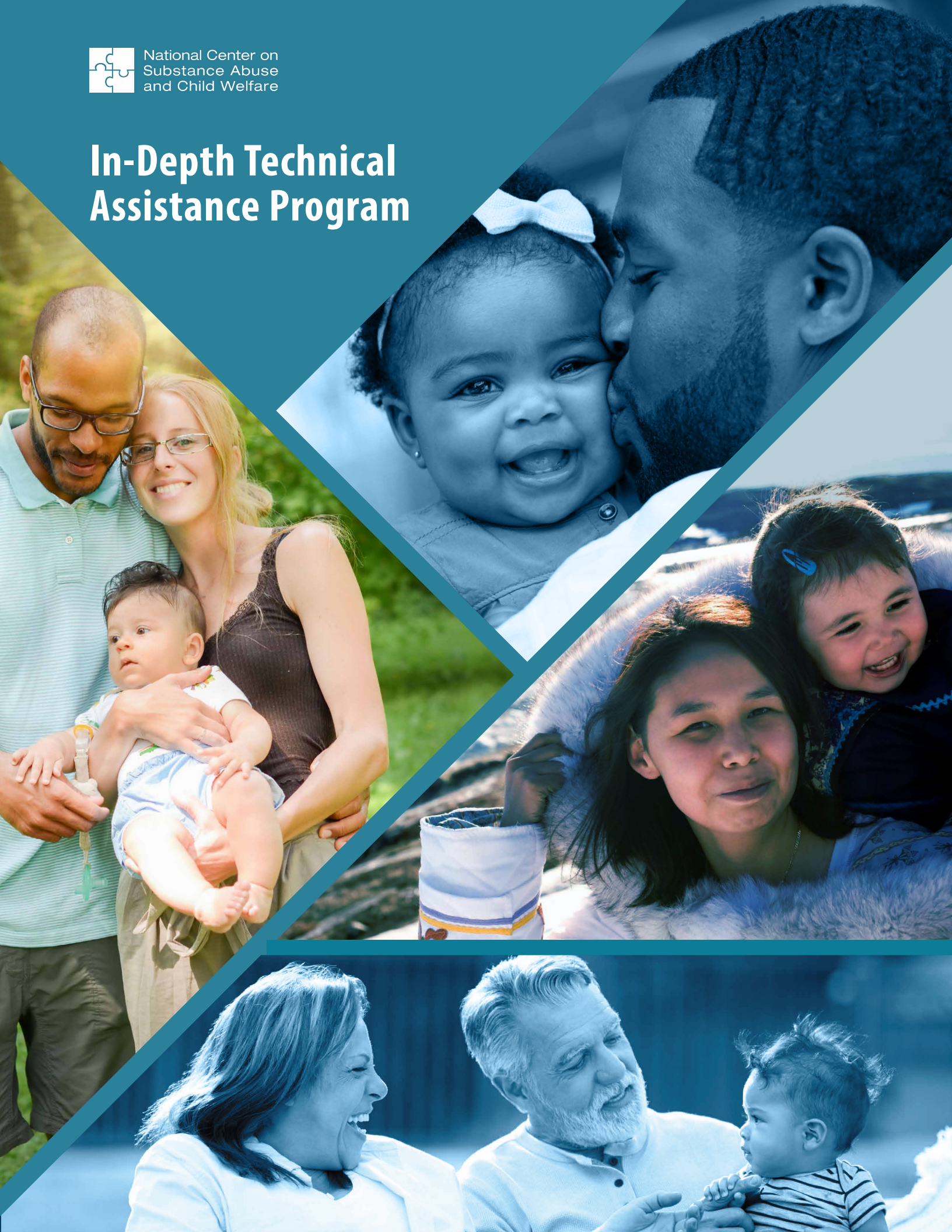




National Center on
Substance Abuse
and Child Welfare

In-Depth Technical Assistance Program



The National Center on Substance Abuse and Child Welfare (NCSACW) is a technical assistance resource center jointly funded by the Children’s Bureau (CB), Administration for Children and Families (ACF), and the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

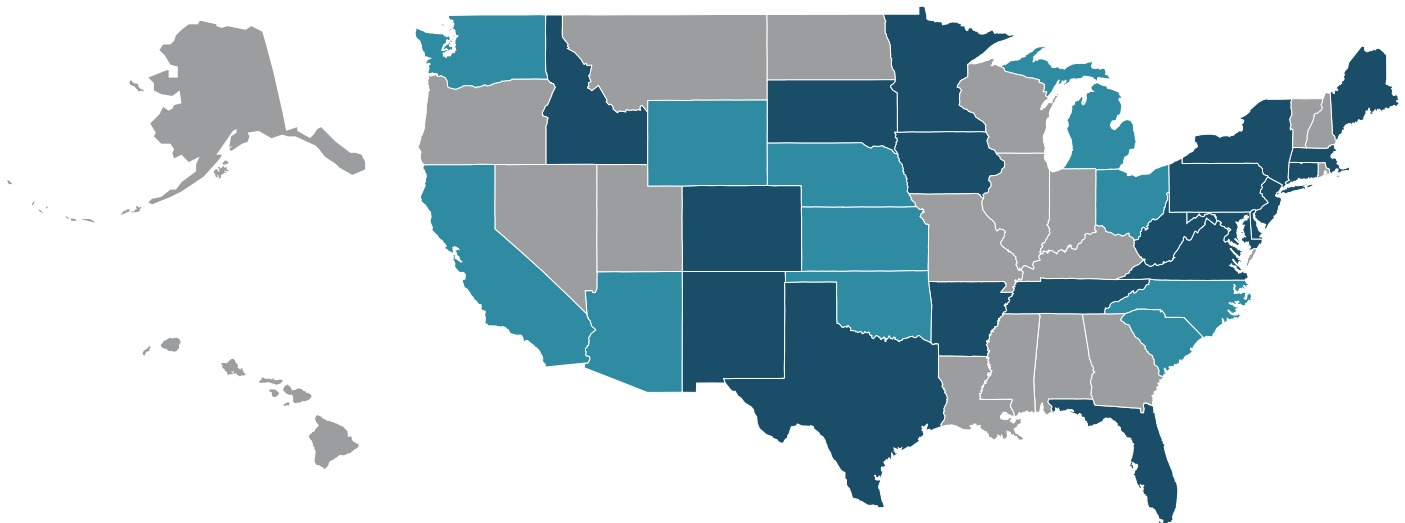
NCSACW has provided its In-Depth Technical Assistance (IDTA) program to 31 sites since 2003. Sites receive IDTA for 18-24 months based on need.

The main goal is 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. The program achieves this objective by helping states, counties, and tribes link to: 1) substance use and mental health disorder treatment centers; 2) child welfare and court systems; and 3) public health, health care, early intervention, and other agencies serving children and families.

NCSACW in 2014 directed the IDTA program to focus on responding to the needs of infants and families affected by prenatal substance exposure and supporting the recovery of pregnant and parenting women and their families.

This emphasis expanded to helping states develop policies and protocols to implement the 2016 amendments to the Child Abuse Prevention and Treatment Act, related to infants born and identified as being affected by prenatal substance exposure, and the development of Plans of Safe Care.

FIGURE 1. IDTA Sites (2003–Present)



Prior Sites				Current Sites	
Arkansas	Indiana	Minnesota	Pennsylvania	Arizona	Oklahoma
Colorado	Iowa	Montana	South Dakota	California (Riverside County)	South Carolina
Connecticut	Kentucky	New Jersey	Texas	Michigan	Wyoming
Delaware	Maine	New Mexico	Virginia	Nebraska	
Florida	Maryland	New York	Washington, D.C.	North Carolina	
Idaho	Massachusetts	North Carolina	West Virginia	Ohio	

IDTA Program Model

The NCSACW's IDTA model stems from an underlying premise: **Sites are more likely to implement meaningful and sustainable policy and practice change when they receive individualized technical assistance (TA), training, and coaching at a sufficient level of depth and duration.** A dedicated and experienced change liaison (CL), with whom the site can establish a trusting relationship, guides teams through a process customized to meet their various needs. During the preparation period, the CL engages the team in activities relevant to pre-IDTA technical assistance and then facilitates TA through four phases:

TABLE 1. Phases of the NCSACW IDTA Model

PREPARATION PERIOD

- ▶ Develop a cross-systems collaborative team organization and structure that includes an identified project liaison, oversight/executive committee, core team, key partners, and a local implementation team.
- ▶ Complete the IDTA application.
- ▶ Ensure partners are committed to moving forward with IDTA.

PHASE 1: Site Assessment and Readiness for Change

- ▶ Clearly define the site's needs.
- ▶ Assess site's current capacity, practices, and policies by administering cross-systems surveys, collecting and analyzing data, and identifying barriers and contextual issues.
- ▶ Draft a site-specific action plan to identify targets for policy and practice changes and guide implementation.
- ▶ Assess how policies affect disproportionality and disparities and revise policies to reduce disparate outcomes for families.

PHASE 2: Site Plan Development and Capacity Building

Using data and information from the Phase 1 assessment process:

- ▶ Finalize action plan and define priorities for policy and practice changes.
- ▶ Strengthen site's collaborative capacity to serve parents and caregivers affected by substance use and co-occurring mental health disorders.
- ▶ Initiate sustainability planning.

PHASE 3: Site Plan Implementation and Evaluation/Pilot Testing of Program, Practice, and Policy Changes

- ▶ Fully implement and test site's identified program, practice, or policy changes identified in Phase 2.
- ▶ Test strategies to determine what works and what needs improvement—and adjust accordingly. These activities should be informed by the principles of rapid-cycle improvement.
- ▶ Implement data collection points and data elements to effectively measure implementation of Plans of Safe Care (some states refer to these as "Family Care Plans) and identify disproportionate notifications for people of color and underserved populations.

PHASE 4: Dissemination, Evaluation, and Sustainability

- ▶ Identify resources to sustain and institutionalize policy and practice changes.
- ▶ Broadly disseminate effective strategies and lessons.

The IDTA Change Liaison

CLs are senior-level NCSACW staff with extensive experience and knowledge in the areas of child welfare, substance use and co-occurring mental health disorder treatment, healthcare delivery, and dependency courts. Most have worked at multiple levels in either child welfare, substance use and mental health disorder treatment, or court systems—starting on the frontlines of community-based organizations and advancing to executive-level positions in government agencies. Thus, they have accumulated the necessary technical and subject matter expertise to communicate effectively about the complexity of issues that occur among multiple systems. CLs provide various types of TA support:

TABLE 2. Types of TA Support

-
- | | |
|--|---|
| ▶ Regular calls with site project liaison(s) and other team members | ▶ Onsite TA and coaching |
| ▶ Targeted resource dissemination | ▶ Access to all NCSACW resources and expertise |
| ▶ Administration of TA tools to identify a site’s needs and targets for systems change | ▶ Assistance with coordinating and developing collaborative relationships |
| ▶ Development of site-specific tools and templates | ▶ Networking with peers in other sites |
-

Collaborative Framework

NCSACW’s underlying foundation for the collaborative approach implemented by IDTA sites is described fully in the SAMHSA publication [Screening and Assessment for Family Engagement, Retention, and Recovery \(SAFERR\)](#). NCSACW used this knowledge to develop the [Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement](#).¹ This framework operationalizes cross-systems collaborative practices; the IDTA program uses it to help states, counties, and tribes identify priority areas for strengthening collaborative practice. Table 3 identifies the framework’s 10 elements:

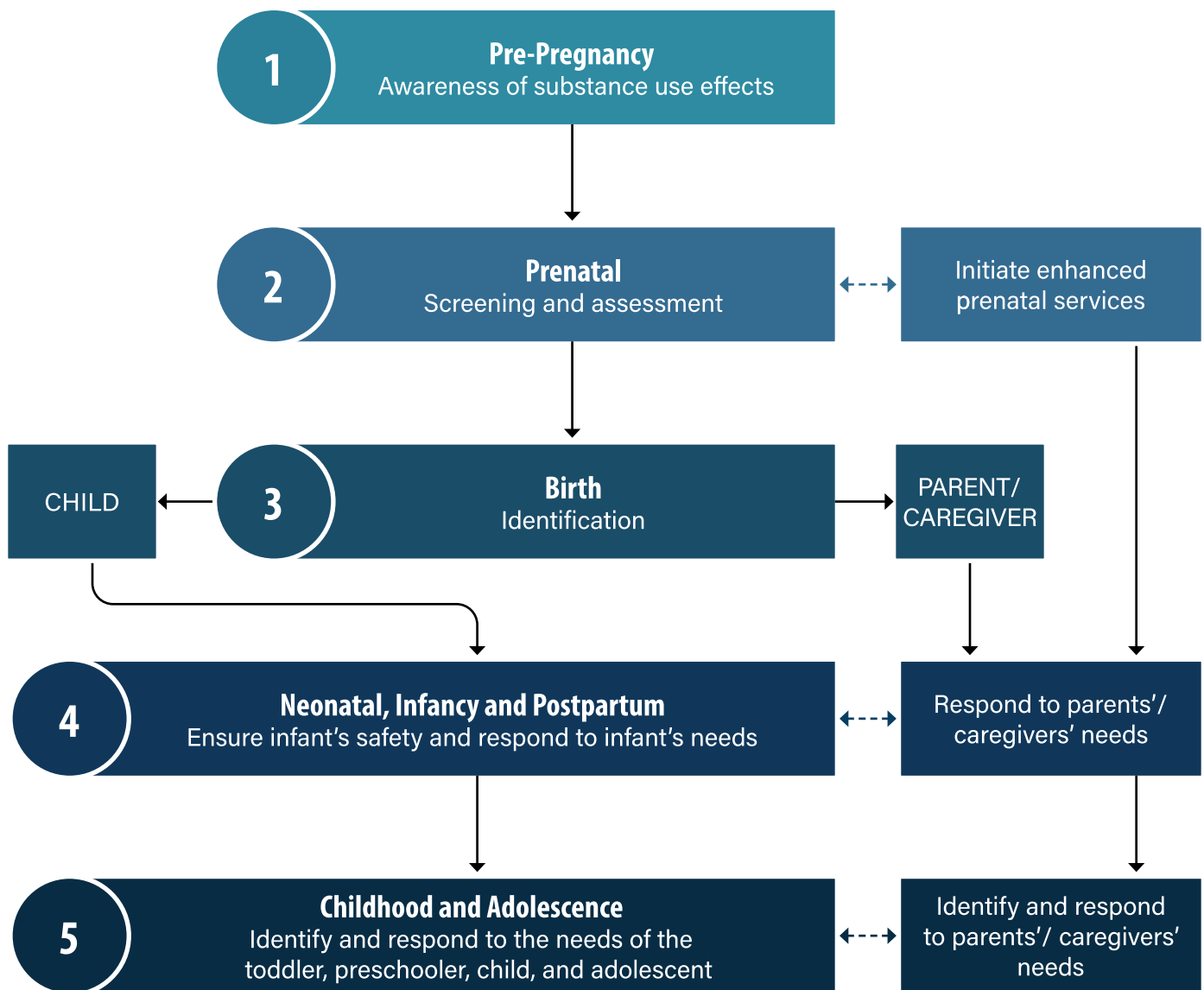
TABLE 3. Ten Elements of the Framework to Strengthen Collaborative Practices

-
- | | |
|---|---|
| 1. Commitment to shared missions, vision, and goals | 6. Early identification of families in need of substance use disorder treatment |
| 2. Efficient cross-systems communication | 7. Equitable and timely access to assessment and treatment services |
| 3. Ongoing cross-training and staff development | 8. Recovery support services |
| 4. Sustainability and institutionalization of practices | 9. Family-centered treatment services |
| 5. Measuring and monitoring outcomes | 10. Frequent monitoring and responses to behavior |
-

1 Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. (2007). *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*. HHS Pub. No. (SMA) 07-4261. Rockville, MD: Substance Abuse and Mental Health Services Administration.

The IDTA program shifted its focus in 2014 to helping sites respond to the needs of infants and families affected by prenatal substance exposure and their families. The NCSACW TA team developed the Five Points of Family Intervention to help sites identify intervention points to treat infants affected by prenatal substance exposure and parents/caregivers with substance use disorders. This comprehensive model identifies five major timeframes when intervention can help prevent or mitigate the potential harm of prenatal substance exposure (see Figure 2); it also illustrates that a child's birth is only one of several opportunities to encourage positive health outcomes. These intervention points emerged from a multiyear review and analysis of existing policies and practices in 10 states pertaining to prenatal exposure to alcohol and other drugs. The SAMHSA report [Substance-Exposed Infants: State Responses to the Problem](#)² describes this framework fully:

FIGURE 2. Five Points of Family Intervention



2 Young, N. K., Gardner, S., Otero, C., Dennis, K., Chang, R., Earle, K., & Amatetti, S. (2009). *Substance-Exposed Infants: State Responses to the Problem*. HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Key Lessons of Successful Collaboration

NCSACW acknowledges that states, counties, and tribes who have participated in the IDTA program are committed to implementing policies and practices that improve outcomes for children and families. Their efforts have yielded many lessons related to partnerships and collaboration as well as practices and policies that affect outcomes for this population. Here are some of the most salient findings and lessons:

1. State IDTA teams must work with various partners, including child welfare agencies; substance use and mental health disorder treatment centers; court systems; primary, maternal, and infant healthcare providers; public health agencies; Medicaid; and home visiting and early intervention providers. Each partner must be committed to working beyond agency boundaries and silos.
2. Community-level implementation sites with committed partner agencies are needed to test state-level policy and practice changes to identify process barriers, challenges, and innovations that inform broader system adoption of policy and practice changes.
3. Sites with an involved, supportive, and consistent oversight committee can solve challenges more quickly while consistently elevating issues to the highest level of state government. Core team members should operate with a significant level of authority; moreover, they need direct access to agency commissioners and secretaries when challenges and barriers arise.
4. To demonstrate improved outcomes for women, infants, families, and the communities in which they live, all partners should demonstrate a commitment to measuring cross-systems outcomes, data collection and sharing, and reporting.

Contact us for more information about IDTA



EMAIL NCSACW AT: NCSACW@CFFUTURES.ORG



VISIT THE WEBSITE AT: [HTTPS://NCSACW.ACF.HHS.GOV/TECHNICAL/IDTA.ASPX](https://NCSACW.ACF.HHS.GOV/TECHNICAL/IDTA.ASPX)



CALL TOLL-FREE AT: (866) 493-2758

Acknowledgements: This program description is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this brief are those of the authors and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).



National Center on
Substance Abuse
and Child Welfare



Children's Bureau

An Office of the Administration for Children & Families

SAMHSA
Substance Abuse and Mental Health
Services Administration