Creating Change through Collaboration: Substance Abuse and Child Welfare Policy and Practice Innovations

Nancy K. Young
Denise Churchill
Sam Gillespie
Peter Panzarella

SAMHSA Women’s Conference
July 28-28, 2010
Chicago, Illinois

Topics for Discussion

• Making the Case for Collaboration
• The “How To” of Collaboration
• What’s Being Done
• Technical Assistance Resources
A Program of the

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

and the

Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect

Making the Case for Collaboration
Children Living with One or More Substance-Dependent Parent

Parental Substance Use Cited as Factor in Child Welfare Case

<table>
<thead>
<tr>
<th>Parental or Alcohol Drug Abuse as Factor in Cases of Child Removal</th>
<th>Substance Abuse as Primary Reason for Case Opening</th>
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<tbody>
<tr>
<td>2007 AFCARS Data Parental Alcohol or Drug Abuse as Factor in Cases of Child Removal (N=190,000 Cases)</td>
<td>CFSR Round 1 Review 2001-2004 (N=50 Cases)</td>
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<tr>
<td>State</td>
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<td>58.0</td>
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<td>63.6</td>
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*In Round 1, these data were not included in the first cohorts of States reviewed, it was an added item in subsequent States.
Data Summary

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
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<tr>
<td><strong>Total Treatment Admissions</strong></td>
<td>1,817,577*</td>
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<tr>
<td><strong>Alcohol</strong></td>
<td>732,925</td>
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<tr>
<td><strong>All Other Drugs</strong></td>
<td>1,084,652</td>
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<tr>
<td><strong>Child Maltreatment Victims</strong></td>
<td>758,289</td>
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<td><strong>Child Victimization Rate</strong></td>
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* Includes those with disposition of substantiated, indicated or alternative response victim. Percentage is number of maltreatment cases out of total number of children who received a CPS investigation.


The Reunification Gap: A State-level Example

Case Study:

- 62% of reunifications occur within 12 months (11,500 of 18,500 reunifications)
- Per the National target of 75.2%, this state’s 12 month reunification goal should be 13,900.
- Therefore, the gap between the current and target reunification rate is 2,400 children.
- 2,400 children ➔ 1,701 parents
  - Child-parent ratio conversion = .72
The Reunification Gap: A State-level Example

- 1,701 parents need to complete treatment to meet the National Target reunification rate.
- To have 1,701 parents complete treatment, an additional 4,700 treatment spaces are necessary.
  - Assume 36% of parents who enter treatment successfully complete the treatment episode
- 4,700 new treatment spaces represents 2.4% of the state’s total treatment admissions (assuming no overlap).
  - State has almost 200,000 annual treatment admissions

The Threshold Issues

- Is substance abuse more than “just one more thing”—does it have a major impact on child welfare outcomes?
- How can outcomes for families be improved through partnership between the child welfare and substance abuse treatment systems?
- What is the role of timely access to effective treatment to resolve the substance abuse disorders affecting children and families involved in the child welfare system?
- What responsibility do treatment agencies have to address child welfare outcomes?
The “How To” of Collaboration

The 10 Elements of System Linkages and Models of Collaboration

Summary of the Five National Reports

Identified barriers

1. Differences in values and perceptions of primary client
2. Timing differences in service systems
3. Knowledge gaps
4. Lack of tools for effective engagement in services
5. Intervention and prevention needs of children
6. Lack of effective communication
7. Data and information gaps
8. Categorical and rigid funding streams as well as treatment gaps
Summary of the Five National Reports

**Suggested strategies**

1. Develop principles for working together
2. Create on-going dialogues and efficient communication
3. Develop cross-training opportunities
4. Improve screening, assessment and monitoring practice and protocols
5. Develop funding strategies to improve timely treatment access
6. Expand prevention services to children
7. Develop improved cross-system data collection

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**Getting Better at Getting Along:**

Four Stages of Collaboration

- External Funding
- Changing The System
- Changing The Rules
- Existing Funding
- Joint Projects
- Information Exchange

Sid Gardner, 1996
Beyond Collaboration to Results
• A framework for defining elements of collaboration
  ▪ To define linkage points across systems: where are the most important bridges we need to build?

• Methods to assess effectiveness of collaborative work
  ▪ To assess differing values
  ▪ To assist sites in measuring their implementation

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**Elements of System Linkages**

**The Ten Key Bridges**

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<tr>
<td>1. Underlying Values and Priorities</td>
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**Children, Family, Tribal, and Community Services**

| 2. Screening and Assessment  |
| 3. Engagement and Retention  |
| 4. Services for Children     |
| 5. Community and Family Support |

**System Elements**

| 6. Information Systems       |
| 7. Training and System Tools |
| 8. Budget and Sustainability |
| 9. Working with Other Agencies |

**Outcomes**

| 10. Shared Outcomes and Systems Reforms |
Collaborative Practice and Policy Tools

Ten Element Framework – A method to organize collaborative activities in specific practice and policy areas

Collaborative Values Inventory – An anonymous way to explore values and beliefs to facilitate the development of common principles using web-based data collection

Collaborative Capacity Instrument – An anonymous way to assess the strengths and challenges in each of the areas of system linkages using web-based data collection

Matrix of Progress in System Linkages – A practice-based approach that specifies characteristics of advance collaboration practice in the elements of system linkages

Screening and Assessment for Family Engagement, Retention and Recovery — SAFERR -- A guidebook to develop effective communication across systems while engaging families in services

Elements of System Linkages
The Ten Key Bridges

Mission

1. Underlying Values and Priorities

Children, Family, Tribal, and Community Services

2. Screening and Assessment
3. Engagement and Retention
4. Services for Children
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System Elements

6. Information Systems
7. Training and System Tools
8. Budget and Sustainability
9. Working with Other Agencies

Outcomes

10. Shared Outcomes and Systems Reforms
Underlying Values and Principles of Collaboration

Tools and Resources
- Collaborative Values Inventory
- Synthesis of Cross System Values and Principles: A National Perspective

Models
- IDTA Memoranda of Understanding and statements of shared values and principles

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Dropoff Points

50,000 Children with Substantiated Abuse/Neglect
33,000 Parents

60% of Parents Need Assessment
19,800

50% Go for Assessment
9,900

80% Need Treatment
7,920

50% Go to First Session
3,960

30% Complete 90 Days – 1,188

50% Reunify or Stay with Parents 594

Spectrum of Substance Use Disorders

A Problem for Child Welfare and Court Officers:
The most frequently used marker of substance abuse problems in child welfare and family court does not tell you anything about the individual’s place on the spectrum.

Experiment and Use

Abuse

Dependence
Screening and Assessment

Tools and Resources
• SAFERR- Screening and Assessment for Family Engagement, Retention and Recovery

Models
• Arizona – Families F.I.R.S.T. Model
• Washington – GAIN-SS and CDPs statewide
• Maine- U.N.C.O.P.E.

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Engagement and Retention

Tools and Resources
- SAFERR- Screening and Assessment for Family Engagement, Retention and Recovery
- SAS- Substance Abuse Specialist Paper

Models
- Arizona – Families F.I.R.S.T. Model
- Sacramento- STARS
- Cuyahoga County- START

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10 Element Framework
Services to Children

• Complex interchange of biological, psychological and sociological events
• Screening is complicated by:
  – 1. There is no absolute profile of developmental outcomes
  – 2. Other issues in parental behavior, competence, and disorders interact which may lead to multiple co-occurring problems for children

Daily Practice – Services to Children
Multiple Opportunities for Intervention

• Commonly noted consequences for children
  – Fetal Alcohol Syndrome (FAS)
  – Alcohol-related neuro-developmental disorders (ARND)
    • Physical health consequences
    • Lack of secure attachment
    • Psychopathology
    • Behavioral problems
    • Poor social relations/skills
    • Deficits in motor skills
    • Cognition and learning disabilities
Services to Children

Tools and Resources
- Substance-Exposed Infants: State Responses to the Problem

Models
- Washington State
- Research Triangle Institute
- RPG Children’s Cluster
- Miami Zero to Two Court
- Strengthening Families
- Celebrating Families

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What is the role of the Recovery Community in Child Welfare Practice?
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Joint Accountability, Shared Outcomes and Information Systems

Tools and Resources
- RPG Data codebook
- Webinars on linkages

Models
- Michigan revised SACWIS to prioritize families with substance use disorders
- CFSR and NOMS processes
- California CalOMS now tracks 7500 CW parents in treatment and knows which had positive outcomes [36%]
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Training and Staff Development

Tools and Resources
• NCSACW online tutorials
• Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
• Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals
Online Training

Available at no charge at http://ncsacw.samhsa.gov

Implementing Online Tutorials

Available at no charge at http://ncsacw.samhsa.gov
NEW! Child Welfare Training Toolkit

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

Available at NO CHARGE!
http://www.ncsacw.samhsa.gov/training/default.aspx

Training and Related Products

• On-Line Training
  – Available at no cost
  – Upon completion of the tutorial:
    • Certificate awarded
    • CEUs and CLEs are available

• Child Welfare Training Toolkit: Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders
  http://www.ncsacw.samhsa.gov/training/toolkit/

• State Legislator information resources web-pages (in development)
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Budget and Sustainability

Tools and Resources
• White Paper on Funding Comprehensive Services for Families with Substance Use Disorders in Child Welfare and Dependency Courts
• Funding Family-Centered Treatment for Women With Substance Use Disorders
  – Detailed tables of Federal funding sources for comprehensive services
• Sustainability discussion guide for Regional Partnership Grants and webinars
• IDTA State strategic plans for continued efforts

Models
• Milwaukee Courts Integrated Funding System
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Working with Other Agencies

Partnership most frequently cited as necessary:
- Mental health services for adults.
- Mental health services for children.
- Domestic Violence
- Housing
- Income Support (TANF, Vocational Training, Employment)
Working with Other Agencies

Tools and Resources
• Family Centered Treatment for Women
• A Review of Alcohol and Drug Issues in the States’ Child and Family Service Reviews and Program Improvement Plans

Models
• Shields for Families, PROTOTYPES, Meta House
• Other multiservice agencies

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Shared Outcomes System Reforms

Tools and Resources
- SAFERR communication protocols
- IDTA State communication protocols and examples of data system improvements
- A Review of Alcohol and Drug Issues in the States’ Child and Family Service Reviews and Program Improvement Plans

Models
- Guide to Cross-System Data Sources for State and Tribal Child Welfare, Substance Abuse Treatment, and Court Systems (In Development)
- May 16, 2008: Connecting the Dots: How States and Counties Have Used Existing Data Systems to Create Cross System Data Linkages
So what is being done and what can we do?

Denise Churchill
Sam Gillespie
Peter Panzarella
Orange County Demographics

- Orange County covers nearly 800 square miles and is located between Los Angeles and San Diego counties in Southern California.
- The county is densely populated by 3 million residents, with 3,910 persons per square mile.
- 47% Caucasian, 33% Hispanic, and 15% Asian.
- 885,353 children ages 0-18
  - 2,973 Dependents of the Court (March 2010 data)

Data source: Report on the Conditions of Children in Orange County, 2009

Current Fiscal Environment

- January 2009 – Present:
  - Budgetary impacts
  - Staff furloughs & layoffs
  - ↓ Resources
  - ↑ Client need
- Lowest # of child welfare dependent children in past 10 years
In-Depth Technical Assistance

- Orange County, California: 2008-2010 – first county site
- Partners: Child Welfare, AOD Treatment, Courts
- Target Population: Families with co-occurring child welfare and substance use disorders that are in the jurisdiction of the Juvenile Court.
- Focus on “front end” system processes
- Goals & Priorities:
  - Needs Analysis on range of services and available supports
  - Streamline referral process, communication and service access
  - Inventory & analyze existing data & develop sharing protocols
  - Develop a cross-system training plan to support shared learning

Virtual Walkthrough

- NIATx Process Improvement Model
  - Flowcharting the Walkthrough
  - Nominal Group Process to identify challenges/solutions
- Roles & Responsibilities of Participants
  - Focus on the systems & processes, not the individual staff
  - Timeframes, decision points, hand-offs, information sharing
  - Who, What, Where, How, When?
  - Consider the client’s perspective
  - Note observations & ideas
May 2009 & February 2010

- Nearly 80 Orange County participants
- Identified opportunities to achieve better outcomes
- Improved “front end” system processes
- Interesting considerations
- Key challenges identified
- Key solutions generated

Flow Chart: Services for Orange County Parents Whose Children are Identified as Drug Exposed at Birth

1. Infant identified as drug exposed at birth
2. ERSSW reviews mother and infant charts
3. ERSSW interviews mother
4. ERSSW completes Blue Form (Petition for Removal Application with time of completion which starts the removal process timeline)
5. ERSSW completes SDM assessment whether to hold child
6. ERSSW leaves mother and calls supervisor (SSSW) to discuss case and decide using SDM assessment whether to hold child
7. If yes (always is)
   a. ERSSW completes hold form in infant’s medical chart
   b. ERSSW completes paperwork at Orange County Children’s Home, completes referral in computer system to get on detection hearing schedule
   c. ERSSW completes paperwork at officer, calls watch commander to obtain authorization for hold
   d. ERSSW explains hold to mother and together with the nurse provides information on treatment services
   e. Parent receives TDM
   f. Hand-off to Dependency Intake SSW (DISSW)
8. Team Decisionmaking (TDM) held in person or by telephone if parent still in hospital, includes potential family members for placement
9. Same SSSW coordinating TDM
10. TCMS scheduling (TDM) Schedule schedules room and time appropriate people: parents, ERSSW, CalWORKS available.

Infant identified as drug exposed at birth
Emergency Response SSW (ERSSW) assigned
ERSSW visited hospital, met with nurse
ERSSW reviews mother and infant charts
ERSSW completes Blue Form (Petition for Removal Application with time of completion which starts the removal process timeline)
ERSSW reviews mother and calls supervisor (SSSW) to discuss case and decide using SDM assessment whether to hold child
If yes (always is)
ERSSW completes hold form in infant’s medical chart
ERSSW completes paperwork at Orange County Children’s Home, completes referral in computer system to get on detection hearing schedule
ERSSW explains hold to mother and together with the nurse provides information on treatment services
Parent receives TDM
Hand-off to Dependency Intake SSW (DISSW)
Detention Hearing Day: Parent orientation (voluntary)

Parent goes through security, reception, sit in court room, wait in a long line, see future court date, parent approaches for info, parent assigned attorney at court

Parent hears finding and placement decision

Parent ordered to drug test

Orders for services, pre-trial hearing and trial scheduled

Assign FSW?

Yes

Attorney notifies parent of the court order and parent to call SW, encourages parent to get involved in services

No

Hand-off to Dependency Investigation SSW/FSW w/in 3 days

Family Service Worker (FSW) follow-up with placement, completes checklist case with parent, goes over finding

Drug Court?

No

First interview of FSW with parents to discuss case planning including treatment

Jurisdiction Hearing Day: Parent goes through security, reception, sit in court room

Parent receives case plan in writing

FSW reviews court minutes and works with parent on orders

Parent may become involved with educational specialist, CalWORKS or perinatal program

Parent may be assigned a Parent Mentor

Orange County Training Matrix

Regionalized Resource Application

Data Exchange Protocol – SSA & HCA

Initial Walkthrough Outcomes

- 2 Plan/Do/Study/Act (PDSA) Cycles to pair Parent Mentors with Parents
- Parent Surveys & Focus Groups
- Staff & Community Partner Focus Groups
- Orange County Training Matrix
- Regionalized Resource Application
- Data Exchange Protocol – SSA & HCA
Parent Engagement Efforts

- Earlier access to treatment for child welfare parents
- Development of Recovery Specialist Model
  - Family Services Workers
  - Assigned upon child entering foster care to assess parent’s needs, facilitate early access to treatment and child visitation
- Development of Parent Partner Model
  - Contract with Family Support Network
  - Provides parent partners at the initial Team Decision Making meeting, prior to the first court hearing, leading to increased rates of service plan engagement
- Operation of Family Dependency Drug Court Model

Ongoing Oversight & Support

- Child Welfare Redesign Planning Council
  - Efforts to redesign Child Welfare Contracted Services
  - Efforts to prioritize court ordered case plan activities
- Blue Ribbon Commission
  - Efforts to build Volunteer Parent Mentor pool
  - Efforts to increase Recovery Specialist Model (FSW)
Sam Gillespie
Illinois Department of Children and Family Services,
Service Intervention Division
Statewide Alcohol and Other Drug Abuse Services Administrator

Setting the Stage

- 1998 GAO study in Chicago and Louisiana
  - 74% of Cook County (Chicago) foster care cases had 1 or more parents required by the child welfare service plan to receive treatment
  - Less than 20% of parents were in treatment or had completed treatment at the time of the study
  - Average time in foster care for substance abuse involved families: 46 months
  - Most child welfare agencies has limited familiarity with available substance resources
  - Judges reported that permanency decisions were consistently delayed due to a lack of information on parent’s treatment progress
Setting the Stage

- DCFS Inspector General reports cite substance abuse in child death and injury cases involving intact families

Child Welfare Needs from the Substance Abuse System

- Outreach and Engagement with the client early and often in the process
- Streamlined referral process for the caseworker (as paperless as possible)
- Expedited assessment and entry into treatment
- Collaboration with caseworker to eliminate barriers to treatment
- Child care, transportation, fees
Child Welfare Needs from the Substance Abuse System

- Joint staffings, family meetings, substance abuse treatment planning
- Re-engagement in services when necessary
- Standardized regular reporting to the worker and the courts
- Treatment progress, drug test results, observations of parent-child interaction

Child Welfare Needs from the Substance Abuse System

- Assistance with other identified barriers to recovery and reunification
- Mental health, domestic violence, housing needs
- Substance abuse providers can help child welfare workers to understand the entire family needs treatment and the family needs to recover from a parent’s substance abuse
Illinois’ Responses

- On site substance abuse assessments and same day referrals at Cook County Juvenile Court
- Recovery Coaches to work with parents, caseworkers, treatment providers and the courts
- Intact Family Recovery program to pair child welfare workers and substance abuse case managers to jointly work substance exposed infants (SEI) cases

Illinois’ Responses

- Drug free, recovery oriented housing programs for recovering moms and children
- Targeted funding to substance abuse providers to serve referrals from child welfare and collaborate with caseworkers and the courts
Lessons Learned from Cross-Systems Collaboration

- Judges need consistent timely information over the course of treatment and the child welfare case.
- Reports from substance abuse providers have to clearly show progress in a case and movement toward recovery and the ability to parent.
- When the courts see the overall progress of a case they can become more comfortable and accepting of relapses and lack of progress at points during treatment.

Lessons Learned from Cross-Systems Collaboration

- Judges are the key component in the court system, but not the only components.
- Prosecutors, defense attorneys, guardians, courtroom staff must all buy in to the collaborative model for success.
Connecticut Re-Directed Funding: RSVP and Ensuring Cost Savings

Peter Panzarella, Director of Substance Abuse at DCF

Connecticut Overview

- Population - 3,409,549
- Approximately 750,000 under age 18
- No County Government (169 Town Government and Home Rule)
- CT Department of Children and Family is a consolidated Children’s Agency with mandates
- CT Department of Mental Health and Addiction Services (Adults)
- Unified Judicial Branch
RSVP Program

Three Pilots; Bridgeport, Willimantic and New Britain

- Recovery Specialists positions re-allocated from existing staff.
  - Based on STARS Model
  - No Family Drug Courts in CT
  - Conducts reliable random drug screens
  - Assist parents in engaging in SA treatment
  - Support parents in increasing their recovery capital through recovery coaching
  - Provide regular documentation to DCF, courts, and attorneys
RSVP Program Outcomes

- Increase inter-agency coordination and collaboration
- Increase coordinated case management and planning across agencies
- Increase the number of OTC substance-abusing parents/guardians receiving treatment and support services
- Increase length of time in substance abuse treatment;
- Increase treatment completion rates
- Shorten time to family permanency
- Increase family re-unification rates
- Decrease rates of repeated child maltreatment and re-entry to DCF; and
- Reduce costs associated with TPR cases

DCF and DMHAS Project SAFE Joint Contract

- $3,680,863 FY2009 budgeted (DCF 70% and DMHAS 30%)
  - 30% Drug Testing (Over Budget $160,000 in FY 2009)
  - 9% on SA Evaluations
  - 61% Treatment and Recovery
- Contract Advanced Behavioral Health
- Central intake - # 800
- Access to drug screens, substance abuse evaluations & a variety of outpatient substance abuse treatment services
- Provider network 51 providers
- Centralized data reports & electronic billing

http://www.abhct.com/resources_Downloads.asp
Connecticut Project SAFE
Screening & Utilization Data

<table>
<thead>
<tr>
<th>Year</th>
<th>CPS Caseload</th>
<th>Evaluations</th>
<th>GAIN Short Screen</th>
<th>Urine Testing</th>
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Connecticut Substance Abuse Screening GAIN Short Screen Data for Protective Services

Project SAFE Providers and High Need Clients (7/07 to 11/09)
Project SAFE Drug Testing Data

Urine Tox Screens
FY 09 by Quarter - Statewide

Cost Savings in Screening and Drug Testing

- RSVP program, the urine toxicology screens occur with an instant read test kit.
- The client is asked if he/she has used any substances in the period since last tested
- Client can challenge a positive test results the sample is sent to a lab for MG/CS confirmatory analysis.
- The client signs that the results are accurate. No positive confirmatory testing is required.
- Significant decrease in confirmation testing costs
Projected Savings Shifting from Drug Testing to Recovery Supports

- Priority to Clients with High Need Direct to Treatment
- Projected Decrease of 15% for FY 2010
- Decrease of 7.7% of Average Number of Urine Tests Per Unduplicated Clients (Third Quarter Comparison)
- 35% Projected Cost Savings for FY 2011
- Redirect to RSVP and Recovery Supports

Together we embrace safety, permanency, substance abuse treatment and recovery.

Our ultimate goal is to achieve results for a family that will last a lifetime.”
Technical Assistance Resources

Levels of Technical Assistance

- **Level One:** Information and Sharing of Models
- **Level Two:** Expert Consultation and Research
- **Level Three:** Development of Issue-Specific Products
- **Level Four:** Strategic Planning, Training Resources and Facilitation

1077 requests
366 requests
247 requests
16 States
3 Tribes
1 County
53 Grantees
10 Pre-IDTA

September 2001 through June 2009
Types of TA Products

- Collaborative practice and policy tools
- Information and sharing of models
- Expert consultation and research
- Development of issue-specific products
  - Monographs, white papers, fact sheets
- Training resources and collaborative facilitation
  - On-line courses, training materials
- Longer-term strategic planning and development of protocols and practice models
How do I access technical assistance?

• Visit our NCSACW Exhibit Booth!
• Visit our Website: http://ncsacw.samhsa.gov
• E-mail Us: ncsacw@cffutures.org
• Call Us: (714) 505-3525

Contact Information

Nancy K. Young, MSW, PhD
National Center on Substance Abuse and Child Welfare
Director
Phone: (714) 505-3525
Email: ncsacw@cffutures.org

Denise Churchill, LMFT
Orange County Social Services Agency, CFS
Specialized Family Services (SFS) Program
Administrative Manager II
Phone: (714) 704-8500
E-mail: Denise.Churchill@ssa.ocgov.com

Sam Gillespie
Illinois Department of Children and Family Services, Service Intervention Division
Statewide Alcohol and Other Drug Abuse Services Administrator
Phone: (312) 814-5483
E-mail: sam.gillespie@illinois.gov

Peter Panzarella, MA, MS
Connecticut Department of Director of Substance Abuse Services
Phone: (860) 642-3947
E-mail: ptpnzrls@adelphia.net