

BUILDING COLLABORATIVE CAPACITY SERIES

MODULE 5



HOW TO DEVELOP CROSS-SYSTEMS TEAMS AND IMPLEMENT COLLABORATIVE PRACTICE



National Center on
Substance Abuse
and Child Welfare



SAMHSA
Substance Abuse and Mental Health
Services Administration

BUILDING COLLABORATIVE CAPACITY SERIES

OVERVIEW

The National Center on Substance Abuse and Child Welfare (NCSACW) developed the *Building Collaborative Capacity Series* to provide states and communities with strategies to create cross-systems collaborative teams, communication protocols, and practice innovations. These strategies aim to improve screening, assessment, and engagement of parents in services to best serve families affected by substance use disorders (SUDs) and child welfare service involvement.

Setting the Collaborative Foundation: Modules 1-4, the first cluster of modules in the series, provides a framework for establishing a collaborative team. This framework includes developing a governance structure and offers ideas to establish the team's principles and mission. It highlights two critical elements of successful collaboration: cross-system communication and a commitment to shared outcomes.

THE MODULES ARE:

- *Module 1: Developing the Structure of Collaborative Teams to Serve Families Affected by Substance Use Disorders (SUDs)*
- *Module 2: Examining Values and Developing Shared Principles and Trust in Collaborative Teams*
- *Module 3: Establishing Practice-Level Communication Pathways and Information Sharing Protocols*
- *Module 4: Establishing Administrative-Level Data Sharing to Monitor and Evaluate Program Success*

Frontline Collaborative Efforts: Modules 5-7, the second cluster of modules in this series, highlight strategies to improve identification of SUDs and provide timely access to assessment and treatment to support child and family safety, permanency, well-being, and parents' recovery.

THE MODULES ARE:

- **Module 5: Developing Screening Protocols to Identify Parental Substance Use Disorders and Related Child and Family Needs**
- *Module 6: Establishing Comprehensive Assessment Procedures and Promoting Family Engagement into Services*
- *Module 7: Developing and Monitoring Joint Case Plans and Promoting Treatment Retention and Positive Family Outcomes*

While each of the modules can stand alone, they build on each other; thus, professionals can review the entire series to gain a holistic understanding of building a cross-systems initiative.

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FRONTLINE COLLABORATIVE EFFORTS:

Module 5: Developing Screening Protocols to Identify Parental Substance Use Disorders and Related Child and Family Needs

The first cluster of modules in this series (*Setting the Collaborative Foundation: Modules 1-4*) provides a framework for establishing a collaborative team to improve policy and practice on behalf of families affected by substance use disorders (SUDs) and who are involved with child welfare services. Collaborative teams first create a governance structure to oversee the initiative, clarify their values and develop a shared mission, and formalize their information sharing agreements and protocols for evaluating the success of the initiative prior to making frontline practice changes.

The next cluster of modules in this series (*Frontline Collaborative Efforts: Modules 5-7*) highlights frontline collaborative efforts to improve identification of parental SUDs and related family member needs, while providing timely access to SUD assessment and treatment services to support child and family safety, permanency, and well-being. The steering committee and relevant subcommittees, described in [Module 1](#), guide, oversee, and evaluate the activities described in these next modules, while leveraging local experiences to revise state policies and procedures as required.

Module 5 highlights screening tools and processes that child welfare, SUD treatment, healthcare, and other community-based agencies can use to identify parental SUDs and related challenges children and families face. This module also describes key steps collaborative teams can take to develop a comprehensive screening protocol.

WHAT IS SCREENING?

Screening refers to the use of tools and procedures designed to determine the probability that an individual has a given condition or disorder. Ideally, screening tools are brief, easy to administer (oral or written), inexpensive, and capable of detecting a problem or condition when it exists. Screening tools balance sensitivity (i.e., detecting problems when they do exist) and specificity (i.e., ruling out problems when they do not). A wide range of professionals, including those with little clinical expertise, are able to administer screening tools.

When screening identifies a potential issue, the individual next undergoes a thorough clinical assessment. **Assessment** involves collecting information that allows professionals to determine whether a person's condition meets diagnostic criteria for a given disorder and to identify appropriate treatment. The next module in this series, [Module 6](#), provides detailed information on assessment procedures to determine the nature and extent of parental SUDs, child safety and risk, and related family strengths and needs.

There are a variety of screening tools available to identify parental SUDs and related family member needs. Agencies determine which tool best fits the needs of their community, including by ensuring that the tool is appropriate for the population served. When selecting a standardized tool, agencies can check that it has been tested on a broad range of individuals and age groups.

More important than the specific tool, however, is an agreed-upon, comprehensive process for screening that ensures consistent sharing of results among partners and effective referral for assessment and treatment services for family members. For example, parents who are involved with the child welfare system are more likely to receive a prompt SUD assessment and referral to treatment if the child welfare agency engages in universal screening using a validated SUD screening tool, and if there is a memorandum of understanding between treatment providers and child welfare to guarantee priority access to assessment and treatment.¹

A screening tool is only as effective as the team that implements it and the process that supports it.

Screening and assessment are not specific events conducted by professional staff at predetermined points in a family's involvement with child welfare, SUD treatment, and court systems. Rather, they are ongoing processes enabling both family members and staff to identify family strengths, develop services, monitor progress, and overcome challenges. These processes are more helpful to family members and more efficient for staff if they are undertaken in a coordinated rather than parallel manner.

SCREENING FOR SUBSTANCE USE DISORDERS

The Adoption and Safe Families Act (ASFA) states that each child is required to have a permanency hearing no later than 12 months after entering foster care. When a child has been in foster care for 15 of the most recent 22 months, the state must file a petition to terminate parental rights, unless one of the following three conditions applies: 1) a relative is caring for the child; 2) there is a compelling reason that termination would not be in the best interest of the child; or 3) the state has not provided the family needed services within the required deadlines.

The ASFA timeline makes it critical to identify if substance use is a factor in the child welfare case as quickly as possible, and if so, to refer the parent for SUD assessment and high-quality treatment. This enables the family to remain together (when deemed safe) and ensures child permanency and well-being. Research shows that prompt entry into SUD treatment significantly increases the length of time parents spent in treatment and increases the likelihood of parents' treatment completion and reunification with children.^{2,3,4,5}

Parents of children entering the child welfare system, as well as youths who may have SUDs, must be promptly, systematically, and universally screened for SUDs as soon as possible. Substance use and its effects on child and family safety are not always evident from the initial report of maltreatment. Therefore, child welfare professionals must use an array of tools to identify substance use, including a validated screening tool, environmental observations of signs and symptoms of use, review of corroborating reports, and drug testing.

Judges and legal professionals can greatly increase the likelihood that screenings will be completed if they routinely follow up and request information about their outcome. Ideally, court or legal staff participate in the steering committee or subcommittee charged with recommending a particular screening tool for SUDs.

SCREENING TOOLS

Screening tools are based on self-report responses to questions; accurate screening results depend on the parent's honesty, which depends on their sense of safety. Parents under investigation for child maltreatment may feel compelled to respond honestly to questions about their substance use, but they may also feel that disclosing their substance use will jeopardize their chances of retaining their children. Parents may think it is in their best interest to withhold information. Parents may be guarded in self-reporting due to the stigma associated with substance use disorders, mental health, child welfare involvement, and prenatal substance exposure. Using person-first, strengths-based language helps reduce the associated stigma. For more information about reducing stigma in practice, read NCSACW's [*Disrupting Stigma: How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use Disorders*](#). Although parents may not be forthcoming during screenings conducted as part of initial investigations, it is likely that indications of an SUD will emerge as child welfare professionals become more familiar with the parent's history. It is thus essential for child welfare professionals to conduct ongoing screenings as a routine part of their work throughout the case as they develop rapport with the parent. As the parent's trust builds, they may be more likely to respond openly to screening questions.

There are many validated screening tools available to identify a potential SUD. A validated tool is confirmed through research studies to accurately measure what it is intended to measure. Communities can research and select the tool that best fits their own needs. Considerations for selection of a tool may include cost, availability, age, primary language, and the unique needs of the target population. The National Institute on Drug Abuse offers a [screening and assessment tools chart](#) that lists evidence-based tools. The following includes some examples of screening tools for SUDs that are commonly used in child welfare settings.

UNCOPE: The **UNCOPE** is a free, validated screening tool that identifies risk for alcohol and other substance misuse or dependence.⁶ It includes six questions that can be administered in any medical, psychosocial, or clinical interview:

- U** Have you continued to use alcohol or drugs longer than you intended?
- N** Have you ever neglected some of your usual responsibilities because of your alcohol or drug use?
- C** Have you ever wanted to cut down or stop using alcohol or drugs but could not?
- O** Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
- P** Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
- E** Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?

GLOBAL APPRAISAL OF INDIVIDUAL NEEDS SHORT SCREENER (GAIN-SS): The **GAIN-SS** is a free, validated screening tool to quickly and accurately identify clients who may have one or more behavioral health disorders, including SUDs.⁷ It is composed of 23 items that fall within four domains: internalizing disorders, externalizing disorders, substance disorders, and crime and violence.

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT): SBIRT is a comprehensive, integrated approach to the delivery of early intervention and treatment services for individuals with SUDs.⁸ The SBIRT approach offers a pathway from screening through linkage with treatment services. SBIRT requires follow-up with motivational enhancement techniques to help link identified patients with appropriate care. SBIRT has three components:



SCREENING: The healthcare professional uses a standardized, brief screening tool to identify a potential SUD.






BRIEF INTERVENTION: The healthcare professional provides information and feedback to patients about their risky substance use. The focus of the intervention is on raising patient awareness and enhancing motivation to change his or her substance use pattern. During the intervention, the professional will use clinical motivational interviewing skills such as posing open questions, reflecting back what the client says, asking questions that may elicit the client's talk of change, encouraging the client to generate his or her own solutions to determine a plan, and providing affirmations and encouragement. [Module 6](#) provides more detailed information on motivational enhancement techniques.



REFERRAL TO TREATMENT: The healthcare professional facilitates access to a formal SUD assessment and treatment services.

ENVIRONMENTAL OBSERVATIONS OF SIGNS AND SYMPTOMS OF SUBSTANCE USE:

In addition to conducting a screening tool, child welfare professionals can look for physical, behavioral, and psychological signs and symptoms of SUDs during each interaction with family members. Examples include:

 PERSONAL APPEARANCE	 BEHAVIORAL SIGNS	 PHYSICAL ENVIRONMENT
<ul style="list-style-type: none"> • Slurred speech • Nodding off • Disorientation • Tremors • Cold or sweaty palms • Dilated or constricted pupils • Bloodshot or glazed eyes • Needle marks • Bruises • Poor personal hygiene 	<ul style="list-style-type: none"> • Agitated behavior or mood • Excessive talking • Paranoia • Depression • Manic behavior • Lack of motivation • Criminal activity • Financial challenges • Missed appointments 	<ul style="list-style-type: none"> • Signs of drug paraphernalia (such as straws, rolling papers, razor blades, small mirrors, glass pipes, aluminum foil, lighters, needles, syringes, tourniquets, belts, shoelaces, spoons) • Unusual smells • Reluctance to allow home visits • Unexplained visitors in and out of home

It is essential that child welfare professionals look for these signs and symptoms of use throughout the entire case, not just during the initial screening process.

CORROBORATING REPORTS: Child welfare professionals also may gain information about a potential substance use issue through review of corroborating reports, such as initial child welfare complaints, criminal background and/or police reports, hospital reports, and previous child welfare services reports. Information gleaned from these reports is just one piece of the larger process of screening for SUDs.

DRUG TESTING: Many jurisdictions rely solely on drug testing as their primary screening tool, but it is just one component of identifying substance use. Drug testing alone does not provide enough information to make key decisions about the child welfare case or the family members' need for services. For example, an individual drug test cannot answer whether an individual has an SUD, identify the severity of the SUD, indicate whether a child is safe in the home, or identify parenting capacity and skills. A drug test can indicate whether a person has used a specific substance within a certain timeframe. Drug testing serves as a monitoring tool, and results can often provide a key therapeutic intervention opportunity for the child welfare or treatment professional to guide the parent into treatment and ensure they are receiving appropriate support. For more information on drug testing, see the NCSACW resources [Considerations for Developing a Child Welfare Drug Testing Policy](#) and [Protocol and Drug Testing for Parents Involved in Child Welfare: Three Key Practice Points](#).

SCREENING FOR SUBSTANCE USE DURING PREGNANCY

Hundreds of thousands of infants born in the United States each year have experienced prenatal substance exposure to tobacco, alcohol, and illicit drugs.^{9,10} Nearly half of those infants may experience withdrawal symptoms, known as neonatal abstinence syndrome.¹¹ Identifying substance use as early as possible in the pregnancy is crucial. Engaging pregnant women with SUDs in treatment and other services as a component of prenatal care has strong benefits by mitigating or preventing negative birth outcomes.¹²

The World Health Organization recommends that healthcare professionals ask all pregnant women about their use of alcohol and other substances as early as possible in the pregnancy and at every follow-up visit.¹³ Universal screening is an important first step in helping pregnant women access a clinical SUD assessment and treatment services.¹⁴ Asking all pregnant women the same standardized screening questions helps to ensure consistent notifications or reports across different groups. It also ensures that women are linked to any indicated specialized healthcare and prenatal care.

For more information on serving pregnant and parenting women with opioid and other SUDs and their infants, view the NCSACW resource [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders](#).

SCREENING TOOLS

There are a few validated screening tools for use with pregnant women. The following are examples of tools communities can use:



4 P's PLUS: The [4 P's Plus](#) is a five-question, validated screening tool to identify pregnant women at risk of alcohol, tobacco, marijuana, and illicit drug use.¹⁵ This tool takes less than one minute to administer and the questions can be added to the initial prenatal visit and used for follow-up screening throughout the pregnancy. Validated screening questions for depression and domestic violence can be also included.



TWEAK: The TWEAK screening tool assesses alcohol use and has been evaluated for use with pregnant women.¹⁶ It takes less than one minute to administer and can be incorporated into prenatal and follow-up screening processes. The TWEAK asks the following questions:

- T (Tolerance):** How many drinks can you hold?
- W (Worried):** Have close friends or relatives worried or complained about your drinking in the past year?
- E (Eye Opener):** Do you sometimes take a drink in the morning when you get up?
- A (Amnesia):** Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?
- K (Cut Down):** Do you sometimes feel the need to cut down on your drinking?

A response to question T of more than five drinks or an affirmative response to question W yields 2 points each. An affirmative response to question E, A, or K scores 1 point each. A total score of 2 or more points indicates a positive outcome for pregnancy risk drinking.

SCREENING FOR RISK TO CHILDREN OF PARENTS IN SUD TREATMENT

SUD treatment providers must also conduct screenings with those clients who are in treatment and have children to determine whether their substance use puts their children at risk. When parents first come to SUD treatment programs for services, they may not already be involved with the child welfare system. In many cases, such involvement is not warranted due to the presence of family strengths and protective factors that mitigate the risk of child abuse and neglect. Protective factors include: 1) nurturing and attachment; 2) knowledge of parenting and of child and youth development; 3) parental resilience; 4) social connections; 5) concrete supports for parents; and, 6) social and emotional competence of children.¹⁷ See [Module 7](#) for more detailed information on protective factors.

While SUD treatment providers must not assume that parents entering SUD treatment have a lack of safety in their home, it is important to always screen for risk to children. There are no available validated screening tools SUD treatment staff can use to screen for potential child maltreatment. Treatment providers can work with their child welfare partners to determine a list of screening questions to best identify potential risk to children. Examples include:

- Where are your children when you use alcohol or drugs?
- Have you ever worried that you would not be able to take care of your children while you were using alcohol or drugs and/or experiencing mental health challenges?
- Has anyone ever told you that they were worried about how you could take care of your children because of your drug or alcohol use and/or mental health challenges?
- Have you ever had trouble getting your children food, clothes, or a place to live; or had a hard time getting your kids to school because you were using or experiencing mental health symptoms?
- Have you ever had contact with child protective services?
- Have you ever worked with social workers or other community services providers to support you and your family?

SCREENING FOR CHILD DEVELOPMENTAL, BEHAVIORAL, AND SOCIAL-EMOTIONAL ISSUES

Children affected by parental SUDs often have social, emotional, and behavioral challenges associated with unpredictable home environments, trauma, child abuse, and neglect. Child welfare, SUD treatment, and healthcare providers (e.g., pediatricians) can screen children for a wide array of developmental delays, social-emotional issues, and behavioral problems using validated assessment tools appropriate for each child's age. The American Academy of Pediatrics recommends that all infants and young children be screened for developmental delays as a component of their ongoing health care.¹⁸ Universal screening ensures that any social-emotional and developmental delays in children are identified early, and that children will be referred to and engaged in evidence-based early intervention services as soon as possible.

SCREENING TOOLS

There are many available validated screening tools to assess children's social-emotional and developmental well-being; each agency can select a tool that best fits the needs of their community. The American Academy of Pediatrics offers a [screening tool finder](#) to identify available screening tools for child development, social-emotional development, and social determinants of health. Below are just some examples of screening tools:



AGES AND STAGES QUESTIONNAIRE: The [Ages and Stages Questionnaire, Third Edition \(ASQ-3\)](#) is a developmental screening tool that assesses the development of children between the ages of 1 month to 5 ½ years. It assesses the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. This tool allows professionals to identify children who might need an in-depth evaluation for developmental delays. The ASQ-3 includes 21 items, which the parent or caregiver completes.



ENVIRONMENTAL SCREENING QUESTIONNAIRE (ESQ): The [ESQ](#) is a free screening tool that gathers information about the home environments of children from birth through age 6. It assesses six areas: education and employment, housing, child and family health, economics and finances, family life, and community. This tool helps professionals identify families' risk and protective factors that may be related to child social-emotional and developmental delays and overall well-being.



CHILD BEHAVIOR CHECKLIST (CBCL): The CBCL is a screening tool used to identify behavioral and emotional problems in children and adolescents. The tool, completed by the parent or caregiver, contains eight scales: anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior.

There are several versions of the tool, based on the age of the child:

- **CBCL for Young Children**—For ages 1½-5.
- **CBCL for School Age Children**—For ages 6-18. For older children (ages 11-18), the tool can also be used in conjunction with the [Youth Self Report](#).



PEDIATRIC ACES AND RELATED LIFE-EVENTS SCREENER (PEARLS): An estimated 90% of children entering the child welfare system have experienced at least one traumatic event.¹⁹ **The Adverse Childhood Experiences (ACE) study**, conducted by Kaiser Permanente and the Centers for Disease Control and Prevention is one of the largest studies involving the effects of childhood trauma on adult health and well-being. The study indicated that living in a home with a parent who misuses substances is associated with trauma in children.²⁰ It is important to identify trauma among children affected by parental SUDs and involved in child welfare services to ensure referral and engagement to appropriate trauma-specific services. The following is just one example of a validated screening tool for child trauma. Communities must consider which tools are most appropriate based on their target population.

The **PEARLS tool** screens for ACEs and trauma. This tool was developed by the Bay Area Research Consortium on Toxic Stress and Health, a partnership between the Center for Youth Wellness, the University of California, San Francisco (UCSF), and UCSF Benioff Children's Hospital Oakland.

There are three versions of the tool for use based on the age of the child, reporter, and format:

- **PEARLS for Children**—Ages 0-11—to be completed by a caregiver
- **PEARLS for Adolescents Caregiver Report Tool**—Ages 12-19—to be completed by a caregiver
- **PEARLS for Adolescents Self-Report Tool**—Ages 12-19—to be completed by the adolescent

SCREENING FOR CO-OCCURRING TRAUMA, MENTAL HEALTH DISORDERS, AND DOMESTIC VIOLENCE

Individuals with SUDs may have a history of trauma, co-occurring mental health disorders, and domestic violence. A study of lifetime trauma exposure and post-traumatic stress disorder (PTSD) in women with SUDs participating in drug courts found 91% had experienced one or more traumatic events (on average, six different types of these events), with 81% reporting at least one assaultive event.²¹ The National Survey on Drug Use and Health indicated that just over 42% of persons seeking SUD treatment have been diagnosed with a co-occurring SUD and mental health disorder.²²

Due to the association between parental SUDs and trauma, mental health disorders, and domestic violence, it is essential that professionals also screen to identify parents who might need a referral to assessment and treatment for these co-occurring issues.

SCREENING TOOLS

There are a wide variety of validated screening tools available to identify trauma, mental health disorders, and domestic violence. The following are just some examples of screening tools; collaborative teams must research and identify which are best suited for their communities:



ACE QUESTIONNAIRE FOR ADULTS: The [ACE Questionnaire for Adults](#), compiled by the Office of the California Surgeon General and the Department of Health Care Services, in consultation with the ACEs Aware Clinical Advisory Subcommittee, is brief and available for free. The questionnaire evaluates adverse childhood experiences during childhood and adulthood, including:

ADVERSE CHILDHOOD EXPERIENCES

ABUSE	Physical, emotional, and sexual abuse
NEGLECT	Physical and emotional neglect
HOUSEHOLD DYSFUNCTION	Growing up with household incarceration, mental illness, substance dependence, parental separation or divorce, or domestic violence



PATIENT HEALTH QUESTIONNAIRE (PHQ): The [PHQ](#) is a free tool for use by healthcare professionals to identify mental health disorders. It is quick and easy for patients to complete. It identifies mood, anxiety, alcohol, eating, and somatoform disorders.



EDINBURGH POSTNATAL DEPRESSION SCALE: The American College of Obstetricians and Gynecologists recommends obstetric care providers also screen patients for depression and anxiety symptoms using a standardized, validated tool at least once during the prenatal period and during the comprehensive postpartum visit for each patient.²³

The [Edinburgh Postnatal Depression Scale](#) is the most frequently used tool to screen for perinatal depression. The self-report tool consists of 10 questions and takes less than five minutes to complete. It has been translated into 50 languages.



HURT, INSULT, THREATEN, AND SCREAM (HITS) SCREENER: The HITS is a four-question screening tool that asks:²⁴

- How often does your partner physically **H**urt you?
- How often does your partner **I**nsult or talk down to you?
- How often does your partner **T**hreaten you with physical harm?
- How often does your partner **S**cream or curse at you?

The screen is scored on a 5-point Likert scale: never (1 point), rarely (2), sometimes (3), fairly often (4), and frequently (5). Women who score 10 or higher, and men who score 11 or higher constitute a positive screen for victimization.

KEY STEPS IN DEVELOPING A COMPREHENSIVE SCREENING PROTOCOL

Screening is only as successful as the strength of the relationships among collaborative partners, and the protocols and practices they have in place to respond to the screening results. Collaborative teams can consider the following key steps in developing a comprehensive screening protocol to identify parental SUDs and related child and family challenges:

DETERMINE THE PROCESS FOR REFERRAL TO ASSESSMENT UPON A POSITIVE SCREEN

Collaborative teams must determine the process for referring family members to assessment, services, and supports following an affirmative screen, and document this process so that it is consistent and predictable across professionals, cases, and populations. The referral process sets the stage for strong engagement and rapport-building with family members throughout the duration of service delivery. Simply handing the parent a phone number (or list of resources) and telling them they need treatment is not an effective referral to treatment. Ineffective referrals to treatment can worsen existing gaps in treatment services and outcomes for certain groups. If left uncorrected, misperceptions and misinformation about substance use disorders, mental health, and involvement in child welfare can also lead to stigmatizing practices. An engaging “warm hand-off” to assessment and treatment entails partnering with the parent and family members and supporting them through the process. Examples of practice strategies to effectively support parents and family members

- Discuss screening results and jointly identify potentially relevant resources with the parent and family member.
- Sit with the parent to make the phone call together to schedule an appointment with the identified service provider.
- Discuss and resolve possible barriers for attending the appointment. If needed, help the parent arrange transportation or childcare services. Help the parent set up appointment reminders.
- Talk with the parent and family members about what to expect during the intake and assessment process.
- Have joint meetings with the parent and other family members, substance use and/or mental health disorder treatment professional, and child welfare worker to discuss goals and plans together.
- Inform the parent and family members about planned communication with the service provider(s) (with appropriate signed consent) and review the content of those plans.

Ensuring a smooth transition from screening to assessment also means that agencies have established relationships with community-based service providers. That way, when a screen indicates a potential issue, staff already know where to send parents and family members for an assessment and have that relationship in place when they make the connection.

Judges and attorneys also have a role in ensuring family members receive an appropriate referral to a clinical assessment upon positive screening results. Legal professionals can ask for information regarding follow-up assessments, referrals to concrete supportive services (e.g., child care, transportation, education, and employment) that support success in treatment, and protocols for supporting and monitoring family members through treatment and recovery.

Understanding data is also important in this step because it is essential that collaborative teams recognize the length of time it takes parents to move from a referral to assessment. Conducting a drop-off analysis, as described in [Module 4](#), allows teams to understand the key points in the case at which parents and family members may “drop off” from services. Agencies can then make key practice changes to ensure better engagement of parents and family members at these identified points.

DEVELOP INFORMATION SHARING AGREEMENTS TO DELINEATE COMMUNICATION OF SCREENING RESULTS WITH COLLABORATIVE PARTNERS

In addition to providing a warm hand-off for parents, collaborative partners develop a process for how they share information on positive screens with their partner agencies. Information sharing agreements and/or memoranda of understanding define the process, roles, and responsibilities for sharing information about positive screening results (with proper signed consent by the parent). Having these processes agreed upon and written down ensures that, with each positive screen, agency staff share information consistently, predictably, and according to the process. [Module 3](#) provides more detailed information about developing information sharing protocols with collaborative partners.



Having these processes agreed upon and written down ensures that, with each positive screen, agency staff share information consistently, predictably, and according to the process.

THE ROLE OF TRAINING

Consistent and appropriate use of a screening protocol requires ongoing training and support for staff. The collaborative team develops and implements a cross-systems initiative to ensure the initial and ongoing training of staff who conduct screening and assessments. This helps the collaborative team implement protocols consistently and appropriately. Ongoing training enables staff to understand:

- Why they are conducting the screening
- How to use the screening tool and/or how to ask the questions
- How motivational enhancement strategies can transform screening results into a therapeutic engagement tool
- What other methods, beyond the screening tool, are available to gather information about potential risk and need for services
- What to do with the results of the screening
- How to appropriately refer clients for assessment

In addition to training on the screening protocol, child welfare and court professionals can also receive ongoing training on the SUD treatment and recovery process. The NCSACW provides child welfare and court professionals [free online training](#) on understanding the SUD treatment and recovery process, as well as a comprehensive [Child Welfare Training Toolkit](#).

It is critical that staff who conduct screening and refer to SUD assessment and treatment also understand how to build relationships with their local treatment providers and gather information on family-centered treatment availability. This helps ensure staff can make effective links to the treatment best suited to the needs of parents, children, and family members. It is essential that child welfare and court professionals know:

- Treatment resources available in the community
- Characteristics of local treatment programs
- Services that the programs provide
- Requirements, expectations, and conditions for participating in treatment
- Importance of family-centered treatment

The NCSACW guide, [Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment](#), offers background information on SUD treatment and recovery, while providing a list of questions for child welfare and court professionals to ask their local SUD treatment providers so they can make informed referral decisions.

NEXT STEPS

Module 5 starts the second cluster in the *Building Collaborative Capacity Series*. The modules focus on frontline collaborative efforts to improve identification of SUDs, while providing timely access to SUD assessment and treatment services. The overall goal is to prevent child removal through child permanency and family well-being. Once the collaborative team develops protocols to ensure families are consistently screened for SUDs and related issues, team members will develop the process for comprehensive, ongoing assessment of family strengths and needs.

The next module in this series, *Module 6—Frontline Collaborative Efforts: Establishing Comprehensive Assessment Procedures and Promoting Family Engagement into Services*, describes the assessment tools and procedures agencies can use to determine both the nature and extent of parental SUDs as well as related family risks and needs. It highlights the role of collaborative partners in monitoring assessment results and describes strategies for family engagement into services.

The NCSACW provides a variety of resources and technical assistance opportunities for states and communities to improve policy and practice on behalf of these families. Please visit the [website](#) to learn more.



ABOUT US

The National Center on Substance Abuse and Child Welfare (NCSACW) is a technical assistance resource center jointly funded by the Children's Bureau (CB), Administration for Children and Families (ACF), and the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. NCSACW provides no-cost consultation, training, and technical assistance to child welfare agencies, SUD treatment agencies, courts, healthcare, early childhood providers, and other related entities. NCSACW supports these agencies' efforts to make policy and practice changes to improve outcomes for families affected by SUDs.



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