



# In-Depth Technical Assistance

## Round 3 Internal Final Report

Prepared for:

Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment, and  
Administration for Children and Families  
Children's Bureau, Office on Child Abuse and Neglect

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# 1. Introduction and Background

The National Center on Substance Abuse and Child Welfare (NCSACW) is an initiative of the U.S. Department of Health and Human Services that was launched in 2002 and is jointly funded by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment, and by the Office on Child Abuse and Neglect within the Children’s Bureau of the Administration on Children, Youth and Families. This report summarizes the interventions, outcomes, and lessons learned in this third round of the IDTA program, which built on the lessons learned and experiences developed in Rounds 1 and 2. Figure 1 depicts the sites that have participated in each round of NCSACW’s program of In-Depth Technical Assistance (IDTA) to date.

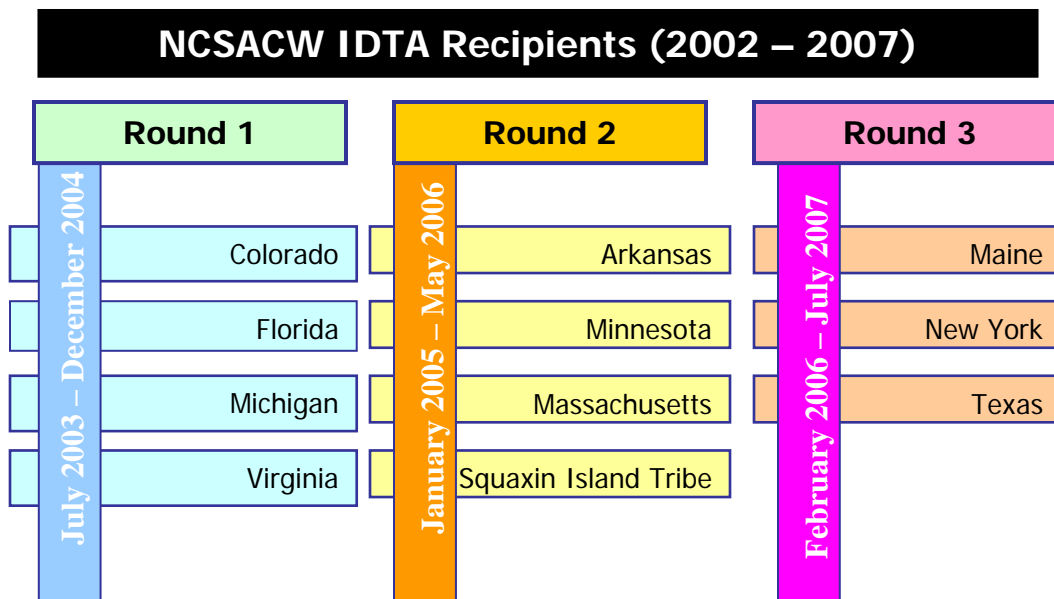


Figure 1

The IDTA program is a unique approach to developing and promoting system change. Of the myriad activities of NCSACW, the In-Depth Technical Assistance program has the most direct and far-reaching impact on States, tribal governments and communities. It is designed to facilitate cross-system collaboration among the professionals who work with families affected by substance use disorders that are involved in the child welfare system and may also be involved in the dependency court system. The IDTA Program provides strategic, intensive technical assistance to jurisdictions around the country that have demonstrated a commitment to cross-systems collaboration and are struggling to achieve improved outcomes for these families at the intersection of these three systems.

NCSACW seeks to change knowledge, skills, and behavior through its program of technical assistance, with the awareness that changes in practice, and ultimately in policy, are critical elements to achieving true systems change. The framework and strategies utilized to accomplish this with Round 3 sites are summarized in the following sections.

## 2. The Foundation: Framework, Tools and Strategies

In every round of IDTA, a multi-faceted approach to facilitating system change is used to assist the selected sites, based on a proven framework and policy tools that have been tested and refined in various contexts over time. As in earlier rounds, the sites selected for Round 3 benefited from a constellation of resources and strategic interventions focused on cross-system collaborations designed to create lasting change. The framework, policy tools, interventions, and resources that provide the foundation for the IDTA program are described here briefly.

### Framework and Policy Tools

By providing a comprehensive perspective on systems and their critical linkage points, the framework for collaboration that provides the foundation for NCSACW's program of IDTA serves as a roadmap for achieving results-based cross-system collaboration. The 10-element framework addresses the critical elements of system linkage that are fundamental to improving outcomes and long-term well-being for families with substance use disorders involved in the child welfare and dependency court system. These ten elements are:

- Underlying values and principles of collaborative relationships
- Daily practice: client screening and assessment
- Daily practice: client engagement and retention in care
- Daily practice: services to children of substance abusers
- Joint accountability and shared outcomes
- Information sharing and data systems
- Training and staff development
- Budgeting and program sustainability
- Working with related agencies
- Working with the community and supporting families

This collaborative framework is used for both diagnosis and tracking in each of the selected IDTA sites to broaden the discussion on needs and goals, guide the identification of individuals and systems needed to create a team capable of developing effective policy and practice change, and assist each site in tailoring responses to fit their unique needs, context, and resources. The framework helps sites consider the broad range of system linkages and identify areas needing development or improvement, recognizing that each element must eventually be addressed for effective and sustainable collaboration to occur.

To support IDTA sites in using the collaborative framework to assess their needs and strengths, and to prioritize goals to achieve systems change, NCSACW utilizes an array of policy tools, including:

*Collaborative Capacity Instrument (CCI)* – This self-assessment is designed to encourage discussion within and among child welfare workers, substance abuse

treatment providers, dependency courts, and community agencies about their progress in addressing specific issues, and to help them prioritize their most urgent program and policy plans. In the IDTA program, the CCI is administered electronically at the outset of the process, and again at the conclusion. NCSACW tabulates the results from the initial CCI and reviews them with the site team to facilitate understanding of areas that need strengthening, as well as existing strengths that can be leveraged in implementing change. The final CCI results are compared to the initial assessment to reveal developments in collaborative capacities over the course of the program.

*Collaborative Values Inventory (CVI)* – This questionnaire serves as an anonymous way of assessing the degree to which a group perceives the values that underlie its work and identifying issues that may be overlooked if the site begins its work without first clarifying its underlying values. Relationships are a fundamental aspect of collaboration, and the CVI encourages discussions which form a basis for trust and effective communication. Like the CCI, this tool can also be administered online.

*Matrix of Progress in Linkages among Alcohol and Drug and Child Welfare Services and the Dependency Court System (Ten-Element Framework)* – The Matrix of Progress is a tool for assessing collaboration across particular systems, organized around the Ten-Element framework described above. This tool identifies recommended benchmarks for improving the system linkages in terms of improved practice, good practice, and best practice for each of the ten key elements. This tool incorporates the feedback and experience of over 100 professionals with expertise in these areas.

In addition to the framework and policy tools mentioned above, the NCSACW products and resources (available in detail at [www.ncsacw.samsha.gov](http://www.ncsacw.samsha.gov)) that are most frequently utilized to support the sites in achieving their objectives include:

***Online Curriculum*** –The curriculum presents basic information on substance abuse, child welfare, and the dependency court systems for professionals in other disciplines; the objective is to facilitate cross-system work.

***SAFERR Manual*** – *Screening and Assessment for Family Engagement, Retention and Recovery* – This publication addresses screening and assessment policies and protocols to foster family engagement, retention and recovery, and provides guidance on developing collaborative efforts, including cross-system teams and communication mechanisms, to improve outcomes for families.

***White Paper on Funding Comprehensive Services for Families with Substance Use Disorders in Child Welfare and Dependency Courts*** –This white paper outlines the fiscal issues that affect the ability of programs to provide the services needed by children and families affected by substance abuse, outlines the concept of unified fiscal planning, and briefly describes the Federal sources of funding for child welfare and alcohol and drug services along with several other sources of funds for services for children and adolescents.

***Products and Tools Developed by Previous Round Sites*** – NCSACW’s staff and website serve as a “live” switchboard, linking current IDTA sites to information on promising practices, and specifically to the products and knowledge developed from the experiences in other IDTA sites.

### 3. The Process: An Overview of Round 3

In Round 3, NCSACW conducted targeted outreach to States that had previously demonstrated readiness to engage in systems-level change, inviting them to submit a proposal for participating in the IDTA program. Prospective sites needed to demonstrate that their lead agencies and courts were committed to improving policies and practices with regard to families involved in the child welfare system who were also affected by substance use problems. Three sites were selected to participate in the third round of IDTA based on their demonstrated capacity to achieve collaborative systems change – **New York, Texas, and Maine.**

#### *Term and Intensity of IDTA*

The Round 3 IDTA program was structured to provide intensive technical assistance over a period of approximately fifteen months. This time commitment positioned the site to develop a plan for realigning the policies and practices of multiple systems, ensuring that the changes are sustainable and can support the progressive interdependence of the three lead systems. Within this timeframe, the key tasks were for site participants to establish mutual trust, develop collaborative values and priorities, design an action plan to implement new policies and protocols, and lay the groundwork for broad practice-level change. In addition to the 15-month period of IDTA, each site was offered the opportunity to request follow-up technical assistance at a decreased level of intensity for a period of up to six months, in order to facilitate implementation efforts and support overall sustainability of the collaboration.

#### *Consultation Services Provided*

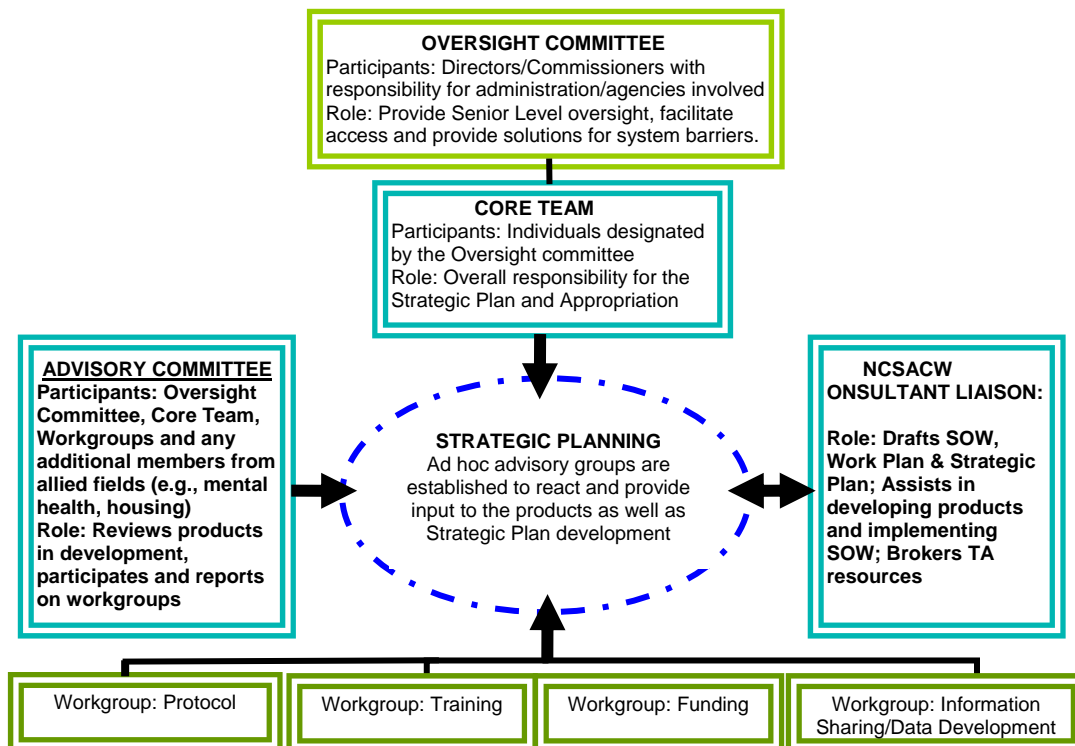
Each site was assigned a Consultant Liaison (CL) to work with them for an average of one day per week. CLs are senior-level professionals with extensive experience and knowledge in the areas of child welfare, substance abuse treatment services, and dependency courts. Most have worked on the frontlines in at least one of the fields, and have executive-level experience in at least one of the others. They are among a select group of professionals who can knowledgeably communicate on multi-systems issues. During the course of the IDTA delivery, the CL served as guide, coach, interpreter, facilitator, resource broker, sounding board, cheerleader, task master, monitor, and mediator. The CL's responsibilities included:

- Facilitating the development of the Scope of Work and corresponding work plan
- Determining and coordinating the technical assistance needs of the site
- Fostering cross-system communication and collaboration
- Brokering additional resources as needed by the site
- Providing a neutral perspective on issues and problem-solving
- Providing content expertise
- Conducting research and assisting with product development, material preparation, review and feedback
- Supporting collaborative leadership development
- Maintaining an outcome-driven focus for the site team
- Researching and sharing information and materials on model programs, evidence-based and promising practices, and emerging trends
- Reporting to NCSACW on site-specific progress, barriers, and lessons learned

In addition to the CL, NCSACW provided a Judicial Consultant to work with all of the Round 3 sites on an as-needed basis. The Judicial Consultant plays a key role in bridging the gap across systems by communicating with judges and court representatives.

*Project Structure and Timeline*

In Round 3, site teams established a team structure in accordance with guidance from the NCSACW, to provide project leadership and management. The prescribed structure calls for an Oversight Committee, Core Team (ideally consisting of no more than 6-8 individuals), and a Statewide Advisory Committee comprised of key stakeholders (see Figure 2). This project structure is designed to facilitate sustainability, communication, and broad-level buy-in for the project and the systems change that it promotes.



*Figure 2*

In Round 3, a series of critical events and meetings served to launch the program of IDTA with New York, Texas and Maine, and moved the entire process forward in a cohesive, structured manner. A brief description of these key events is also provided below, accompanied by a timeline (see Figure 3) that depicts how Round 3 was structured.

**Key Events**

*Introductory Call* - Upon receiving notification of their selection, Round 3 sites participated in an introductory conference call that included the site’s core participants, the assigned Consultant Liaison, the IDTA Program Manager, and the NCSACW Director. The initial call served to introduce the parties, review the IDTA program and orient site team members to what they can expect, and coordinate logistics for their participation in the cross-site kickoff meeting.

Cross-site Meeting and Sacramento Site Visit –This intensive planning and orientation event brought Round 3 sites together for the first time to develop preliminary objectives and priorities, introduce their projects to one another, learn from previous IDTA round site representatives, and meet the key players involved in the IDTA program. Additionally, this meeting offers participants the opportunity to observe the Sacramento County Drug Dependency Court (DDC), which has become a nationally recognized model for implementing cross-system practice and policy innovations that have resulted in improved outcomes for children and families, as well as cost benefits for the systems themselves.

Site Kick-off Meeting - In April 2006, Round 3 sites hosted their State kick-off meetings with key stakeholders and administrators in an intensive two-day planning event that is designed to orient them to the project and NCSACW’s resources, initiate cross-system education, establish the project’s mission, vision, and priority population, and identify the site’s priorities and desired outcomes for the technical assistance, which sets the stage for defining necessary deliverables to be included in the site-specific Scope of Work (SOW) and detailed Work Plan.

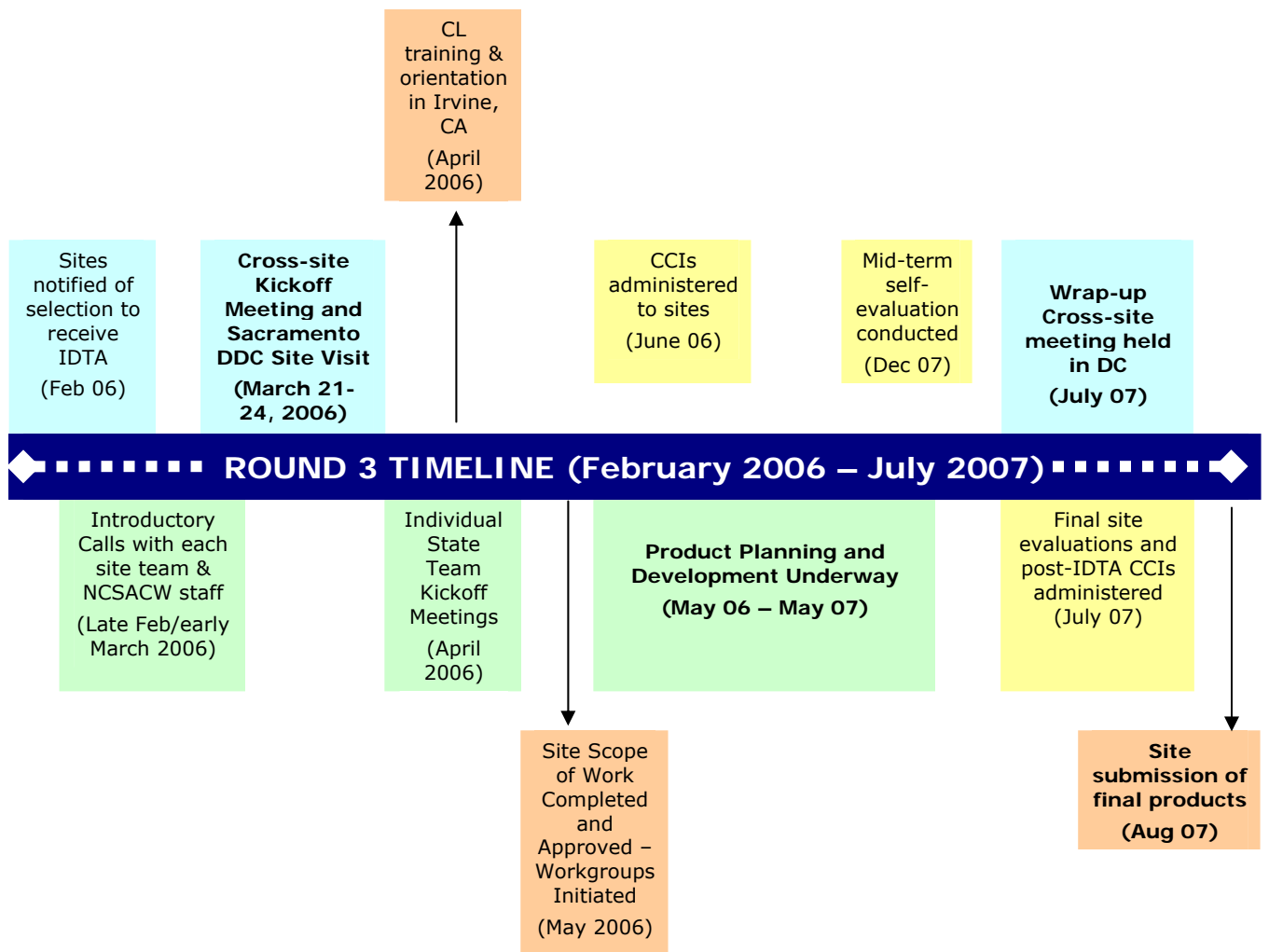


Figure 3

Scope of Work, Deliverables and Product Development



Following the key events described above, each Round 3 site proceeded to develop a Scope of Work and corresponding work plan that defined the objectives and desired outcomes for the period of in-depth technical assistance, in accordance with the change priorities that they mutually identified. Each site's unique Scope of Work and work plan served to guide the project through what was most often a complex and non-linear process, in that they assisted the CL and the team to:

- Define the parameters for the specific deliverables and the related benchmarks that are necessary to achieve the site's objectives;
- Delineate who is responsible for completing certain tasks by a specific target date;
- Identify and plan for obtaining any additional resources that may be needed to accomplish the site's goals; and
- Provide guidance to the workgroups that are convened to complete specific products and tasks.

While each Round 3 site's Scope of Work was unique, they did share some common themes in terms of the products that were identified, including:

- A statement of cross-system shared values and guiding principles that in some cases got translated into a cross-system Memorandum of Understanding;
- A protocol or practice guideline to facilitates collaborative practice on the front line;
- A training delivery plan to support joint training efforts of the lead systems; and
- A collaborative funding plan that identifies opportunities for sharing resources and leveraging available funding streams in innovative ways.

In addition to these deliverables, Round 3 sites were encouraged to consider and document strategic recommendations for sustaining their activities, via the development of a longer-term strategic plan. This allows the sites to incorporate longer-range collaborative goals in their vision that may not be realistic to address within the scope of the IDTA. Ideally, these long-range goals become imbedded in existing agency strategic planning efforts, in a manner that facilitates overall project sustainability. Each site's experience in completing the Scope of Work is described in more detail in **Section 4**.

#### *Strategies and Resources Utilized in IDTA Delivery*

Throughout the course of Round 3, the CL's utilized their allocated time with sites as creatively and efficiently as possible. Ongoing technical assistance was delivered through strategically scheduled on-site meetings, combined with frequent team teleconferences and even more frequent electronic correspondence. In the course of their work with each site, CLs conduct research, draft documents, broker resources, manage meetings, facilitate workgroup activity, design forms, templates and tools, monitor progress on the Work Plan, tend to the Oversight Committee, and troubleshoot the unexpected challenges that undoubtedly arise. This mix of tasks and frequent contact serve to reinforce the relationship between the CL and the team, and ultimately help the site make it to the finish line.

Several strategies employed by the CLs seem to be of particular benefit to the sites, particularly those that provided information on the experiences, successes, etc. of other sites or national efforts. The following CL interventions, in particular, were effective in maintaining momentum when teams were at risk for getting "stuck":

- Facilitating meetings and conference calls, by often providing them an agenda in advance and/or specific areas to focus on and sharing notes afterwards with the Core Team leader in preparation of the meeting minutes;
- Providing practical advice for managing multiple workgroups and their workloads;
- Periodic one-on-one calls with the Core Team leader to be both a sounding board and to check on the status of the effort. Similar one-on-one calls occurred with some other core team members as they needed specific assistance or wanted to discuss their thoughts and direction;
- Reminding them of deadlines and periodically taking a document to review and modify as a way of helping to focus the discussion process and keeping on task;
- Providing drafts/templates, mock ups, design ideas, etc., of potential products as they went along to help the team in focusing on the overall goals and objectives;
- Checking with the NCSACW staff and/or other IDTA CLs to leverage the experiences and/or products from other States;
- Providing guidance and assistance in meeting design and planning with focus groups, roll out communities, and other stakeholder groups. This often included developing facilitative materials such as talking points or a project fact sheet that could be used to ensure that the overall message was succinct and consistent;
- Researching and distributing relevant resources such as evaluation designs, FASD screening instruments, drug court experiences; and
- Meeting with the Executive Committee and the Core Team periodically, without the Advisory Committee, to get their focus and attention at critical junctures.

In addition, there were several NCSACW resources that were particularly helpful:

- Providing quick access to national or state activities that were of interest to the site and/or might provide them some needed input;
- Representation by NCSACW's leadership to assist with consultation and facilitation at high-level meetings that occurred during critical junctures in a site's progress;
- Sharing NCSACW documents as they were "hot off the press";
- The website's rich source of other state and national products;
- Evaluation and analysis support for the CCI and CVI, which the sites referred to frequently throughout the process and several intend to replicate with their implementation efforts; and
- Helping the sites to feel connected to their colleagues in other States, via events such as the cross-site meetings, as well as the national conferences, etc.

To evaluate their progress as well as their collaborative process, Round 3 sites were asked to complete a mid-point self-assessment in December 2006. This mid-term assessment served as point for the team to step back and assess their efforts to date, re-focus their energies, and determine whether any course corrections are necessary. In every round of IDTA, it also provides explicit reinforcement of the time limitations that are a reality in IDTA, and encourages overall accountability. The sites also completed a final evaluation in July 2007, which yields important feedback to NCSACW regarding the TA process and outcomes. The results of both of these evaluations, as well as the summaries of each site's pre- and post-IDTA Collaborative Capacity Inventory results, are captured in **Section 5**.

## 4. The Sites: Products and Progress

Each State in Round 3 experienced success in incorporating collaborative strategies into the policies and practices of its systems. The following sections describe how each site organized itself for collaboration, the work proposed in the site's Scope of Work and corresponding Work Plan, and the outcomes of each site's efforts. The accomplishments of each site exemplify the results of cross-system collaboration in support of better outcomes for families that is the goal of the IDTA program.

### New York

New York's Partnership for Families in Recovery represents a partnership between the Office of Court Administration (OCA), Office of Children and Family Services (OCFS), Office of Alcoholism and Substance Abuse Services (OASAS), New York Public Welfare Association, New York City Administration for Children's Services (NYC ACS), and Alcoholism and Substance Abuse Providers (ASAP) of New York State. In part, the State's strengths lie in its history of recent collaborations across the three systems both in terms of new initiatives and the "laboratory" findings presented by counties who are collaboratively trying new program models. The IDTA was focused on assisting New York in leveraging those strengths by identifying joint goals to help them achieve true systemic change that can impact outcomes for its priority population.

As a continuation of New York's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) work, New York State continues to support child-centered, family-focused child welfare practice as part of its overall plan to improve child welfare outcomes. In the development of its work plan, the New York State Team sought to balance the focus on collaboration among the three lead entities around AOD issues with the recognition that the families which comprise the priority population have multiple problems beyond chemical dependency impacting their lives and interfering with the welfare of their children, such as domestic violence, mental health, and poverty. Therefore, the team's final products were developed with an eye toward working with local jurisdictions to broaden collaborative practice to improve outcomes for families at the intersection of child welfare, substance abuse, and the courts.

The key priorities for New York were:

- Taking successful strategies to scale;
- Bringing continuity and cohesion to collaborative efforts;
- Developing an effective statewide joint training initiative which includes educating each system about the others which are partnering in this initiative;
- Shifting to a more family centered approach for child welfare clients;
- Identifying innovative funding mechanisms for services; and
- Determining how to work with families in treatment within variable and often competing timeframes.

#### *Project Deliverables and Specified Outcomes*

In their Scope of Work, New York's team identified three primary project deliverables for production through the IDTA. New York's products were each developed to so that the staff of the three systems at both the state and local level would develop a shared understanding of the project's purpose and intended outcomes, and translate that understanding into a coordinated approach to working with families. Those primary products include:

Protocol for Responsive Cross-System Practice: This product was envisioned to serve as a template for adaptation by localities which builds on the work accomplished and lessons learned by ACS and OASAS in their development of the New York City-specific protocol. The protocols and practice guidelines define parameters for cross-system collaboration on behalf of the priority population with a focus on the following components of the 10-element framework:

1. The Underpinnings of Cross-System Collaboration, addressing shared values and guiding principles; system-specific terminology, regulations and resources; and cross-disciplinary roles and responsibilities;
2. Screening and assessment: referral and resource matching for appropriate, individualized services;
3. Engagement and retention in services;
4. A unified approach to families and case planning;
5. Exit/transitions strategies (such as aftercare and discharge planning) to promote family self-sufficiency;
6. Cross-system communication and information sharing, addressing parental confidentiality and privacy rights, and issues surrounding the waiving of rights; and
7. Prevention services and services for youth which are comprehensive, individualized, developmentally and culturally competent and community-based.

*Intended Outcomes:*

- Facilitate earlier and easier access to needed services.
- Integrate service planning and delivery for the priority population.
- Increase Family Drug Treatment Court utilization.
- Improve availability of appropriate and timely screening and referral resources to the Family Court system that support safety and permanency goals for children.
- Prevention services will be incorporated into overall service recommendations.
- Develop standards of collaborative practice.
- Facilitate ease of implementation for "end users".

Cross-system Training Model: The cross-system training model was developed to promote collaboration by establishing the "nuts and bolts" required for joint training activities (e.g. recommended content, target audiences, available resources, lead organizations, prioritization and scheduling, and the potential array of training venues). It also addresses strategies to provide general education on each of the systems in support of cross-system collaboration.

*Intended Outcomes:*

- Encourage multi-system collaboration to improve services for families.
- Ensure successful implementation of protocols.
- Facilitate State-wide dissemination of protocols.

Collaborative Funding Advisory Recommendations: A set of policy and strategy recommendations was developed to identify funding and resources necessary to support implementation activities and ongoing sustainability of collaborative activities. This document includes recommendations regarding longer-term implementation and

sustainability, which may have implications for eventual re-alignment of existing funding streams that are available to support target population and priority strategies.

*Intended Outcomes:*

- To facilitate collaborative implementation of jointly recommended strategies to achieve jointly defined outcomes.
- Disseminating information on recommended funding strategies to policy makers and system decision makers.

To facilitate this, the team developed a training plan to ensure that Counties and local communities receive guidance and training to support the implementation of the strategies to support families promoted in the collaborative practice guide. In addition, a preliminary analysis of funding and resources was conducted to facilitate the development of strategic recommendations to establish sustainable programming, such as: a) stabilizing funding policies, b) encouraging funding support of practices that are proven to be effective, and c) developing funding strategies that accommodate a responsive and individualized plan of care for families in the priority population.

*Accomplishments*

The New York team was successful in completing their Scope of Work which yielded a set of collaborative practice guidance tools targeted to various organizational levels within the three lead systems, including:

- An Executive Summary of the guidance directed to Commissioners and high-level policy makers;
- A collaborative practice document for mid-level managers that provides more in-depth background to support the recommended practice approach; and
- System-specific, two-sided laminate cards for quick reference use by front-line staff in each of the three lead systems in their daily practice with families.

Additionally, the joint training framework that was developed will support cross-system collaboration and knowledge dissemination, with particular emphasis on the practices promoted in the collaborative practice guide; and the summary of strategic recommendations will support on ongoing planning, implementation and sustainability.

Beyond completing their products, New York also racked up a number of other impressive accomplishments during the course of the IDTA. Their overriding achievement was in establishing regular communication pathways among the lead entities, so that opportunities to promote collaborative policy and practice can be readily identified and acted upon. Many of the New York team participants verbalized appreciation for the enhanced appreciation they developed for their colleagues in the other systems as a result of their participation on workgroups and in regular project meetings.

At any given time, there are myriad initiatives underway in the State of New York to address concerns that impact the priority population from one angle or another. In general, the goal of increasing the synergy between this project and complementary initiatives was achieved with impressive effectiveness. Clearly, this will be an ongoing feature of the initiative that the team will need to attend to with care and creativity.

One particular triumph of New York's IDTA process was the successful execution of four regional focus groups comprised of youth and parents representing the project's priority population. These focus groups yielded a rich supply of feedback for the lead systems that

informed not only the development of the collaborative practice guide and corresponding training framework, but also supported the shared values developed by the team and underscored the importance of the project's overall mission. The summary of focus group feedback is included in **Appendix 5** with the other products developed by New York's Partnership for Families in Recovery.

### *Challenges*

The most obvious challenge that the New York team faced was balancing the needs of the State's very diverse and regionally uneven population. With New York City and its surrounding counties comprising over 65% of the State's entire population, there was a particular sensitivity to ensuring that the upstate communities where the rest of New York's families reside were included in product design and planning. This challenge was further complicated by the bifurcated way child welfare services are administered in New York, with New York City's Administration for Children and Families operating in a parallel fashion to New York State's Office of Children and Families.

Other challenges that faced New York are similar to those faced in other sites: participants transitioning in and out of the process, competing time demands, a changing political environment, and the emerging reality that systems-level change is a long, slow and tedious process. Feedback from the final evaluation indicates that the IDTA consultation, structure and timeframes were helpful in keeping the process moving forward in spite of these challenges, in that focus was maintained on the collaborative goals of the initiative. Additionally, NCSACW's up-front requirement that each lead entity commit the necessary time and resources to participate in the IDTA allowed Core Team members to devote the necessary time to the process, even in the face of having to juggle multiple priorities.

Perhaps the most intricate challenge to manage in New York is attending to the numerous networks that are identified as having related goals and priorities. To complicate matters further, many of these networks and initiatives are connected to systems which remain relentlessly compartmentalized with respect to information sharing, resource management, and the other organizational apparatus necessary for supporting collaboration. The Core Team quickly became aware of how important it is to have an efficient way to communicate about and with these networks (and their related initiatives), both internally and with the Statewide Advisory Team. This was alleviated somewhat by having neutral facilitation to keep the project focused in the midst of what was often a slow, chaotic, and unwieldy process kept things moving more or less on schedule, allowing team members to concentrate on managing the dynamics occurring within the state.

### *Site Lessons Learned*

New York's experience generated some valuable lessons for both the team and NCSACW. After participation in the cross-site meeting held in March 2006, one month after the site was notified of selection for IDTA, all the Core Team participants agreed that it would have been helpful to have more time in advance of the cross-site meeting to develop a better understanding of the project and of one another's issues and agendas. This lesson will inform the phasing of future rounds of IDTA, so that time is available for facilitated team development to occur in advance of the cross-site meeting.

New York's team also realized in hindsight that more significant intermediate goals and timeframes should have been established, to prevent so much of the work related to completing project deliverables to get shifted to the last months of the process. While there were intermediate steps established in the overall timeframe that was incorporated in the project Scope of Work, the benchmarks associated with those steps were not sufficiently

“high level” to warrant the level of attention that would have resulted in spreading the deadlines for project deliverables more evenly throughout the life of the IDTA.

Finally, as New York’s team grappled with managing the complicated task of coordinating workgroups and ensuring that every subcommittee of each workgroup shared an operational understanding with respect to their charge and the parameters of their output, they learned to incorporate efficiencies related to sharing leadership assignments and getting the work done (e.g. determining when teleconferences could replace meetings, when email could replace teleconferences, and anticipating the time needed for face-to-face meetings to correspond with critical points in the overall project timeframe).

#### *Next Steps and Recommendations*

The New York team’s immediate focus following the wrap-up of the IDTA is to strategically roll out the Practice Guidance and Training Framework to local jurisdictions, beginning in November 2007. Bringing the important elements of the protocol to scale across New York State will demand careful attention and integrated training in order to ensure buy-in and standardized implementation. A shared plan between the three state partners for cross-system training to support implementation of the protocol once it has been disseminated will benefit all stakeholders by enabling partners to capitalize on the collective resources available to them.

Additionally, the New York team will finalize the strategic recommendations for funding and sustainability that will be forwarded to the respective Directors of each lead system. Suggestions for resource management that provide for an increase in, and stability of, funding to support recommended strategies will be fundamental to the successful implementation of those strategies over time, and to achieving and sustaining the desired levels of collaboration as well as to sustaining change in practice at the local level. As practice shifts to become more family-centered, funding requirements need to be flexible in order to mirror the collaborative values related to effectively serving the priority population.

New York has requested follow-up technical assistance for six months to support product implementation and dissemination, and project institutionalization and sustainability. The following strategies are recommended to achieve these two primary objectives:

#### **Product Implementation and Dissemination**

- Provide planning and design support for product marketing and dissemination,
- Assist with the design of the basic training modules for the three systems;
- Provide consultation for the planning and design of a demonstration project; and
- Support conference development planning activities for the Alcoholism and Substance Abuse Providers of New York State, Inc’s March 2008 conference in Brooklyn, NY.

#### **Project Institutionalization and Sustainability**

- Facilitate the next phase of Core Team development with a focus on institutionalizing the project’s leadership structure;
- Facilitate a one-day collaborative team training with the regional staff of the three lead systems; and

- Provide ongoing consultation regarding relevant funding and resource development opportunities.

## Texas

The Texas Partnership for Family Recovery established as their overall goal: To build a sustainable, family focused, integrated Behavioral Health service system that will strengthen, stabilize & unify families involved with the child welfare system. The priority population that is the focus of the Partnership is comprised of families affected by alcohol and other drugs (AOD) that have a child protective service legal case. Families are defined broadly so as to include foster and adoptive placements, relative caregivers, adolescents in congregate care, and other non-traditional family structures. The key issues Texas identified as the focus of IDTA were:

- Establishing a systematic approach and protocol for collaboration among child welfare, substance abuse and the legal system;
- Establishing communication systems and improving screening and assessment so that retention, impact and outcome information needed by all three systems is collected and shared in a timely manner;
- Determining how to establish systems that are family centered and accommodate often inconsistent and/or competing timeframes across systems'
- Identifying opportunities for maximizing available resources, including leveraging and combining funds;
- Developing an effective statewide cross-training and/or integrated training initiative; and
- Developing a plan to sustain the effort.

Since 2002, Texas has been working towards better integration and coordination among the legal system, CPS and the substance abuse provider system. There have also been major legislative changes including child welfare reform and the integration of mental health and substance abuse services and systems. These changes have provided a strong foundation for the Texas Partnership for Family Recovery initiative, while at the same time presenting challenges. The Texas IDTA Project took place during a period of major transition that has included the consolidation of Mental Health, Substance Abuse and health agencies into the Department of Health and Human Services, as well as implementation of significant, legislated changes in the Child Protective Services (CPS) system in the Department of Family and Protective Services (DFPS). In addition, during the time of the IDTA, there was a shift in leadership at DSHS – the lead agency for the IDTA effort – which created some uncertainty for a period of time.

Texas has also been engaged in major child welfare reform as a result of legislation passed in 2005 that mandates outsourcing of all substitute care and case management services, reducing investigated caseloads, reducing the response time for reports of abuse and neglect, a strengthened, forensic-based approach to investigations, establishment of a medical home for children in foster care, increased collaboration with law enforcement and foster care eligibility and services to youth transitioning to independent living. In addition, separate legislation, provides additional funds for more investigative caseworkers, specialized professional and support staff, increased funds for prevention and early intervention programs, better training and salaries for investigative workers, and planning and evaluation for outsourcing. Outsourcing is being phased in from FY06 – FY12.



### *Project Deliverables and Specified Outcomes*

The team identified the following outcomes that they expected to achieve as a result of this technical assistance. Overall, they expected that they would be prepared to guide and support efforts at the local level to assure safety, permanency and wellbeing for children in families with alcohol and other drug problems involved in the child welfare system.

Specifically:

- The lead State agencies will have a shared understanding of the importance and intended outcome of this work. This shared understanding will be supported by working agreements that delineate who is responsible for what tasks, individually and collectively.
- Protocols will be implemented that reflect a collaborative, integrated approach in support of families to meet their needs most effectively.
- Participating counties and local agencies will receive guidance and training to support the implementation of collaborative strategies to support families and engage them in the most appropriate service available to address their needs, build on their strengths, expedite referrals and deliver services in the most respectful manner.
- Cross-system information-sharing will facilitate collaboration, improved service delivery and opportunities to leverage and share resources.
- A comprehensive inventory and analysis of Federal, State and local funding and other resources will facilitate sustainable funding policies and practices in support of systems integration and the implementation of proven effective programs and practices.

The following products were developed that will assist the Partnership in achieving those outcomes:

**A Practice Protocol** (which was renamed a "Guideline" and may be renamed again to a "Guide") that provides minimum guidelines for statewide implementation. It includes very specific guidance, by system, for managers and front-line staff. They mention evaluation, marketing and training in the guideline and include the more detailed guidance on each in the appendices.

**Evaluation, Sustainability and Communication Plans:** Developed a communication (renamed marketing) and sustainability plans which are included in the Guideline appendices (Appendices J and K). They also developed a draft funding and resources plan, based on the NCSACW Funding White Paper, which will be completed in the coming months.

**A Memorandum of Understanding:** A Partnership MOU was signed by all parties.

**Cross-system Training Plan (preparatory work):** Completed the preliminary work to design strategies to strengthen, enhance and improve legal, judicial, child welfare and substance abuse professional training, as well as training and educational resources provided to families and caregivers. Since it took them much longer than planned to complete the Guideline, the training component is a priority in their strategic implementation plan for work following the completion of the IDTA.

Texas plans to evaluate the degree to which these outcomes have been achieved through the evaluation plan they included as an appendix in their Guideline (i.e., Protocol). They built their evaluation plan on the Sacramento model and included their evaluation as appendix J of the Guideline. They have additional work they would like to do on the evaluation plan, which is incorporated into their implementation plan.

### *Accomplishments*

The Texas Partnership had quite a few successes. They demonstrated a great ability to maintain their cohesion during a fairly tumultuous time organizationally in two of the partner agencies. It was a credit to the team effort. Given the shifting cast of players virtually the entire year, they exhibited a commitment to the effort that kept them moving forward and to welcome new players.

While it required significant time and multiple iterations, Texas was ultimately successful in developing a Protocol/Guideline that should meet the needs of the various systems involved. They were trying to develop a Guideline that would address both management and line staff needs, provide the detail needed for the individual systems, and become (with the appendices) a single source for most of the reference material that would be needed. As they eventually make this web based, the design that they used makes it easy to update.

As part of their protocol, they also developed the broad outline and parameters for an evaluation plan. They focused continually on the need for data and evaluation, which will serve them well as they move into actual implementation. Their own focus on outcomes throughout and recognition that they need to be able to demonstrate their successes in order to obtain and maintain executive and legislative support kept them on task. Their decision to have as major components of their implementation plan obtaining executive/department level buy in and completing a fiscal plan demonstrate their commitment.

Lastly, several members of the Partnership Advisory Committee, Executive Committee and Core Team have commented on how much they learned in this process – both in terms of the magnitude of the problem and in terms understanding the complexities and nuances of each of the systems involved. They gained not only a greater understanding, but a greater appreciation for how and why each system had evolved to where it was. That said, they also agreed that **each** system had to make adjustments and work collaboratively with the others if they were really going to meet the need – it wasn't just the "other guys."

### *Challenges*

The Texas Partnership faced several challenges that affected the IDTA, as well as ones they must consider as they move forward. One of the key challenges were continued shifting of players at the Executive Committee and the Core Team levels, and the availability of team members to commit the time needed to complete the products outlined in the scope of work. In the face of busy schedules, staffing changes, and a legislative session, the team prevailed by remaining true to its mission, sticking with the process and essentially working around the dynamics created by the various transitions. In particular, conference calls were utilized to keep the momentum going when the team had difficulty convening face-to-face meetings. Additionally, the CL worked to keep the group on schedule by prompting them for early drafts of products and other interim deliverables, in order to maintain the team's focus as they juggled competing priorities.

Differences in how the three major systems function administratively also presented some collaboration issues. For example, CPS has the ability to direct their staff to implement the protocol and the judges can play a very strong role in the direction an activity takes. In contrast, DSHS operates through a contractual relationship with the substance abuse providers, which can only be modified periodically. The Core Team had to come to understand these different operating systems and take them into account as they developed

the guideline and evaluation plan and considered training – and as they worked through the IDTA processes itself.

A related issue they faced in terms of collaborative team development was the need to establish some relative balance in the three-way relationship between the lead entities. CPS and the Courts have an established relationship and a history of addressing common issues and working together in some manner, whereas the substance abuse system has not historically been a part of that process in most parts of Texas. As the resulting lopsidedness of the relationship created some inherent tension during the very process the Partnership was engaged in throughout the IDTA, they dealt with it head on and tried to address it directly in the Guideline, recognizing that they will have some work to do at the local level to expand the participation of substance abuse professionals in the process.

#### *Site Lessons Learned*

The major lessons learned by the Texas team were:

- Allowing the internal core group time to develop relationships and a system for working together to address the issues surrounding how Texas could focus the SOW further. The issues they faced were fairly common in terms of group process issues and required adjusting their individual work priorities to meet the SOW timetables once the IDTA was actually moving forward.
- The more sample forms, formats, guidelines that can be shared the better. As the numbers increase, some brief descriptions on what each includes and/or approach would facilitate new IDTA sites sorting through all the information.
- Being able to learn about how other IDTA sites have addressed issues, implemented their protocols, etc., is invaluable. The Texas team frequently asked about those experiences and they were all enormously appreciative of the time at the closing cross site meeting in July.

#### *Next Steps and Recommendations*

The group agreed that the basic structure established during the Partnership's initial developmental phase will continue. DSHS will continue as the Partnership's convener. In compliance with the Partnership MOU, the Executive Committee and Core Team will continue to meet regularly – the core team monthly, the Executive Committee quarterly. They plan to reconvene the Advisory Committee annually. Recognizing the importance of employment for the target families, they have invited the Workforce Development Center to join the Partnership and the Advisory Committee member has enthusiastically agreed.

The OCA and CIP representatives have taken the Partnership on with great zeal and clearly will be exercising leadership to keep the integrated services effort going.

The primary areas they have identified for continued implementation efforts are:

- Working with the CPS Substance Abuse Specialists (SAS) to bring them into the integrated systems activity;
- Modifying data collected at the state and local levels, including the courts, to permit evaluation of the effort;
- Aggressively seeking executive level leadership;
- Testifying about the Partnership at an upcoming Supreme Court hearing in September;
- Engaging in specific activities targeting the roll out communities, cluster courts, court administrators, family lawyers, and public defenders;
- Clarifying/establishing measures of proficiency, accountability for integrated system and establishing indicators to trigger TA;

- Coordinating with existing FDTC to engage them in use of the evaluation model and requesting data and outcome/impact information currently available from the existing courts;
- Coordinating the Websites;
- Completing and implementing the training plan;
- Developing a strategic financial plan;
- Marketing the Partnership; and
- Designing and evaluating the Partnership process itself and updating the Partnership plan regularly and evaluation template as needed.

Follow-up technical assistance will be provided to assist Texas in the following areas to sustain the collaborative momentum:

- Assistance in modifying the CPS SAS Position Descriptions (PDs) and Training;
- Assistance in coordinating with the drug court efforts in the state, particularly the NADCP training activities;
- Developing an evaluation plan, with a focus on evaluation of roll-out sites, and encouraging existing courts in to be incorporated into the final Evaluation Plan;
- Facilitating Executive level buy-in; and
- Orienting new team members to the Sacramento Drug Dependency Court model, by facilitating an on-site observation opportunity in Spring 2008.

## Maine

Since 2001, Maine has been engaged in addressing the needs of families and children who are involved in the child welfare system and are affected by substance abuse disorders. These efforts led to a number of accomplishments, including establishing pilot sites for out-stationed substance abuse counselors at child welfare offices, cross training on screening and assessment, uniform substance abuse screening by child welfare workers, and family treatment drug courts. Although the Child Welfare/Substance Abuse Committee tasked with coordinating these activities had been functioning together for several years, they had come to somewhat of an impasse as to how to move their collaborative efforts to the next level of impact. In March 2006, a team from Maine attended the Cross Site Meeting in Sacramento, which galvanized the team into action, using a more focused approach.

### *Project Deliverables and Specified Outcomes*

The primary outcome agreed upon by the Committee was to improve the length of time it takes to achieve permanency for at-risk children, focusing on the following areas:

Universal screening: Effective July 1, 2007, Maine has developed and implemented a system for universal screening for substance abuse among its child welfare referrals. By design, every family touched by the child welfare system will be screened for substance abuse, utilizing the same screening instrument and procedural guidelines. Mapping the First 30 Days of a Child Welfare Case to assess the access, linkage, and communication points provided the foundation to address many of the issues of Daily Practice related to screening, assessment, engagement, treatment enrollment, and retention. Assessing the flow of the case from the point immediately following a positive UNCOPE screen illuminated many of the initial system gaps in family assessment and access to treatment, as well as cross system communication needs.

This analysis found that nearly one-third of child welfare referrals were not being screened for substance abuse problems, leading to the prioritization of a universal screening protocol as an outcome for the technical assistance.

Family Treatment Drug Court: There was a need to address the loss of funding resulting from the Family Treatment Drug Court grant expiring Sept 30, 2006. Contingency funding was secured and a revised model was developed that combined the roles of Sacramento County's Early Intervention Specialist and the specialized case management functions of the Recovery Specialists in the STARS Program.

Developing a Strategic Plan based on the 10-Element Framework, but tailored specifically around the organic strengths of Maine's coalition. A plan was ultimately created that was based upon the shared outcome of reducing the length of time it takes to achieve permanency for at-risk children.

Collaboration With Other State Planning Efforts and Related Resources: The project utilized IDTA to facilitate the expansion of its stakeholder base, and plan for regional implementation of a Child Welfare Treatment Network, working with a regional child welfare and child mental health collaborative network established through the Future Search Program.

#### *Accomplishments, Challenges and Lessons Learned*

Maine's CW/SA Committee benefited a great deal by having the NCSACW perspective at the table. In particular, the 10-Element Framework was instrumental in moving the group's agenda forward, even though it was important that the end product was uniquely Maine's, rather than a tool that was simply borrowed from a national model. The majority of Maine's activities can all be traced to the influences of the 10-Element Framework, including:

- Development of a Statement of Guiding Principles,
- Implementation of universal screening in family assessments and by alternative response agencies, and
- Formulation of a "shared outcome" that served as the overarching mission of the group.

Perhaps the biggest challenge in Maine was obtaining buy-in to the recommended approach from the group's historic champion. Buy-in was ultimately achieved, however, when the mutual passion that the various entities involved in the project share for the priority population of children and families at the intersection of the child welfare, substance abuse, and court systems, was recognized. Eventually, this recognition extended to some degree to an appreciation of how the 10-element Framework could facilitate organizing the Committee activities in order to benefit the priority population in need of services and support. The adoption of a "shared outcome" that was tied to Maine's Child Welfare Performance Improvement Plan also became a powerful organizing metaphor for the team.

Implementing universal substance abuse screening in family assessments and alternative response agencies held its own lessons, including:

#### The Need for Leadership From the Beginning

A sustained commitment from the top administrators is responsible and required to develop a uniform system of screening and assessment. Committee meetings are typically attended by the top administrators in the systems. In addition to their support, this initiative was endorsed by the Legislature's Health and Human Services Committee. The commitment of elected officials and top administrators, combined

with the participation of leading professionals in substance abuse and child welfare, simultaneously gave the committee credibility and access to decision-makers.

#### Selecting a Screening Instrument

Maine discovered there is no perfect tool. Trying to accomplish too much can result in needless work. Staff from DHHS, while supporting a uniform screening tool, insisted the tool be brief and require minimal training. The UNCOPE instrument, while not having been used extensively in child welfare situations, met the Committee's desire for a tool that was valid, reliable, short and easy to administer.

#### Field Testing the UNCOPE Instrument

The Committee developed a plan to "field test" the UNCOPE screening tool in three counties. The counties were selected based the receptivity of the DHHS staff and geographical considerations related to training and management. The demonstration project revealed:

- Training staff is crucial to the successful implementation of a screening and assessment system.
- On-going training and orientation of new staff should be built into the system with an emphasis not only on the technical aspects of the tool, but also on the dynamics of substance abuse particularly related to denial.
- Instilling a sense of "buy-in" to the system is essential. If staff is not invested in the tool or do not see it as having a purpose, it can quickly become a meaningless exercise.
- The screening tool should not be the only indicator of a substance abuse problem. In addition to the UNCOPE, include the use of "collateral" information such as criminal justice reports or previous DHHS reports.

#### Supervision Makes a Difference

The single most significant lesson learned from the demonstration project was the importance of administrative supervision. In one county, where the supervisor was part of the Committee and very committed to the screening system, the UNCOPE was consistently used by the staff, leading to an increase in referrals for substance abuse treatment. In the two other counties, supervision was inconsistent resulting in mixed response to the UNCOPE. Consequently, when the system was put into effect, it was incorporated into an overall policy on safety assessment, elevating it to a level that requires consistent supervisory attention. The field tests led to making the UNCOPE mandatory training for new staff members, and is included in DHHS's on-going quality assurance program.

#### *Next Steps and Recommendations*

Maine's Child Welfare/Substance Abuse Committee has narrowed its focus by developing a "shared outcomes" statement that is targeted at improving the length of time it takes to achieve permanency for Maine's at-risk children. Initial priorities have been identified as:

1. Conducting specific data collection efforts to determine those families who are experiencing substance abuse issues as a barrier to permanency for their children.
2. Developing a uniform referral and substance abuse assessment system for child welfare clients.
3. Developing a network of substance abuse treatment providers who can better serve the needs of child welfare-involved families.

In addition, Maine will complete the Memorandum of Understanding and further work to implement the multi-year strategic plan. Maine has requested additional technical assistance in addressing the initial priorities by having the consultant continue to participate in the Child Welfare/Substance Abuse Committee and sub-committees as needed.

## 5. The Outcomes: Evaluation Findings

During Round 3, NCSACW utilized three different methods to assess the following indicators:

1. Administration of pre- and post-IDTA Collaborative Capacity Instruments to gauge each State's capacity to collaborate across systems;
2. Cross-Site Meeting Evaluations to assess participant satisfaction about the meeting; and,
3. Distribution of a Site Self-Assessment and Closing Evaluation at the end of the IDTA period to elicit feedback on the resources and technical assistance services provided by the NCSACW and the Consultant Liaisons.

The information gathered through these methods has proven to be very important for informing the IDTA process as to what improvements need to be incorporated into future IDTA rounds, and has also yielded valuable information regarding the existing strengths of the program. The results are discussed below.

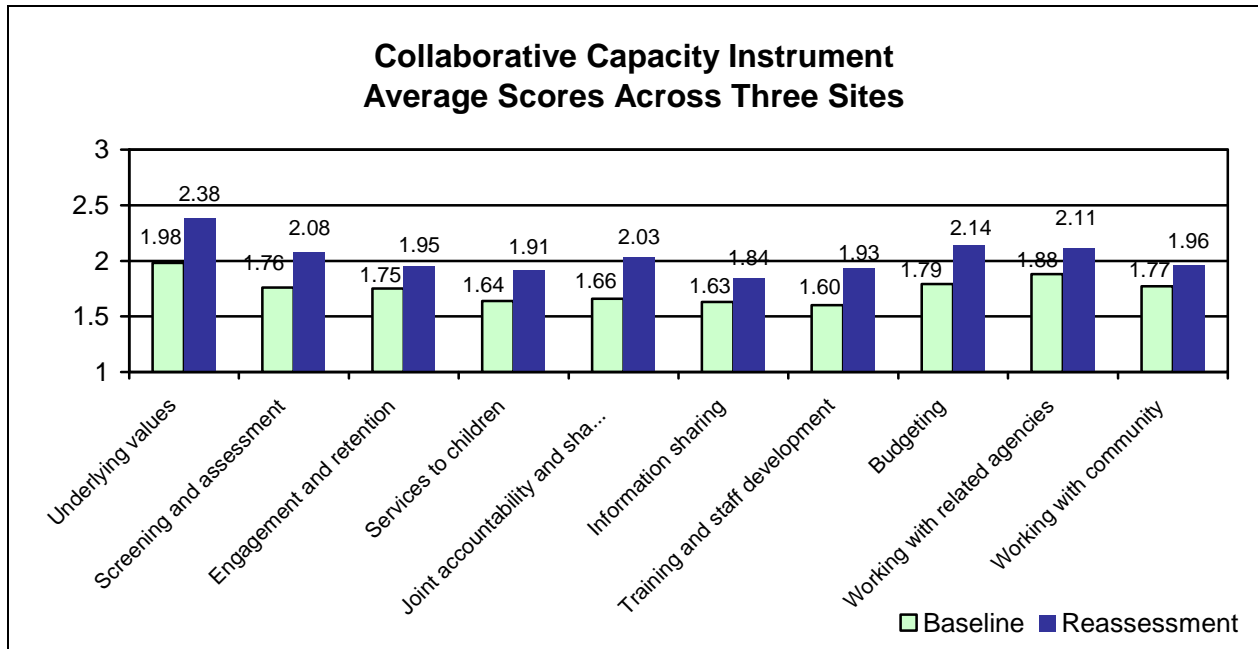
### Collaborative Capacity Instrument (CCI)

The CCI is commonly used to establish or enhance collaboration in work with Counties and State agencies. A recent study<sup>1</sup> has confirmed the strength of the instrument. Factor analysis was used to examine the internal consistency of the instrument and its individual components. The reliability of the CCI is very strong, with an internal consistency of .97. Each of the ten factors that make up the instrument also has a strong internal consistency of approximately .80 or more.

As with the previous rounds, the Round Three IDTA program incorporated the use of the CCI as a tool that was completed by as many Core and State Team members as possible in the first 60 days of the process. The results were tabulated and provided to the site team via a facilitated analysis that provided the site with some indicative features of their cross-system dynamics. This information was subsequently used to inform the project Work Plan for each site. The CCI was administered again at the conclusion of the IDTA to reveal changes in collaborative capacities that occurred over the course of the IDTA program.

A total of 52 participants completed the CCI at the beginning of the Round Three IDTA program and 57 participants completed the post-IDTA CCI's. For the three sites combined, there was a significant increase in the mean score in all 10 elements of collaboration across time (**see Appendix 1**). The three areas with the greatest percent change increases were "Joint Accountability and Shared Outcomes" (22.3%), "Training and Staff Development" (20.6%), and "Underlying Values and Principles of Collaborative Relationships" (20.2%). The graph below displays the pre- and post-IDTA mean scores for all sites combined. Appendix 1 provides more detail about the assessments in each site.





### March 2006 Cross-Site Meeting and Drug Court Site Visit Evaluation

Forty-three participants attended NCSACW's Technical Assistance Cross-Site Meeting and Drug Court Site Visit on March 21-24, 2006 in Sacramento, California. State team members came together to discuss the IDTA process in their State, hear from other participating States, and receive on-site technical assistance from the Consultant Liaisons, NCSACW, and Federal sponsors. The majority of participants represented State agencies (70.8%) or local government (8.3%). Three-quarters of the participants were women.

In compliance with the Federal Government Performance and Results Act (GPRA) standards, NCSACW used the Center for Substance Abuse Treatment Baseline Meeting Satisfaction Survey to obtain feedback on the cross-site meeting. Participants gave positive ratings for the overall quality of the cross-site meeting. A majority of the participants reported feeling satisfied or very satisfied with the quality of the meeting. Most also agreed that the site visit was well organized and were satisfied with the overall meeting experience. The participants were asked about the usefulness of the materials presented during the Cross-Site Meeting. In particular, they were asked whether the materials would help them address substance abuse, child welfare, and dependency court issues in their State; whether they expected to use the information; and what they thought the benefit to their clients would be. Overall, the participants agreed that the materials presented would be helpful to them in addressing these issues and would benefit their clients. Most believed that the materials would help them in dealing with substance abuse, child welfare, and dependency court issues in their State. **Appendix 2** contains the cross-site evaluation report.

In addition to the above areas, participants were asked to answer the following two questions: "What about the meeting was most useful in supporting your work responsibilities?" and "How can we improve our meetings?" The narrative comments produced the following conclusions regarding the usefulness of the meeting:

1. The cross-site meeting was useful in bring bringing State agencies together. The participants found it valuable to be able to access work from other sites, including

2. The Drug court experience, including the process, court proceeding and meeting the participants was found to be valuable. Many found the entire court day to be useful, particularly the evaluation of progress and observing the drug court. One participant reported that the panel discussions validated the frustrations and growing pains of collaborating agencies in the developing FTDC. Lastly, one participant noted that it was helpful to hear and understand the role and functions of the EIS and STARS workers.
3. In terms of content, some of the participants noted the expertise provided and the quality of the information and our individual state breakout meetings. One participant cited the usefulness of the opportunity to learn about current practice and collaborative between AOD/CPS and chance to have discussions with own state team about issues to be addressed. Another reported that it was useful to take the time to be reflective about what's happening now, what needs improvement, how to roll out some ideas statewide. Finally, another reported that the cross-site meeting helped him/her to understand the difficulties and rewards of effective collaboration.

In terms of ways that the NCSACW could improve its meetings, the participants suggested these improvements:

1. In terms of content, some participants cited the desire for more interaction of participants in cross-state, cross-discipline small groups (including the identification of specific state-oriented goals). Others expressed a desire for a demonstration of some of the products. One participant noted that some of the days felt irrelevant for non-IDTA states. He/she was not sure to fix that problem but suggested perhaps a re-organization of the schedule so that SAFERR comes earlier and the non-IDTA sites are finished earlier. Lastly, one participant reported a desire for a CPS worker panel regarding drug court and their perception, plus what services they provide.
2. The length of the days was cited as an issue for several participants. Although the participants enjoyed the meeting and found it to be interesting and useful, several reported that the days were too long making it hard for them to absorb all the information. A few of the participants stated that they would have liked some interactive experiences or more focused opportunities to move them around and help them retain the information. One participant suggested shortening the court visit, debriefing at the court location, and ending the day once they leave the court.

### **July 2007 Cross-Site Meeting Evaluation**

Thirty-four participants attended NCSACW's Technical Assistance Leadership Network Meeting on July 25-26, 2007 in Washington, DC. The majority of participants represented State agencies (73%) or substance abuse treatment programs (14%).

The majority of participants gave positive ratings for the overall quality of the Leadership Network meeting and their overall meeting experience. In addition, all of the participants reported satisfaction with the quality of the information obtained from the meeting. In addition, over 93% of the participants found the discussion about the Round 1, 2, and 3 sites to be helpful or beneficial. The majority of participants also appreciated the discussion

of ways to improve the IDTA process. The discussion of the evolution of the IDTA program received the lowest scores, with 86% participants finding the discussion informative.

**Appendix 3** contains the Network Leadership evaluation report.

In addition to the above areas, participants were asked to answer the following two questions: "What about the meeting was most useful in supporting your work responsibilities?" and "How can we improve our meetings?" The narrative comments produced the following conclusions regarding the usefulness of the meeting:

1. The Leadership Network meeting was useful in bringing State agencies together. They found it useful to have time to discuss issues with those from other states; and to hear from other states regarding their experiences with the IDTA process. The participants found it valuable to be able to listen to concerns about barriers others have encountered as well as their accomplishments. Participants appreciated learning about new initiatives, approaches, materials, and about the implementation process. The meeting was also rated as useful because it provided networking opportunities.
2. Participants stated that the café conversations were useful. More specifically, one participant thought that these café conversations opened doors for many things to think about. Another commented that this portion of the meeting provided direction in planning ways to move the issue of substance abuse in child welfare cases.
3. One participant commented that the discussions on how to get leadership involved and marketing ads were also useful. Another stated that the meeting gave clarity to the project and was useful in implementing the needed ideas. The participant thought that the shared challenges were helpful in moving these ideas forward. Lastly, one participant reported that the meeting validated the importance of having a strong connection between child welfare and substance abuse.

In terms of ways that the NCSACW could improve its meetings, the participants suggested these improvements:

1. In terms of content, one participant wanted more information about federal initiatives that impact substance abuse and child welfare issues. Another participant suggested the need to focus on the implementation process rather than attempting to improve the process itself for the next round of participants. One commented that it would be more helpful to emphasize the connection between the product and how it can best serve the client. One participant cited that it was necessary to have a definitive method on how to set executive levels of systems to buy into the project and providing support for it. One participant felt that the meeting topics were repetitive. For example, one participant felt that the reports from the café discussions were unnecessary. As far as the evaluation process, one participant noted the importance of evaluating the quality of the consultation during technical assistance.
2. Although there was positive feedback about having the opportunity for networking, there were several suggestions about allowing more time during the meeting for networking. This opportunity would also provide them with some time to meet with each other about similar circumstances they were experiencing. Through networking, participants felt that they would be able to discuss and share their products. Along the same line as this comment, one participant stated that each participant should bring one sample of their work products listed on their website.

3. There were comments from participants in regards to the logistical details of the meeting, such as the desire to be in a room with windows. Other reoccurring comments included the need for more breaks throughout the day, particularly during the first day of the meeting. Others suggested shortening the day to 4:00pm or taking a significant break in the afternoon and meeting a little later into the evening.
4. There were some suggestions about how to organize the breakout sessions for the future participants. Two participants suggested that the breakout sessions should be grouped within systems to allow similar disciplines to discuss common problems. One participant also suggested that utilizing power points, videos, icebreakers, etc. might have helped to break up the materials during the day.

### **Round Three Closing Evaluations**

Near the end of the IDTA process, participants from the Round Three sites were asked to complete an evaluation of the NCSACW IDTA program. The purpose was to get feedback from all the site team members about IDTA that was provided by the NCSACW and the Consultant Liaisons. The feedback will be used improve the NCSACW's efforts to provide IDTA to other sites in the future.

Closing Evaluations were distributed to the Core Team leaders of the Round Three sites at the July 25-26, 2007. The process of distributing the closing evaluations, as with the CCI's, is initiated by the Evaluation Director, who submits a letter to the core team asking for their compliance in completing the evaluation, and highlighting the importance of their feedback regarding to the effectiveness of the IDTA program and Consultant Liaisons.

For the closing evaluations, responses ranged from 1 (strongly disagree, useless) to 5 (strongly agree, very useful). The respondents gave very high scores regarding the consultant liaison keeping the States on schedule (Mean=4.85), the usefulness of the IDTA program (Mean=4.77), and the helpfulness of the consultant liaison in bringing information or resources to the site (Mean=4.77). The lowest scores related to the length of time that the IDTA was provided (Mean=3.62) and the implementation of some of the changes that were developed during the IDTA process (Mean=3.85) and. See the Table below for detailed information regarding the round three closing evaluations.

Participants were also asked open-ended questions to elicit additional feedback regarding the IDTA process. Questions were asked regarding the helpfulness of the IDTA, what the NCSACW staff did best, and changes/improvements that they would recommend to the IDTA process and regarding NCSACW's role in providing IDTA. The narrative comments received produced the following conclusions:

#### **The most helpful thing about the IDTA was:**

- The consultant and the information she brought to us
  - Consultant liaison's consistent involvement in the committee
  - Structure and time frames required that the process continue towards our collaborative goal even as individual participants transitioned out of the process

- Obtaining the initial commitment to the process from each agency allowed participants to devote time to the process in the face of competing internal time demands
- Having a neutral facilitator to keep process focused and timely
- Collaboration between agencies
- Developing a guide for implementation
- Learning the gaps, disconnects, barriers, and then figuring out a way to get around/over/through them
- Gave us access to other programs and ideas
- Brought in knowledge and experience from other stakeholders nationwide
- Resource information and guidance

**What did the NCSACW staff do best?**

- Share information and guide us through the process
- Offered good practical advice on methods of addressing topical areas that were difficult
- Organization of materials to make decisions
- Kept process moving and on schedule
- Keeping us on task and target
- Recapping our work
- Helped to bring order out of chaos
- Provide outstanding significant editing/formatting to products
- Kept us on track and focused
- Provided examples, information, and access to information
- Constantly attentive, prompt, and available
- Very supportive
- Great facilitators
- Raised good points while listening to process

**The one thing I would change about the IDTA is:**

- Extend the time for technical assistance
- Establish more intermediate goals, with associated timeframes for completion, to help avoid so much work sliding to the end of the process
- Extend it 3-6 months to carryover to beginning implementation
- Make it longer
- More concrete examples of what was done in other States
- Scheduling the project when legislature is NOT in session

**What improvements need to be made regarding the role of the NCSACW staff and consultant liaison?**

- She was great
- I was quite satisfied with the performance of the consultant liaison
- Currently this system works well for our State
- More pre-cross site meeting time to better understand the project
- Lengthen the time we have the consultant
- More opportunities for the consultant to meet with the Core Team
- Develop an online orientation for members that join the team later
- Sometimes it was confusing to figure out who we should talk to about specific issues.  
Clearer role definition

**The most important outcome from my participation in the IDTA program is:**

- Cross learning systems and building collaborations
- The development of a standard protocol by the statewide organizations that can be used as an operational template by the individual agencies in each county
- Better knowledge of all three systems and how they connect
- Collaboration with partners
- Collaboration efforts improving with changes that are being made
- A guide to encourage integrated services
- A belief that we will move forward
- Moved our efforts forward faster
- I learned about the bigger picture beyond the processes I normally observe in my State
- More exposure to treatment and how to break down barriers

**The most important lesson I learned about working collaboratively and making long-term change is:**

- The many different networks and silos and how long term change is a slow process
- Persistence and perseverance were needed to complete the development process. More of the same will be required to complete the implementation process.
- Change is a slow process but with hard work and an open mind, we will improve
- I was reminded the process is slow but important
- Set realistic goals/timelines so that the team does not become discouraged
- It is an ongoing process, with the opportunity to continue to revise and make adjustments
- To be patient

## **6. Project Costs**

The cost of delivering the IDTA program to three sites for fifteen months was approximately \$219,000, compared to \$295,000 for five sites for fifteen months of IDTA in addition to follow-up technical assistance provided to Round 2 sites. Monthly expenditures in Round 3

averaged just under \$15,000, compared to just under \$20,000 per month in Round 2. The cost of professional services accounted for 61% of the total costs. This compares to 78% for Round 2. Professional services included those of the three Consultant Liaisons, the Project Manager, and the Judicial Consultant. Over the course of Round 3, each site received professional consultation worth approximately \$45,000. Other direct costs such as travel, per diem, meeting costs, printing and reproduction, and postage accounted for the remaining 39% of total costs.

The sites also committed significant resources to the project. Each site contributed the time and expertise of its leaders, management staff, and policy developers. Community providers and stakeholders helped develop the sites' products. Sites were responsible for the costs of in-state travel, meeting space, materials, conference calls, and other items.

## **7. Summary: Lessons Learned and Next Steps**

In addition to the lessons learned in each of the Round 3 sites, NCSACW continued to refine its overall approach based on the additional insights about change management in general that were garnered by consultants, staff, and other national stakeholders that are seen as instrumental to NCSACW's success in helping IDTA sites evolve. The most noteworthy of these lessons and corresponding refinements are discussed below.

Creating Political Will – How successful IDTA sites are in effecting systems-level change is directly connected with how effectively they are able to engage the support of their top-level leadership. The buy-in of those leaders is necessary for securing the political will necessary to propel and sustain change at the local level.

Layering Leadership - The role of leadership in cross-system collaboration is complex, and needs to be cultivated at multiple layers across multiple organizations in order for systems change to occur. Particular attention needs to be given to identifying a site's primary "change leaders" early in the process, and actively nurturing their role with the project. Identifying three key systems to serve as the lead entities for the change initiative ensures that the work is manageable, but still allows for the collaborative benefits to be leveraged for work with additional partners, such as mental health, public health, domestic violence, and welfare.

Focusing on Impact – While investing in the intensive process of collaborative team development is necessary to creating the platform for systems change to take root, it is not sufficient to result in improved outcomes for the families that are the priority population for IDTA. Concrete, measurable outcomes that focus on recovery, permanency, safety and wellbeing must be defined at the outset in the project's Scope of Work. These outcomes serve as the compass that guides every aspect of the project, from planning to implementation and policy transformation.

Finessing the Timing - Every IDTA site's experience has reinforced the truth that the development cross-systems organizational relationships can't be rushed. As a result, it is necessary to conduct some preliminary relationship building with prospective sites in order to more effectively gauge a site's capacity and readiness for systems-level change. This "pre-IDTA" site development has proven to be an effective way to make the best use of NCSACW resources.

*New Directions and Next Steps*

As a result of these observations and the collective experience developed from work in all three rounds, the next phase of IDTA will incorporate the following refinements:

- Priority will be placed on developing and tracking outcomes for the project, with a connection to NOMS and CFSR outcomes as a way to ensure that IDTA outcomes are more concrete. (This will also require better coordination with other Federally-sponsored technical assistance resources.)
- Each round will adhere to a more precisely phased approach that heightens focus on implementation and streamlines time involved in product development;
- Evaluation activities will incorporate an increased focus on improving sustainability, in part by developing additional tools for measuring a site's collaborative progress, with a particular emphasis on leadership;
- Sustainability will also be supported by developing IDTA alumni sites into Peer Mentors.

The opportunity is ripe for the collaborative momentum that has been built in Round 3 sites to positively impact other systems in their own States, as well as other States, Tribes, Counties and regional jurisdictions throughout the country that are interested in improving their cross-system outcomes. The linkages established as a result of the IDTA have already served to broaden the network of stakeholders in each site which share common concerns and interests. While their work is far from complete, these three sites are positioned to help move the national agenda forward related to strengthening collaboration between child welfare services, substance abuse services, and dependency courts.



## Appendix 1: Collaborative Capacity Instrument Scores

In Maine, there were 8 core team members who completed the baseline assessment and 6 core team members who completed the reassessment. For Maine, there was an increase in five of the 10 elements over time, with the largest being in the areas of "Training and Staff Development" (26.8%) and "Daily Practice - Services to Children of Substance Abusers" (13.8%). Increases were also seen in the areas of "Underlying Values and Principles of Collaborative Relationships," "Joint Accountability and Shared Outcomes," and "Working with Community and Supporting Families." In Maine, there were decreases in the perceived collaboration levels in five areas: "Daily Practice - Client Screening and Assessment," "Daily Practice - Client Engagement and Retention in Care," "Information Sharing and Data Systems," "Budgeting and Program Sustainability" and "Working with Related Agencies."

New York had 25 core team members who completed the baseline CCI and 28 core team members who completed the reassessment. In New York, increases were seen in all 10 areas of collaboration. The largest changes were seen in the areas of "Underlying Values and Principles of Collaborative Relationships" (22.9%) and of "Budgeting and Program Sustainability" (19.8%). The smallest change was seen in the area of "Daily Practice - Client Engagement and Retention in Care," "Working with Community and Supporting Families," and "Information Sharing and Data Systems."

Finally, in Texas, there were 19 core team members who completed a baseline CCI and 23 who completed the reassessment. Results indicate increases in all 10 areas of collaboration. The largest increase came in the area of "Daily Practice - Client Engagement and Retention in Care" (53.9%), "Joint Accountability and Shared Outcomes" (53.8%), "Information Sharing and Data Systems" (46.8%), "Daily Practice - Client Screening and Assessment" (44.4%), and "Training and Staff Development" (43.5%). The smallest change was seen in the areas of "Working with Community and Supporting Families" and "Daily Practice - Services to Children of Substance Abusers."

The table below presents pre and post mean scores for all the States combined and individually. Change scores are also presented indicated the percent change in score from baseline to reassessment.

Elements of System Linkages	Baseline	Reassessment	Change Score (%)
<b>Summary Totals for All Sites</b>	N=52	N=57	
Underlying Values and Principles of Collaborative Relationships	1.98	2.38	20.2
Daily Practice - Client Screening and Assessment	1.76	2.08	18.2
Daily Practice - Client Engagement and Retention in Care	1.75	1.95	11.4
Daily Practice - Services to Children of Substance Abusers	1.64	1.91	16.5
Joint Accountability and Shared Outcomes	1.66	2.03	22.3
Information Sharing and Data Systems	1.63	1.84	12.9
Training and Staff Development	1.60	1.93	20.6
Budgeting and Program Sustainability	1.79	2.14	19.6

Working with Related Agencies	1.88	2.11	12.2
Working with Community and Supporting Families	1.77	1.96	10.7
<b>Maine</b>	n=8	n=6	
Underlying Values and Principles of Collaborative Relationships	2.18	2.24	2.8
Daily Practice - Client Screening and Assessment	1.84	1.83	-0.5
Daily Practice - Client Engagement and Retention in Care	1.95	1.72	-11.8
Daily Practice - Services to Children of Substance Abusers	1.60	1.82	13.8
Joint Accountability and Shared Outcomes	1.82	1.97	8.2
Information Sharing and Data Systems	1.80	1.71	-5.0
Training and Staff Development	1.64	2.08	26.8
Budgeting and Program Sustainability	1.89	1.61	-14.8
Working with Related Agencies	2.15	2.02	-6.0
Working with Community and Supporting Families	1.69	1.86	10.1
<b>New York</b>	n=25	n=28	
Underlying Values and Principles of Collaborative Relationships	2.10	2.58	22.9
Daily Practice - Client Screening and Assessment	1.99	2.15	8.0
Daily Practice - Client Engagement and Retention in Care	1.98	2.00	1.0
Daily Practice - Services to Children of Substance Abusers	1.78	1.97	10.7
Joint Accountability and Shared Outcomes	1.85	2.06	11.4
Information Sharing and Data Systems	1.81	1.88	3.9
	1.76	1.94	10.2
Budgeting and Program Sustainability	1.87	2.24	19.8
Working with Related Agencies	2.01	2.21	10.0
Working with Community and Supporting Families	2.03	2.10	3.4
<b>Texas</b>	n=19	n=23	
Underlying Values and Principles of Collaborative Relationships	1.70	2.20	29.4
Daily Practice - Client Screening and Assessment	1.42	2.05	44.4
Daily Practice - Client Engagement and Retention in Care	1.28	1.97	53.9
Daily Practice - Services to Children of Substance Abusers	1.49	1.85	24.2
Joint Accountability and Shared Outcomes	1.32	2.03	53.8
Information Sharing and Data Systems	1.24	1.82	46.8

Training and Staff Development	1.31	1.88	43.5
Budgeting and Program Sustainability	1.54	2.14	39.0
Working with Related Agencies	1.53	2.00	30.7
Working with Community and Supporting Families	1.48	1.83	23.6

## Appendix 2: March 2006 Cross-Site Meeting and Drug Court Site Visit Evaluation

Item	Mean	N
1. How satisfied are you with the overall quality of the cross site meeting and the dependency drug court visit?	4.54	26
2. How satisfied are you with the quality of the information/instruction from this meeting?	4.50	26
3. How satisfied are you with the quality of the meeting materials?	4.62	26
4. Overall, how satisfied are you with the meeting experience?	4.54	26
5. The morning session introducing the Federal Staff and the sites was useful.	4.04	23
6. The discussion of the collaborative framework and tool was informative.	4.04	23
7. I found the Day 1 background discussion of Sacramento's Dependency Drug Court to be helpful.	4.27	22
8. The working lunch and dinner with my state team and consultant liaison was beneficial.	3.78	20
9. Hearing about the Specialized Treatment and Recovery Specialists (STARS) Program on Day 2 was informative.	4.67	24
10. Learning about the court component of the dependency drug court was helpful.	4.57	21
11. I enjoyed the panel discussion with Sacramento Dependency Drug Court participants.	4.63	24
12. Learning about the attorney's roles and perspectives during the lunch with the attorneys was useful.	4.38	24
13. Observing the dependency court proceeding was of value to me.	4.61	23
14. The discussion on the evaluation findings of the Dependency Drug Court was beneficial.	4.26	23
15. I found the Day 3 discussions on the "Lessons Learned" to be helpful.	4.24	23
16. The breakout sessions by state were useful.	4.63	23
17. The discussion on the screening and assessment for family engagement, retention, and recovery (SAFERR) was informative.	4.14	14
18. The meeting was well organized.	4.62	26
19. The material presented in this meeting will be useful to me in dealing with substance abuse issues in my state.	4.46	24
20. The material presented in this meeting will be useful to me in dealing with child welfare issues in my state.	4.33	24
21. The material presented in this meeting will be useful to me in addressing dependency court issues in my state.	4.23	26
22. I expect to use the information gained from this meeting.	4.58	26
23. I expect this meeting to benefit the clients in my State/Tribe.	4.38	26
24. This meeting was relevant to substance abuse treatment.	4.28	25
25. Overall, how useful was the information you received?	4.54	24

### Appendix 3: July 2007 Cross-Site Meeting Evaluation

Item	Mean	N
1. How satisfied are you with the overall quality of the meeting?	4.64	22
2. How satisfied are you with the quality of the information/instruction from this meeting?	4.64	22
3. How satisfied are you with the quality of the meeting materials?	4.41	22
4. Overall, how satisfied are you with the meeting experience?	4.59	22
5. The discussion of the evolution of IDTA and future direction was informative.	4.19	21
6. I found the Round 3 IDTA discussion of site progress and products to be helpful.	4.45	22
7. Hearing about the Round 1 and 2 site progress, solutions and lessons was informative.	4.5	22
8. I benefited from the conversation café discussions with meeting participants.	4.41	22
9. I appreciated the opportunity to discuss ways to improve the IDTA process.	4.5	22
10. The IDTA Leadership Network brainstorming session was helpful.	4.5	22

## Appendix 4: Round Three Closing Evaluations

Item	Maine	New York	Texas	Overall Mean
1. Overall, NCSACW met its goals of providing in-depth technical assistance as they were explained at the kick-off meeting and in correspondence.	4.50	4.67	5.00	4.60
2. Overall, the State's goals for technical assistance were met, as they were described in our application and at the kick-off meeting.	4.13	4.33	5.00	4.25
3. The technical assistance that was provided helped to create or improve relationships among agencies and systems.	4.44	4.67	5.00	4.54
4. The cross-site meeting added value to the IDTA process.	4.12	3.67	5.00	4.08
5. The products that were developed will be useful to our State.	4.25	4.33	5.00	4.33
6. The length of the time that the IDTA was provided was sufficient.	3.78	3.67	2.00	3.62
7. We have already implemented some of the changes that were developed during the IDTA process.	4.22	2.67	4.00	3.85
8. The consultant liaison was helpful in bringing us information or resources.	4.67	5.00	5.00	4.77
9. The consultant liaison was helpful in:				
Keeping us on schedule	4.33	5.00	5.00	4.54
Guiding us in making decisions	4.78	5.00	5.00	4.85
Addressing problems that arose	4.56	5.00	5.00	4.69
10. Overall, how useful was the IDTA program?	4.67	5.00	5.00	4.77

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<sup>i</sup> Drabble, L. (2005, February). *Pathways to Collaboration: Understanding the role of values and system-related factors that contribute to the adoption of promising practices between child welfare and drug systems. Summary of Research Project Findings*. Report to CalSWEC Research and Development Committee. San Jose, CA: San Jose State University College of Social Work.