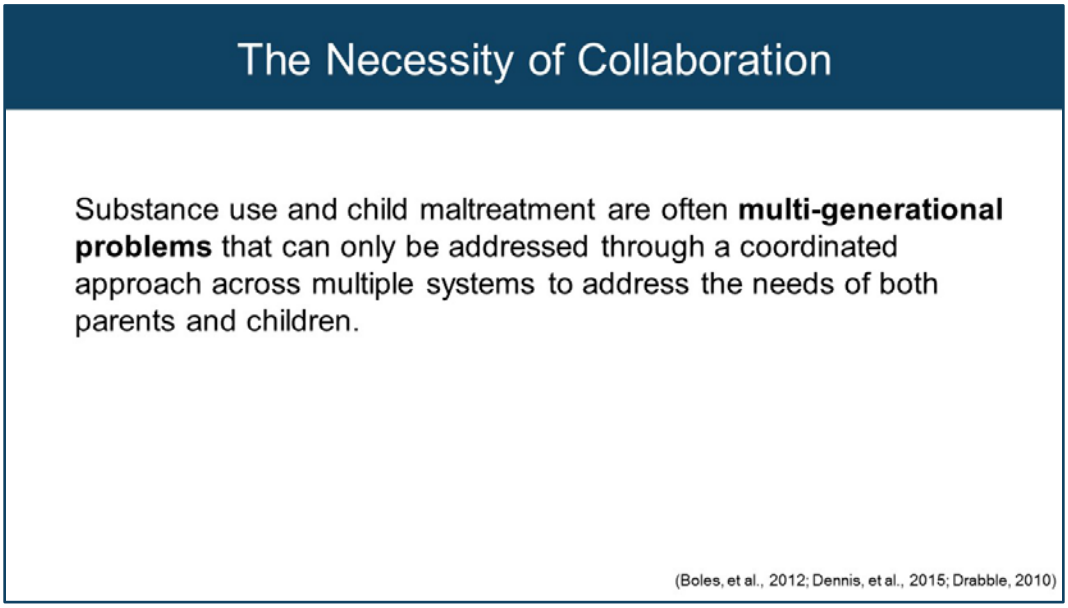
Slide 5



Child welfare workers, courts, substance use disorder treatment providers, and community partners need to work together to address parents' substance use disorders to prevent child removal and provide services to support child permanency with their families.

The process of engaging and retaining parents with substance use disorders in screening and assessment, treatment, and in moving from treatment to lifelong recovery is multifaceted and complex. This process requires input and services from a variety of providers, the child welfare agency, and the court. Coordination by professionals across these disciplines will help parents navigate the road to sustained recovery.

Slide 6

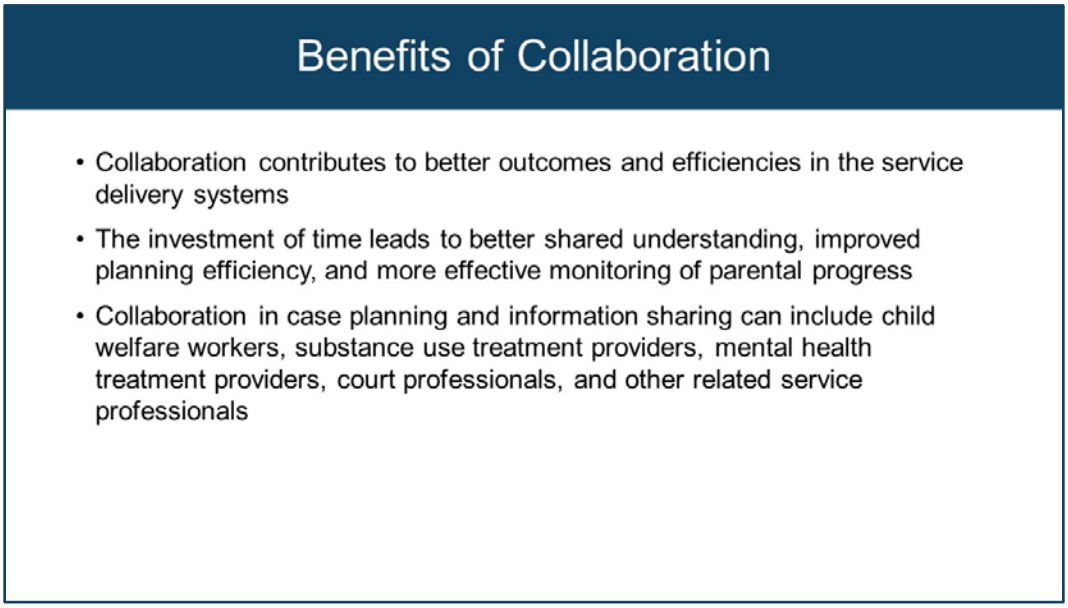


Parental substance use disorders are a factor in the majority of child welfare cases, and research linking the two issues is compelling.

Substance use and child maltreatment are often multi-generational problems that can only be addressed through a coordinated approach across multiple systems to address the needs of both parents and children.

If you are trying to re-unify parents and children—or make a decision about permanency—*addressing substance use disorders is critical.*

Slide 7



Building collaborative relationships with treatment agencies takes time, but the research shows that these relationships result in better outcomes for children and families involved in the child welfare system. Collaborating with treatment professionals to sustain and strengthen family relationships leads to a better understanding of the families and the challenges they are facing, better planning, and more effective monitoring.

Slide 8

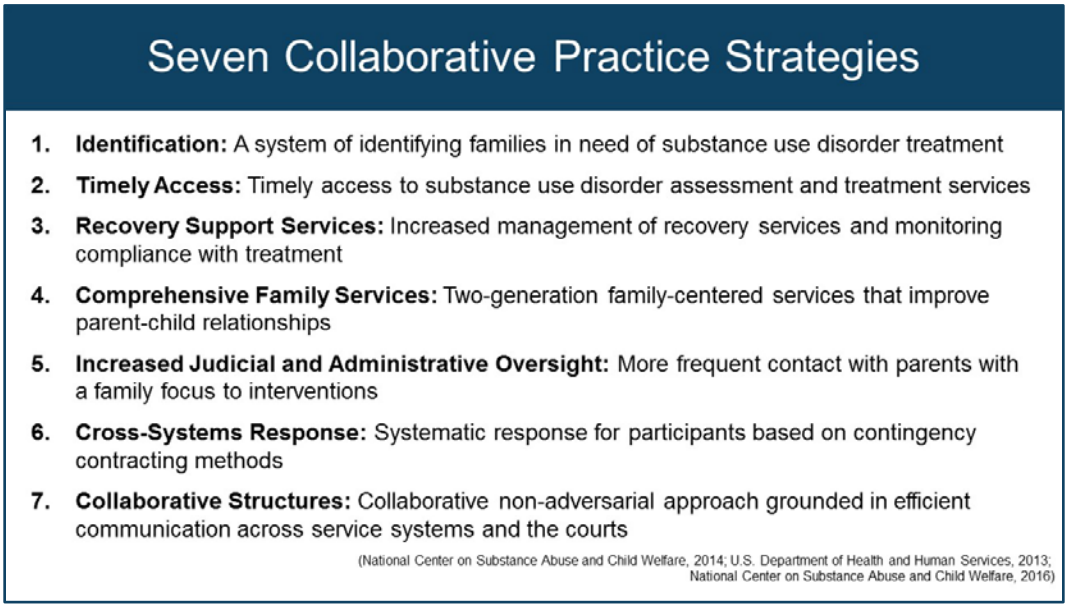
We know that no agency can tackle the issue of substance use disorders and child maltreatment on its own—it requires a coordinated response that draws on the talents and resources of many agencies. Not just child welfare, treatment, and courts, but also health care, early childhood, mental health, education, and other community providers.

Slide 9

These 3 R's—Relationships, Resources, and Results—are all important components to building collaboration and creating lasting systems change on behalf of children and families.

*****Highlight existing relationships between your agency and community providers. Which local providers do you use? Are there any contracts or agreements with providers? Ask participants to visit local providers in their community to obtain a list of services, understand the mission, meet the staff, and get a tour of the program.**

Slide 10



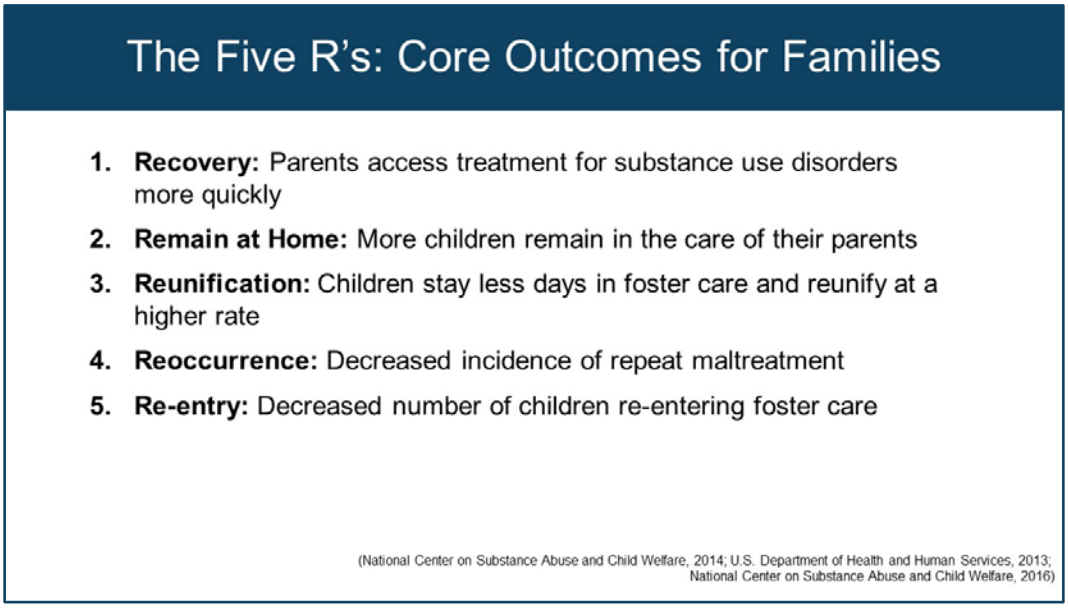
The National Center on Substance Abuse and Child Welfare has identified seven collaborative practice strategies that lead to positive outcomes for families. These strategies have emerged from work with family drug courts and other child welfare services innovations in key federal initiatives, including the Regional Partnership Grant (RPG) Program and Children Affected by Methamphetamine (CAM) Program.

These strategies include:

- **Identification:** A system of identifying families in need of substance use disorder treatment
- **Timely Access:** Timely access to substance use disorder assessment and treatment services
- **Recovery Support Services:** Increased management of recovery services and monitoring compliance with treatment
- **Comprehensive Family Services:** Two-generation family-centered services that improve parent-child relationships
- **Increased Judicial and Administrative Oversight:** More frequent contact with parents with a family focus to interventions
- **Cross-Systems Response:** Systematic response for participants based on contingency contracting methods
- **Collaborative Structures:** Collaborative non-adversarial approach grounded in efficient communication across service systems and the courts

The rest of this module will focus specifically on the seventh strategy–-a collaborative approach across systems.

Slide 11

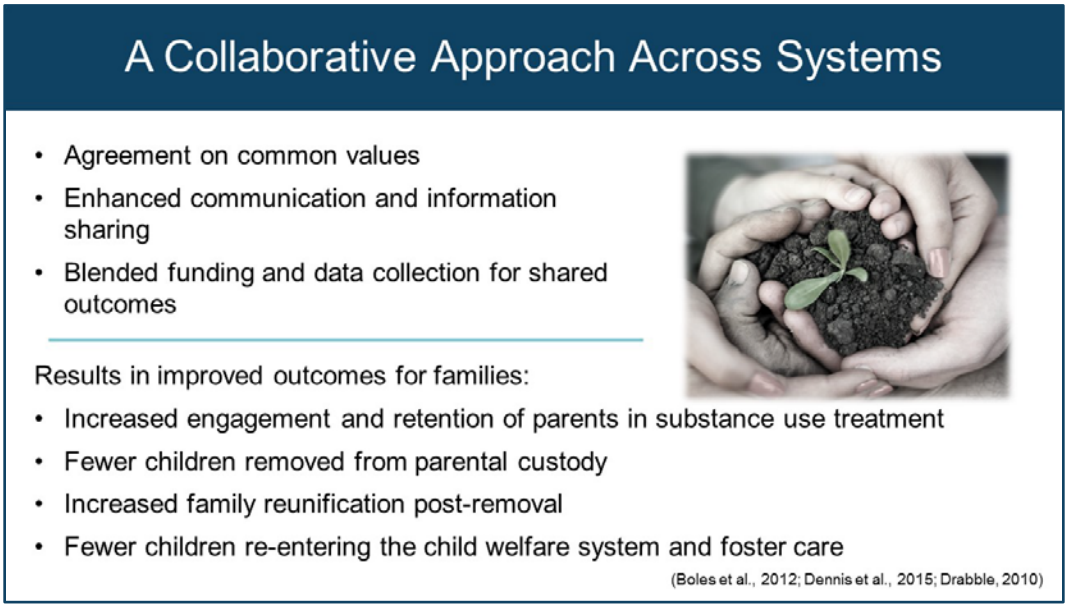


The aforementioned seven collaborative practice strategies have been shown to positively influence five core outcomes, or the *5 R's*, for families in the child welfare system affected by substance use disorders:

1. Recovery: Parents access treatment for substance use disorders more quickly
2. Remain at Home: More children remain in the care of their parents
3. Reunification: Children stay less days in foster care and reunify at a higher rate
4. Reoccurrence: Decreased incidence of repeat maltreatment
5. Re-entry: Decreased number of children re-entering foster care

These can be shared outcomes with your community providers.

Slide 12



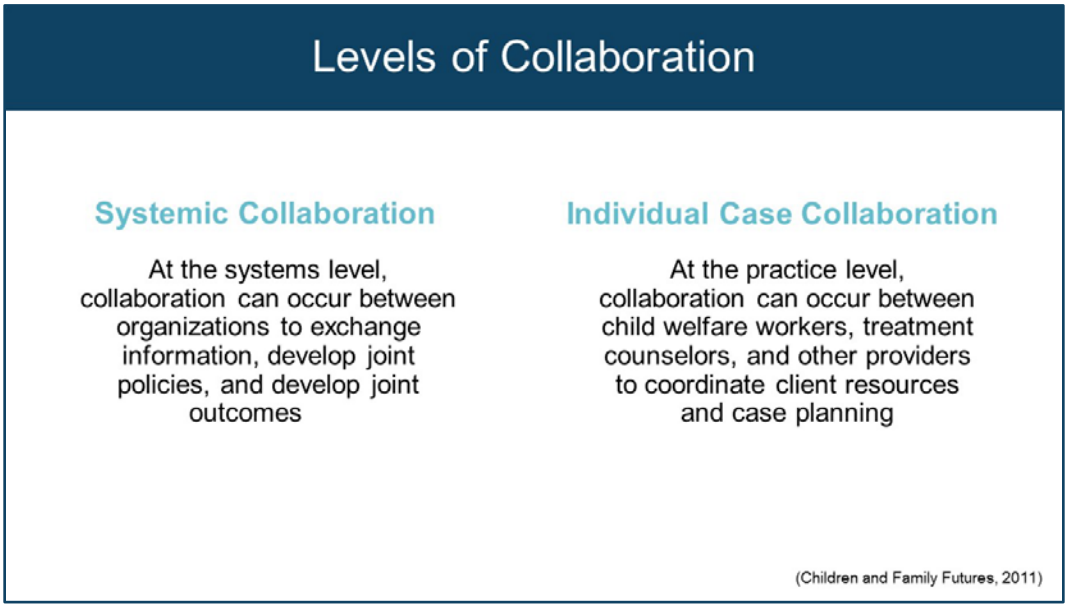
Several key studies on enhancing collaboration across systems that serve families affected by substance use disorders and child welfare involvement indicated that meaningful collaboration included:

- Agreement on common values
- Enhanced communication and information sharing
- Blended funding and data collection for shared outcomes

These collaborative practices resulted in improved outcomes for families, including:

- Increased engagement and retention in treatment
- Fewer children removed from parental custody
- Increased family reunification post-removal
- Fewer children re-entering the child welfare system and foster care

Slide 13



Systemic Collaboration

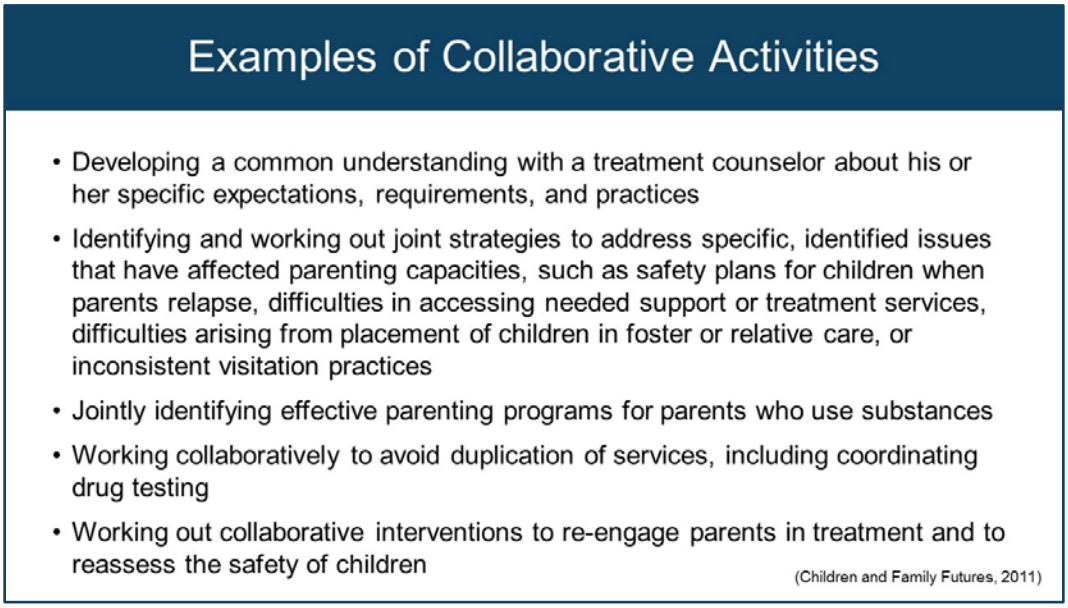
Collaboration across agencies is increasingly evident in state and county systems. It requires the support of organizations as well as individuals. For example, organizations can collaborate to set practice standards and protocols to exchange information on a regular basis; develop joint projects, such as out-stationing substance use counselors in child welfare offices; and consider joint plans to change rules.

Collaboration on Individual Cases

Although cross-systems and cross-agency collaboration does not always occur, there are levels of networking, coordination, and cooperation that can be successfully carried out by individual child welfare and treatment professionals who are working with the same parents. Collaboration can involve levels of increasing and comprehensive interaction, such as:

- Networking between professionals to exchange information about resources, systems, requirements, and clients
- Coordination between professionals to schedule activities and requirements with each other's needs in mind
- Cooperation between professionals to work toward common outcomes for specific clients by developing a common or joint plan
- Collaborative strategies between workers to carry out a commonly defined and supported set of agency or system outcomes

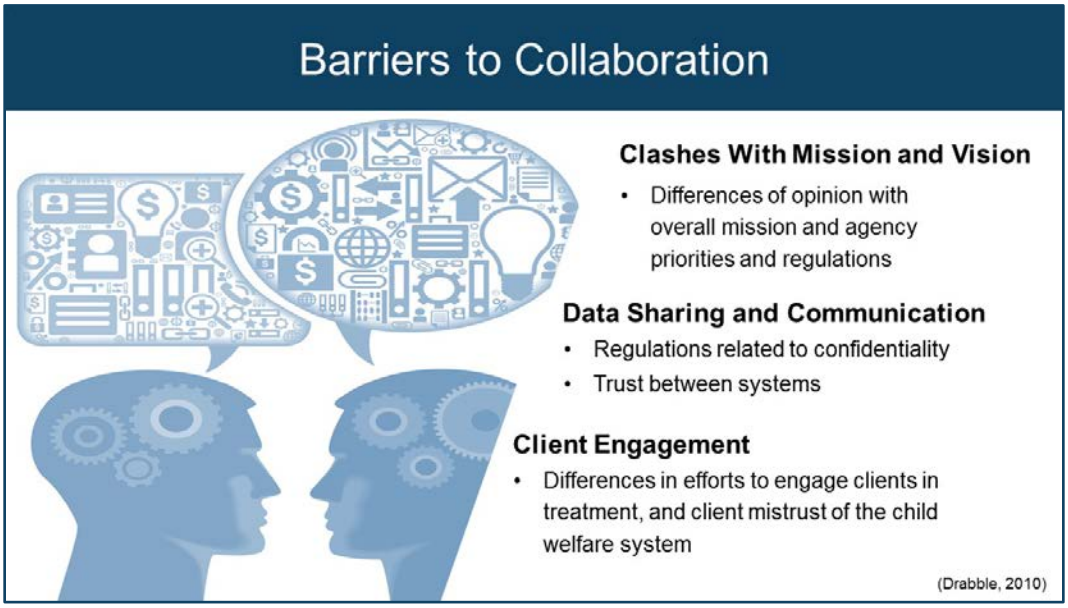
Slide 14



Child welfare workers can use several strategies to facilitate helpful collaborative outcomes for parents. Sometimes these can be implemented by caseworkers. Sometimes they will need the facilitation and support of supervisors or agency administrators. When necessary, discussing these issues with supervisors or administrators can lead to positive changes in the organization(s) handling the case, as well as the case under consideration.

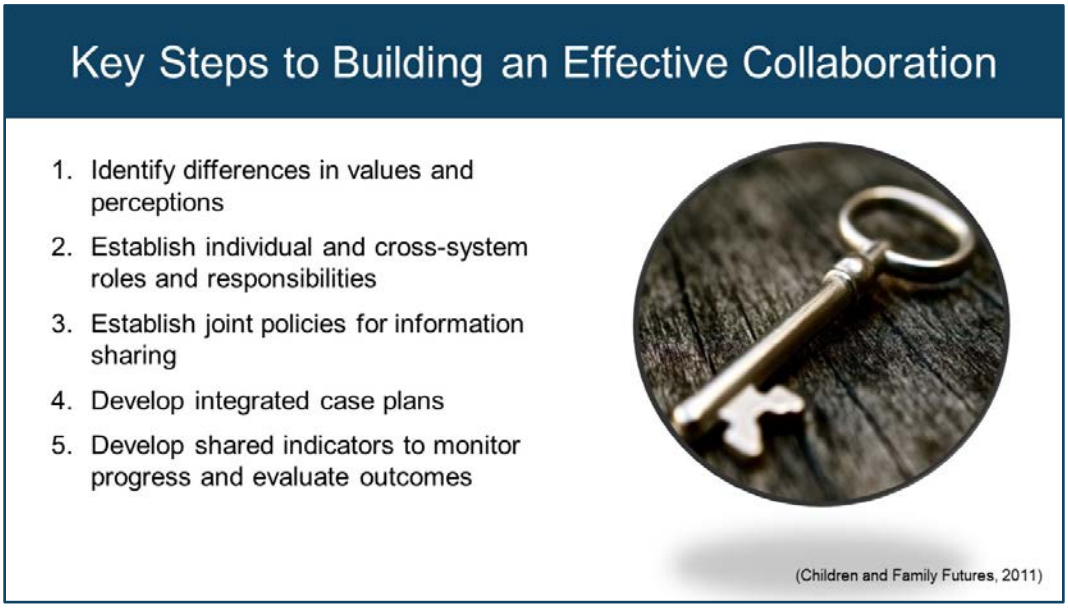
This slide lays out some of the activities and outcomes when systems and professionals come together on behalf of families.

Slide 15



Building cross-system collaboration can bring up challenges, including clashes with mission, vision, and values; tension with data sharing, communication, and trust; and client engagement.

Slide 16



This slide highlights the key steps in building an effective collaboration to improve services and outcomes for families affected by substance use disorders and child welfare involvement.

These strategies can be applied to individual cases as well. Meet with the local substance use disorder treatment provider to understand their program. Find out whether their program includes services to children. Understand what types of information the provider shares with child welfare and how often they share this information. Some providers send monthly reports with signed releases of information. Ask the provider what is helpful for your agency to share with them. Does your agency send your service or case plan to the treatment provider? Does the treatment provider share the treatment plan?

All of these areas can be worked out with a provider prior to sharing specific case information.

Slide 17

The first key step to building effective collaboration is identifying differences in values and perceptions among the various systems that serve the family.

Differences of opinion with overall mission and agency priorities and regulations can create tension when developing a collaboration and are important to unveil early on in the partnership.

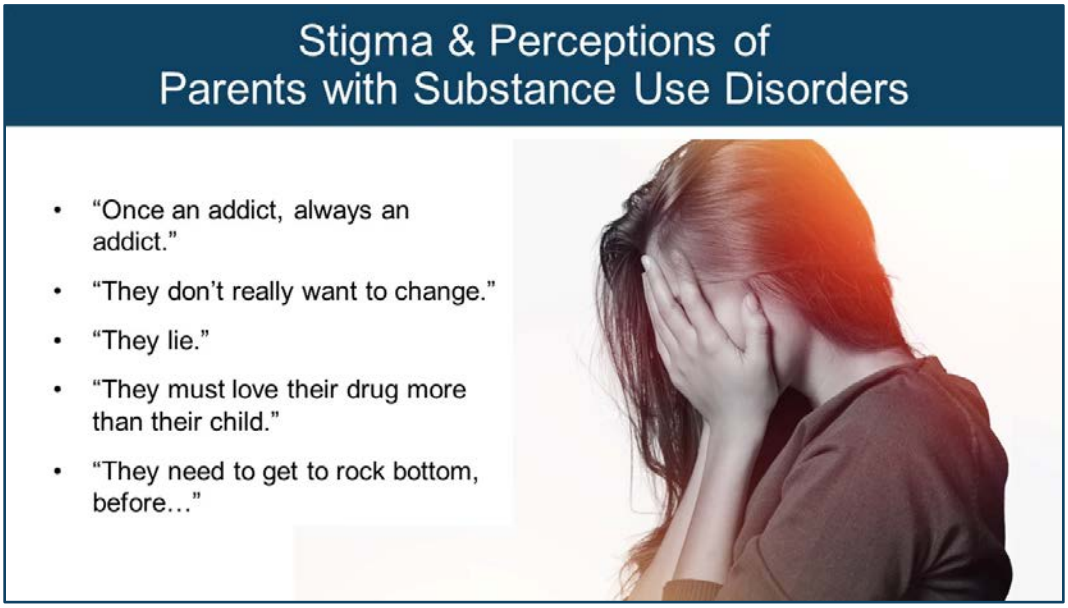
Slide 18

Child welfare workers, substance use treatment professionals, and court professionals often have different perspectives and values about the families with whom they work. Many collaborations begin without much discussion of the underlying values held by members of the collaborative effort.

Differences in perceptions and values may include who they see as the primary client. Child welfare workers may primarily focus on the safety of the child, while treatment professionals may primarily focus on the recovery of the parent. Other differences may include discrepancies in the desired goals and outcomes. Child welfare workers are focused on the outcomes of safety, permanency, and well-being, and treatment partners are focused on the recovery of the individual with the substance use disorder.

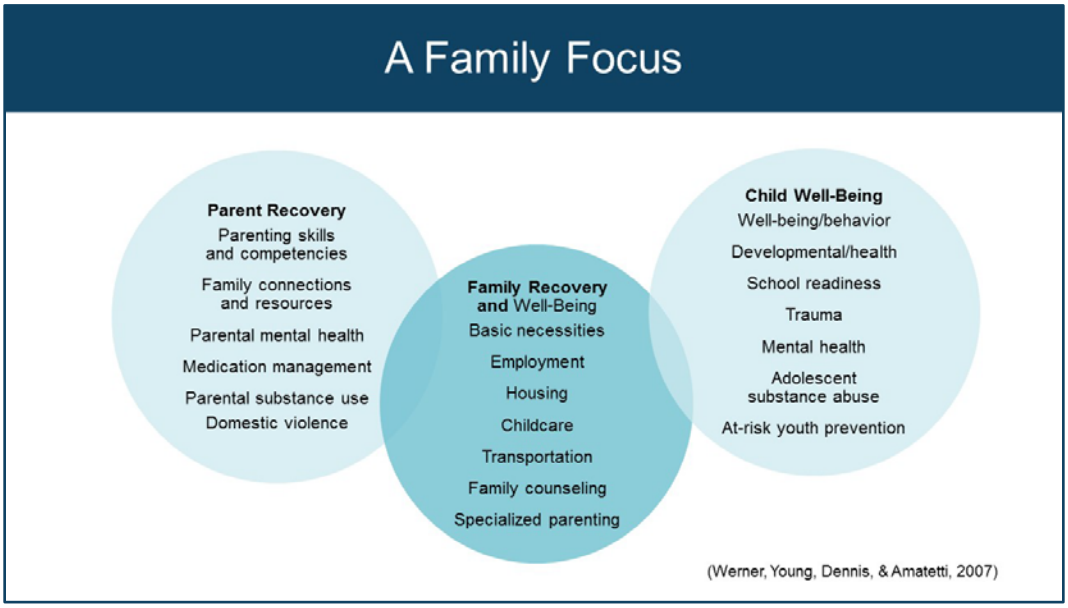
Achieving a common vision among all three systems demands extraordinary effort, as the mandates, training, values, timing, and methods of the three agencies are often quite different.

Slide 19



Parents with substance use disorders are often highly stigmatized. One of the first steps in building a collaborative with providers who serve these families is identifying the stigma and perceptions about substance use disorders as they relate to children and families.

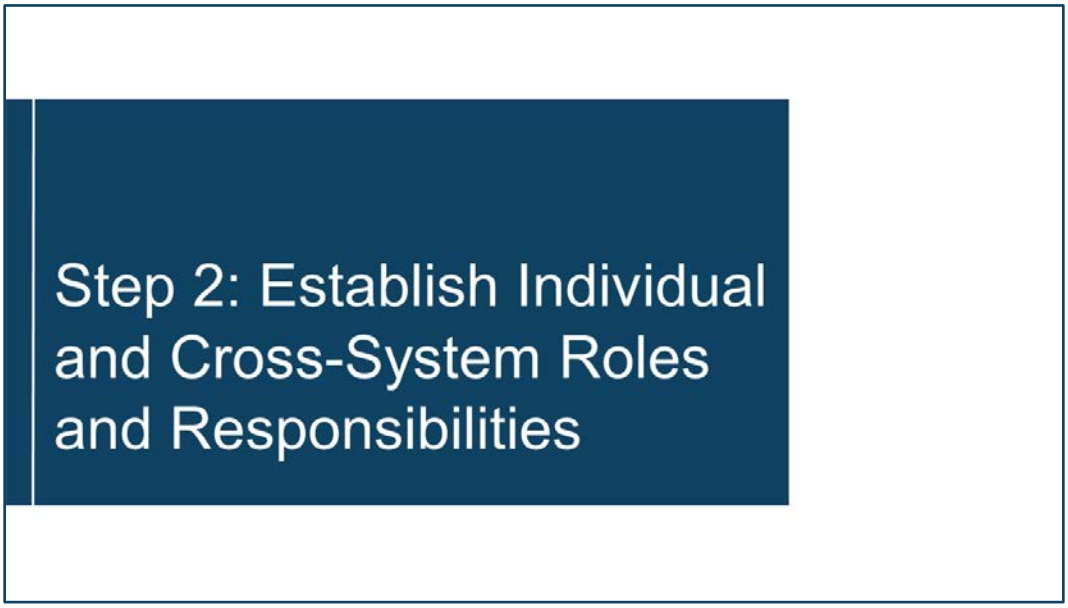
Slide 20



When serving a family holistically, the focus is on the parent's recovery, the child's well-being, and the family's recovery and well-being as a whole.

- Services to support the parents' recovery should address:
    - Parenting skills and competencies
    - Family connections and resources
    - Parental mental health
    - Medication management
    - Parental substance use
    - Domestic violence
- Services that support the child's well-being must address:
    - Well-being/behavior
    - Development/health
    - School readiness
    - Trauma
    - Mental health
    - Adolescent substance use
    - At-risk youth prevention
- Supporting the entire family's recovery and well-being means providing:
    - Basic necessities
    - Employment
    - Housing
    - Childcare
    - Transportation
    - Family counseling
    - Specialized parenting

Slide 21



The second key step is establishing individual and cross-system roles and responsibilities.

Child welfare, treatment, and court systems often do not understand what the other system's processes and roles include. Taking the time to understand these varying processes is an important step toward building trust and a strong partnership.

***** Share with participants any agreements with local providers. Some child welfare agencies receive regular client progress through biweekly or monthly reports. If there are no agreements, talk to participants about establishing relationships with providers. After the training, they can meet with local providers to understand their programs. Establishing relationships early on is key.**

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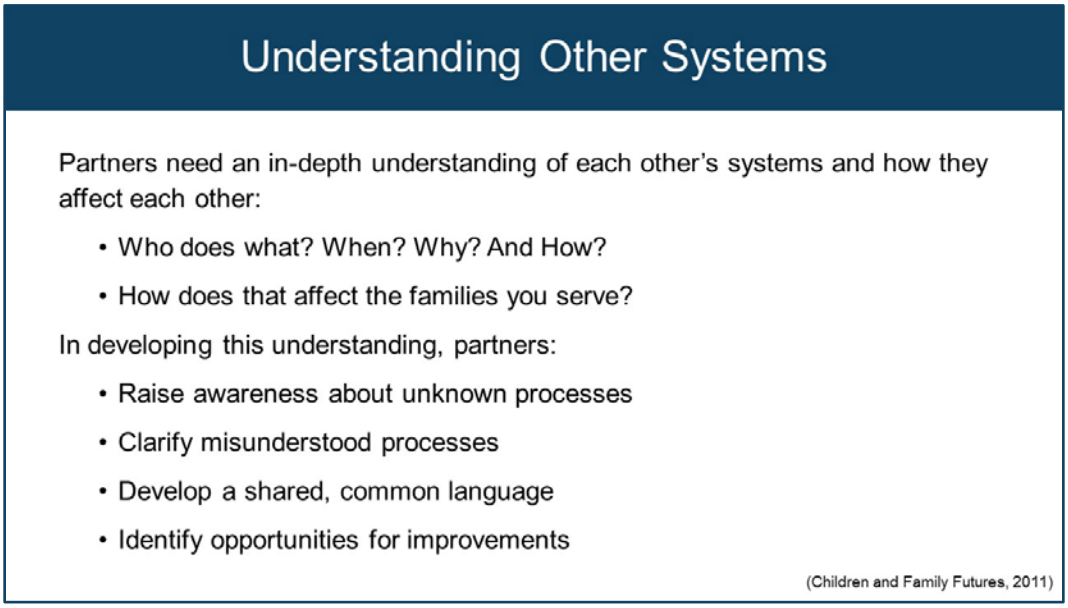

Conversations about current operations can be very enlightening for partnership members to raise awareness about processes, clarify any misunderstandings, develop a shared common language, and identify opportunities for improvements. These discussions can happen by conducting a physical walk-through of the different systems or by virtually walking through processes and roles in a discussion.

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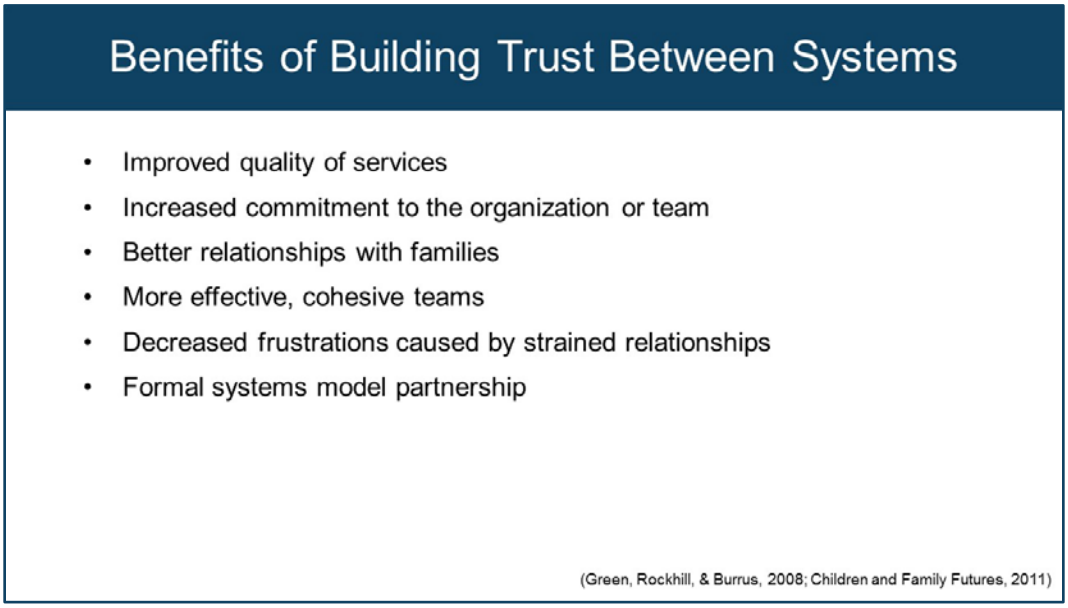
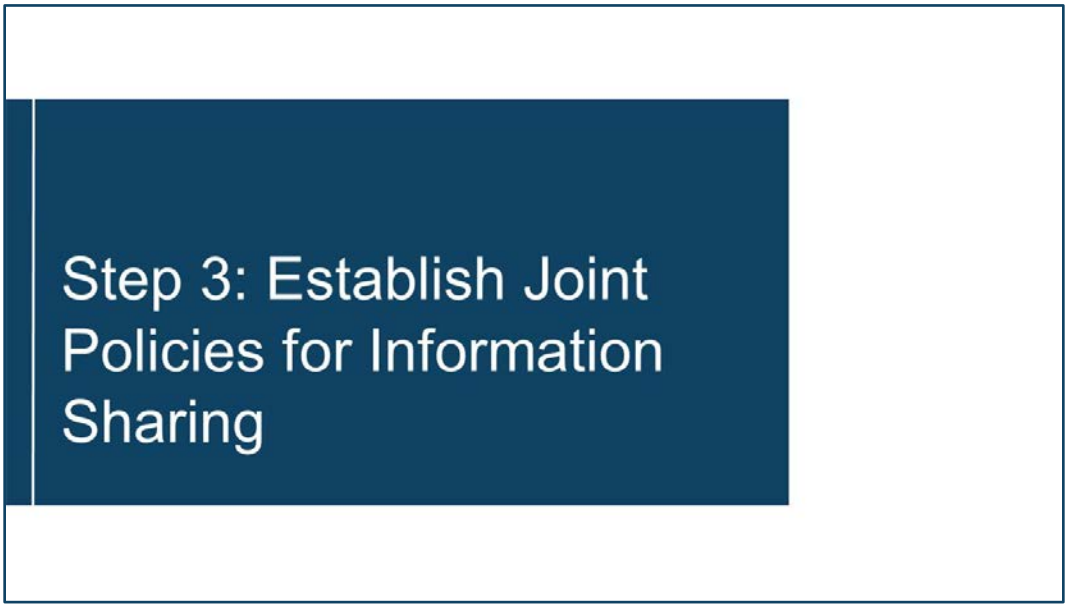


These are the benefits of building trust between the systems, but this can also happen at an individual case level. Establish relationships with your local providers; get to know their staff.

Slide 24



The third key step in building an effective collaboration is establishing joint policies for information sharing.

This section will cover considerations for information sharing, including confidentiality, developing releases of information, and key information needed by each system.

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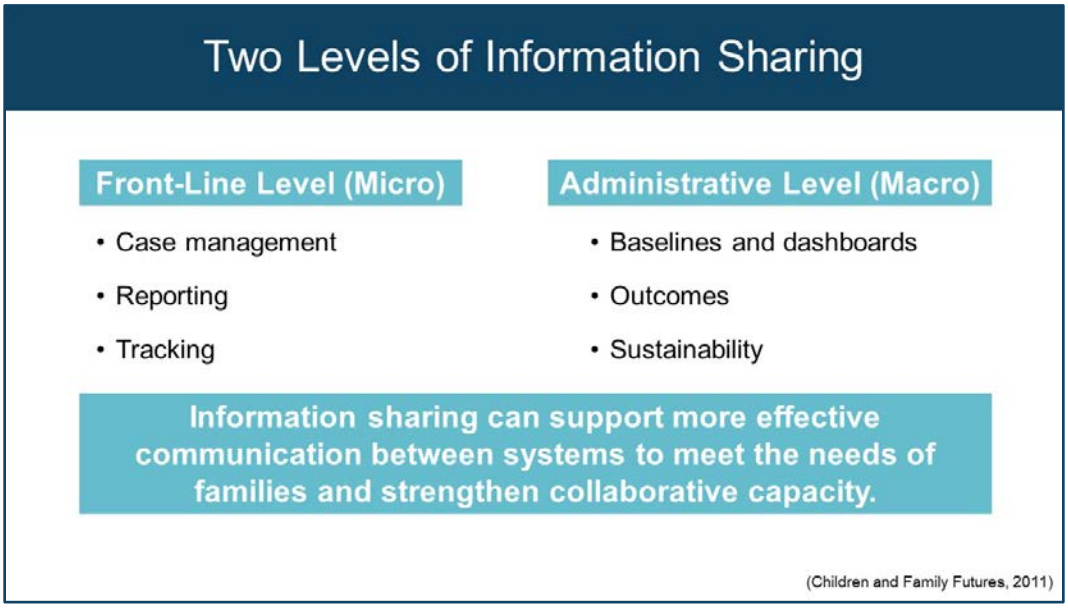


Systems interact with each other constantly and through a variety of mechanisms. Nonetheless, communication breakdowns, misunderstandings, and gaps are common experiences for agency staff and families alike.

Effective communication is the ingredient common to values, principles, trust, and action. The key to quality services is not the tools that are used, but how information from tools and other sources is shared.

The clearest test of interagency consensus is whether it works to communicate the status of both parents and their children, because both are affected by abuse, neglect, and substance use disorders. It is important to identify key points in all systems where effective communication can and must take place. It is critical to develop clear administrative policies and protocols for the proper exchange of confidential information.

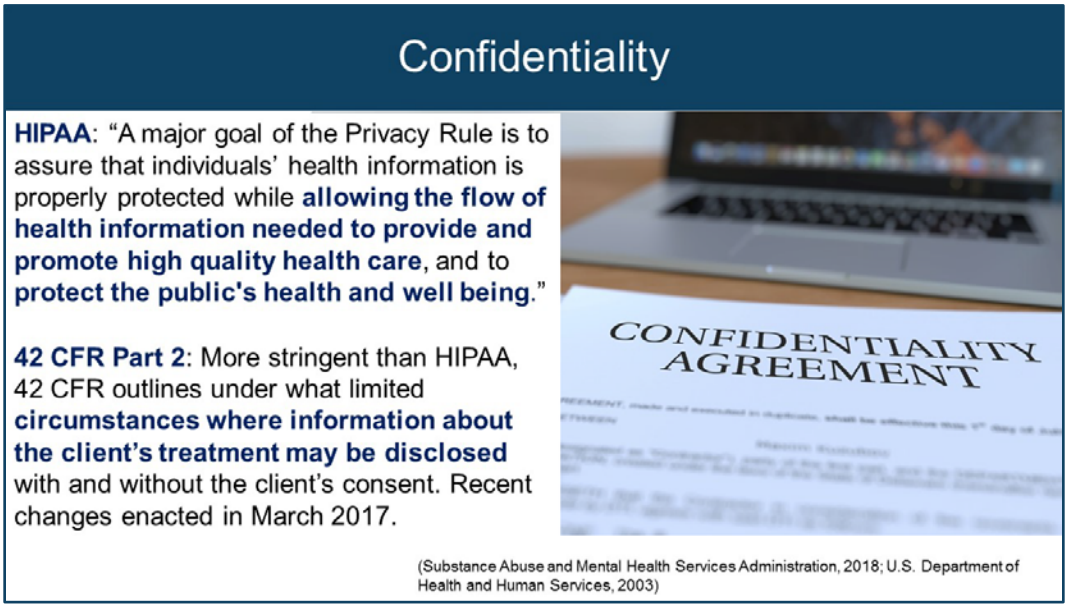
Information sharing can occur at both the front-line level and the administrative level.

At the administrative level, the partners need to create a method that links their administrative information system databases so that they can track progress. The most commonly used methods to match data on families served by different systems and share administrative information include:

- Using existing identifiers in multiple databases and developing a logical syntax to match records across databases
- Developing common identifiers in multiple databases and merging data files or conducting statistical analyses of data from different datasets to create cross-system management reports

*****Share with participants what specific release of information to use. Include a copy of this release in your training material. Go through the release and discuss how to fill the release out. Workers should carry this release on their home visits.**

Slide 26



Developing administrative policies and protocols to enhance cross-system communication is particularly critical when the information to be shared is considered confidential by one or more systems. Systems operate within strict federal, state, and local guidelines regarding how information about families may be shared, and families have a legal and ethical right to trust that information about them will be kept private.

Guidance for sharing this information must conform to federal government regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule.

HIPAA: The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing.

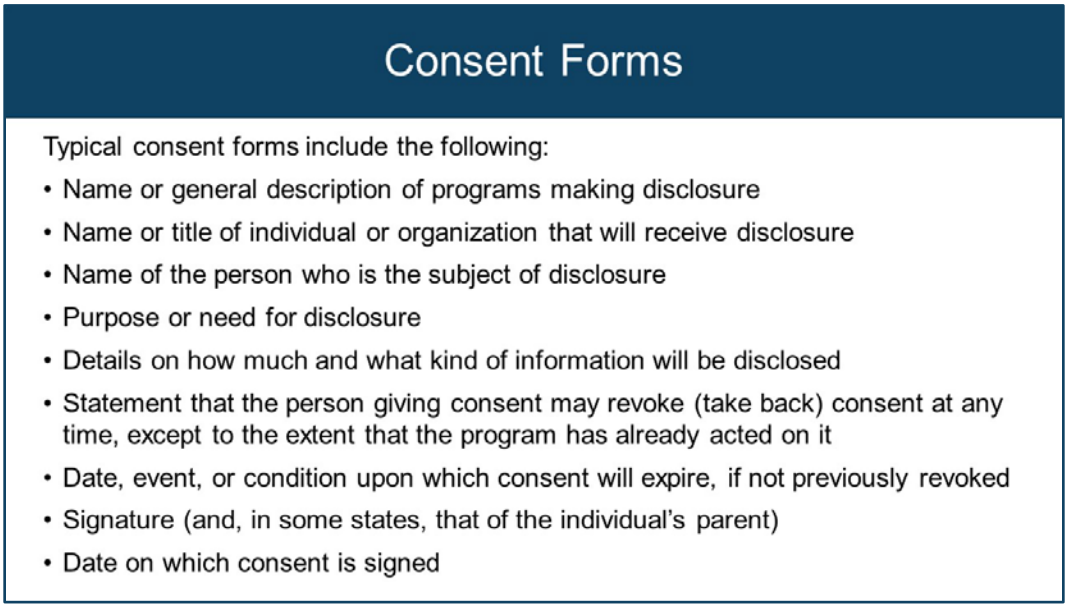
42 CFR Part 2 states that most disclosures are permissible if a client has signed a valid consent form that has not expired or been revoked. When information is disclosed with the parent's written consent, the disclosing entity must include a notice that "re-disclosure" of the information is prohibited without further authorization from the parent. If a parent authorizes a substance use disorder treatment provider to share certain information with the child welfare worker, that worker is not allowed to share this information with anyone else, even the parent's attorney, if the other person is not specifically identified on the consent form.

In the absence of consent, disclosure of this information may only be made pursuant to a judge's order that authorizes a substance use disorder treatment program to disclose patient-identifying information in the absence of a consent form. The order can only be issued after a motion is made by the requesting party on notice to the treatment agency and the parent. The court must make a finding that there is "good cause" that outweighs the need for confidentiality prior to making the order for the release of information.

*****In order for substance use disorder treatment providers to release information under a release of information, the release of information must be 42 CFR Part 2**

compliant. The trainer should share a release form that the agency uses to communicate with substance use disorder treatment providers—not all general release forms meet the standards set by 42 CFR Part 2. If a release form is not signed or in place, most substance use disorder treatment providers will say they cannot confirm or deny a person is even a client.

Slide 27



Because confidentiality requirements for substance use disorder treatment are very stringent, the worker/counselor team must work with parents to obtain permission to share information about the type and progress of treatment toward favorable outcomes.

A consent form signed by the parent is probably the most common strategy for facilitating cross-system communication.

***** It is important to let participants know that a compliant 42 CFR Part 2 release must be signed for treatment providers to share information with child welfare.**

Slide 28

Now that an appropriate release is signed and in place, what information should be shared?

Not all information discussed in treatment needs to be shared with child welfare. Privacy considerations dictate that there be limits on the nature and extent of disclosure information. For instance, a parent may share details of traumatic life events with treatment counselors; however, legal professionals do not need those details to develop their advocacy positions or court orders.

Working with local treatment agencies to come up with standard information to be shared is important.

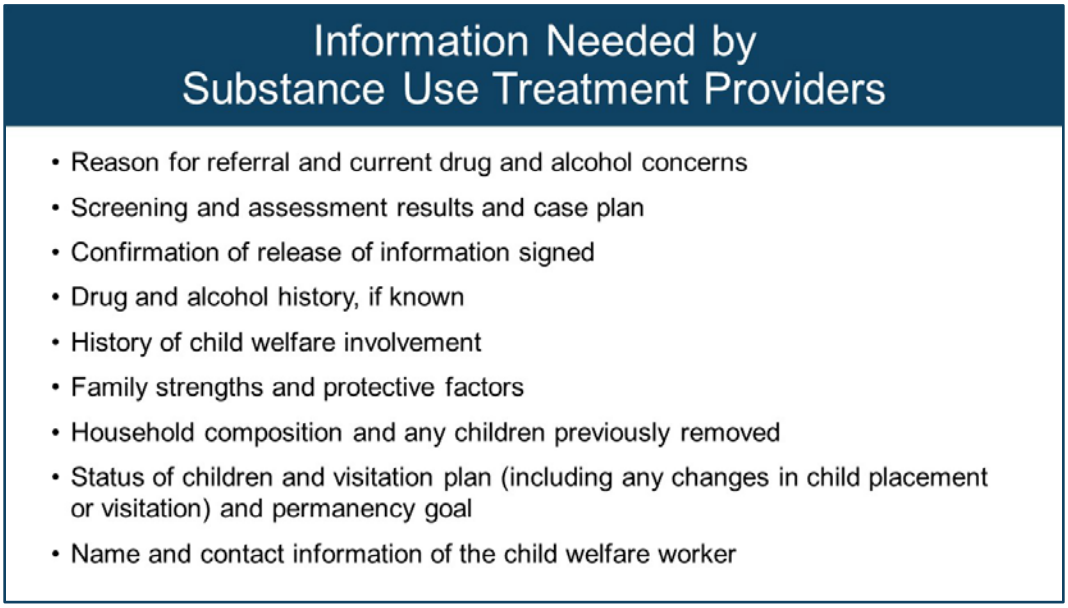
Often, attendance in treatment, drug testing results, and progress in treatment are shared with a signed consent. In some communities, child welfare has agreed to share service or case plans with treatment providers, and treatment providers share treatment plans with child welfare. Relapse prevention plans and safety plans can help inform each process.

It is important to discuss with families exactly what information will be shared between treatment and child welfare. Some parents may only agree to share attendance and drug testing results. Discuss with the parent you are working with what information is to be shared and what concerns they may have about information sharing. Some parents may want to limit the information shared. This is a great opportunity to engage the parent and a treatment provider in a collaborative discussion about concerns around sharing of information.

*****As part of a large group discussion, make a list of types of information that child welfare should share with substance use disorder treatment providers with a signed consent. Next, make a list of the types of information that substance use disorder treatment providers should share with child welfare and information that**

child welfare should share with substance use disorder treatment providers with a signed consent.

Slide 29



Sharing information with treatment providers must start with the referral to assessment. Early information will give treatment providers a fuller picture of the parent and ongoing concerns.

Information sharing should continue after parents engage in treatment. The stress and complexity of a child welfare case will have considerable impact on a parent's emotional functioning.

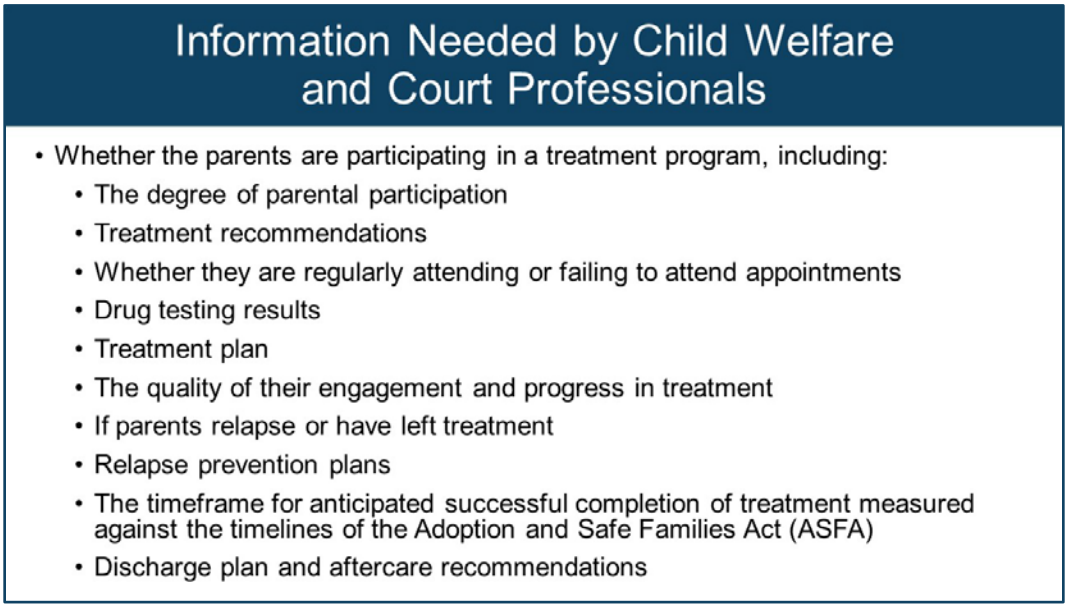
Treatment providers need to know about issues and progress in order to fully support parents and help parents try to avoid potential relapse.

A parent should be aware of the information that is to be shared.

Information sharing should continue after parents are engaged in treatment.

*****How did the list you created compare to this list?**

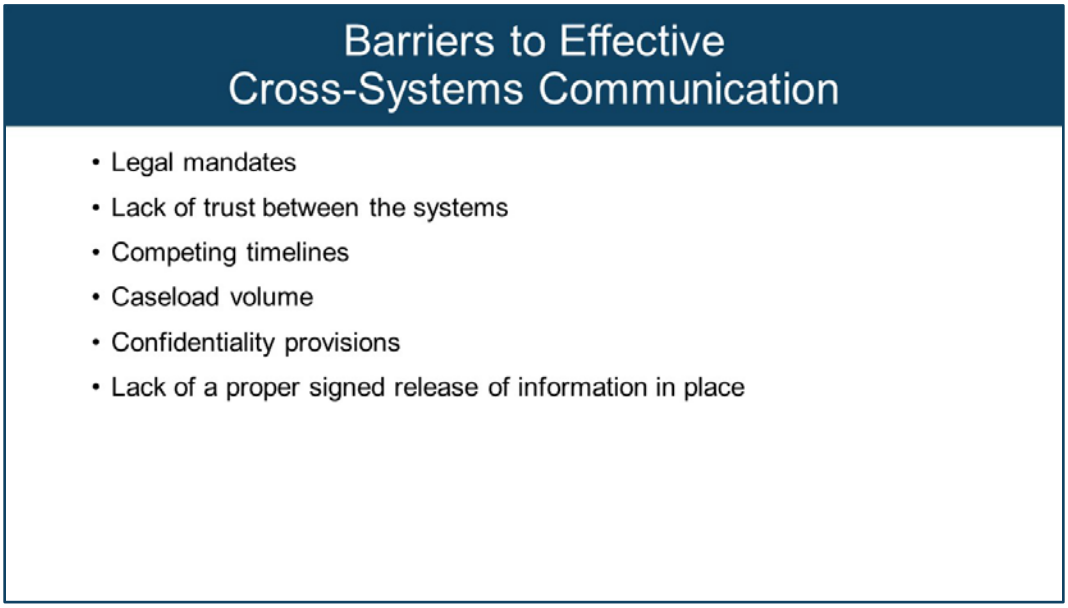
Slide 30



Child welfare should know how a parent is progressing in treatment, although they do not need the specific clinical details. Collaboration with treatment professionals is essential to meeting the needs of families. This list includes the type of information that treatment professionals can share with child welfare and court professionals.

*****How does this list compare to the list you created? Is there any additional information you think you need?**

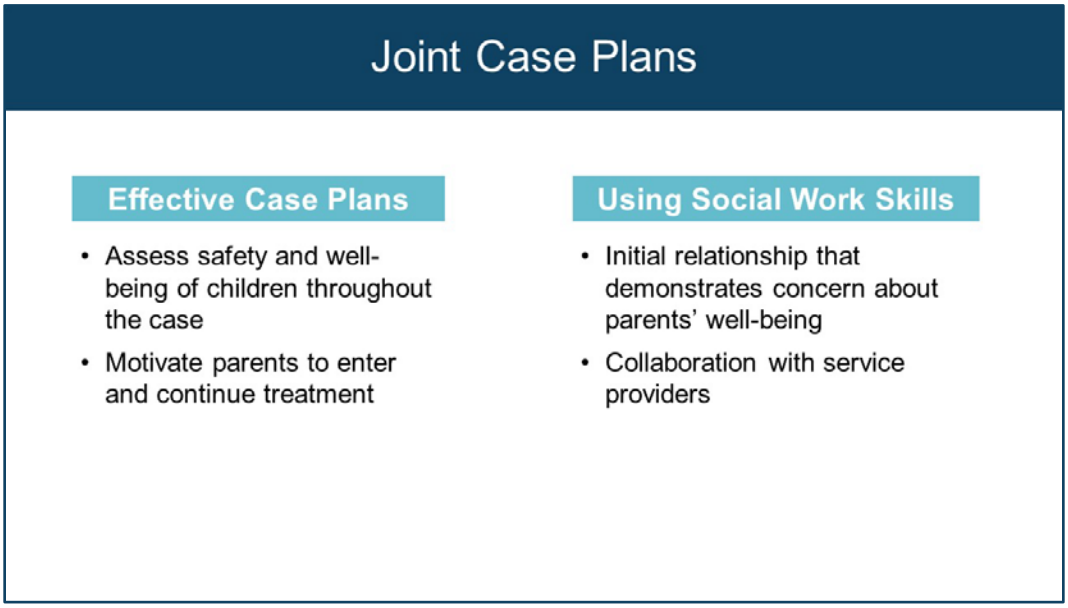
Slide 31



Cross-system communication is not always successful. Sometimes, even with a release in place, the substance use disorder treatment provider does not return your calls or send you information. Work to establish a relationship with your treatment providers. Investigate to determine why communication is difficult.

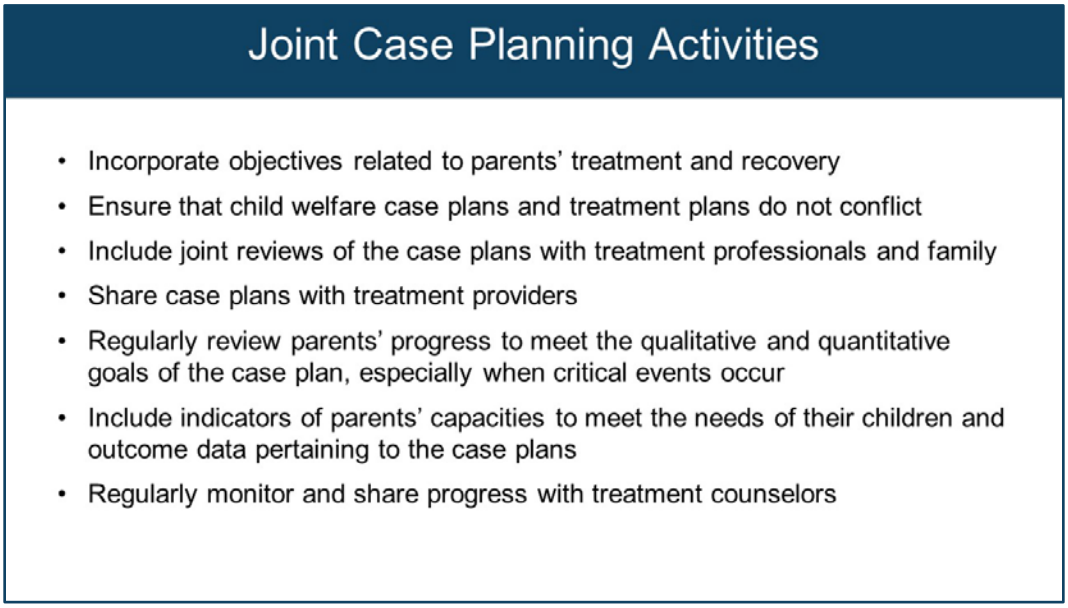
Slide 32

Slide 33



Ideally, communication will lead to better case planning and outcomes for families.

Slide 34



Case plans for families normally include activities, objectives, and service strategies that will help parents meet child welfare and dependency court requirements for the safety and well-being of their children. When child welfare workers are collaborating with other professionals, case plans need to incorporate joint goals and activities that are mutually supportive and informative.

This list includes example joint case planning activities.

Other strategies include:

- Focus initially on "one day at a time" steps pertaining to the child welfare requirements until the parents are able to address long-range issues.
- Use family group conferencing strategies, such as team decision-making, to ensure that all the key family participants understand the treatment and child welfare goals for the parent, and are working on ways they can support these goals.
- Specify various responsibilities of other agencies involved in the case plan, such as mental health, health, and education.

Slide 35

Joint Case Planning Activities

- Share new information with treatment professionals when there are changes that might create stresses for the parents or affect the parents' participation in treatment
- Some examples of these changes could be:
  - Visitation with children is being increased or unmonitored visits with children are being instituted
  - Family group conferencing or team meetings occur
  - The family's case is being transferred to a new child welfare worker or to a different unit
  - Unanticipated changes occur in any additional services that are part of the case plan
  - The schedule of court hearings changes

With signed releases in place, child welfare should also share information with treatment providers.

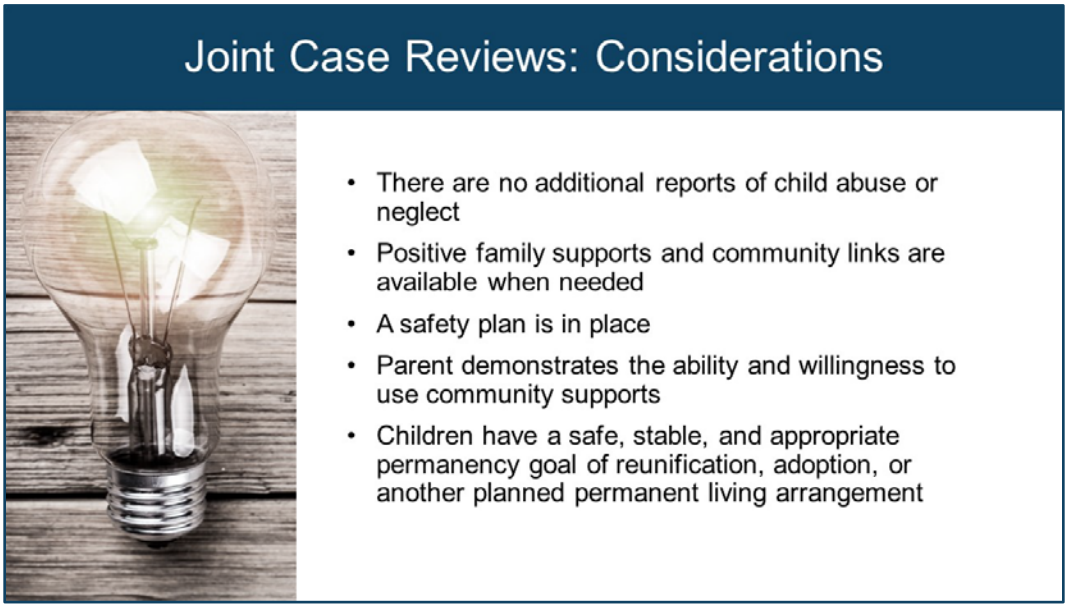
Slide 36

Joint Case Reviews: Considerations

- Parents have improved their capacity to meet the needs of their children
- Parents have completed the recommended treatment program at an acceptable level, or are proceeding well enough to know that children are not at risk
- There are no remaining unsafe conditions or other conditions that pose a risk to children, based on a safety assessment

When possible and appropriate, treatment providers should be invited to child welfare case reviews. This can help inform the case plan, as well as provide information to the treatment provider. Each system has something to add to the conversation to understand the current family situation.

Slide 37



Child welfare can share updated information with treatment providers.

Slide 38

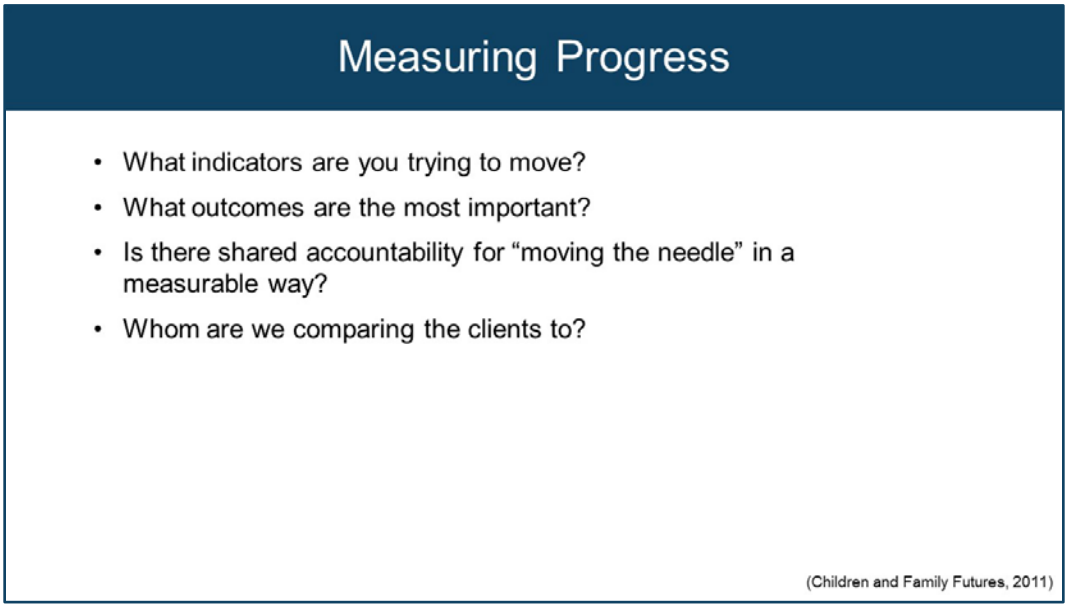
Child welfare, treatment, and legal professionals have similarities and differences in the ways they measure and define progress among shared clients. The establishment of joint accountability and shared outcomes among collaborative partners is essential to the collaboration's success. Without agreement on shared outcomes, each partner is likely to measure only its own progress from its own perspective.

Developing standards will also strengthen the partners' commitment to achieving comprehensive family outcomes, such as permanency for children and recovery for parents.

The partners also need to monitor their joint outcomes to hold themselves accountable for improving results across agencies. Establishing these outcomes conveys a commitment from the partners' leaders that the collaborative work is important enough to measure its progress and impact on improving outcomes.

Agreement on joint accountability and shared outcomes will also drive the partners to develop methods to share information, understand how each system collects data, and, ultimately, measure cross-agency outcomes.

Slide 39

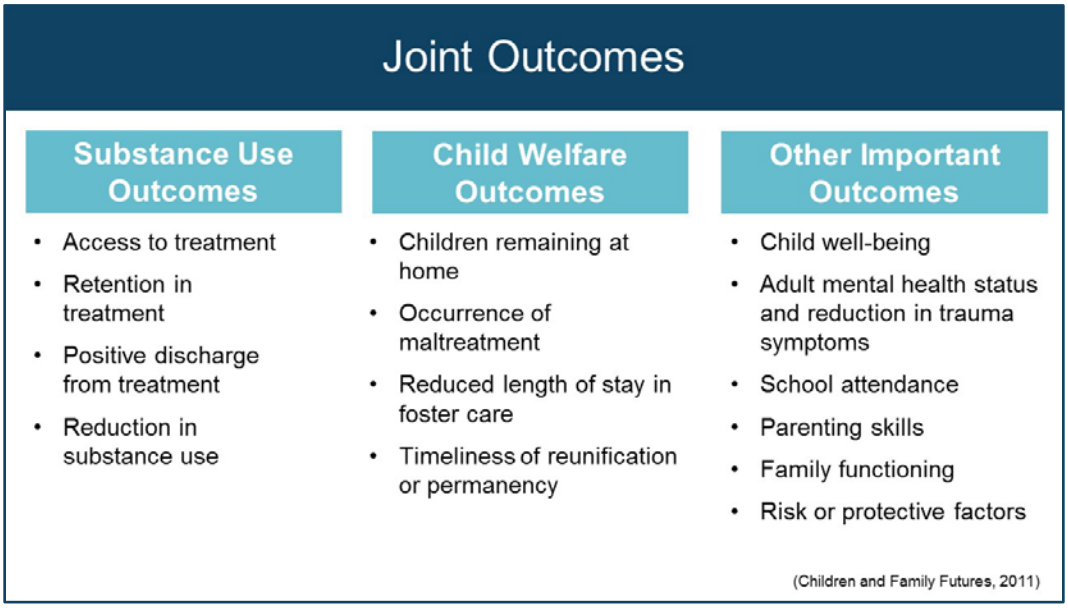


For treatment counselors, progress is often measured in two ways. First, whether the client's treatment is resulting in increased periods of sobriety and decreased periods of relapse. Second, by the scope and durability of changes the client is able to make in other areas of life so that sobriety will be maintained.

For the child welfare workers and dependency court judges, progress may be assessed similarly. Progress is measured by whether the parent is fully participating in treatment and all the services being offered. However, the parent has the added requirement to accomplish these outcomes within the strict statutory deadline established by the court to achieve sobriety and provide a safe and nurturing home for the children.

Workers and counselors depend on parents' treatment participation to accomplish the basic goals required by each system. Both depend on parents' motivation to achieve the conditions that will result in reuniting with children. As they work on their respective system goals with parents, both professionals are also working toward a larger, common goal of restoring health to the parents and their families.

Slide 40

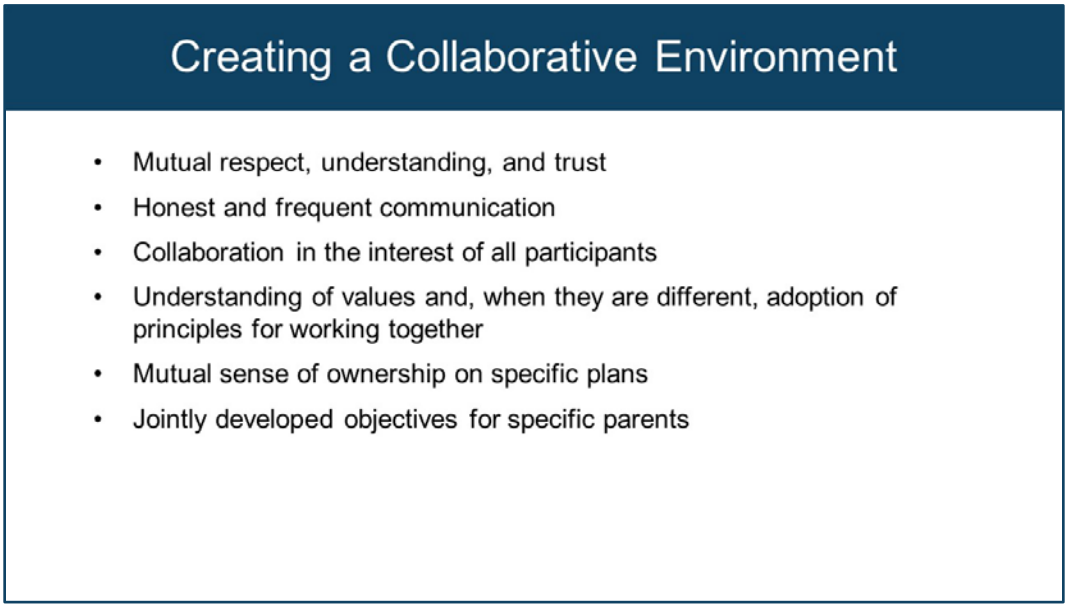


Shared performance measures or benchmarks will allow the partners to measure their *joint* impact on their systems and to determine how much a single project may be affecting outcomes across an entire system.

Developing these standards will also strengthen the partners' commitment to achieving comprehensive family outcomes, such as permanency for children *and* recovery for parents.

These examples include some of the joint outcomes that partners have measured.

Slide 41



Work with your local treatment providers to improve communication for families.

Slide 42

National Center on Substance Abuse and Child Welfare

A Program of the

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

and the

Administration on Children, Youth and Families

Children's Bureau

Office on Child Abuse and Neglect

www.ncsacw.samhsa.gov

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