

# IN-DEPTH TECHNICAL ASSISTANCE PROGRAM



National Center on  
Substance Abuse  
and Child Welfare

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

The National Center on Substance Abuse and Child Welfare (NCSACW) is a national resource center funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Children, Youth and Families, Children’s Bureau. Since 2003, NCSACW has provided its In-Depth Technical Assistance (IDTA) program to 26 unique sites. Twenty states, two counties, and three tribes served as the lead agencies. IDTA is provided to sites for 18 to 24 months, based on need; the overarching objective is to help communities increase their capacity to improve the safety, health, permanency, well-being, and recovery outcomes for families affected by substance use disorders. The program achieves this objective by helping states, counties, and tribes build linkages among substance use disorder treatment centers; child welfare and court systems; and public health, health care, early intervention, and other agencies that serve children and families.

In 2014, NCSACW directed the IDTA program to focus on responding to the needs of infants and families affected by prenatal exposure to substances and on the recovery of pregnant and parenting women and their families. Since 2014, 13 states and five tribes have participated in this IDTA program. In 2015, this emphasis expanded to helping states develop policies and protocols to implement the 2016 amendments to the Child Abuse Prevention and Treatment Act, which are related to plans of safe care. Figure 1 shows the sites that have participated from program inception in 2003 through 2015, the sites focused on infants affected by prenatal substance exposure (IPSE) since 2014, and tribal sites.

**Figure 1. IDTA Sites (2003–2019)**



## A. The NCSACW's IDTA Program Model

The NCSACW's IDTA model is based on the premise that sites are more likely to implement meaningful and sustainable policy and practice change when they receive individualized technical assistance (TA), training, and coaching at a sufficient level of depth and duration. A dedicated and experienced change liaison (CL), with whom the site can establish a trusting relationship, guides teams through a process that is customized to meet each site's needs. The CL engages the team in activities relevant to pre-IDTA technical assistance and then facilitates technical assistance through four phases delineated in Table 1.

TABLE 1. PHASES OF THE NCSACW IDTA MODEL

### ***PRE-IN-DEPTH TECHNICAL ASSISTANCE***

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

### ***PHASE 1: SITE ASSESSMENT AND READINESS FOR CHANGE***

- Clearly define the site's needs.
- Assess site's current capacity, practices, and policies, by administering cross-system surveys, collecting and analyzing data, and identifying barriers and contextual issues.
- Draft a site-specific action plan to identify targets for policy and practice changes and guide implementation.

### ***PHASE 2: SITE PLAN DEVELOPMENT AND CAPACITY BUILDING***

Using data and information from the Phase 1 assessment process:

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

### ***PHASE 3: SITE PLAN IMPLEMENTATION AND EVALUATION/PILOT TESTING OF PROGRAM, PRACTICE, AND POLICY CHANGES***

- Fully implement and test site's identified program, practice, or policy changes identified in Phase 2.
- Test change strategies, obtain feedback about what works, and what needs improvement, and make adjustments accordingly. These activities should be informed by the principles of *rapid-cycle improvement*.

### ***PHASE 4: DISSEMINATION, EVALUATION, AND SUSTAINABILITY***

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

## The IDTA Change Liaison

CLs are senior-level NCSACW staff who have extensive experience and knowledge in the areas of child welfare, substance use disorder treatment, healthcare delivery, and dependency courts. Most have worked at multiple levels in either child welfare, substance use disorder treatment, or court systems — starting from the frontlines of community-based organizations and then advancing to executive-level positions in government agencies. Thus, they have accumulated the necessary technical and subject matter expertise to communicate effectively about the complexity of issues that occur among multiple systems. CLs provide various types of TA support (see Table 2).

**TABLE 2. TYPES OF TA SUPPORT**

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

## B. Collaborative Frameworks

The underlying foundation for the NCSACW collaborative approach implemented by IDTA sites is described fully in the SAMHSA publication entitled *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*.<sup>1</sup> Using this foundational knowledge, NCSACW developed a 10-element framework to enhance collaborative practices for families involved in the child welfare system. This framework operationalizes cross-system collaborative practices, and the IDTA program uses it to help states, counties, and tribes identify priority areas for strengthening collaborative practice. Table 3 identifies the 10 elements of the framework.

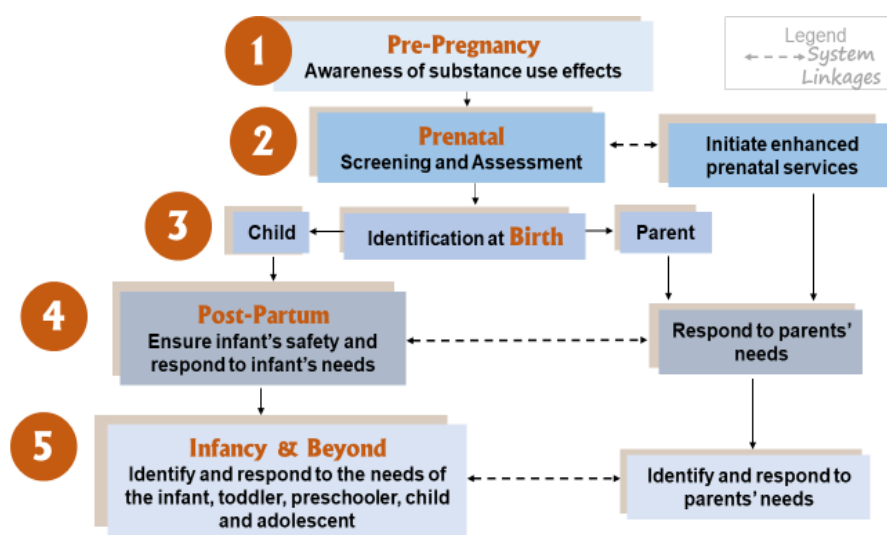
**TABLE 3. 10 ELEMENTS OF THE FRAMEWORK TO STRENGTHEN COLLABORATIVE PRACTICES**

- 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 parents who use substances
- Joint accountability and shared outcomes
- Information sharing and data systems
- Budgeting and program sustainability
- Training and staff development
- Working with related agencies
- Working with the community and supporting families

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

When the IDTA program shifted its focus in 2014 to support sites in responding to the needs of infants affected by prenatal substance exposure and their families, the NCSACW TA Team used another framework to guide sites in identifying intervention points to prevent, mitigate, and treat infants affected by prenatal substance exposure and their parents or caregivers with a substance use disorder. This comprehensive model identifies five major timeframes when intervention can help reduce the potential harm of prenatal substance exposure (see Figure 2), and illustrates the birth event is only one of several opportunities to affect positive health outcomes. This framework emerged from a multiyear review and analysis of existing policies and practices in 10 states pertaining to prenatal exposure to alcohol and other drugs. This framework is described fully in the SAMHSA report, *Substance-Exposed Infants: State Responses to the Problem*.<sup>2</sup>

**Figure 2. Policy and Practice Framework: Five Points of Intervention**



## Key Lessons of Successful Collaboration

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

- State IDTA Teams must work with an array of partners, including child welfare agencies; substance use disorder treatment centers; court systems; primary, maternal, and infant healthcare facilities; public health agencies; Medicaid; and home visiting and early intervention agencies. Each partner must be committed to working beyond agency boundaries and silos.

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

- Community (city or county)-level implementation sites with committed partner agencies must be a strategy of state-level initiatives to identify process barriers, challenges, and innovations that can inform broader system adoption of policy and practice changes.
- Sites with an involved, supportive, and consistent oversight committee are able to solve challenges more quickly and consistently elevate issues to the highest level of state government. Core team members need to be able to operate with a significant level of authority; moreover, they need direct access to agency Commissioners and Secretaries when challenges and barriers arise.
- To demonstrate improved outcomes for women, infants, their families, and the communities in which they live, all partners must maintain a commitment to measuring cross-system outcomes, data collection, and reporting.