PART TWO

Building Hope for Families Affected by Substance Use and Mental Health Disorders:

A Blueprint for an Effective System of Care to Promote Lasting Recovery and Family Well-Being

National Center on Substance Abuse and Child Welfare

Acknowledgment

The Center for Children and Family futures (CCFF) would like to offer a special Thank You to the ten In-Depth Technical Assistance (IDTA) and Regional Partnership Grants project representatives who were interviewed for this publication. The lessons garnered from these interviews will help further the knowledge and practice of jurisdictions working to improve the lives of, and permanency outcomes for, children and families affected by substance use disorders. The participants were:

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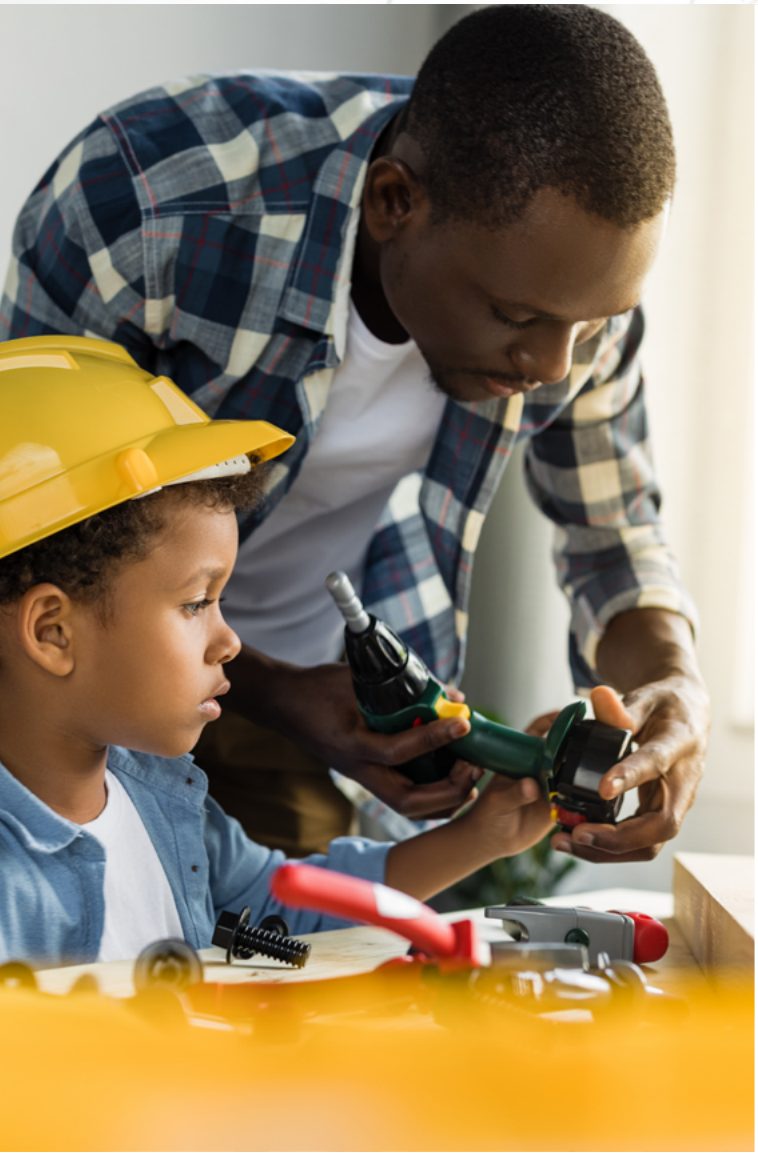
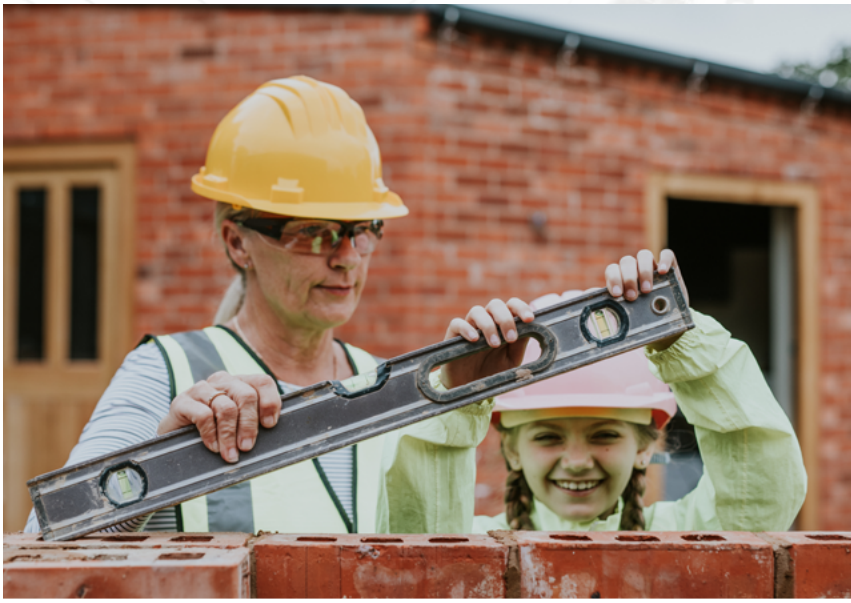
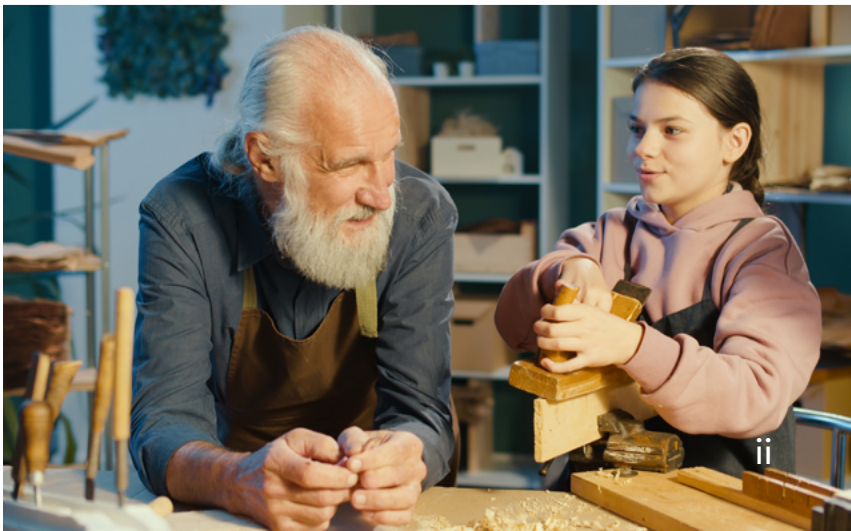






The National Center on Substance Abuse and Child Welfare (NCSACW) created this three-part blueprint to illustrate an effective system of care that promotes lasting recovery, safety, permanency, and well-being for families affected by substance use disorders (SUDs) and mental health disorders.

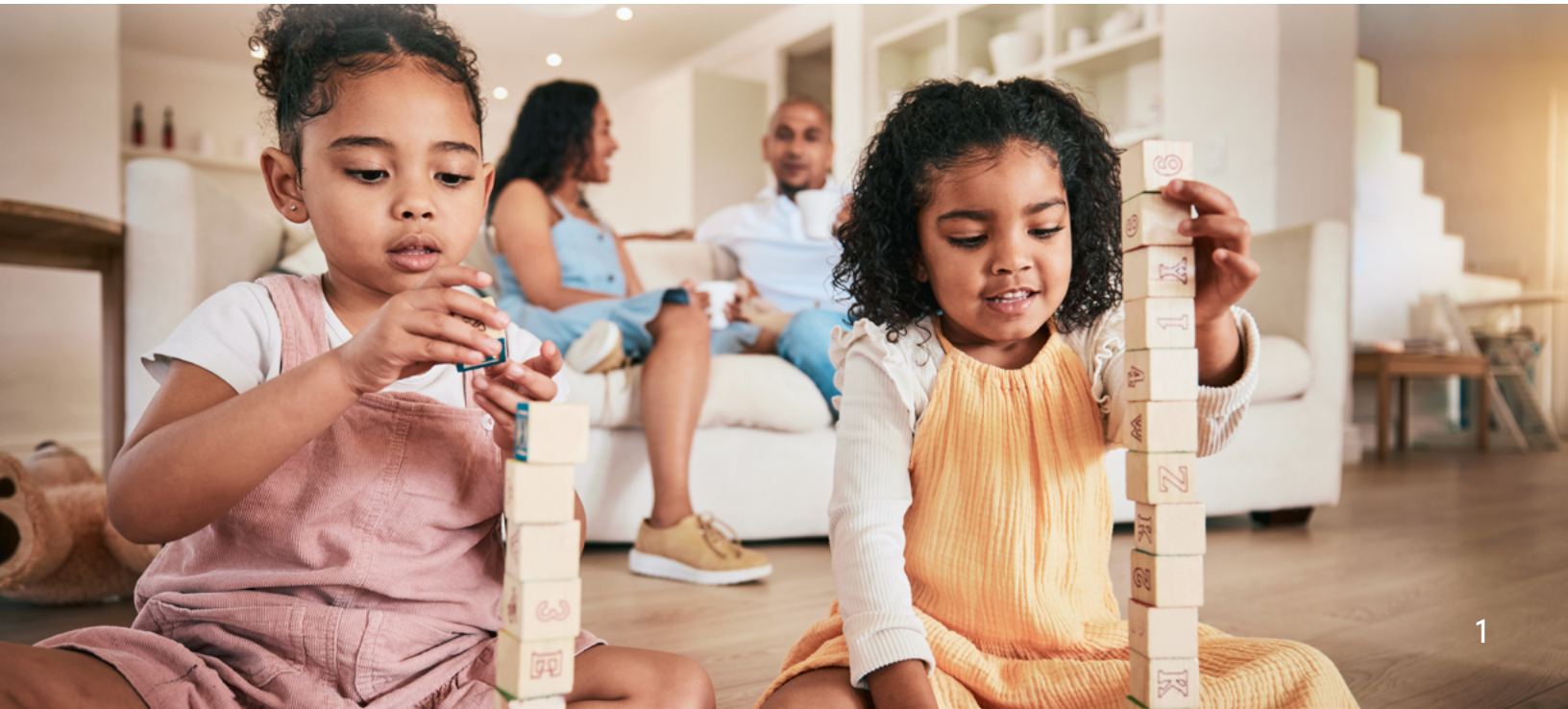
Part 2 describes the purpose, activities, outcomes, and lessons from two federally funded initiatives: the Regional Partnership Grant (RPG) Program and the In-Depth Technical Assistance (IDTA) Program—aimed at improving outcomes for families affected by SUDs and at risk of involvement with child welfare services.

Part 1 introduces the essential pillars of an effective system of care, built on the lessons of key federally funded programs. It describes policy-level opportunities to support expansion of these policy and practice pillars to achieve lasting systems change on behalf of families affected by SUDs and mental health disorders.

Part 3 provides an in-depth description of the essential pillars of a system of care including rich site examples from the RPG and IDTA programs. It illustrates how sites have implemented collaborative policy and practice strategies to improve equitable access to family-centered services and to enhance family outcomes.

To support the development of this blueprint, NCSACW interviewed representatives from 10 RPG and IDTA program sites. To build on previous knowledge gained from many other sites, these interviews provided information about the key lessons, strategies, challenges, and opportunities learned through their collaborative initiatives to improve outcomes for families affected by SUDs and mental health disorders.

Across the three parts of this blueprint, policymakers, state and county administrators, and community partners will better understand the needs of these families, learn strategies to serve them, and gain hope that—with an effective, collaborative system of care on behalf of families affected by SUDs and mental health disorders—*parents do recover, and families and communities do heal*.

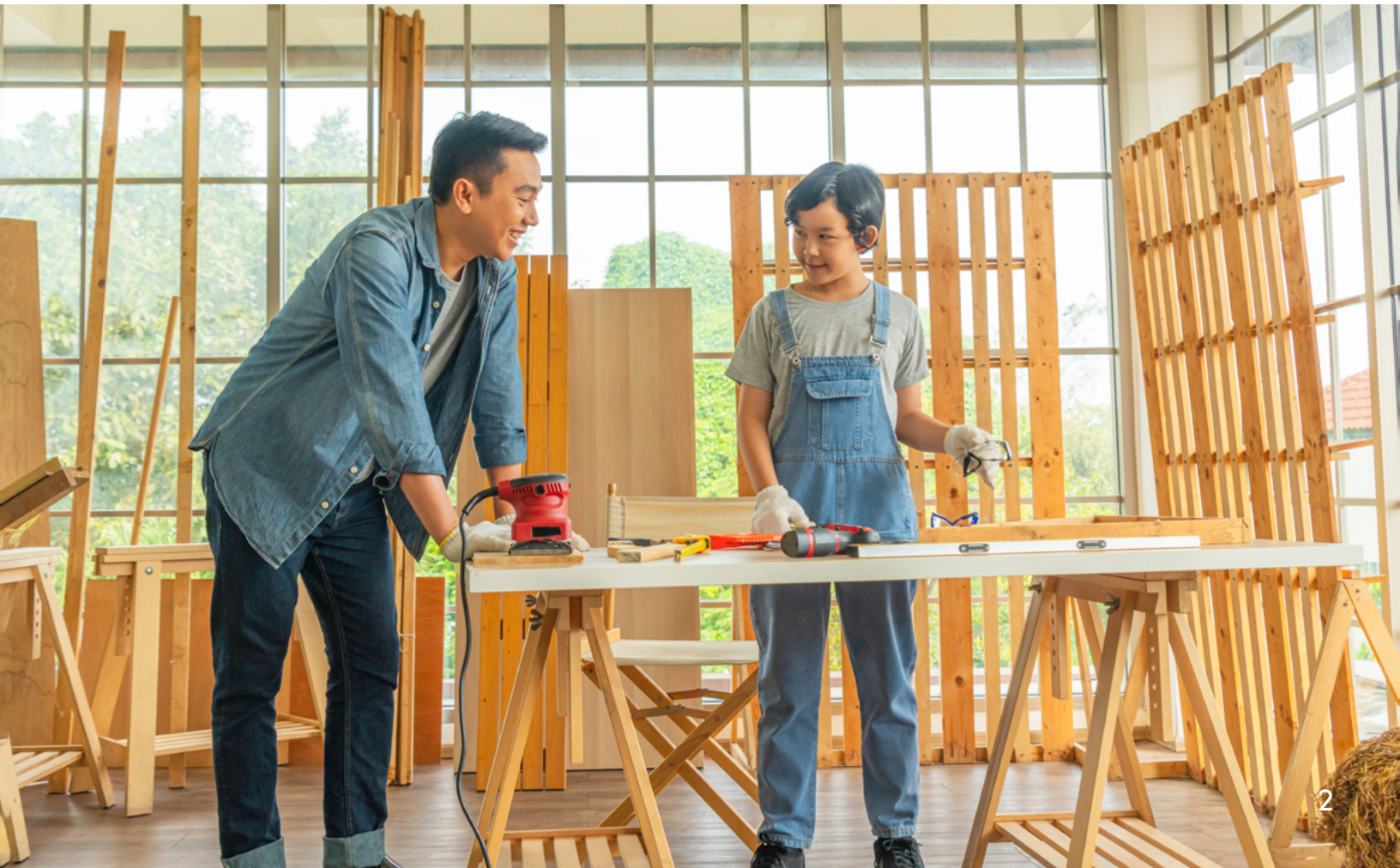


Part 2: Summary and Lessons of the Regional Partnership Grants and In-Depth Technical Assistance Programs: Key Federal Initiatives to Improve Outcomes for Families Affected by Substance Use Disorders

Families affected by SUDs and mental health disorders—while also at risk of child welfare involvement—require a system of care that includes comprehensive services coordinated across a collaborative team of agencies to meet their complex and varied needs. Traditional services provided through siloed agencies do not provide the comprehensive and tailored approach necessary for these families to succeed.

Tribes, states, counties, and communities often require expert guidance to identify their own strengths and needs related to improving practice and policy. NCSACW has implemented two large-scale federally funded technical assistance programs aimed at supporting Tribes, states, counties, and communities as they collaboratively improve policy and practice on behalf of families affected by SUDs. Lessons and insights from this work over the past two decades have informed the understanding of what works to promote lasting recovery and well-being for these families.

Part 2 of this blueprint provides an overview of these two programs—the Regional Partnership Grants (RPG) and the In-Depth Technical Assistance (IDTA) programs—that have generated immense knowledge and lessons on the essential pillars of a system of care for families affected by SUDs and mental health disorders. They have promoted innovation and led to improved outcomes for children, parents, and families. Part 2 provides background on these programs and describes their purpose, sites, approach, and outcomes. It then offers a concise summary of the key lessons and themes gleaned through implementing these technical assistance programs.



THE REGIONAL PARTNERSHIP GRANTS PROGRAM

Background and Purpose

Since 2007, the RPG program has aimed to improve the safety, permanency, and well-being of children affected by parental substance use. The program is administered by the Department of Health and Human Services, Administration for Children, Youth and Families, Children's Bureau. The funding is authorized by Title IV-B, Subpart 2: Promoting Safe and Stable Families.

The goal is to increase well-being, improve permanency, and enhance the safety of children in—or at risk of—out-of-home placements as the result of a parent or caregiver's SUD. RPG aims to help partnerships build cross-system collaboration and implement a range of activities and interventions, including peer recovery coaching, family-centered SUD treatment, parenting and family strengthening programs, services to pregnant and postpartum women, medication assisted treatment (MAT), in-home parenting and child safety support for families, and related evidence-based and evidence-informed practices. *Appendix 1* provides an index of the evidence-based and evidence-informed practices implemented by RPG recipients; some of which are included on the Title IV-E Prevention Services Clearinghouse.

RPG recipients are required to submit common measures of their performance, evaluate their programs, and participate in a national cross-site evaluation.

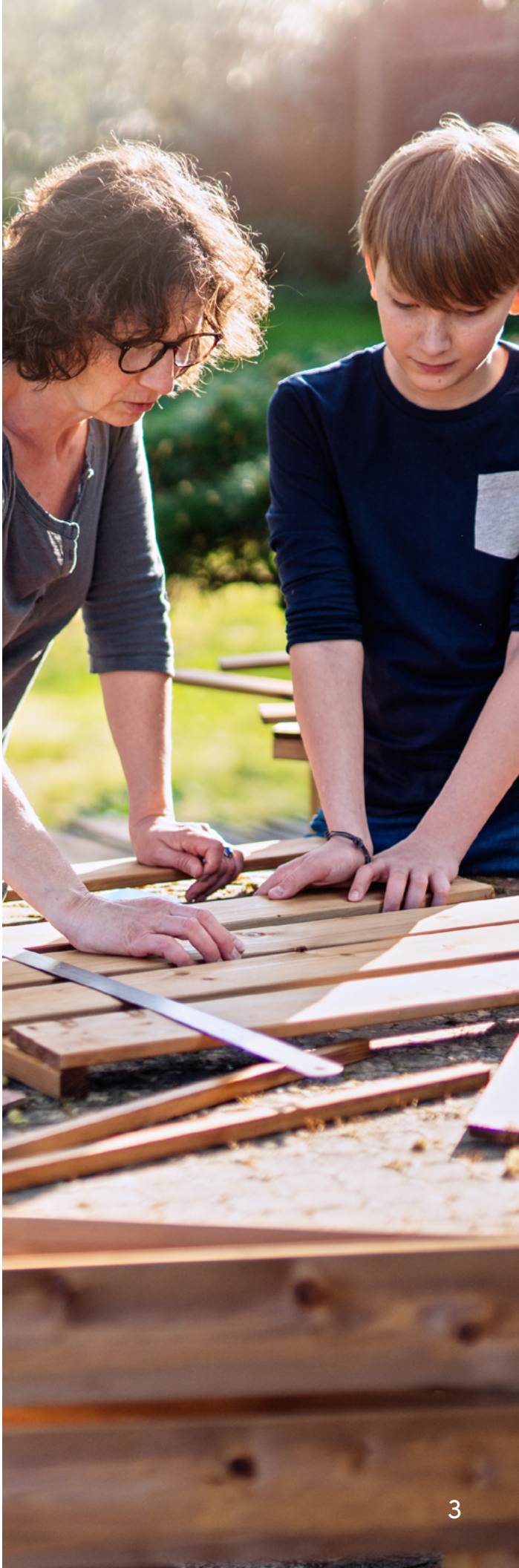
RPG Projects

Children's Bureau has awarded seven rounds of RPG funding to 127 projects across 40 states—including Tribal communities—since 2007.

Technical Assistance Approach and Model

NCSACW provides training and technical assistance (TTA) to RPG recipients to support strong implementation of program strategies and interventions, strengthen partnerships, sustain program innovations, and achieve measurable outcomes. NCSACW provides relationship-based, tailored TTA through assignment of dedicated change liaisons (CL) who help projects develop individual TTA plans to reflect their goals and objectives, strengthen their systems of care, and provide a roadmap of short- and long-term action items.

TTA involves both individual coaching as well as peer-to-peer learning opportunities to: 1) strengthen the ability of projects to identify current and emerging needs of their target population; 2) encourage coordination, communication, and collaboration among service providers and key partners and community members; and 3) work toward sustainability of policy and practices. For more information on the RPG technical assistance program, visit: https://ncsacw.acf.hhs.gov/technical/rpg.aspx.



Key Activities and Innovations

RPG recipients implement a host of innovative strategies and activities to support the needs of families affected by SUDs and at risk of child welfare involvement. These strategies are described in further detail in Part 3 of this blueprint.

1. **Universal Screening:** Projects implement universal substance use and mental health disorder screening at time of initial child welfare involvement to ensure early and equitable identification of families who could benefit from services. Partnerships select tools to identify substance use, mental health, trauma, and child well-being needs of RPG families. Best practice includes selecting screening tools that are culturally responsive and linguistically appropriate for the population served. Examples of evidence-based screening tools that projects use include the Adverse Childhood Experiences (ACE) survey, the UNCOPE, and Ages & Stages Questionnaire: Social Emotional. Part 3 of this blueprint provides more information on screening practices and strategies.
2. **Evidence-Based and Evidence-Informed Practices (EBPs/EIPs):** Recipients implement a number of EBPs/EIPs to improve parenting and parent-child interaction. *Appendix 1* provides an index of the EBPs/EIPs implemented by RPG recipients, as well as links to the program descriptions and evidence as described on the Title IV-E Prevention Services Clearinghouse when applicable. RPG projects have submitted their outcomes to the clearinghouse to build upon the evidence base of programs serving families affected by SUDs and involvement with child welfare services.
3. **Family-Centered SUD Treatment:** Recipients implement family-centered treatment and other services focused on meeting the needs of both the individual with the SUD and their family members. Recipients serve the whole family; some projects offer residential treatment for women and children. Other strategies include: 1) engaging fathers in services, 2) including family members during case management and supervision meetings, 3) developing family treatment planning tools, and 4) increasing parenting time (visitation) among parents and their children.
4. **Services to Children:** In addition to providing children's mental health services and interventions focused on supporting the parent-child dyad, projects implement services specific to children, including early intervention services and those focusing on developmental needs.
5. **Trauma Services:** Recipients offer trauma services for parents and children, including conducting trauma screening and assessment, implementing trauma-informed practices, and providing trauma-specific EBPs/EIPs. Some examples of trauma-specific services to children and adults include Trauma-Focused Cognitive Behavioral Therapy, Eye Movement Desensitization Reprocessing Therapy (EMDR), and Seeking Safety.
6. **Enhancing Equitable Access to and Retention in Services:** Recipients enhance client participation and engagement in services through contingency management and practices, such as Motivational Interviewing (MI). Projects collocate SUD treatment staff and child welfare workers while implementing peer mentor programs to improve client access to services, reduce barriers to these services, and increase timely access to treatment or program services for all parents and family members.
7. **Joint Case Management and Case Conferencing:** Recipients help clients access services by jointly monitoring cases and implementing team-based case planning processes. Families are engaged in the planning and decision-making process.
8. **Ongoing Cross-System Training:** Recipients implement training and community awareness efforts to ensure all partners understand how to meet the needs of families affected by SUDs. Strategies include engaging partners to participate in new EBP/EIP trainings; developing training and educational tools; participating in and hosting community awareness events; and inviting partners and community members to trainings on SUD treatment, MAT, and serving newborns and infants with prenatal substance exposure.
9. **Enhancing Outreach and Recruitment Strategies:** Recipients aim to increase program referrals through recruitment strategies, such as outreach to current and potential referral sources, strengthening existing partnerships with child welfare partners and other referring agencies, expanding target populations and eligibility criteria for RPG services, and modifying the RPG evaluation design.

81% of past RPG sites sustained some or all of their components and program strategies.[1,2]

Outcomes

Evaluation data indicate the RPG program successfully supports multiagency partnerships to implement and sustain innovative policy and practice changes that lead to positive child, parent, and family outcomes.

An evaluation of the first round of RPG (2007-2012) studied 53 sites with a total of 15,031 families—including 25,541 children and 17,820 adults. Outcomes included:

- **Recovery:** RPG adults accessed SUD treatment within an average of 13 days of entering the RPG program while 36.4% entered treatment within 3 days. Adults remained in SUD treatment an average of 4.8 months while 65.2% stayed in treatment longer than 90 days.
- **Remain at Home:** More than 90% of children remained at home while their parent/caregiver participated in the RPG program.
- **Reunification:** Nearly two-thirds of children were reunited within 12 months; of these children, 18% reunited in less than 3 months.
- **Repeat Maltreatment:** Nearly all participating children (96%) did not experience initial or repeat maltreatment within the first 6 months following program enrollment.
- **Re-entry:** Only 7% of children re-entered foster care within 24 months after reunifying with their parent(s).
- **Equity:** Black, American Indians and Alaska Natives (AI/AN), and Latino/a children experienced similar lengths of stay in foster care and reunification with a parent within 12 months compared to White children.[3,4]

RPG Rounds 2 through 6 participated in a national cross-site evaluation to determine the effectiveness of the overall RPG program. RPG Round 2 data from the national cross-site evaluation[5] echoed many of the positive outcomes obtained in the first round of RPG:

- **Recovery:** Adult drug and alcohol use and severity decreased significantly from program entry to exit, as 41% were classified as high-severity drug or alcohol users at program entry, and only 16% were classified as high-severity users at program exit. Adults reported significantly fewer symptoms of trauma, depression, and stress after enrolling in RPG; they also expressed significantly fewer attitudes about parenting that placed their children at risk of maltreatment.
- **Remain at Home:** Just under 30% of children experienced a removal in the year before RPG enrollment; only 6% were removed from the home after entering RPG.
- **Reunification:** Reunifications with the family of origin or other permanent placements were also more common in the year after RPG entry than the year before.
- **Repeat Maltreatment:** Just over one-third of children in RPG had an instance of substantiated maltreatment in the year before RPG; this number decreased to only 7% in the year after. Data show that this reduction in maltreatment was not only attributable to removals of children from their homes and placement in safer environments, but also occurred among children never removed from their homes before or during RPG enrollment.

THE IN-DEPTH TECHNICAL ASSISTANCE PROGRAM

Background and Purpose

NCSACW, since 2003, has facilitated the IDTA program to help communities increase their capacity to improve the safety, health, permanency, well-being, and recovery outcomes for families affected by substance use and co-occurring mental health disorders. This 18- to 24-month program strengthens Tribal, state, (and large county) cross-system collaboration and linkages between child welfare services, SUD treatment providers, and the courts, as well as maternal and infant health care providers, public health providers, early care and education systems, home visiting providers, and other key partners.

NCSACW, in 2014, focused the IDTA program on helping Tribes and states meet the needs of infants and families affected by prenatal substance exposure and the recovery of pregnant and parenting women and their families. IDTA also helps states develop policies and protocols to align with the prenatal substance exposure provisions in the Comprehensive Addiction and Recovery Act (CARA) of 2016, which amended sections of the Child Abuse Prevention and Treatment Act (CAPTA).

Sites

Since the program's 2003 inception, 26 unique sites have engaged in IDTA, including 2 county sites, 4 Tribal sites, and 20 states.

TA Approach and Model

The IDTA approach is based on the premise that significant and lasting policy and practice changes more likely occur by providing individualized training and technical assistance in sufficient depth and duration—along with the support of a senior-level CL with whom the site can establish a trusting relationship. CLs offer tailored and targeted training and technical assistance resources and relationship-based individual coaching to facilitate policy and practice changes, measure performance, strengthen partnerships, sustain successful collaborative projects and innovations, and achieve measurable outcomes.

IDTA sites benefit from the wealth of experience and knowledge of other Tribes, states, and communities. The IDTA program model maximizes opportunities for peer-to-peer sharing and support through learning communities, which are organized by various priorities and groupings, such as cohorts based on timing of the initiation of IDTA and specific TTA needs.

Key Activities and Innovations

NCSACW developed the *Five Points of Family Intervention*—key points in time when comprehensive cross-system efforts can help prevent prenatal substance exposure (PSE), meet the needs of pregnant and parenting women with substance use and mental health disorders, and respond to the needs of children who are affected.[6] IDTA sites have implemented innovative policy and practice strategies at each intervention point that strengthen interagency collaboration and effectively serve these infants and their families. Some examples of approaches across these points in time include:

1. **Pre-Pregnancy:** Preventing SUDs before a woman becomes pregnant through promoting public awareness of the effects of substance use (including alcohol and tobacco) during pregnancy, and ensuring equitable access to appropriate SUD and mental health treatment.
2. **Prenatal:** Identifying SUDs and mental health disorders among pregnant women through universal screening and assessment, engaging women into effective treatment services, and providing ongoing services to support recovery
3. **Birth:** Identifying and meeting the needs of infants with prenatal substance exposure (IPSE), withdrawal symptoms, and fetal alcohol spectrum disorder (FASD), including the immediate need for bonding and attachment with a safe, stable, consistent caregiver
4. **Neonatal, Infancy, and Postpartum:** Ensuring the infant's safety through consistent access to a safe, stable caregiver, and a supportive early care environment; responding to: 1) medical and developmental needs of the infant, and 2) SUD and mental health needs of the parent and family members.
5. **Childhood and Adolescence:** Identifying and responding to the unique developmental and service needs of the toddler, preschooler, child, and adolescent—who was prenatally exposed—through a comprehensive, family-centered approach

For more detailed examples of innovative policy and practice strategies across these points in time, see NCSACW's *Infants with Prenatal Substance Exposure and their Families: Five Points of Family Intervention*.

Outcomes

Several IDTA sites have contributed to the scientific literature and published their individual program outcomes:

Delaware participated in IDTA from 2016-2018. A 2022 study assessed the effect of coordinated Plans of Safe Care (POSC) for Delaware families and found key outcomes for the 1,436 infants with prenatal substance exposure:

- Over 90% had POSC support.
- Nearly 90% avoided out-of-home placement.
- Nearly 58% were referred for pediatric/ developmental assessment.[7]

Connecticut participated in IDTA from 2016-2018 and is currently engaged (2023-2025). A 2022 study investigated the effects of its statewide hospital reporting infrastructure to divert infants with prenatal substance exposure without safety concerns from child welfare services. They implemented an online system that captures de-identified public health data on the birth of an infant with prenatal substance exposure; the system also provides guidance to the provider on making a notification to child protection services through a brief risk assessment tool to determine whether the case warrants a separate maltreatment report. Hospital providers develop a POSC for all infants with PSE using the Connecticut Department of Children and Family Service's Plan of Safe Care template. Results from the study found that over half of IPSE were diverted from referral to child welfare to instead receive supportive services in the community.[8]

KEY LESSONS FROM THE RPG AND IDTA PROGRAMS

Through decades of work, the RPG and IDTA programs have sparked numerous lessons on successfully developing cross-system collaborative teams that implement innovative policies and practices on behalf of families affected by SUDs and mental health disorders. NCSACW, while developing this blueprint, interviewed representatives from 10 RPG and IDTA programs to hear their perspectives on the key successes, challenges, and strategies gained through implementing these collaborative programs to improve outcomes for children, parents, and families. The following key lessons and themes emerged across the interviews; these strategies are discussed in more detail in Part 3 of the blueprint:

- **Engaging Persons with Lived Experience Remains Essential to Improve Family Outcomes and Inform Program Development**

  RPG projects and IDTA sites agree: One of the most significant and effective ways to serve families affected by SUDs is through peer support by other parents with lived experience of SUD and mental health recovery and involvement with child welfare. They also note the importance of engaging persons with lived experience as integral partners in the collaborative team. Having walked through the program themselves, they carry a wealth of knowledge and expertise on what works for families affected by SUDs, and can help to guide program development and improvements.

> "RPG Project Director: "[Having staff who are in recovery themselves] really adds a richness and awareness that informs their practice."

- **Collaborative Teams are Stronger When They Include a Range of Diverse Partners**

  Collaborative teams aiming to improve outcomes for families affected by SUDs and mental health disorders—and at risk of child maltreatment—benefit from building partnerships with a diverse group of agencies, cultural organizations, and community leaders representative of the families being served. Examples include child welfare agencies; substance use and mental health disorder treatment providers; court systems; law enforcement; primary, maternal, and infant health care providers; public health agencies; Medicaid; and home visiting and early intervention providers.

  As noted above, it is important that persons with lived experience (and parents and family members who have completed the program themselves) engage as active partners in the collaborative team. Working closely with a number of diverse partners requires teams to develop a collaborative governance structure with clear roles and responsibilities, a commitment to the same mission and goals, and regular meetings to foster ongoing commitment from all partners at the table as they shift their focus to solutions rather than silos.

> "RPG project lead: "Your partnership base cannot be broad enough. You have to 'splatter paint' to [attract] folks you may not have thought about working with before. The broader the better. Don't get really in the weeds about who gets credit for what. I think the big thing that helped us, at least, was to allow a lot of different entities to have ownership over the program."

- **Use Data to Drive Program Decisions**

  RPG and IDTA programs have learned that a strong connection between program and evaluation teams supports their ability to use data to drive program development and improvement. This strategy requires evaluators to be integrated as key members of the team and a source of regular feedback and information. Sites noted the importance of taking an inventory of data to identify: 1) what data they currently have, 2) essential data that may be missing, 3) where these data are stored and who can access them, and 4) how data are to be shared from one agency to another.

An RPG project created a close connection between their program and evaluation teams that allowed them to regularly review outcomes and make data-informed program decisions. For example, a review of midpoint evaluation of client outcomes revealed to the team that they were not fully seeing the change they wanted from families—so they made modifications to their program to better meet family needs.

- **Identify Stigma and Differences in Values Early and Often**

  RPG and IDTA sites noted that identifying differences in values and coming to a consensus on a common vision for the program are crucial steps at the onset of a collaborative initiative. This process requires difficult discussions and significant time to reach an understanding of shared goals. Ongoing administrative changes and staff turnover also require collaborative teams to revisit the values discussion throughout the initiative as they engage new partners and staff.

  Stigma related to parents with SUDs—and a lack of understanding of addiction—also remain key challenges in many states, counties, and communities; they also contribute to tensions among collaborative partners. Projects and sites have shown success using cross-system training initiatives as a mechanism to combat stigma. A key strategy shared by several RPG and IDTA sites was to invite persons with lived experience to present at training events to feature positive success stories and promote hope for recovery.

One RPG recipient administered the Collaborative Values Inventory (CVI) at the onset of their project, which helped them identify the presence of stigma related to SUDs and parenting among team members while highlighting the need for training on recovery-oriented systems of care to help shift the perceptions and myths about recovery. They administered the CVI annually to assess progress; their data over a 5-year period showed a positive significant change in values among team members. This shift in values was largely due to engaging persons with lived experience on the team who led monthly SUD treatment and recovery trainings for collaborative partners.

RPG AND IDTA STRATEGIES: BUILDING A SYSTEM OF CARE FROM THE TOP DOWN AND THE GROUND UP

The RPG and IDTA programs vary in terms of their approach to creating a system of care for families affected by SUDs. Many of the IDTA sites focus on developing partnerships at the state level, making state-level policy changes that go on to inform the local-level implementation on behalf of families. Many RPG programs take a grassroots approach, starting at the local level and then communicating the lessons and outcomes to county and state leadership to influence state-level policy changes. Both of these approaches are vital and effective when making concrete systems changes on behalf of families. The following summarizes RPG and IDTA strategies and tips for building from the top down and ground up.

Strategies for Building from the Top Down

1. Create cross-system state-level planning groups led by key champions

The development of a state-level planning group or task force involving multiagency partners is an effective tactic to elevate and advance a collaborative initiative. Ensuring key champions and change agents lead these groups also helps gain and sustain momentum for the initiative.

Representatives from an IDTA program noted that high-level leadership from the substance use treatment and child welfare agencies led their state-level Executive Committee, which afforded them the opportunity to meet with key invested partners, including legislators, to secure needed resources.

State-level groups encourage endorsements from key administrators, which can add value and a positive effect when communicating information to county and local levels. Further, state-level planning groups can ensure the effort remains connected to other state initiatives.

2. Engage local-level leaders and community members to weigh in on policy and practice innovations

State-level planning groups also benefit from engaging local leaders and persons with lived experience since it helps them stay connected with practice issues at the local level. This is important from the very start of an initiative, as local leaders and persons with lived experience can be a part of the foundation of the work. Active participation from these leaders also adds credibility to the state-level initiative when relaying information to other counties and localities.

Community-level implementation sites with committed partner agencies are also needed to: 1) pilot innovative policy and practice solutions, and 2) identify barriers and challenges of which state-level leadership might otherwise be unaware.

> "An RPG project representative noted the importance of getting ground-level input and support from local agencies: "They have access to knowledge that we don't on a daily basis. They could've alleviated a lot of barriers by saying, 'That is not going to prove effective right now in this time and during this timeframe.' There is a lot of valuable insight that we missed by not engaging all tiers of staff at each agency—certainly in developing the proposal."

3. Consistently communicate information and guidance down to the local level

A key strategy is ensuring that state-level guidance and information are consistently disseminated to the local level, especially during leadership changes and staff turnover. State-level planning groups can effectively guide and support local-level work and provide oversight over initiatives; they can develop a communication pathway that solidifies this process. State leaders can also strike a balance between providing guidance on policy and practice while also offering local implementation sites the flexibility to customize practices based on their own community needs.

An IDTA site partner emphasized that each local community has its own cultures and norms, and whatever guidance or funding comes down from the state needs to allow communities to have the flexibility to modify it to fit the needs in their community.

Strategies for Building from the Ground Up

1. Seek connections with other local agencies and professionals who have a shared vision

To effectively build an initiative from the ground up, local-level leaders can make connections to other local professionals with a similar vision, passion, and goal for families—and then broaden the group from there. To make these connections, it is key that local leaders remain visible and vocal as they speak about the need and the program. Even if one professional is not interested in a program, they may lead to connections to others who have a similar vision.

Local champions become the face of the work and can help drive the initiative forward. Many communities also stress the importance of connecting with persons with lived experience, and integrating family involvement and input early in the development of local initiatives; their experience and wisdom is invaluable and can help shine light on the real needs of families. As collaboratives explore ways to actively include family participation, it is essential to determine all the ways those with lived experience can actively participate in the planning and governance of an initiative.

An RPG site needed a location with multiple meeting rooms (that also included dinner preparation space and seating) to deliver a weekly parenting program to families. The site approached their local interfaith council, which allowed them to use a church basement with a kitchen and tables; the space also had Sunday School rooms where the individual parenting program groups could meet. The other places of worship each volunteered to provide dinner each week.

2. Build ties to county and state leadership to communicate local-level needs

Community-level programs can broaden their reach and expand their model by connecting with county- and state-level leadership. By building these ties, they may then drive future county- and state-level changes, committees, and initiatives. Communities note that while state engagement is important, it is also **very** important to engage counties since they have local lobbyists who work with the state and legislatures to obtain additional funding and propose policy changes.

One local-level RPG program went to state leadership to communicate their successes. The state department of mental health then gave them additional funding to replicate the program in a rural county. This local-level initiative was also instrumental in the establishment of a state-level committee related to maternal and child health and substance use.

3. Frequently share positive outcomes with invested partners in the community

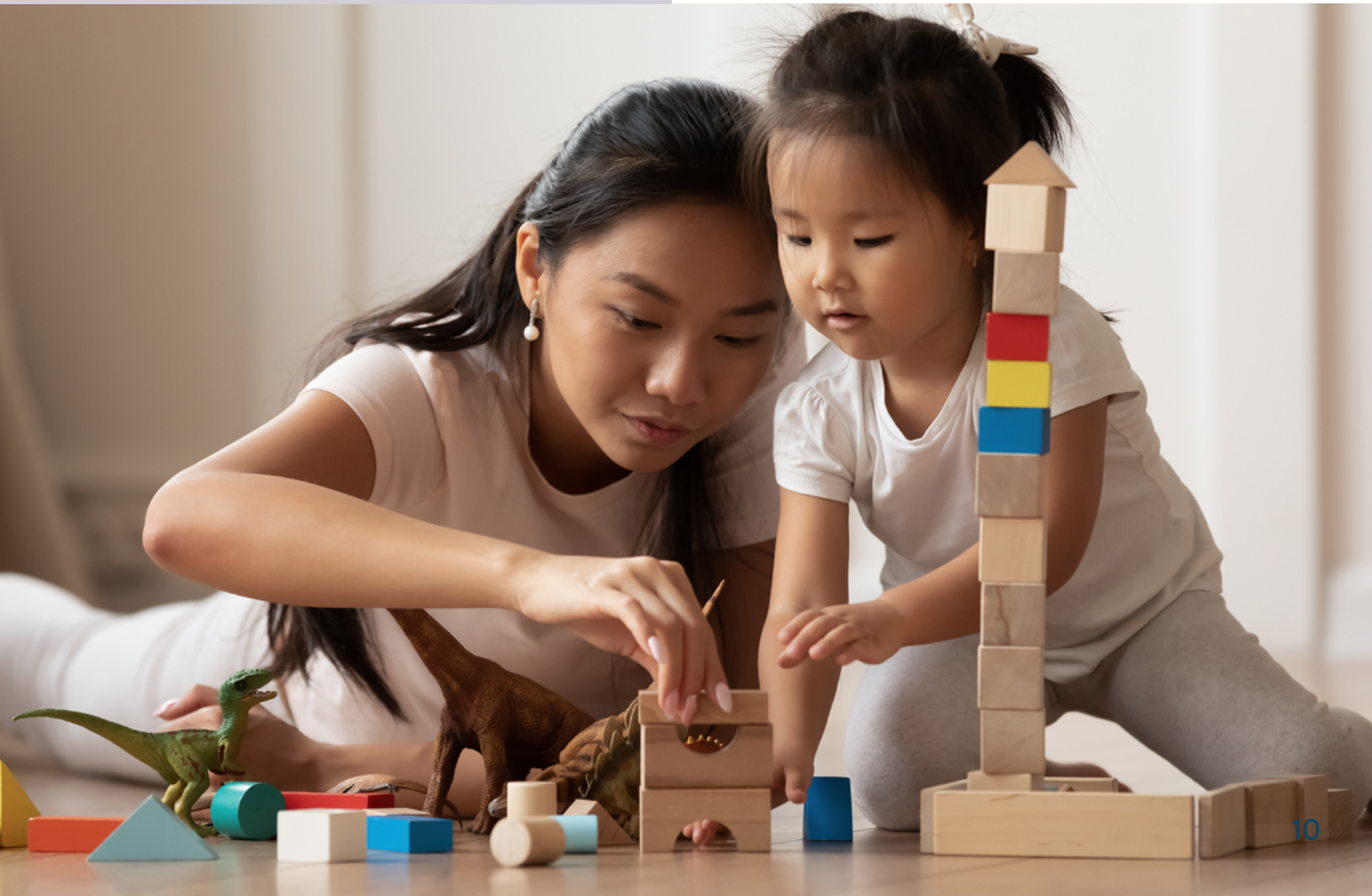
Frequently sharing positive program outcomes and data with invested partners in the community is an effective way to increase referrals to services and attract community support. Engaging family members who have completed the program—along with other persons with lived experience in this process of sharing program successes—promotes a message of hope and an example of recovery. This process also creates a community with a more informed understanding of SUDs, making it more receptive to families affected by SUDs.

One program noted that one of their strategies has been to frequently provide comprehensive information to sell the benefits of the program and market it to invested partners. They provide informational sessions where parent participants speak about the benefits of the program and highlight their successes. These sessions help community partners gain interest in the program and remind them of the availability of this service, which increases program referrals.

SUMMARY

Part 2 of this blueprint described the RPG and IDTA programs and the significant contributions they have made to the knowledge base of what works for families affected by SUDs and mental health disorders. It highlighted the key themes that emerged from interviews with RPG and IDTA representatives. This part summarized the RPG and IDTA programs' lessons on how to build a collaborative system of care for families affected by substance use and mental health disorders by organizing from the state-level down as well as from the local level up. Overall, their on-the-ground lessons and strategies guided the development of the 10 essential pillars of the effective system of care for these families—introduced in Part 1 of this blueprint. Through their continued efforts, countless parents have sustained recovery, and children and families have healed together.

Part 3 of this blueprint offers important considerations to implement the 10 policy and practice pillars; it also provides detailed RPG and IDTA site examples that highlight effective strategies.



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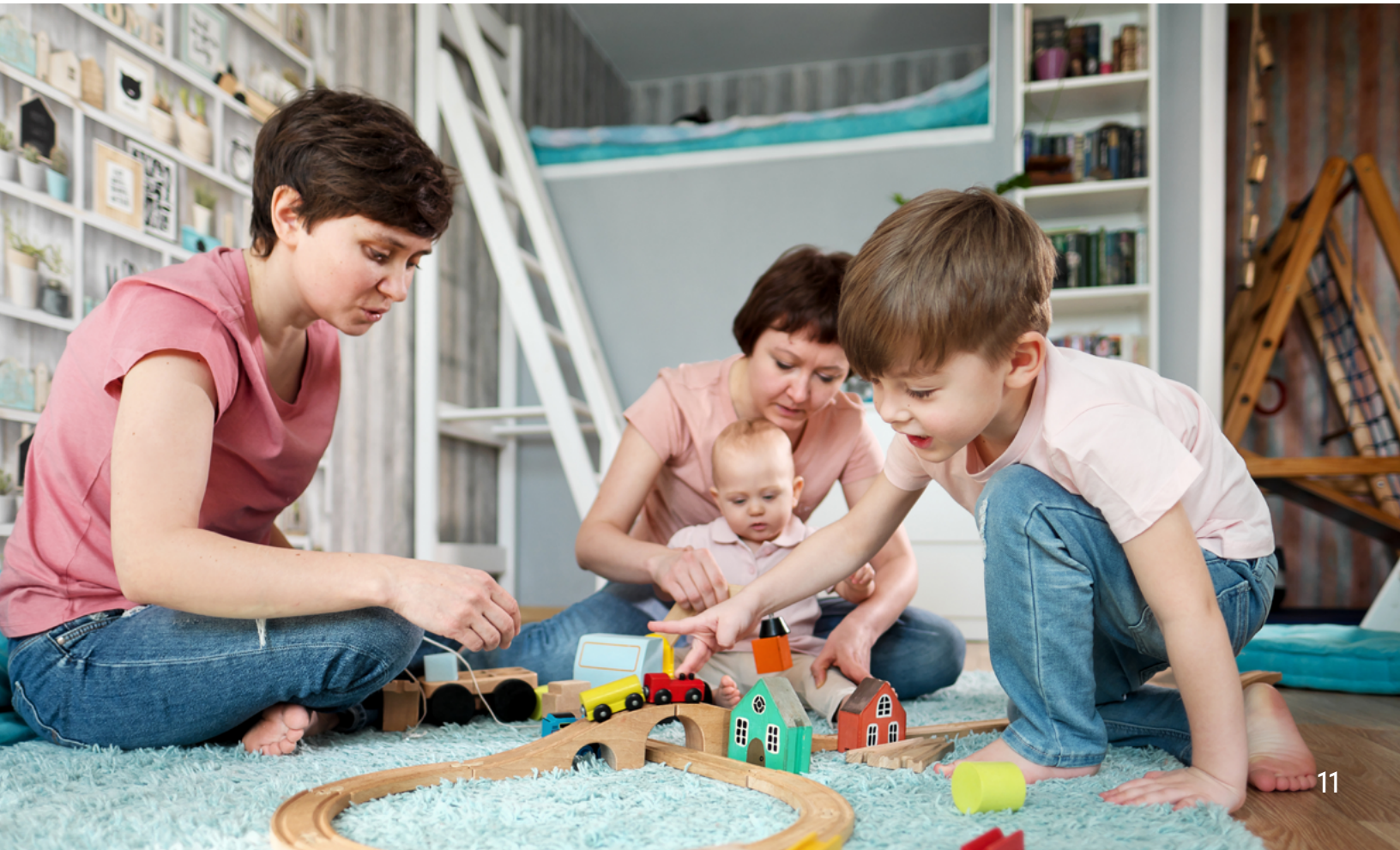


Appendix 1:
REGIONAL PARTNERSHIP GRANTS PROGRAM:

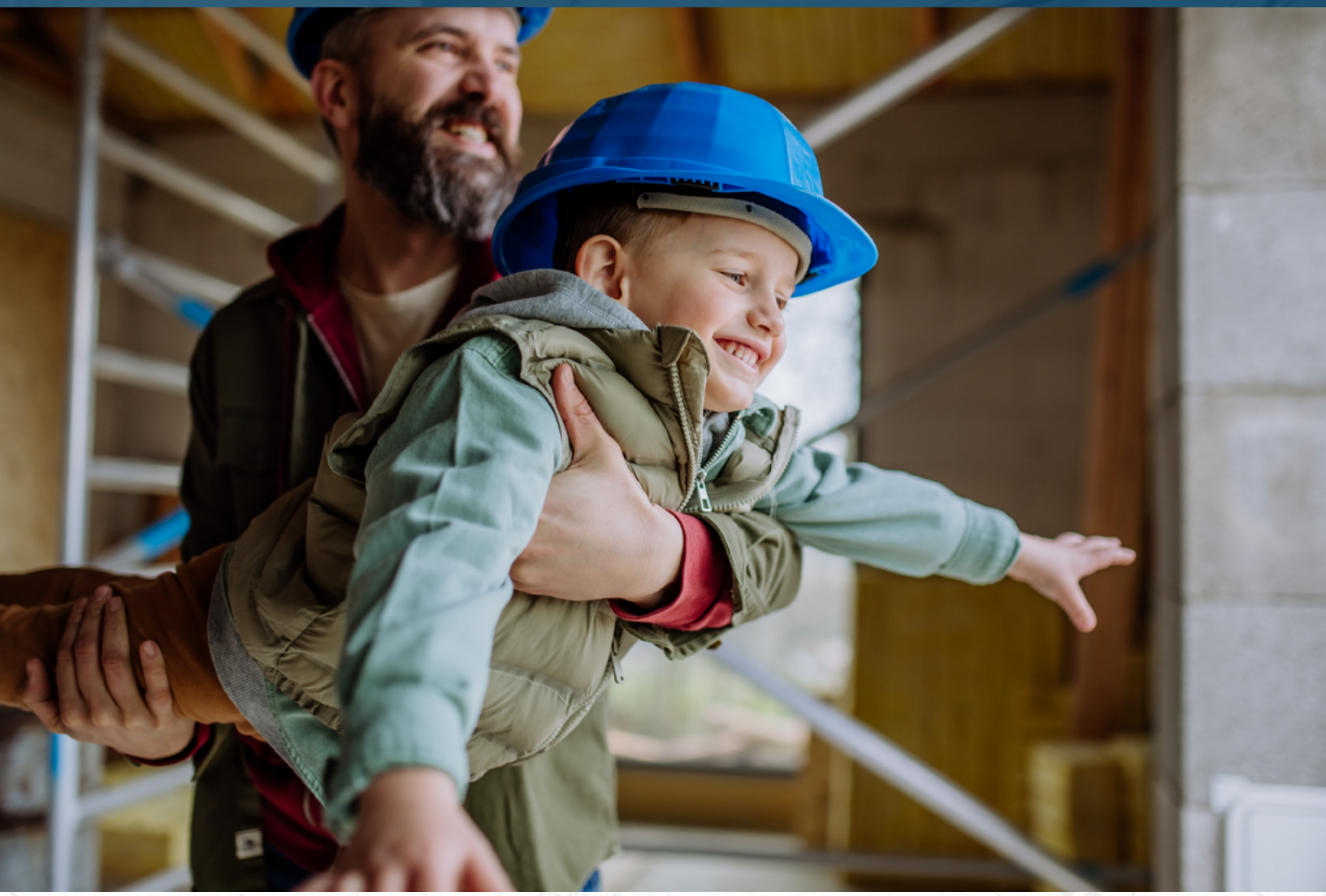
ROUNDS 1-6 EVIDENCE-BASED PRACTICE INTERVENTIONS

This table provides a list of the evidence-based practices (EBP) the Rounds 1-6 Regional Partnership Grant Projects have implemented. They are organized by the type of service (in-home parenting skills program, treatment program, etc.). EBPs with an active hyperlink have been evaluated by the Title IV-E Prevention Services Clearinghouse.

In-Home Parent Skills-Based Program and Service Name	Title IV-E Prevention Services Clearinghouse Rating (As of June 2023)
Attachment and Bio Behavioral Catch Up - Infant (ABC)*	Does not currently meet criteria
Circle of Security - Intensive	Does not currently meet criteria
Early Pathways*	Does not currently meet criteria
Healthy Families America (HFA)	Well-supported
Intact Family Recovery Program	
Multi-Dimensional Family Recovery	
Nurturing Parents Program for Parents & Their Infants, Toddlers and Preschoolers (NPP)	Does not currently meet criteria
Promoting First Relationships (PFR)*	Supported
Parenting Wisely - Young Child Edition*	Does not currently meet criteria
SafeCare Model	Supported
Sobriety Treatment and Recovery Teams (START)**	Supported
Substance Use Programs and Services	
A Woman's Way through the Twelve Steps	
Addiction and Trauma Recovery Integration Model	
Aftercare/Continuing Care	
Center for Applied Sciences (CENAPS) Model of Relapse Prevention Therapy	
Circle of Parents in Recovery (CoPR)	
Contingency Management	
Covington Programs	
Family Behavioral Therapy (FBT) – (Adult Focused)	Does not currently meet criteria
Functional Family Therapy for Adolescent Alcohol and Drug Abuse	
Hazelden Co-occurring Disorders Program (CDP)	
Hazelden Living in Balance Programs	
Hazelden Relapse Prevention Program	
Hazelden's Personal Recovery Plan	
Healing Journey for Women	
Healing the Trauma of Abuse	
Helping Women Recover and Beyond Trauma	Does not currently meet criteria
Intensive Outpatient Treatment	

In-Home Parent Skills-Based Program and Service Name	Title IV-E Prevention Services Clearinghouse Rating (As of June 2023)
Intensive/Coordinated Case Management	
Living in Balance (LIB)	
Matrix Model	Does not currently meet criteria
Matrix Model - Culturally Adapted for American Indian/Alaska Natives	
Medication Assisted Treatment (MAT)	
Medications for Opioid Use Disorders (MOUD)	
Mindfulness-Based Relapse Prevention	
Mothering from the Inside Out	
Motivational Interviewing (MI)	Well-supported
Non-Intensive Outpatient Treatment	
Relapse Prevention Therapy (RPT)	
Residential Substance Use Treatment - for Parents with children	
Residential Substance Use Treatment - Long-Term	
Residential Substance Use Treatment - Short-Term	
Strengthening Families Program (SFP) - birth to three*	Does not currently meet criteria
Traditional Case Management	
Walk Away, It's Private, Share, and Educate (W.I.S.E Up!)	
Wellbriety Approach	
Wellness Recovery Action Planning (WRAP)	
White Bison - Wellbriety	
Mental Health Programs and Services	
Attachment Regulation and Competency (ARC)	
Celebrating Families! (CF)	
Child-Parent Psychotherapy (CPP)	Promising
Cognitive Behavioral Therapy (CBT)	
Dialectical Behavioral Therapy (DBT)	
Dyadic Developmental Psychotherapy	
Eye movement desensitization and reprocessing (EMDR) - Standard Protocol	Supported
Family Functional Therapy (Functional Family Therapy) (FFT)	
Family Group Conferencing	
Family Group Decision-Making	
Family Navigator	
Family Treatment Drug Court (FTDC)	
Filial Therapy	
Incredible Years - Parents and Babies Program	Does not currently meet criteria
Incredible Years - School Age Basic Program	Promising
Moral Recognition Therapy (Moral Reconation Therapy) (MRT)	
Motivational Enhancement Therapy (MET)	
Parent-Child Interaction Therapy (PCIT)	Well-supported
Parent Partners for Families	

In-Home Parent Skills-Based Program and Service Name	Title IV-E Prevention Services Clearinghouse Rating (As of June 2023)
Parent Training Programs that Address Child Abuse and Neglect	
Peer Recovery Supports	
Sanctuary Model	
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Promising
Trauma Recovery Empowerment Model (TREM)	
Triple P (Positive Parenting Program) Group (Level 4)	Promising
Triple P (Positive Parenting Program) Standard (Level 4)	Promising
Walking in Beauty on the Red Road	
Other Support Services	
24/7 Dad	
Cognitive Behavioral Interventions for Families (CBI-F)	
Early Headstart	
Head Start	
Look Up and Hope	
Northeastern Local Early Steps	
Nurturing Fathers	
Parent Child Attunement Therapy (PCAT)	
Parenting Now	
Parents and Children Together	
Positive Indian Parenting (PIP)	
Pregnancy and Parenting Partners Group (P3)	
Rational Emotive Behavior Therapy	



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