
- Adoption and Safe Families Act (ASFA)
- Blending Perspectives and Building Common Ground Congressional Report
- National Center on Substance Abuse and Child Welfare
- Regional Partnership Grants
- Substance Exposed Newborn Grants
- Family Drug Court Grants
- Fostering Connections Grants
- Children Affected by Methamphetamine

THE REGIONAL PARTNERSHIP GRANT (RPG) PROGRAM

Cross-systems partnerships designed to improve the safety, permanency and well-being of children affected by parental substance use
23 RPG Performance Indicators

<table>
<thead>
<tr>
<th>Child/Youth</th>
<th>Inputs</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children remain at home</td>
<td>A1. Access to substance abuse treatment</td>
<td>90% or more of sites have implemented</td>
</tr>
<tr>
<td>2. Occurrence of child maltreatment</td>
<td>A2. Retention in substance abuse treatment</td>
<td>70-65% of sites have implemented</td>
</tr>
<tr>
<td>3. Average length of stay in foster care</td>
<td>A3. Reduced substance use</td>
<td>-handed or in-</td>
</tr>
<tr>
<td>4. Readmission to foster care placement</td>
<td>A4. Parent/caregivers connected to other substances</td>
<td>basis to optimal family outcomes</td>
</tr>
<tr>
<td>5. Timeliness of reunification</td>
<td>A5. Employment</td>
<td></td>
</tr>
<tr>
<td>6. Timeliness of permanency</td>
<td>A6. Criminal behavior</td>
<td></td>
</tr>
<tr>
<td>7. Prevention of substance-exposed newborn hoax</td>
<td>A7. Mental health status</td>
<td></td>
</tr>
<tr>
<td>8. Children connected to supportive services</td>
<td>A8. Retention in substance abuse treatment</td>
<td></td>
</tr>
<tr>
<td>9. Average length of stay in foster care</td>
<td>A9. Substance abuse education/training for foster care</td>
<td></td>
</tr>
<tr>
<td>10. Children connected to supportive services</td>
<td>A10. Substance abuse education/training for foster care</td>
<td></td>
</tr>
<tr>
<td>11. Improved child well-being</td>
<td>A11. Substance abuse education/training for foster care</td>
<td></td>
</tr>
<tr>
<td>14. Average length of stay in foster care</td>
<td>A14. Reduced substance use</td>
<td></td>
</tr>
<tr>
<td>15. Readmission to foster care placement</td>
<td>A15. Parent/caregivers connected to other substances</td>
<td></td>
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<tr>
<td>17. Timeliness of permanency</td>
<td>A17. Criminal behavior</td>
<td></td>
</tr>
<tr>
<td>18. Prevention of substance-exposed newborn hoax</td>
<td>A18. Mental health status</td>
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</tr>
<tr>
<td>19. Children connected to supportive services</td>
<td>A19. Retention in substance abuse treatment</td>
<td></td>
</tr>
<tr>
<td>20. Average length of stay in foster care</td>
<td>A20. Substance abuse education/training for foster care</td>
<td></td>
</tr>
<tr>
<td>21. Children connected to supportive services</td>
<td>A21. Substance abuse education/training for foster care</td>
<td></td>
</tr>
<tr>
<td>22. Improved child well-being</td>
<td>A22. Access to substance abuse treatment</td>
<td></td>
</tr>
<tr>
<td>23. Children remain at home</td>
<td>A23. Access to substance abuse treatment</td>
<td></td>
</tr>
</tbody>
</table>

Regional Partnership Grants

- Authorized by the Child and Family Services Improvement Act of 2006
- 53 regional partnership grants awarded in September, 2007
- Improve the safety, permanency, and well-being of children affected by methamphetamine and other substance abuse
- The grants address a variety of common systemic and practice challenges that are barriers to optimal family outcomes
Grantees submit cumulative data every six months (June and December of each program year).

### Background and Context

- Performance presented in relation to:
  - RPG control/comparison group data
  - National data from AFCARS, NOMs and TEDS (where appropriate)

### Data Caveats/Limitations

- Not a cross-site evaluation – rather, indicator results are analyzed across the collective 53 grantees.
- Results are preliminary – findings may change over time as number of families served increases.
- Contextual and community factors (e.g., budget cuts) may impact outcomes.

### Data Caveats/Limitations - continued

- National child welfare and substance abuse treatment outcomes provide important context, but have limitations:
  - RPGs may be serving more complex families.
  - National data not intended to serve as a comparison group for RPGs.
  - Several methodological issues must be considered when analyzing and interpreting data for the five “clinical indicators”:
    - Child well-being, adult mental health, parenting, family functioning and risk/protective factors.

### Highlights in Brief – Selected Child Outcomes from Second Report to Congress*

RPG children had significantly better outcomes than RPG comparison children in several areas.** RPG children were:

- More likely to remain in the custody of their parent: 93.5% vs. 88.7%.
- Less likely to experience child maltreatment occurrence or recurrence within 24 months after RPG program entry: 2.7% vs. 3.7%.
- Discharged from foster care more quickly (as measured by median length of stay; all discharges) 9.2 months vs. 11.7 months.
- More likely to be reunified within 12 months: 70.1% vs. 63.8%.
- Less likely to re-enter foster care within 12 months: 3.4% vs. 6.2%.

* The Second RPG Report to Congress is awaiting final clearance. Results reflect data on clients served through March 30, 2010.
** All findings statistically significant.
RPG Highlights in Brief –
Selected Child Outcomes (continued)

RPG performance also surpassed or was on par with the national child welfare median performance* for the 29 States in which the RPGs are operating on:

- Absence of child maltreatment recurrence: 98.3% vs. 94.1%
- Reunification in less than 12 months: 70.1% vs. 67.2%
- Re-entries to foster care within 12 months: 3.4% vs. 13.2%
- Discharge to finalized adoption within 24 months: 72.0% vs. 33.8%

* Comparative State Data is 2009 NCANDS/AFCARS median results for the 29 States in which the RPG programs are operating. The national data are not intended to serve as a comparison group for the RPG Program and do not allow for statistical comparisons to RPG participants.

C9. Child Well-Being: Percentage of children who show an increase in socio-emotional, behavioral, developmental and/or cognitive functioning

Percentage of Children for Whom Selected NCFAS Child Well-Being Areas were Rated as a Mild/Clear Strength at RPG Program Admission and Discharge

- Mental Health**: [82,6] – [56,3]
- Behavior**: [56,9] – [50,0]
- School Performance**: [34,7] – [50,0]
- Relationship with Parents**: [8,7] – [53,8]
- Relationship with Siblings** [23,5] – [54,5]
- Cooperation**: [23,8] – [54,5]

p < .05; **p < .01; ***p < .001

Note: Findings from the Second Report to Congress (awaiting final clearance); results reflect 6 grantees submitting matched baseline-discharge data as of March 30, 2010.

Percentage of Children and Adults Connected to Needed Mental Health/Counseling Services*

<table>
<thead>
<tr>
<th>RPG Participant</th>
<th>RPG Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (N=2,332)</td>
<td>Children (N=348)</td>
</tr>
<tr>
<td>73.4</td>
<td>53.7</td>
</tr>
<tr>
<td>70.1</td>
<td>63.9</td>
</tr>
</tbody>
</table>

p < .001 between RPG participant and comparison groups

* Among those who were assessed and the service was identified as a need.
# Highlights in Brief – Selected Adult Outcomes from Second Report to Congress*

RPG adults had significantly better outcomes than RPG comparison adults in several areas.** RPG adults:

<table>
<thead>
<tr>
<th>Outcome Description</th>
<th>RPG Adults</th>
<th>Comparison Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessed substance abuse treatment more quickly</td>
<td>11 days vs. 29 days</td>
<td>96 days vs. 49 days</td>
</tr>
<tr>
<td>Stayed in substance abuse treatment longer</td>
<td>98 days vs. 49 days</td>
<td>52.9% vs. 34.2%</td>
</tr>
<tr>
<td>Had similar treatment completion rates</td>
<td>38.0% vs. 39.5%</td>
<td><strong>All findings statistically significant, except for treatment completion rates.</strong></td>
</tr>
</tbody>
</table>

* The Second RPG Report to Congress is awaiting final clearance. Results reflect data on clients served through March 30, 2010.

## Trauma and Other Therapeutic Services for Children

- 24 grantees (45.3%) provide trauma services to children
- 25 grantees (47.2%) provide other therapeutic services
- Children’s Research Triangle: Provide TF-CBT and G-TREM (Trauma Recovery and Empowerment for Adolescent Girls); mental health services for children/youth to age 18; infant/early childhood psychiatrist works with the very young children.
- Choctaw Nation: Trauma identified through intake process and treatment objectives developed, Parent-Child Interaction Therapy (PCIT) used.
- SHIELDS: All children have mental health therapist and trauma is incorporated into mental health services; therapeutic nursery for children 3-5
- University of Rochester: Child-Parent Psychotherapy (CPP) used for children 0-3, CPP also provides trauma-specific services for adults within the context of the child-parent therapy model.

## Trauma Services for Adults

- 32 grantees (60.4%) provide trauma-specific services to adults
- Santa Clara: County mandates Seeking Safety for all women’s substance abuse treatment programs (also used in some men’s programs). Family Wellness Court has partnered with trauma experts Vivian Brown, Stephanie Covington and Chandra Ghosh-Ippen for trauma training, consultation and systemic transformation
- Lund Family Center: Assessment tool specifically addresses trauma and how a client’s trauma history affects her mental health and substance abuse. Manualized trauma curriculums (e.g., Seeking Safety, Beyond Trauma) are used in treatment groups
- Omaha Nation: Evidence-based Walking in Beauty on the Red Road (WBRR) curriculum focuses on intergenerational and historical trauma in Native communities
- Second Chance Homes: Seeking Safety is a component of the housing program
- Travis County: Substance abuse treatment agency established formal relationship with agency serving victims of sexual and domestic violence – ensures more comprehensive trauma informed substance abuse treatment; weekly Seeking Safety groups for women in residential and IOP

* Assessment Bed component
Mental Health Services for Adults

- 37 grantees (69.8%) provide mental health services to adults
- 23 grantees (43.4%) provide psychiatric services
- Hillsborough: On-site mental health services provided during substance abuse treatment for co-occurring clients; psychiatric services provided as component of inpatient and day treatment. Clients with significant mental health history or symptoms referred to in-house psychiatric clinic for psychiatric evaluations and follow-up
- Kentucky River: Intensive treatment services program provides training on CODs (using manual developed by Dartmouth Medical School). Psychiatric services provided by MDs and ARNPs; ARNPs provide improved linkages between mental and physical health assessment
- Nevada: Dedicated licensed mental health professional with extensive substance abuse treatment experience provides individual and group therapy to mothers; therapy tailored to ensure that mental health disorders are addressed in tandem with SUDs to maximize positive recovery outcomes and client retention in the program
- Child and Family Tennessee: Co-located staff at two partner hospitals to provide co-occurring screenings to pregnant women

Westchester County Department of Community Mental Health

Building Bridges: A System of Care Approach to Supporting Families affected by Substance Abuse or Co-Occurring Substance Use and Mental Health Disorders

What is Building Bridges?
The Department of Community Mental Health (DCMH), Office of Drug /Alcohol Services was awarded a 5 year $2.5 million federal grant from the U.S. Department of Health & Human Services, Administration for Children and Families. Collaboration:

- Substance Abuse Lexington Center for Recovery
- Child Welfare Westchester County Department of Social Services
- Children’s Mental Health Andrus Children’s Services

Goals
- To improve child welfare and recovery outcomes for families living with substance abuse
- Intervene earlier, provide preventive and/or family stabilization services to substance affected families before children are placed in foster care or suffer tragic consequences
- To improve systems collaboration between child welfare, substance abuse and mental health treatment systems
Strategies

- Family Focused Treatment System
- Mentoring Project
- Cross Systems Collaboration/Trainings
- Family Network
- Recovery Coach Intensive Case Management

Building a Family Focused Substance Abuse Treatment System

- County Wide Initiative - Changing the treatment culture from client focused to family focused
  - 33 Treatment and Prevention Providers
  - 53 Programs
  - 11,000 treatment clients annually
- For treatment counselors to routinely incorporate family as part of the treatment process.
  - Screening tools
    - Pediatric Symptom Checklist - 3 years to 17 years
    - Ages and Stages - 3 months – 30 months
    - Family Functioning Survey

Pediatric Symptom Checklist

Sample Questions:
- Complains of aches and pains
- Spends more time alone
- Fidgety, unable to sit still
- Is irritable or angry
- Has trouble sleeping
- Takes unnecessary risks

The screen identifies cognitive, emotional and behavioral problems
  - Parent completed version (PSC)
  - Youth self-report (Y-PSC) for ages 11 and up
  - Spanish version available

Additional Questions we add at the end of the PSC

Does your child have any emotional or behavioral problems for which help is needed?
Has your child ever received services for emotional or behavioral problems in the past?
Is your child currently receiving treatment for mental or emotional health?
If you answered yes, where does your child receive treatment?
PSC Screenings Results
- Out of 495 children screened, 25% (122 children) indicated a positive result indicating the need for a mental health assessment. In most populations, scores above the cut point occur 5-20% of the time.
- Of the 122 children with positive screens:
  - 61% not receiving services
  - 32% already receiving services
- Of the children not receiving services:
  - 72% referred for assessment or placed in treatment
  - 30% were not assessed: 6 parent refused, 6 lost to contact, 10 non-custodial parent*
  - 81% referred for assessment or placed in treatment if non-custodial parents are not counted

*A recently we have started completing screens with parents who have had their children removed.

Ages and Stages: Social Emotional
- easy-to-use tool with focus on children’s social and emotional behavior
- quickly recognize young children at risk for social or emotional difficulties

**Age range covered:** 3-60 months

**General areas screened:** Personal-social (self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people)

**Components:** 8 questionnaires for use at 6, 12, 18, 24, 30, 36, 48, and 60 months, eight corresponding scoring sheets, User’s Guide

**Who completes it:** Parents/caregivers complete questionnaires; professionals score them

**Approximate time:** Each questionnaire takes 10-15 minutes to complete and just 1-3 minutes to score.

Ages and Stages continued

**Languages:** Questionnaires in English and Spanish

**Other features:** Cost-effective – Not in Public Domain

**Open Ended Questions**

Positive score usually prompts a referral to Early Intervention

Ages and Stages Results

41 ASQ screens completed:

- 17% positive screens
  - 67% newly identified: referred Early Intervention, children’s mental and ICM
  - 29% already receiving services
  - 1 child not assessed because non-custodial parent

  Anecdotally—more parents seem to refuse the ASQ
Family Functioning Survey

- Survey tool to determine risk
  - Non judgmental
  - Non adversarial
  - Appropriate for different types of families
  - Adolescents

Treatment providers incorporate into admission assessment and treatment planning

Adapted from the Screening and Assessment for Family Engagement, Retention and Recovery (SAFERR)

1a. What concerns if any do you have about the impact of substance abuse on your child(ren)/family?

1b. What concerns if any have family or friends expressed to you about the impact of substance abuse on your children/family?

2a. What concerns if any do you have about your family health (physical, developmental and emotional)?

2b. What concerns if any have others expressed about your family members' health (physical, developmental and emotional)?

3a. What concerns if any do you have about your ability to provide food, shelter and clothing for you, your child(ren)/family on a consistent basis?

3b. What concerns if any have others expressed about your ability to provide food, shelter and clothing for you, your child(ren)/family on a consistent basis?

IF YOU HAVE CHILDREN under 18 years, PLEASE ANSWER THE FOLLOWING:

4a. What concerns if any do you have about the level of supervision your child(ren) receive during the day and at night? (Please describe). Who cares for your children if your absence?

4b. What concerns if any have others expressed about the level of supervision your child(ren) receive during the day and at night?

5a. What concerns if any do you have about your child(ren)’s education / school performance?

5b. What concerns if any have others expressed about your child(ren)’s education / school performance?

6a. Which agencies (including DSS/CPS) are or have been involved with your family on behalf of your child(ren)? Please describe the reasons for their involvement and any service(s) they provided.
Mentoring Project
Organizational Change Support

Goal: Develop and implement a collaborative, blended model, enhancing assessments and expanding supports, through the use of mentoring relationships to achieve the following:
- Create a framework for system collaboration between providers of substance abuse and mental health treatment
- Improved family functioning
- The inclusion of family centered assessments

Mentoring Project Specific Tasks

Children’s mental health social worker provides one-on-one mentoring to substance abuse program directors, counselors and support staff

- Organizational assessment
  - Readiness and buy in
  - Identification of key stake holders
  - Provide Building Bridges Orientation

Mentor Project Specific Tasks

- Pre and Post test knowledge base line about the children’s mental health system and family services
- Mentor works at a substance abuse program to help substance abuse providers transition from client-centered to family-focused treatment
- Create and support integration of child/family assessment and referrals
- Create culture that values a family system

- Linkages to existing community resources including interventions for infants, children and other family members
- Increased capacity to identify family issues (risk factors) & intervene
- Sustainability via interdisciplinary staff development and training, through sharing of values, skills, and knowledge
Mentoring Project Specific Tasks

- Teach substance abuse counselors how to complete the Pediatric Symptom Checklist
- Teach substance abuse counselors how to get Ages and Stages Screen completed
- Teach substance abuse counselors how to administer the Family Functioning Survey

Mentoring Project Specific Tasks

- Teach substance abuse counselors how to refer a child for mental health assessment
- Teach substance abuse staff about the children’s mental health system
- Problem solve with program administrators on how to implement the 3 screening tools into the daily operations of the program

Mentoring Project Specific Tasks

- Problem solve with program administrators and support staff on how to develop record keeping procedures so the screening tools become an integral part of the recording process.
- Liaison with the Building Bridges Coordinator and Westchester County DCMH on how to continue to screen over the long run.

Mentoring Project Specific Tasks

- Booster sessions
- 3 month and 6 month follow-up surveys

As the mentor completes her placement at a Substance Abuse program DCMH staff are assigned to review the case records for the screening tools, the family functioning survey and family focused treatment planning.

All connects to sustainability
Cross Systems Collaboration and Training

Collaboration-
- Respect
- Willingness to share resources and knowledge
- Willingness to work together
- Coming from a strength-based approach
- Understanding of each others system limitations
- Understanding that we have shared goals

Cross Systems Collaboration and Training

What does it mean to collaborate at all levels?
- System level- Advisory meeting
- Program/Provider level – offering training and technical assistance
- Client/Counselor level-Family Network
- Leveraging Other Resources

Cross Systems Collaboration and Training

Drug and Alcohol 101
Trauma Informed– vicarious trauma
Trauma Specific Seeking Safety curriculum
Substance Abuse Family Engagement – 4 day introductory training and 13 hour clinical supervision track
Celebrating Families COSA Curriculum
Mandated Reporter Training
Motivational Interviewing – 2 day clinical training and 1 day supervisor’s training.

System of Care Coordinator

Role:
- Coordinate with all aspects of Building Bridges
- Liaison with all community partners
- Make sure that positive mental health screens get follow-up
- Advise and train on mentoring project
- Maintain data
- Interview families interested in Building Bridges
- Work with family and support team to decide and refer for appropriate services - network, ICM, screens, other referrals
- Facilitate Family Networks meetings
Family Network

- Family Network Model is a strength based, family driven, culturally competent approach to supporting families.

- The goal is to integrate Family Network into the substance abuse field by training and supporting counselors so this model can be used and integrated into the treatment process.

Family Network cont.

- Pre-Network
  - Understand the Family Story
  - Explain Building Bridges
  - Determine if network is necessary
  - Decide on next steps — Network, other Referral, ICM

- Network
  - Can be large or small — depends on family wants and needs.
  - Start to develop plan

- Support Circles
  - Follow-up meetings to determine if plan is staying on track and to revise plan as needed

Never alone

Family Network

- Family team meetings have the following core principles and values:
  - Family driven
  - Community based
  - Team supported
  - Never give up
  - Strength based
  - Individualized care
  - Culturally competent

- For families who need help negotiating multiple systems of care.
- Point of network is for the support circle to figure out how to break down system barriers.
- Family directs the process. We are all there to help the family develop a plan.

Recovery Coach Family

Intensive Case Management

The recovery coach model is an evidence-based community program that utilizes a culturally competent, strength-based, family-focused approach to supporting recovery.

- The goal is for workers to “partner” with the addicted person and their family to develop an individualized service plan that supports abstinence, promotes family functioning, and wellness.
Recovery Coach Family Intensive Case Management

- The Building Bridges team at the Lexington Center for Recovery provides mobile bilingual Intensive Clinical Case Management to a caseload of selected high-need families of substance-abusing parents with children at risk of entering foster care.
- Engage families who have both adult substance abuse and the complex adult or children’s mental health or developmental issues into long-term intensive clinical case management to stabilize these families, support recovery and protect their children.
- A sub-group of ICM families include families with an adolescent as the identified substance abuser. Approximately 20%.

Keys to success

- The right staff
- Engagement skills
- Communication
- Respecting other community partners roles
- Respecting clients/families
- Believing clients/families can “get better”
- Cultural Competency
- Use of Natural Supports
- Removing stressors

Demographics

- **Gender**
  - Male 19%
  - Female 81%

- **Race**
  - African American 59%
  - White 39%
  - Unknown 2%

  *19% (41) identify as Hispanic

- **Age**
  - 20’s 27%
  - 30’s 28%
  - 40’s 29%
  - 50’s 11%
  - 60+ 5%
Demographics

Living Arrangement

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Homeless</td>
<td>21%</td>
</tr>
<tr>
<td>Dependent Living</td>
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<tr>
<td>Independent Living</td>
<td>77%</td>
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Education Level

<table>
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<tr>
<th>Education Level</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>&lt;12 Yrs.</td>
<td>37%</td>
</tr>
<tr>
<td>High School Diploma/GED</td>
<td>31%</td>
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<tr>
<td>Some College</td>
<td>16%</td>
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<tr>
<td>College Degree or Higher</td>
<td>9%</td>
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<tr>
<td>Don’t Know</td>
<td>7%</td>
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Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Full-Time</td>
<td>14%</td>
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<tr>
<td>Part-Time</td>
<td>7%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>52%</td>
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<tr>
<td>Not in Labor Force</td>
<td>25%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>2%</td>
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Some Early Results

Building Bridges clients have very high rates of past contact with child welfare services. Of 167 families matched to New York State child welfare data, only 14 had not had any contact with child welfare authorities within the previous ten years. These families were the subject of about 600 CPS reports over this ten-year period, 36% of which were substantiated.

Parents participating in Building Bridges report lower levels of stress related to parenting at program discharge as compared to intake, as measured by the Parental Stress Index.
Some Early Results

- Preliminary findings related to substance abuse treatment outcomes show that Building Bridges clients, who are very high-need and should be likely to struggle in treatment, have rates of reported substance use at treatment exit that are slightly lower than countywide historical averages for all persons in SA treatment.

- Building Bridges clients also have longer-than-average stays in treatment compared to historical averages for all treatment clients county-wide. The average length of stay in treatment for Building Bridges clients was 176 days versus 119 days for all treatment clients in Westchester County during a three year period prior to the start of Building Bridges.

- On other measures of treatment success Building Bridges families have similar outcomes to countywide averages, where we might have expected to find more negative outcomes.

Some Early Results

- Westchester County’s child-welfare agency was able to avoid imminent out-of-home placement of at least 21 children (in twelve different families) due to direct intervention by the Intensive Case Management program between January 2009 and August 2011. As of February 2012, all of the children in this group have remained in their households.

- The reduction in the number of children placed in care has likely generated a significant cost savings to the child-welfare system due to the relatively high cost of such placements over time.

Next Steps: Sustainability

- Continue to work with chemical dependency treatment providers to implement and sustain family focused services
- Continue to provide TA and support in implementing evidence based programs
- Continue to work with DSS to secure continued ICM funding

Next Steps: Program Sustainability

- Program Sustainability
- Expansion of Service Collaboration, Integration & Approach
Next Steps: Sustainability

- Continue to collaborate with children's mental health providers
- Continue Data Collection & Analysis
- 2012 Trainings
  - Domestic Violence
  - Childhood Brain Development

Next Steps: Service Collaboration, Integration & Approach

- Recently received a 2 year grant from US Department of Justice, Office of Justice Programs to provide Family Based Offender Substance Abuse Treatment Services to incarcerated parents and their family
- Continue to collaborate with local DSS
- Continue to collaborate with county probation
- Develop a stronger relationship with family court & youth drug court
- Strengthen “buy in” and support from NYS OASAS

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NATIONAL CENTER ON SUBSTANCE ABUSE AND CHILD WELFARE RESOURCES

NCSACW.SAMHSA.GOV
Collaborative Practice Model

Online Tutorials

All trainings are available at no cost, issued a Certificate of Completion and eligible for CEUs.
3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

To obtain a copy, see: http://www.ncsacw.samhsa.gov/files/SubstanceAbuseSpecialists.pdf
Child Welfare Training Toolkit

6 modules, each containing:
• Trainer Script
• PowerPoint Presentation
• Handouts
• Case Vignettes

http://www.ncsacw.samhsa.gov/training/default.aspx