In-Depth Technical Assistance

Round One Final Report

Prepared for:

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

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1. Introduction

National Center on Substance Abuse and Child Welfare

The National Center on Substance Abuse and Child Welfare (NCSACW) began providing In-Depth Technical Assistance (IDTA) to four states in July of 2003, and concluded eighteen months later. This report summarizes the interventions, outcomes, and lessons learned in this initial round of the IDTA program.

NCSACW is an initiative of the U.S. Department of Health and Human Services. It is jointly funded by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment, and by the Office on Child Abuse and Neglect within the Children's Bureau of the Administration on Children, Youth and Families.

NCSACW's ultimate objective is to improve outcomes for families that are both affected by substance use disorders and involved in the child welfare system. To achieve this goal, NCSACW implements a comprehensive program of information gathering and dissemination, develops knowledge that promotes effective practice and organizational change at the local, state, and national level, and provides several levels of technical assistance.

Among the activities of NCSACW, the In-Depth Technical Assistance program has the most direct and far-reaching impact on the States and communities. The IDTA program is a unique approach to developing and promoting system change. It is designed to facilitate cross-system collaboration among the professionals who work with families affected by substance use disorders who are involved in the child welfare system and may also be involved in the dependency court system.

NCSACW has developed a consortium of organizations to support its work. The Consortium partners are: American Public Human Services Association, Child Welfare League of America, National Association of State Alcohol and Drug Abuse Directors, National Council of Juvenile and Family Court Judges, and National Indian Child Welfare Association. The Consortium members are active participants in the IDTA program.

Technical Assistance: Context and Considerations

In planning its IDTA program, NCSACW investigated the general practice of technical assistance. The Federal government has supported technical assistance to States, localities, and private agencies for decades. Radin (1997) summarized the work of a task force on technical assistance composed of more than one hundred people from the Department of Health and Human Services. She concluded:

> "Technical assistance is one of the Department's most valuable tools for exerting a positive influence on State or locally managed programs…. "[1]

Radin's assessment made clear that effective technical assistance involves sustained effort over time. The assistance needs to be at sufficient depth and duration to produce lasting positive change. She identified cross-agency involvement, multi-source support, and funding as important factors in providing collaborative technical assistance.

Strategies for disseminating information are also critical in providing effective technical assistance. Adelman (2005) makes a distinction between dissemination, which is the simple distribution of information, and diffusion, which is the communication of information in a way that has a lasting effect on practice.[2] The literature on diffusion emphasizes that changing knowledge, changing skills, and changing behavior are separate tasks, and holds that it is easier to change knowledge than to change skills, and that changing behavior is the most difficult task.

NCSACW sought to change knowledge, skills, and behavior, with the awareness that changes in practice, and ultimately in policy, are critical. The IDTA program was designed to initiate a process of active change and support this process where it was already in progress. This program is described in the following section.

2. The In-Depth Technical Assistance Program

NCSACW's IDTA program is based on a framework of collaborative linkages and policy tools that have been used in various contexts over several years. The program also includes a set of interventions that focus on cross-system collaborations designed to create lasting change, and is enriched by a broad resource and knowledge base. The framework, policy tools, interventions, and resources are discussed below.

Framework and Policy Tools

NCSACW brings a framework for collaboration and a set of policy tools to its approach to IDTA. These components provide a broad perspective on systems and their linkage points, essential to understanding and achieving effective cross-system collaboration. The collaborative framework consists of ten critical elements of system linkage. It is based on work originally conducted by Children and Family Futures, a California-based public policy firm, and on five major reports on system overlap issues published between 1998 and 1999. As the IDTA program was being developed, the framework was revised to integrate the perspective, roles, and responsibilities of the actors in the dependency court (e.g., judicial officers and attorneys), and to acknowledge the significant role played by community members and community support systems in child safety and family recovery. More information on the collaborative framework is available at: http://www.ncsacw.samhsa.gov/files/NewFramework.pdf.

In the IDTA program, the collaborative framework of system linkages is used with each of the selected sites to broaden the discussion on needs and goals, guide the identification of individuals and systems needed to create a team capable of developing effective policy and practice change, and assist each site in tailoring responses to fit their unique needs, context, and resources.

IDTA teams refer to the ten elements throughout the IDTA program. The framework of the elements is a useful tool to help sites consider the broad range of system linkages and identify areas needing development or improvement. Each site must eventually address each element for effective and sustainable collaboration to occur. The elements are:

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

To support the collaborative framework, NCSACW uses several policy tools that help States and communities improve their practice and policy responses. These tools include:

- *Collaborative Capacity Instrument (CCI)* – This self-assessment tool is designed to encourage discussion within and among child welfare workers, substance abuse treatment providers, dependency courts, and community agencies about their progress in addressing specific issues, and to help them prioritize their most urgent program and policy plans. The CCI elicits responses related to the ten elements of system linkage and is easily administered online. In the IDTA program, individual participants complete the CCI early in the technical assistance process. NCSACW tabulates the results and discusses them with the site team. The results provide a comprehensive picture of strengths and weaknesses that participants use to formulate the project Workplan. Participants complete the CCI again at the conclusion of the IDTA, and these results are compared to the initial assessments to reveal changes in collaborative capacities over the course of the IDTA program.

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

- *Collaborative Values Inventory (CVI)* – This questionnaire serves as a neutral, anonymous way of assessing the degree to which a group shares the values that underlie its work. The CVI identifies issues that may be overlooked if the collaborative begins its work without first clarifying its underlying values. Relationships are a fundamental aspect of collaboration, and the CVI encourages discussions which form a basis for trust and effective communication. Like the CCI, this tool can also be administered online. When this instrument was tested for reliability, the testing revealed seven underlying dimensions of the instrument: values and beliefs related to planning and outcomes, drug-using parents, parental accountability, service systems, funding, courts, and priorities. The internal consistency of the factors was generally good (above .70) or reasonable (around .60 or more). The two items related to success in treatment were analyzed as an eighth factor and had strong internal consistency (above .80).

- *Matrix of Progress in Linkages among Alcohol and Drug and Child Welfare Services and the Dependency Court System (Ten-Element Framework)* – The Matrix of Progress is a tool for assessing collaboration across particular systems. It identifies specific benchmarks for improving the system linkages that are fundamental to improving outcomes and long-term well-being for families with substance use

disorders involved in the child welfare and dependency court system. The Matrix of Progress identifies fundamentals for improved practice, good practice, and best practice for each of the ten key elements (see Appendix 1). The Matrix and its benchmarks were developed and refined over the past decade in work with numerous Counties and States, and it has benefited from the review of over 100 professionals with expertise in these fields.

The Application Process and Selection of Sites

NCSACW solicited applications from States, Territories, and Tribes interested in participating in the IDTA program. In the application, potential IDTA sites needed to demonstrate that the relevant agencies and courts were committed to improving their policies and practices with regard to families involved in the child welfare system who were also affected by substance use problems.

Sites were selected based on their demonstrated commitment and on NCSACW's intent to include states at various levels of development of interagency collaboration. Four States – Colorado, Florida, Michigan and Virginia – were chosen to participate in the first round of the program.

IDTA Interventions

The IDTA program incorporates a set of interventions that address and support cross-system change. These interventions are presented in the following paragraphs.

Facilitation and Expertise – NCSACW assigns a Consultant Liaison to each site selected to participate in the IDTA program; the Consultant Liaison works with the site for an average of 32 hours per month. Each Consultant Liaison is a senior-level professional with extensive experience and knowledge in the areas of child welfare, substance abuse treatment services, and dependency courts. Most have worked on the frontlines in at least one of the fields, and have executive-level experience in at least one of the others. NCSACW chooses and trains the Consultant Liaisons. They are among a select group of professionals who can knowledgably communicate on multi-systems issues.

The Consultant Liaison's role is to:

- Facilitate the development of the Scope of Work
- Facilitate the development of the Workplan based on the SOW
- Determine the technical assistance needs of the site
- Broker the technical assistance resources needed by the site
- Assist the site in implementation
- Provide a neutral perspective on issues and problem-solving
- Support local leadership development
- Assist the site in focusing on progress and outcomes
- Share information, materials, and promising practices
- Maintain accountability through reports to NCSACW on progress, barriers, and lessons learned in working with the site

The consultant's professional background and skills, knowledge of promising practices, and access to nationwide resources are combined with an independent perspective to provide the site with an effective catalyst for change.

In addition to the Consultant Liaison, NCSACW provides a Judicial Consultant to work with the site. NCSACW's Judicial Consultant is a retired dependency court judge who has extensive experience in family treatment courts, and who established the first family treatment court in New York State. The Judicial Consultant plays a key role in bridging the gap across systems by communicating with judges and court representatives.

NCSACW staff supports these consultants by overseeing the delivery of technical assistance, coordinating resources, and disseminating information.

The Term and Intensity of Technical Assistance – The IDTA program is structured to provide intensive technical assistance over a period of at least twelve months. This time commitment is necessary to refocus and realign the policies and practices of multiple systems, ensure that the changes are effective and sustainable, and support the interdependent evolution of the systems. Participants must establish relationships, form teams across systems, identify and prioritize strategies, develop new policies and protocols, and lay the groundwork for broad practice-level change.

Initial Planning Meetings – The first step in the IDTA program is a two-hour conference call with the site's core participants, the assigned Consultant Liaison, the IDTA Program Manager, and the NCSACW Director. The purpose of the call is to introduce the parties, review the IDTA program, and draft the agenda for the project kick-off meeting, a two-day planning session attended by representatives from the systems and NCSACW personnel.

Following the call, the Consultant Liaison works with the core team to finalize the agenda for the kick-off meeting and to identify all necessary participants. The goals of the meeting are to:

- Introduce and engage the representatives of the partnering systems
- Provide basic knowledge of the structure, vocabulary, resources, and challenges of each of the partnering systems
- Explain NCSACW's resources and services
- Develop the basic information needed to craft a Scope of Work (SOW) and detailed Workplan

NCSACW personnel prepare for the kick-off meeting to ensure their informed participation and to prompt the site to coordinate its collaborative work with other plans and requirements, such as their Substance Abuse Prevention and Treatment Block Grant applications and Child Welfare Services Five Year Plans. NCSACW studies each State's Children and Family Services Review and Program Improvement Plan to review the State's programs, strengths, and weaknesses, and to identify opportunities for cross-system collaboration.

Scope of Work and Detailed Workplan – The site's first product is the SOW and Workplan. The SOW describes the background and context of the IDTA, confirms the commitment and contributions to be made by the site and by NCSACW, and frames the objectives and expected products. The Workplan specifies the timelines, resources, and steps involved in creating the products outlined in the SOW. The Consultant Liaison drafts both documents and works with the site team to finalize them. The SOW and Workplan are reviewed and approved by the Federal Project Officers.

On-going Consultation and Facilitation – After the SOW and Workplan have been approved, on-going technical assistance is delivered through on-site meetings, email, and teleconferences. The Consultant Liaison visits the site for two days approximately every other month, and has frequent telephone and email contact with the site's primary contact or core team. The Consultant Liaison conducts research for product development, drafts written products, brokers resources and materials, develops agendas, plans meetings, develops materials, monitors the Workplan, communicates with teams, and shares information. The frequent meetings and contacts help maintain focus on the project by providing opportunities for exchange, dates that prompt completion of tasks, and a review process that fosters accountability.

The role of the Consultant Liaison is multi-faceted. During the course of the IDTA program, he or she may serve as guide, coach, interpreter, facilitator, resource bank, sounding board, task-master, monitor, and mediator.

Cross-site Meetings, Program Site Visit, and National Conference – As the program moved forward, it became clear that the four sites would benefit from meeting together, sharing their experiences, and visiting a county that had developed several practice innovations and policies to support their cross-systems efforts. NCSACW set up the first cross-site meeting eight months into the program and sponsored a team of five from each site to attend the meeting. A second cross-site meeting was held in conjunction with NCSACW's first national conference. These cross-site meetings included sessions for information presentation, break-out sessions for each site to work separately, access to the NCSACW Consortium Partners for consultation, and opportunities for cross-site exchange. Participants reported that the ability to consult with other sites was highly valuable and motivating, and suggested that future meetings provide more time for this interaction.

The IDTA program provided two additional activities aimed at informing the sites of other promising practices: a program site visit and a national conference. In conjunction with the first cross-site meeting, the site teams visited a program with many years of experience in cross-system collaboration. This visit included time to interview program staff on their experience over time, and incorporated a visit to a family drug treatment court, one of the components of the program's collaborative model. NCSACW also sponsored a team from each State to attend its first national conference held in Baltimore, Maryland in July of 2004. This was another opportunity to share information and learn about other collaborative approaches and promising practices.

Workplan Self-Assessment – Participating sites were asked to complete self-assessments at mid-project (May 2004) and again at the conclusion of the project. The self-assessment tool was based on the products and activities listed in the Workplan. The self-assessment reinforces the expectation of progress, helps maintain focus on the Workplan as the map for project efforts, and provides a structure for accountability.

Products and Resources

NCSACW has developed products that enrich the IDTA program by addressing issues raised in the course of technical assistance. These materials were used by the IDTA sites and are described below. NCSACW collects, catalogs, and disseminates information relevant to the focus of the IDTA program, tapping a broad range of additional resources; this information was also made available to the sites.

Online Curriculum – NCSACW is developing a series of online courses for its target audiences. The curriculum presents basic information on substance abuse, child welfare, and the dependency court systems for professionals in other disciplines; the objective is to facilitate cross-system work. Those who successfully complete the course can receive Continuing Education Units by submitting the Certificate of Completion. The first course, *Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals*, became available during the first round of the IDTA program and was used by the sites.

SAFERR Model – *Screening and Assessment for Family Engagement, Retention and Recovery: Guidance for States and Communities Serving Families with Substance Use Disorders in Child Welfare Services and Dependency Courts* – This publication addresses screening and assessment policies and protocols to foster family engagement, retention and recovery. This subject area is the focus of many requests for technical assistance. The publication describes current practice and key factors for child welfare, alcohol and drug services, and dependency court systems; it provides guidance on developing collaborative efforts, including cross-system teams and communication mechanisms, to improve outcomes for families. The IDTA sites provided input this document and used it to develop their practice protocols; they also helped create an implementation workbook.

White Paper on Funding Comprehensive Services for Families with Substance Use Disorders in Child Welfare and Dependency Courts – Linking child welfare, substance abuse services, and dependency courts involves connecting the multiple funding streams that flow into these agencies and other agencies that serve families. This white paper outlines the fiscal issues that affect the ability of programs to provide the services needed by children and families affected by substance abuse, outlines the concept of unified fiscal planning, and briefly describes the Federal sources of funding for child welfare and alcohol and drug services along with several other sources of funds for services for children and adolescents. This paper is available online at:
http://www.ncsacw.samhsa.gov/files/FundingWhitePaper.pdf

CAPTA/SEI paper – In response to the legislative changes made in the Keeping Families Safe and Stable Act of 2003, NCSACW staff developed a paper that described the major changes in the Child Abuse Prevention and Treatment Act (CAPTA), including the requirement that a child identified as a substance-exposed infant (SEI) with a positive toxicological screen for illicit drugs at birth must be reported to a child protective services agency and a treatment plan for the infant's safe care must be developed. This guidance was the subject of a workshop at the NCSACW national conference and was distributed in draft to the IDTA States.

Information Switchboard and Clearinghouse – NCSACW acts as a switchboard, connecting programs with common interests and sharing information on collaborations and promising practices across the nation. Knowledge gained from the experiences in other States and pioneering programs enriches the efforts of the IDTA program and allows the participating sites to benefit from those experiences.

Access to Additional Resources – The sites participating in the IDTA program have access to a broad array of organizations that represent families, to professional and national leaders on practice and policy issues in substance abuse, child welfare, family courts, the tribes, and to policy makers. These resources include the five NCSACW Consortium Partners; the National Resource Centers sponsored by the Administration for Children and Families, Children's Bureau; and other government resources such as SAMHSA's Center on

Substance Abuse Treatment, the National Clearinghouse for Alcohol and Drug Information and the National Clearinghouse on Child Abuse and Neglect Information.

3. The Sites: Products and Progress

NCSACW began implementation of the first round of In-Depth Technical Assistance to four States in July of 2003. The program offered twelve months of technical assistance with the opportunity for a six-month extension. Each of the four States applied for the extension of IDTA, proposing additional products and benefits to result from the additional technical assistance. The additional technical assistance was granted in each case, extending the first round of the program through December of 2004.

Each State experienced success in incorporating collaborative strategies into the policies and practices of its systems. In Colorado, treatment providers can now specialize in working with child welfare agencies; they can obtain a license that demonstrates proficiency based on one of NCSACW's online courses. In Florida, provider contracts now contain a requirement to develop a cross-system working agreement. In Michigan, where child welfare service plans are restricted to three issues, criteria were modified to ensure that a parental substance use disorder will appear among the top three issues. In Virginia, cross-system case management was included in its IV-E Waiver Demonstration Project. States were encouraged to review their Children and Family Services Reviews and to include strategies specific to treatment needs in their Program Improvement Plans. These kinds of changes solidified the progress made during the IDTA program and carried the site's work forward into the future. The changes exemplify the results of cross-system collaboration in support of better service that is the goal of the IDTA program.

The following sections describe how each State organized itself for collaboration, the work proposed in the State's SOW and Workplan, and the outcomes of the State's efforts.

Colorado

Colorado created a core team of four, composed of one representative from each of these systems: substance abuse, child welfare, court, and mental health. The State also formed a Steering Committee of 27, consisting of representatives of the key partners and other service systems, County-level providers, and a service consumer. Ad hoc subcommittees were created to address specific areas of the Workplan.

Colorado's primary focus was the development of a practice protocol for screening, assessment, engagement, and retention. Given the autonomy of the county-administered service delivery system, the team recognized that County-level involvement would be essential to achieving change in practice. Several strategies were included in the Workplan to address this issue. The major product goals and levels of accomplishment were:

- ***Develop Project Overview*** – This document was developed to explain the project, summarize the plan of work, and display signed endorsements by State-level agency directors. It was used to publicize the project and emphasize the commitment of leadership.

- ***Conduct Needs Assessment Survey*** – A survey was designed to gather input from frontline staff and program managers for developing the practice protocol. Over 300 surveys were completed online and returned to NCSACW for analysis. The group of respondents represented all four systems.
- ***Convene regional meetings*** – Ten half-day meetings were held across Colorado with multiple system representation in each. At least one member of the Steering Committee attended these meetings. Meetings were designed to promote collaboration, describe the project, and begin work on the protocol through discussions of values, challenges, and promising practices. The meetings were also used to interest counties in becoming pilot sites for the practice protocol.
- ***Develop a protocol for improving services to families*** – A protocol for child welfare, treatment, and court systems was developed to include recommendations for screening, assessment, engagement, and retention. The draft was revised based on comments from reviewers and the experiences of pilot sites.
- ***Create a State-level Memorandum of Understanding*** – A document was drafted and circulated for comment. At the close of the IDTA project, it was being revised with the goal of completing and executing it in 2005.
- ***Issue paper on data system overlap*** – The preliminary work on this product revealed that the various data systems were structured to collect only minimal data on overlapping systems and that none of these data fields were mandated. Therefore, no data was consistently available and work on this product could not go forward. The Colorado team intends to develop a briefing paper on the inadequacies of the data systems and promote the need for system modifications in the future.
- ***Implement protocol through selected pilot sites*** – Several Counties were interested in being pilot sites and met the requirement, established by the Statewide Steering Committee, that a tri-system local team manage the implementation of the protocol. Four Counties were selected to receive technical assistance from IDTA consultants and Core Team members. The other qualifying sites were invited to attend meetings and received limited technical assistance. From September through December 2004, the four pilot sites received technical assistance through two on-site meetings and multiple telephone and email contacts. Each site selected sections of the protocol to implement, based on their need and sense of readiness. The pilot sites intend to continue their work after the close of the IDTA program.
- ***Plan for Statewide conference in Spring 2005*** – Colorado decided that presentations and trainings on the protocol and collaborative relationships would be accomplished by coordinating with existing conferences already established, rather than through a new State-wide conference.
- ***Transition Steering Committee to Implementation Committee*** – The membership and structure of the Statewide Steering Committee was changed and its new focus is to work with the pilot sites that are testing the protocol.

This project produced an additional benefit that was not identified in the Workplan. Colorado established a licensing category for substance abuse treatment professionals who want to specialize in working with families involved in the child welfare system.

Florida

Florida established a core team of six individuals, two representatives each from the child welfare, substance abuse, and dependency court systems. The core team frequently met with about six additional participants, depending on which areas of the Workplan were the focus at the time. The Statewide Steering Committee sought to include broad input and consisted of 25 regular members, with an additional 25 to 30 individuals participating on

occasion. Ten standing work groups were created, each charged with one of the major product areas of the SOW. The complexity of this structure fulfilled Florida's need to have a highly visible and inclusive process.

Florida's leadership has a strong commitment to community-based solutions and programs as evidenced by the transition of all child welfare services to district private agencies. Therefore, the Steering Committee sought community input at all stages of product development. Committee and workgroup structures remained fluid to accommodate broad community involvement.

Florida was unique among the States participating in the IDTA program in that it included a Local Implementation Team comprised of District 12 (Daytona Beach area) representatives from the lead agency for child welfare community-based care, substance abuse prevention and treatment providers, domestic violence program, the drug court improvement program, housing and emergency services, etc. The Local Implementation Team served as a laboratory, testing and providing input to the Statewide Steering Committee. It also initiated procedures and policies and forwarded them to the Statewide group to consider for inclusion in the Statewide products.

The Florida Statewide Steering Committee established product goals in all ten areas of the collaborative framework and provided for regular local community input and feedback. The major product goals and level of accomplishment were:

- ***Develop and execute a State level Memorandum of Understanding*** – When the project began, Florida had already been working on a draft, but wanted to update and finalize it. The memorandum was completed and released in July of 2004.
- ***Issue requirement for localities to develop local level agreements*** – Contracts now require that local substance abuse treatment providers and lead agencies of child welfare services establish working agreements based on the model provided by the State and tailored to local needs.
- ***Establish screening and assessment requirements*** – This product was changed from "requirements" to "recommended guidelines" because the State team felt that local areas would more readily accept guidelines, and that additional experience with the guidelines was needed before establishing them as requirements. The District 12 Local Implementation Team developed and tested tools and mechanisms that will be posted on an electronic tool kit website. An initial draft was prepared on the clinical considerations in testing for alcohol and drugs, and on applications to collaborative casework. The paper is under review and is planned for posting on the electronic tool kit website.
- ***Develop model of preferred practice for integrated casework between child welfare and substance service agencies*** – Much of the work of this project focused on developing the integrated model of casework. The model was completed and will be posted on the electronic tool kit website.
- ***Prepare communication and confidentiality guidelines*** – Florida addressed communication in the model of integrated casework, rather than as a separate product. They deleted confidentiality guidelines as a separate project due to the ready availability of existing materials, including the June 2004 release of a crosswalk between Federal health information privacy requirements and the confidentiality requirements for Federally-funded substance abuse treatment programs.

- ***Research effective prevention programs and funding sources*** – The National Registry of Exemplary Programs was identified as an on-going source of information. Additional work in this area was not attempted due to other priorities.
- ***Revise guidelines for substance abuse Family Intervention Specialists*** (case managers who assist families involved in both the child welfare and treatment systems.) – Considerable input was gathered and the basic requirements were revised. The revised requirements have been included in treatment providers' contracts.
- ***Develop electronic Florida Tool Kit*** – A community-accessible website was established and posting of products and tools is scheduled to begin in the spring of 2005. A logo was created to build recognition of the project.
- ***Prepare Statewide training recommendations*** – These efforts were postponed when it was realized that the overall products of this project would drive training needs, and this task could not be addressed in the scope of this project.
- ***Identify funding opportunities for supporting collaborative efforts*** – Florida prepared and submitted an application for a Title IV-E Waiver Demonstration Project focused on implementing the preferred practice model of integrated casework. As they worked on negotiating the terms of the waiver, State officials decided not to pursue it because of financial and administrative concerns.
- ***Evaluate collaborative outcomes*** – Performance targets were added to the FY05 child welfare and treatment contracts and a monitoring system was designed. The treatment client data system was modified to identify all admissions of families receiving child protective services.

Michigan

Michigan has been working on cross-system collaboration for several years and already had an active team of participants. The active team was reorganized to address the scope of the IDTA project. Three levels of participants were established: a core team of three, representing the key systems; a State team of ten to twelve to manage the work of the five workgroups; and a Statewide task force, to advise the State team and perform marketing and outreach.

The State's past work in collaboration laid the groundwork for the team to use the period of IDTA to work on almost all ten areas of the collaborative framework. The major product goals and level of accomplishment were:

- ***Develop strategies to educate key stakeholders*** – The team produced several products that were used to market and educate: Project Summary, Project Brochure, Director's Statement of Support, PowerPoint Presentation for project work, and a Summary Report on the Collaborative Project.
- ***Develop and disseminate a Michigan-specific communication protocol*** – A protocol was developed along with a companion document depicting interagency communication paths.
- ***Devise a plan to identify, leverage, and maximize funding*** – The State team needed to get the cooperation of the State budget analysts to work on this deliverable. NCSACW resources reviewed the available budget information and the State identified approximately $100 M in State substance abuse funds that were not being claimed for Federal matching funds through Medicaid or Title IV-E but that might be eligible for certain State delivered services. The State team believes that State officials have hired outside experts to explore the potential for claiming Federal matching funds for covered services to this population.

- ***Provide training and technical assistance to enhance collaboration*** – The State team developed and presented several trainings and arranged meetings to discuss ways to improve collaboration. They met with tribal entities and held meetings on the role of family drug treatment courts. The team arranged a presentation on fetal alcohol spectrum disorders, and was joined by the Consultant Liaison for a presentation on collaborations at Michigan's Annual Substance Abuse Conference.
- ***Create practice protocol for screening, assessment, engagement and retention*** – The Michigan team worked on developing a protocol and produced several drafts which have been reviewed and reworked. They will develop a plan in 2005 to finalize and implement the protocol.
- ***Establish process to orient and engage new State team members*** – An orientation strategy was established for new team members and includes the use of established team members as mentors.
- ***Devise evaluation plan*** – The team compiled an inventory of existing research and evaluation projects from key Michigan systems, and created logic models for various aspects of collaboration. Outcome measures were established but child welfare data was not currently available as SACWIS is not yet functional for the needed data fields.
- ***Establish partnership with Native American Tribal Entities*** – Representatives of several tribes met with the State team, the Consultant Liaison, and a representative from the National Indian Child Welfare Association in September of 2004. The process of strengthening the State and tribal relationships is on-going.
- ***Create a toolbox for the establishment of Family Drug Treatment Courts (FDTC) and initiate plan to develop one new FDTC*** – In preparation for developing the toolbox, Michigan provided training at several of the State's ongoing "TA Days;" facilitated a presentation by NCSACW's Judicial Consultant at the Michigan Judges Conference in June 2004; sent an additional team of representatives to the February 2004 cross-site meeting to observe a well-established Family Drug Treatment Court; and coordinated a training presented by the ABA Center on Children and the Law. Plans are underway to establish an additional FDTC.

The project produced another outcome that was not part of the Workplan. A subcommittee of the State team worked with the child welfare department to review the process and criteria used to establish the three most important family issues to be addressed in the service plan. (Michigan restricts the service plan to three issues.) The rating system was adjusted to ensure that treatment, when needed, will emerge as one of the priority issues for the child welfare services plan.

Virginia

The Virginia team organized itself like the Michigan team, with a core team of three, a State team of approximately twelve, and a large group of stakeholders that advised the State team. The organization of the Commonwealth is quite different from that of the other sites, with implications for the scope of IDTA program.

The Commonwealth of Virginia has 135 local political entities – 40 independent cities and 95 counties – that purchase, develop and implement services within a semi-autonomous system. The Commonwealth provides policies and procedures to ensure that consistent and relevant services are provided, but its ability to monitor and direct services is limited. Virginia had very little organized experience with cross-system collaborations, and many of the team members were meeting each other for the first time and learning about the goals,

services and processes of the partner systems. The major product goals and level of accomplishment were:

- ***Develop Project Overview*** – Virginia developed an overview, which was signed by the appropriate Commissioners and distributed to stakeholder groups throughout Virginia as a way to market the initiative, named "Safe Families in Recovery."
- ***Develop a cross-system Interagency Memorandum of Understanding*** – The team completed an agreement and distributed it to stakeholders.
- ***Conduct a planning session to begin development of a strategic plan*** – The intensive day-long planning session was held in January of 2004 with approximately 40 attendees.
- ***Develop strategies to educate key stakeholders*** – Virginia developed materials and presentations, and held a series of regional focus groups to educate participants on the project and obtain their input on what should be addressed in the strategic plan. The Consultant Liaison helped the team outline the presentation component for use in ongoing marketing efforts.
- ***Compile compendium of best or promising practices*** – The team prepared a report recommending the development of a tool kit for community adaptation. The report defined the components of the kit and described strategies for its dissemination. The Consultant Liaison helped the team develop a technical assistance request to bring expertise from the Child Welfare League of America (CWLA) to Virginia for a discussion of family-centered practice. In May 2004, approximately 25 members of the Statewide Advisory Team attended this session, which included an overview of family-centered practice, implementation issues and strategies, and perspectives on best practices. Participants learned about the resources available through CWLA and how to access them. The Consultant Liaison also helped coordinate resources for a Family Drug Treatment Court training offered to the Advisory Team in March of 2004.
- ***Produce Strategic Plan and Executive Summary*** – A three- to five-year cross-system Strategic Plan was developed and finalized in an Executive Summary as well as a 52-page detailed plan. The plan addresses information sharing, service delivery, professional development, community development, and funding and sustainability. It establishes goals in all these areas, along with action steps, timelines, and responsible parties. Both documents were completed and widely distributed. The Plan will guide Virginia's work for the next several years.
- ***Design framework for sustaining executive leadership*** – Having experienced several changes in executive leadership at the State level, it was important to obtain the support of new leadership and reinforce the support of existing leadership. NCSACW's Director joined the Consultant Liaison and participated in a session with Commonwealth Commissioners designed to inform and gain executive support. Several executives attended this meeting along with the State team. This meeting resulted in a Commissioner directing that funds be identified to provide a staff person for on-going collaboration.

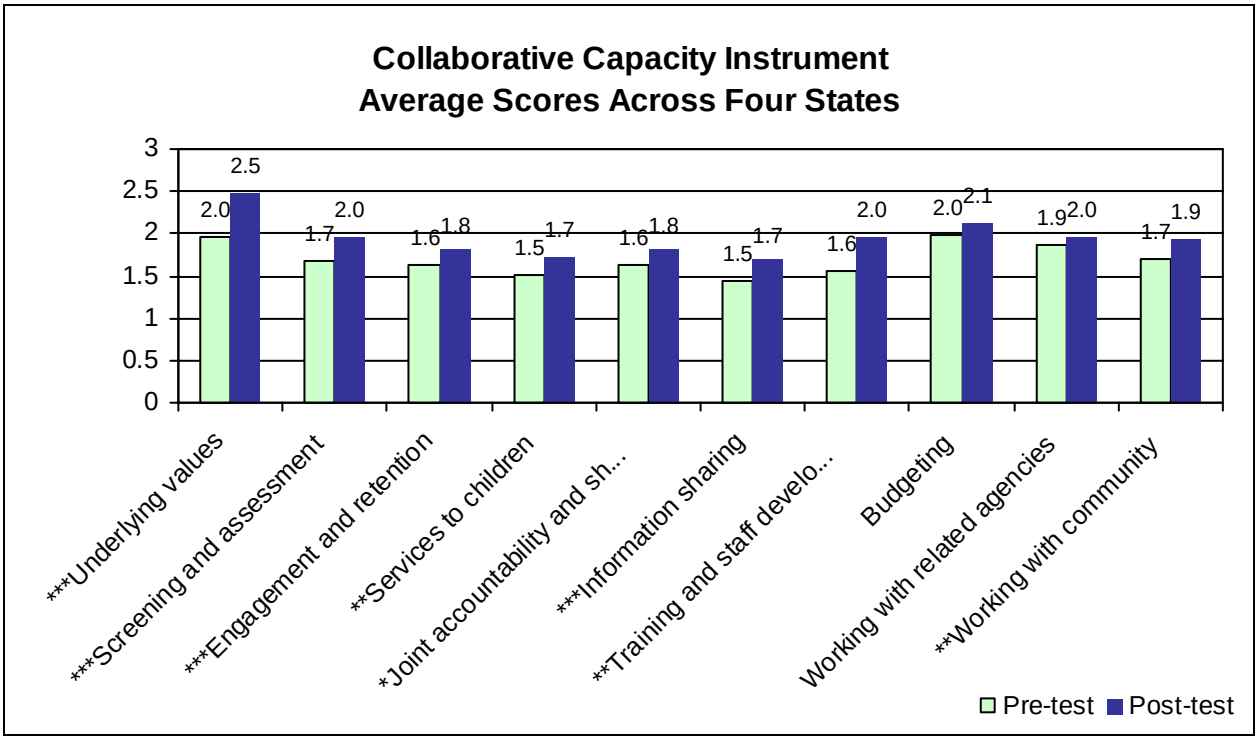
4. Evaluation Findings

During the ITDA program, NCSACW conducted assessments to measure each State's ability to collaborate across systems, and it measured the State's satisfaction with each of the two cross-site meetings. The results are discussed below.

Collaborative Capacity Instrument (CCI)

The IDTA program includes an assessment to be completed by all collaborating members early in the technical assistance process. A total of 54 participants completed the CCI at the beginning of the IDTA program. The results were tabulated and discussed with the site team. They provided a comprehensive picture of strengths and weaknesses which was used to formulate the project Workplan. The CCI was administered again at the conclusion of the IDTA to reveal changes in collaborative capacities over the course of the IDTA program. A total of 44 participants completed the CCI a second time.

For the four States combined, there was a significant increase in the mean score in eight of the ten elements of collaboration across time. The two areas with the greatest increases were "Training and Staff Development" and "Underlying Values and Principles of Collaborative Relationships." The two areas that showed no significant change over time were "Budgeting and Program Sustainability" and "Working with Related Agencies." Differences among the States were also found, perhaps reflecting each State's unique climate. The graph below displays totals and levels of significance for all States. Appendix 1 provides more detail about the assessments in each State.



Note: *p<.05, **p<.01, ***p=.000

Cross-Site Meeting Evaluations

NCSACW used the CSAT Baseline Meeting Satisfaction Survey to obtain feedback on the first cross-site meeting, in compliance with the GPRA standards. A majority of the participants reported feeling satisfied or very satisfied with the quality of the meeting. Most also agreed that the site visit was well organized and that the materials presented would help them in

dealing with substance abuse, child welfare, and dependency court issues in their State. Additional details of the evaluation are presented in Appendix 2.

The second cross-site meeting was also well-received, and a narrative summary of the participant evaluations is given in Appendix 2.

5. Project Costs

The cost of delivering the IDTA program to four sites for eighteen months was approximately $400,000. The cost of professional services accounted for 74% of the total costs. Professional services included those of the four Consultant Liaisons, the Project Manager, and the Judicial Consultant. Over the course of eighteen months, each site received professional consultation worth approximately $74,200. Other direct costs such as travel, per diem, meeting costs, printing and reproduction, and postage accounted for the remaining 26% of total costs.

The States also committed significant resources to the project. Each State contributed the time and expertise of its leaders, management staff, and policy developers. Community providers and stakeholders helped develop the States' products. States were responsible for the costs of in-state travel, meeting space, materials, conference calls, and other items. Although the exact value of these contributions is not known, it is safe to assume that each State's contribution matched or exceeded the amount contributed by NCSACW to its program.

6. Lessons Learned

This first round of IDTA yielded insights that will be incorporated into future rounds of the program. The program providers learned valuable lessons about the sites' capacities for commitment and change, the strengths and weaknesses of the interventions, and the challenges facing IDTA sites as they strive for sustainable change.

Lessons on Site Capacities

- ***Site Readiness –*** Many factors can affect a site's readiness to make effective use of IDTA. A history of cross-system work, basic understanding of other systems, data systems capable of multiple system use, statements of common principles, interagency working agreements, and established cross-system communication are indicators that a site is ready to benefit from technical assistance. Factors that mitigate against a State's readiness to benefit include lack of experience in cross-system cooperation, fiscal problems, and unsupportive leadership.

  These factors should be considered and technical assistance should be modified to account for them. For sites with minimal experience in cross-system work, providers should expect that considerable time and resources will be directed to basic elements such as promoting the benefits of cross-system collaboration, education on the

systems, and statements of shared principles. Sites with fiscal difficulties may benefit from an initial offering of technical assistance focused on finite, short-term tasks which prepare them for future intensive technical assistance. Site receptiveness and readiness must be considered in selecting sites and preparing an appropriate technical assistance response.

- ***Staffing the Project and Team Structure –*** An important indication of a site's ability to benefit from IDTA is its willingness to commit the necessary staff to do the job. Upper management is needed to commit resources, open doors, and remove cross-system barriers; management staff are needed to provide leadership and focus; staff with organizational responsibility and authority are needed to develop and implement strategies and products; experienced professional staff are needed to define needs and develop policies and protocol; and sites must be willing to provide administrative support to handle functions like scheduling, meeting notices and minutes, and material duplication and distribution.

  The size and the authority of the core team is another important consideration. When the core team was relatively small, meetings could be more easily scheduled, contact could be frequent, and decisions could be made quickly when necessary. When the core team members were empowered to make decisions, approval processes did not delay progress. With strong leadership from the core team, the Statewide team accomplished more and the State was positioned to sustain progress.

  Beyond the core team, each site had a broader body. Each core team reviewed their need for a broad base of support and appropriately selected more perspectives to bring to the table. Some of the States chose a more structured approach to their organization, while others were more flexible. For example, Colorado was quite structured; they issued a formal letter of invitation to serve on its Statewide steering committee. Florida was more casual; their base team of about 25 often invited others to join them for specific purposes. Each site's environment and political needs drive the formation of the larger body. In each case, the roles and responsibilities assigned to the members of the team and workgroups must be made clear.

  However it is assembled, a strong larger team with depth and breadth of knowledge creates a wide base of representation for effective cross-system collaborations and addresses the broad range of families' needs. It builds a management-level team that can speak on behalf of the project, navigate the larger systems, and guide the work of the project. The workload can be shared among participants; and the team has a greater ability to work independently of the Consultant Liaison.

- ***Participative Co-equality among Collaborating Agencies –*** Participative co-equality is essential if collaborative relationships are to succeed. NCSACW worked with each State to ensure that all team members had important assignments and that each system's perspective would be respected. The collaborative framework reinforced the fact that the IDTA process is not weighted toward one system—it is collaborative in its design and execution. If one of the three core system players was omitted, NCSACW staff called attention to the omission and reinforced the importance of a multi-system partnership.

- ***Other Responsibilities of Team Members –*** Sometimes other work responsibilities kept members from participating in meetings and contributing to project tasks. Fluctuating schedules and last-minute responsibilities interfered with

progress. The State teams addressed this issue by selecting alternate members and distributing the workload among more of the workgroup members.

- ***Common Products*** – There are more similarities among the States' products than differences. The Collaborative Capacity Instrument and initial kickoff meetings have some role in this correspondence, but it is clear that each State faces similar challenges and needs similar products to address them. Each State wants tools and processes that will allow them to accurately assess families' needs for substance abuse treatment and child welfare services, engage families in ways that the family finds useful, and monitor families' progress in recovery and healing. Each State views these tools and processes as critical to providing better cross-system services that result in better outcomes for families.

- ***The Need for Marketing Change to Policymakers and Front-line Staff –*** Another common issue for the sites was the need to create buy-in for the collaborative project among executive-level directors and front-line staff. The State teams needed to find ways to ensure that individuals outside the team could understand the value of cross-system collaboration in producing positive results. The early endorsement of leadership was seen as necessary to the success of the project. Each of the four States designed processes to address this issue.

  Several States issued a Memorandum of Understanding or a Program Overview signed by their State's commissioners or directors as a means of demonstrating the support of leadership. This document was also a means of notifying and educating the field about the project. The sites saw "marketing" the collaborative effort as an important initial step in "selling" the product. It encouraged the cooperation of both policy-makers and front-line staff in providing input and feedback on the team's products and in supporting the project goals.

- ***Boosting Commitment –*** States reported being motivated and inspired by affiliating with a national center, having access to Federal officials, and having the opportunity to learn from other States involved in IDTA. By incorporating these elements, the IDTA program provides a wider perspective on the work of the individual State that boosts morale, energy, and optimism among the State team members.

Lessons on IDTA Interventions

- ***Facilitation and Expertise –*** The consultants' experience in the relevant fields and their prior work in cross-system collaboration gave great credibility to their work with the sites. Because the consultants had already experienced the situations encountered by the team members, they could empathize and offer a fresh perspective on possible solutions. Their hands-on presence and involvement created an environment in which State staff felt supported and validated. As a neutral facilitator, the Consultant Liaison could mediate discordant points of view and ensure that discussions remained issue-based.

- ***The Term and Intensity of Technical Assistance –*** In this first round of the IDTA program, sites were awarded twelve months of technical assistance and could request an extension of six months. NCSACW took this approach to reinforce the expectation that progress would be made; progress was a deciding factor in granting the extended technical assistance. As the extension process proceeded, the providers

found that it created additional administrative burdens for the sites as well as for the NCSACW team, and that it interfered with the progress being made by the site. The providers have determined that future rounds of technical assistance will be offered for fifteen months, and will not include an extension process.

- ***Initial Planning Meetings and Level of Effort Required –*** During the kickoff meetings, the State teams realized for the first time the complexity of the task they were undertaking and the effort that would be required of them. NCSACW staff found that they needed to encourage the sites to accept the nature of the work and to generate enthusiasm about the progress the site could make. In future rounds of IDTA, the providers will anticipate the concerns of the participants regarding the scope of the task before them, and support the participants through the process of acceptance and alignment.

  A related lesson involves the planning for the kickoff meetings. The providers realized the need to discuss more fully how the site will organize itself, and who should be at the table for this critical first meeting.

- ***Determining the Scope of Work*** – Each site went through a careful process of identifying system needs, establishing priorities, defining goals, and determining action steps and timelines. At each site, team members considered whether the Scope of Work should be "shallow and broad" or "narrow and deep." The providers learned from the first round of IDTA how to guide participants toward a balance between smaller goals that can be accomplished within the period of the project, and larger goals that involve long-term positive change.

  By using the "Ten Elements of System Linkages" discussed in Section 2, the consultant can guide the initial discussion of goals toward a broad vision of best practices and improved outcomes for families. This vision of ideal collaborative practices sets the direction for change. It is the beginning of a long-term strategic plan that builds on the work accomplished during the period of technical assistance. This vision can guide the continued work of the collaborative team after the project ends if real momentum is achieved during IDTA and sustained beyond IDTA.

  To ensure that this momentum is developed and sustained, the Scope of Work and Workplan should contain focused, short-term objectives and clear priorities along with a process for developing a strategic plan that will be ready to launch as the technical assistance ends. The lesson is that the technical assistance must support both short-term, attainable products that build momentum through a series of successes and make accountability a reasonable expectation, and the development of a long-range strategic plan that stretches toward that larger vision of ideal collaborative systems that support families to move toward health, safety and recovery.

- ***On-going Consultation and Facilitation –*** The Consultant Liaison visited the site approximately every other month throughout the term of the technical assistance. The visits provided opportunities for progressing with the work, and maintained a structure of accountability for progress toward the Workplan objectives. The required periodic reports, status review, and self-evaluation report reinforced accountability and the expectation of progress.

  The Consultant Liaisons formed relationships, structured teams, organized activities, and provided various forms of motivation, with sensitivity to the fact that most of the

site team members had added the project responsibilities to their existing ones. Toward the end of the first round, the Consultant Liaisons realized that they also needed to enable the sites to take ownership of their process. In future rounds of technical assistance, the consultants will continue to support and guide in the early stages of the process, but will reduce the degree of support for procedural aspects as the process continues. This will allow the site to take full responsibility for its work long before the end of the technical assistance project.

- ***Cross-site Meetings –*** The State team members greatly valued the opportunities to share experiences with other sites and within their own teams, as indicated in their evaluations of the cross-site meetings and in anecdotal comments. This peer interchange increases the knowledge and skill base of the participating States and energizes them as well. The cross-site meetings were important milestones in motivating State teams to sustain their work, and they fostered cohesion and trust among members within each team. In future IDTA rounds, the providers will support the development of this professional network through planning activities and meeting formats. Cross-site activities will take place earlier in the cycle of technical assistance so that a cross-site peer network forms quickly and sites have a longer time span to work with peers. Additional strategies to support cross-site networking are being considered, including a website dedicated cross-site communication and a scheduled conference call with the core team members from each site.

- ***Access to Additional Resources –*** The providers found it necessary to assess the applicability of resources used to support the cross-system work. For example, some models of leadership training assume that the leader is operating in a single system and thus has final authority over the participants. Other models rely on network concepts rather than hierarchies. These models are less useful in a cross-system endeavor such as the IDTA program, where leadership is shared and participants come from various levels of different organizations. As another example, standard training packages on family conferencing seldom address the particular dynamics of substance addiction and its impact on family systems. These examples underscore the need to identify appropriate tools and resources to use in conjunction with the IDTA program.

- ***The Missing Intervention: "Aftercare" –*** The original model of the IDTA program did not include continued contact with the sites after the technical assistance came to an end. Future rounds of technical assistance will include opportunities for periodic updates with these sites to check on their activities, discuss whether collaborative work has continued, and learn about the impact of the IDTA. This contact would benefit the program providers as well as support the sites that have completed the program. The sites could offer suggestions about improving the IDTA program and about collaboration in general. They could also serve in a mentoring capacity as a resource for sites currently receiving IDTA.

Impediments and Sustainability

- ***Impediments –*** Each site's progress was sometimes affected by events or circumstances beyond its control. These are some of the impediments encountered by the States:

    - The States generally lack the range of treatment services needed to meet an increased demand for prompt treatment.

- Unexpected weather events sometimes hindered the work of the States.
- The sites experienced staff turnover, diminishing workforces, and competing or changing priorities. New staff hired as the projects continued required significant training, and their alignment with the work took time to develop.
- The sites expressed concern about the impact of funding cuts on their primary work. Staff shortages affected morale and productivity, leaving remaining staff with less time for the project.

- ***Sustainability –*** Sustainability emerged as a challenge facing all the sites. The IDTA program sought to identify strategies that would support the States' work beyond the period of technical assistance.

  Several of the lessons described above focus on ways to increase sustainability. A multi-year strategic plan will be required in future Workplans; this plan will describe the site's goals and strategies for several years after the technical assistance ends. Consultant Liaisons will continue to support the site, but will also foster independence in procedural areas so that sites are prepared to continue their work after the IDTA program ends. More emphasis will be placed on building cross-site relationships that encourage on-going collaborations. NCSACW will develop and implement strategies for "aftercare" with sites that have completed the program, and explore the development of a mentoring site program.

  A site can sustain cross-system collaboration by continuing to develop shared agendas for change, focusing on results rather than activities, establishing shared outcomes, and monitoring its progress. Sites can promote the benefits of collaboration to wider audiences to build support for policy and program changes. They can identify existing collaboratives and partnerships in their areas and join those networks. They can evaluate their pilot projects and apply the successful interventions throughout the jurisdiction.

7. Summary

In the eighteen months since the initial on-site planning meetings in August and September of 2003, all four States receiving In-Depth Technical Assistance have made significant progress in developing policies and protocols to better address the needs of families. The IDTA consultants assisted each State in developing a Workplan to guide this process, stressing the need to consider goals and products that address broad areas of system linkages and practical applications.

All the States prepared interagency agreements or program protocols which establish policy and practice for multi-system collaboration. These documents addressed the ways the systems would operate and designed integrated services focused on cross-system screening, assessment, engagement, and retention. Most of these agreements and protocols are in final draft. The States have assessed their training needs and some are offering training. All States have begun to plan for the implementation of system-wide changes, and have found ways to incorporate their progress in the contracts, licenses, or programs used within the systems.

The IDTA program has helped each site develop a Statewide infrastructure to improve coordination among systems and develop policies that support collaboration. The sites' IDTA

teams often provided the only forum for discussing the shared concerns of child welfare, treatment and prevention, and the courts.

These four States can serve as models for other States that want to develop or strengthen collaboration between child welfare services, substance abuse treatment, and dependency courts. Their experience with cross-system collaboration can be applied in other areas, such as mental health, domestic violence, and TANF, to improve systems interaction. In addition to their communication on the project, the team members engaged in information-sharing about matters outside project as well, forming important networking links among system representatives who had often not met before the IDTA program brought them together.

Forming collaborative relationships is complex and time-consuming work. Sustained effort is required to develop trusting relationships where values are shared and roles and responsibilities are understood and accepted. Each State team has met this challenge and made great strides in cross-system relationships. As the work progressed, the value of the effort became clear to the participants. When asked how they could afford to pursue collaborative efforts, one site's response was simply, "How could we afford not to?"

Appendix 1: Collaborative Capacity Instrument Scores

In Colorado, there was an increase in six of the 10 elements over time, with the largest being in the area of "Underlying Values and Principles of Collaborative Relationships." Increases were also seen in the areas of "Daily Practice - Client Screening and Assessment," "Daily Practice - Client Engagement and Retention in Care," "Joint Accountability and Shared Outcomes," "Training and Staff Development," and "Working with Community and Supporting Families." No change was seen in the area of the State team's perception of their collaboration and "Working with Related Agencies." In Colorado, there were decreases in the perceived collaboration levels in three areas: "Daily Practice - Services to Children of Substance Abusers," "Information Sharing and Data Systems," and "Budgeting and Program Sustainability." The decrease in the budgeting area may reflect the financial climate of the State. The State team members explored the capacity of the information and data systems in Colorado and were disappointed that they did not have the resources to make more progress in this area. Over time, the team members also became more aware of the lack of available resources to children in their State, thus relating to the decrease in perceived collaboration in this area.

In Florida, increases were seen in all of the 10 areas of collaboration. The largest changes were seen in the areas of "Information Sharing and Data Systems," "Training and Staff Development," "Underlying Values and Principles of Collaborative Relationships," and "Daily Practice - Client Screening and Assessment." The smallest change was seen in the area of "Budgeting and Program Sustainability." Again, this may reflect the financial climate of the State.

Michigan saw increases in nine of the 10 areas of collaboration. The areas with the largest increases in perceived collaboration were in: "Training and Staff Development," "Daily Practice - Client Screening and Assessment," "Daily Practice - Services to Children of Substance Abusers," "Joint Accountability and Shared Outcomes," and "Budgeting and Program Sustainability." A decrease occurred in the area of "Working with Related Agencies" but was not statistically significant and may be reflective of the relatively high score in this item at the baseline measurement.

Finally, in Virginia, increases were seen in 10 of the areas of collaboration. As was the case with Michigan, the largest increase came in the area of "Training and Staff Development." Other notable increases were seen in "Working with Community and Supporting Families," "Underlying Values and Principles of Collaborative Relationships," "Working with Related Agencies," and Information Sharing and Data Systems." The smallest change was seen in the area of "Daily Practice - Services to Children of Substance Abusers." This small degree of change may reflect the fact that additional resources for services to children did not become available over time.

Elements of System Linkages	Pre-IDTA	Post-IDTA	Change Score (%)
Summary Totals for All States	N=54	N=44	
Underlying Values and Principles of Collaborative Relationships	1.95	2.47	26.67***
Daily Practice - Client Screening and Assessment	1.68	1.97	17.26***
Daily Practice - Client Engagement and Retention in Care	1.62	1.82	12.35***
Daily Practice - Services to Children of Substance Abusers	1.52	1.72	13.16**
Joint Accountability and Shared Outcomes	1.64	1.83	11.59*
Information Sharing and Data Systems	1.45	1.71	17.93***
Training and Staff Development	1.56	1.96	25.64**
Budgeting and Program Sustainability	1.99	2.12	6.53
Working with Related Agencies	1.86	1.99	5.38
Working with Community and Supporting Families	1.69	1.94	14.79**
Colorado	n=13	n=8	
Underlying Values and Principles of Collaborative Relationships	1.77	2.52	42.37***
Daily Practice - Client Screening and Assessment	1.75	1.93	10.29*
Daily Practice - Client Engagement and Retention in Care	1.56	1.79	14.74**
Daily Practice - Services to Children of Substance Abusers	1.59	1.55	-2.52
Joint Accountability and Shared Outcomes	1.76	1.86	5.68
Information Sharing and Data Systems	1.62	1.50	-7.41
Training and Staff Development	1.87	2.11	12.83
Budgeting and Program Sustainability	2.24	2.16	-3.57
Working with Related Agencies	1.82	1.82	0.00
Working with Community and Supporting Families	1.59	1.72	8.18
Florida	n=13	n=15	
Underlying Values and Principles of Collaborative Relationships	1.98	2.56	29.29**
Daily Practice - Client Screening and Assessment	1.88	2.26	20.21**
Daily Practice - Client Engagement and Retention in Care	1.71	1.98	15.79
Daily Practice - Services to Children of Substance Abusers	1.50	1.93	28.67*
Joint Accountability and Shared Outcomes	1.85	2.10	13.51*
Information Sharing and Data Systems	1.47	2.05	39.46**
Training and Staff Development	1.47	1.93	31.29
Budgeting and Program Sustainability	2.17	2.18	0.46
Working with Related Agencies	1.83	1.99	8.74
Working with Community and Supporting Families	1.88	2.11	12.23

Elements of System Linkages – *continued*	**Pre-IDTA**	**Post-IDTA**	**Change Score (%)**
Michigan	n=12	n=11	
Underlying Values and Principles of Collaborative Relationships	2.29	2.55	11.35
Daily Practice - Client Screening and Assessment	1.58	1.93	22.15*
Daily Practice - Client Engagement and Retention in Care	1.62	1.78	9.88
Daily Practice - Services to Children of Substance Abusers	1.49	1.76	18.12
Joint Accountability and Shared Outcomes	1.48	1.72	16.22
Information Sharing and Data Systems	1.45	1.65	13.79
Training and Staff Development	1.52	1.95	28.29
Budgeting and Program Sustainability	1.76	2.03	15.34
Working with Related Agencies	2.09	2.05	-1.91
Working with Community and Supporting Families	1.72	1.89	9.88
Virginia	n=16	n=10	
Underlying Values and Principles of Collaborative Relationships	1.67	2.14	28.14
Daily Practice - Client Screening and Assessment	1.52	1.59	4.61
Daily Practice - Client Engagement and Retention in Care	1.62	1.67	3.09*
Daily Practice - Services to Children of Substance Abusers	1.50	1.53	2.00
Joint Accountability and Shared Outcomes	1.43	1.58	10.49
Information Sharing and Data Systems	1.27	1.48	16.54**
Training and Staff Development	1.38	1.82	31.88*
Budgeting and Program Sustainability	1.77	2.00	12.99
Working with Related Agencies	1.63	1.92	17.79*
Working with Community and Supporting Families	1.49	1.94	30.20*

Note: *p<.05, **p<.01, ***p<.001

Appendix 2: Cross-Site Meetings

Cross-Site Meeting of February, 2004

Thirty-one participants attended NCSACW's In-Depth Technical Assistance Cross-Site Meeting on February 2-4, 2004 in Sacramento, California. State team members came together to discuss the IDTA process in their State, hear from other participating States, and receive on-site technical assistance from the Consultant Liaisons, NCSACW, the Consortium members, and Federal sponsors.

The majority of participants were State government officials (55%) or Manager/Directors (19%). More than two-thirds (70%) of the participants were women and the majority were Caucasian (90%).

The CSAT Baseline Meeting Satisfaction Survey was used to evaluate the responses of participants in this meeting.

Participants gave positive ratings for the overall quality of the cross-site meeting. A majority of the participants reported feeling satisfied or very satisfied with the quality of the meeting. Most also agreed that the site visit was well organized and were satisfied with the overall meeting experience.

The participants were asked about the usefulness of the materials presented during the Cross-Site Meeting. In particular, they were asked whether the materials would help them address substance abuse, child welfare, and dependency court issues in their State; whether they expected to use the information; and what they thought the benefit to their clients would be. Overall, the participants agreed that the materials presented would be helpful to them in addressing these issues and would benefit their clients. Most believed that the materials would help them in dealing with substance abuse, child welfare, and dependency court issues in their State.

The narrative comments on the assessments produced these conclusions:

- Participants appreciated the availability of consortium members, consultant liaisons, and NCSACW staff during the cross-site meeting to provide technical assistance.

- Participants valued the designated, uninterrupted time to meet with other team members from their State in the breakout sessions. This in-depth discussion allowed team members to better understand each other's systems and provided a basis for integrating the systems.

- Participants appreciated hearing from other State teams and learning about the other State's successes, concerns, and challenges. They felt that they "gained knowledge in how the different States strategize to develop cross-system collaboration."

The participants were also asked about ways that the NCSACW could improve its meetings. They suggested these improvements.

- Participants wanted to obtain copies of other State's best practice tools, particularly information on model drug courts and how they work, tools/templates, MOU's, and protocols.

- They were interested in discipline-specific break-outs across jurisdictions.
- They would prefer shorter meetings and more time in the sessions for participant involvement.

Cross-Site Meeting of July, 2004

A second cross-site meeting was held on July 16, 2004 in Baltimore, Maryland. This meeting followed a conference: "Putting the Pieces Together: 1st National Conference on Substance Abuse, Child Welfare and the Dependency Court." Three members from each State team came together to review the accomplishments made by the States during the past year, the "Lessons Learned" from the IDTA process, and the context in which the IDTA programs were carried out in States, particularly their political and fiscal climates. This second cross-site meeting was well-received. Below is a narrative summary of the meeting evaluations.

- Many of the participants identified the networking between States and sharing with other team members as the most useful part of the meeting.
- The State teams also valued the feedback about future directions and ideas for technical assistance, particularly the review of what worked and was most effective for the States.
- Participants found the discussion with Consultant Liaison about how to plan for TA during the extension period useful.
- The meeting provided the State teams with the opportunity to improve their relationships with partners and identify mutual opportunities.
- Clarification of the role of the Consortium members was considered helpful.
- The States received valuable resource materials, including products from the other States.

In terms of how to improve the meeting, the majority of the comments revolved around a desire to interact and network more with other State teams. Several State teams stated that they would have liked to see the recipients of TA offer individual presentations, and have each State briefly review their products and why they were included in the packets. In addition, they would have liked time for people from different States to sit together and talk about challenges and solutions.

Endnotes

[1] B. Radin, (1997) *Technical Assistance in the U.S. Department of Health and Human Services, Report of the Technical Assistance and Training Liaison Work Group*. Washington, D.C.: DHHS.
[2] www.smhp.ucla.edu Personal communication, January 2005.