



NCSACW Program of In-Depth Technical Assistance

The National Center on Substance Abuse and Child Welfare (NCSACW) began implementation of its program of In-Depth Technical Assistance (TA) in July of 2003. After a national solicitation to states, territories and tribes, NCSACW selected four states—Colorado, Florida, Michigan and Virginia—to participate in its first round of the TA program. In addition, the state of Connecticut will participate as both a mentor state and a recipient of targeted TA services.

A major goal of NCSACW is to assist federal, state, local agencies and Tribes in developing the cross-system partnerships, practice changes, and systems supports needed to improve outcomes for families in the child welfare system that are affected by substance use disorders. To accomplish this goal, each state is assigned an expert Consultant Liaison who works with state and local cross-systems teams to facilitate the development and implementation of a strategic work plan that is tailored to the needs of each state. This consultant plays a key role in identifying and securing additional TA resources as needed.

Each state also has a judicial expert available to assist in developing collaborative processes with the courts. While exercising judicial independence in individual cases is necessary, collaborative work with courts is critical in meeting the intent of the Adoption and Safe Families Act. The In-Depth TA program works with the courts to better address the issues in both the legal and social context of the state's policies. Judge Nicolette Pach (ret.) serves as the NCSACW Consultant on judiciary and court processes.

During August and September, NCSACW convened two-day meetings with each of the states' cross-system teams. Following the on-site visit, each state completed a strategic plan outlining the goals, objectives and products that will be produced through this initiative. NCSACW staff will identify the progress and barriers identified in each site in an effort to distill and disseminate the lessons learned from the program.

The following is a brief description of the strategic plans developed by the state teams and background information on each Consultant Liaison assigned to the states. The table on the subsequent pages highlights key aspects of the products each state will complete.

Colorado

Colorado's goal is to develop a protocol for screening, assessing, engaging, and retaining families who are involved with the child welfare, TANF and court systems. The protocol will be incorporated into a Memorandum of Understanding to guide program implementation. The project is managed by a Steering Committee which includes staff representing child welfare, substance abuse prevention and treatment, courts, attorneys, counties, mental health, and Native Americans. Key activities underway include:

1. Developing a survey of staff from throughout the state to identify their priorities
2. Planning a series of focus groups, regional meetings, and teleconferences to discuss core elements of the protocol with staff from each system that will be affected by the protocol
3. Marketing the project to secure broad commitment and to identify up to five counties to pilot the protocol
4. Conducting a needs assessment to identify the extent to which families are involved with more than one of the three systems to inform the development of the screening, assessment, engagement, and retention protocol

Mary Nakashian, M.A., Consultant Liaison

Mary Nakashian is working with the state of Colorado. She is an independent consultant specializing in public policy, program development, training, and technical assistance with particular expertise in policies regarding substance abuse and welfare reform. Mary spent 14 years at the Connecticut Department of Income Maintenance, in positions ranging from intake worker through Deputy Commissioner for Programs and Policy. She also spent four years as Executive Deputy Commissioner in New York City's Human Resource Administration. More recently she served for five years as Vice President and Director of Program Demonstration at The National Center on Addiction and Substance Abuse at Columbia University (CASA) where she designed, secured funds for, and directed national multi-site research and demonstration projects aimed at preventing or reducing substance abuse.

Florida

Florida's project is managed by a Statewide Steering Committee with broad representation of child welfare, substance abuse prevention and treatment, dependency courts, Medicaid, mental health and domestic violence. The committee includes staff of state and district administrations as well as local community-based service providers. Key products to be developed include:

1. A State interagency agreement
2. A model for district partnership agreements
3. Protocols for screening, assessment, engagement and retention
4. A model of collaborative casework
5. A Florida Tool Kit for improved collaboration
6. A Statewide training plan
7. Communication and confidentiality guidelines
8. Recommendations for model prevention programs

An added feature of Florida's plan is their designation of the Daytona Beach District as a pilot site to implement these products. The District has developed a Local Implementation Team which will initiate development of some of the products and pilot the implementation of others.

Joe Anna Sullivan, Consultant Liaison and Project Manager, NCSACW Program of In-Depth TA

Joe Anna Sullivan is working with the state of Florida. She has over 22 years of experience working on issues related to substance abuse and child welfare, both as a treatment provider and a state policy maker and administrator in the child welfare and substance abuse fields. In the State of Illinois she served as Deputy Director of the Illinois Department of Children and Family Services (DCFS); Project Manager for the DCFS IV-E Wavier program; and as Regional Manager for Cook County (Chicago) for the Illinois Department of Alcoholism and Substance Abuse, where she provided oversight to all publicly funded programs. In addition, Ms. Sullivan served as the Executive Director of a community-based substance abuse prevention and treatment program for eight years.

Michigan

Michigan began to address the need for collaboration between child welfare, substance abuse, and the courts in 1999. The Substance Abuse/Child Welfare State Team (State Team), established in March of 2000, includes members from the Family Independence Agency (child welfare), the Department of Community Health Office of Drug Control Policy, the State Court Administrative Office and other public and private non-profit agency stakeholders. The key products the State Team plans to achieve through this program are:

1. Marketing materials to educate key stakeholders about the importance of this collaborative effort and to obtain buy-in from state and local officials, providers, and other community stakeholders
2. Developing and disseminating a Michigan-specific communication protocol to assist local communities in addressing collaboration issues between substance abuse, child welfare, and judicial system partners
3. Creating and disseminating a Michigan-specific protocol for screening, assessment, engagement and retention
4. Developing and disseminating a Michigan-specific guide for family drug treatment courts which includes a continuum of approaches from low-cost and no-cost to comprehensive strategies
5. Devising a plan to identify, leverage, and maximize funding from multiple sources
6. Providing training and TA to enhance collaboration among child welfare agencies, substance abuse treatment and prevention agencies, the judicial system, and other community stakeholders
7. Designing and implementing a project evaluation plan.

Elizabeth M. Breshears, M.S.W., L.C.S.W., M.Ed., Consultant Liaison

Elizabeth Breshears is working with the state of Michigan. She is a human services consultant with over 25 years of experience in a variety of public and private social service positions. She spent 15 years with the State of Nevada, most recently as the Family Programs Officer for the Division of Child and Family Services. Her previous positions in Nevada included Administrator of the Rehabilitation Division and Chief of the Bureau of Alcohol and Drug Abuse. She was recruited to develop Nevada's Mental Health Plan and create the statewide Mental Health Planning Advisory Council. From 1972 through 1979 she worked for the State of Oklahoma as Director of the State-Wide Family Planning Program and State Training Manager for Maternal and Child Health. In the private sector, she served as Executive Director of Tahoe Human Services, Inc. and Executive Director of Planned Parenthood of Greater Miami.

Virginia

The Commonwealth of Virginia has 135 local political entities and operates its social and human services programs in a state-supervised, locally administered model. Although collaboration has occurred at the state and local level, many of Virginia's efforts need to be institutionalized through formal agreements among child welfare, substance abuse, and court services. The state believes that providing leadership in systems integration requires the development of a model for multi-system coordination that local systems can adapt to their communities.

Virginia's goals for this program were identified and developed by both state and local county representatives. The goals of this program include:

1. Create the necessary statewide infrastructure to accommodate improved coordination of systems, drawing on the strengths of local communities and facilitating the development of local leadership teams able to implement interagency collaboration across systems
2. Achieve safe and timely permanency and well-being for children and their families, with a particular focus on families' substance use recovery, by comprehensively addressing the needs of all family members

The key activities are to:

1. Draft a "practice-oriented" Memorandum of Understanding at the state level between Virginia's Department of Social Services, the Office of the Executive Secretary of the Supreme Court of Virginia (their court's administrative office) and Virginia's Department of Mental Health, Mental Retardation, and Substance Abuse Services that can serve as a model for localities to adapt.
2. Develop a coordinated, systemic interagency strategic plan (based on an accurate assessment of Virginia's current system) that addresses the developmental, cognitive, psychological and health care needs of the target population. The plan will address family recovery and child safety, permanency and well-being in accordance with ASFA requirements. The multi-system strategic plan will be organized in developmental phases spanning a three to five year timeframe.

Kari Demetras, M.Ed, L.A.D.C., Consultant Liaison

Kari Demetras is working with the state of Virginia. She has over 18 years of clinical and management experience in both public and private human service provider systems. Presently, Kari provides consulting services both locally and nationally to regional and state government entities, human service providers and coalitions. Her expertise lies in strategic planning, evaluation, business planning and meeting facilitation to improve the infrastructure, capacity and long-term sustainability of organizations. Prior to becoming an independent consultant, Kari served as the Chief Executive Officer at a private, nonprofit organization specializing in the comprehensive, holistic treatment of chemically dependent women and their families. She also served as the first Perinatal Substance Abuse Prevention Coordinator for the State of Nevada and has expertise in facilitating and coordinating consensus-based decision making processes with

Judge Nicolette M. Pach (ret.)

Judge Nicolette M. Pach (ret.) is a consultant to NCSACW and provides TA to jurisdictions grappling with the difficult issues of collaboration with the courts. She is also serving as the primary contact for the State of Connecticut's TA program. Formerly, she developed, implemented and presided over New York State's first Family Treatment Court. In addition to her duties with NCSACW, she is a Judicial Fellow with the National Drug Court Institute and is familiar with the literature in the field, training opportunities, other available resources, as well as the operation of problem solving (or therapeutic) courts.