



National Center on
Substance Abuse
and Child Welfare



FAMILY-CENTERED SYSTEMS INNOVATION TEAM (FCSIT)

In-Depth Technical
Assistance Program



The National Center on Substance Abuse and Child Welfare ([NCSACW](#)) is a national resource center providing information, expert consultation, workforce development resources, and technical expertise to child welfare, dependency court, and substance use and mental health treatment professionals to improve the safety, permanency, well-being and recovery outcomes for children, parents, and families.

NCSACW has operated since 2002. Joint funding comes from the Administration for Children and Families (ACF), Children's Bureau (CB) and the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT).

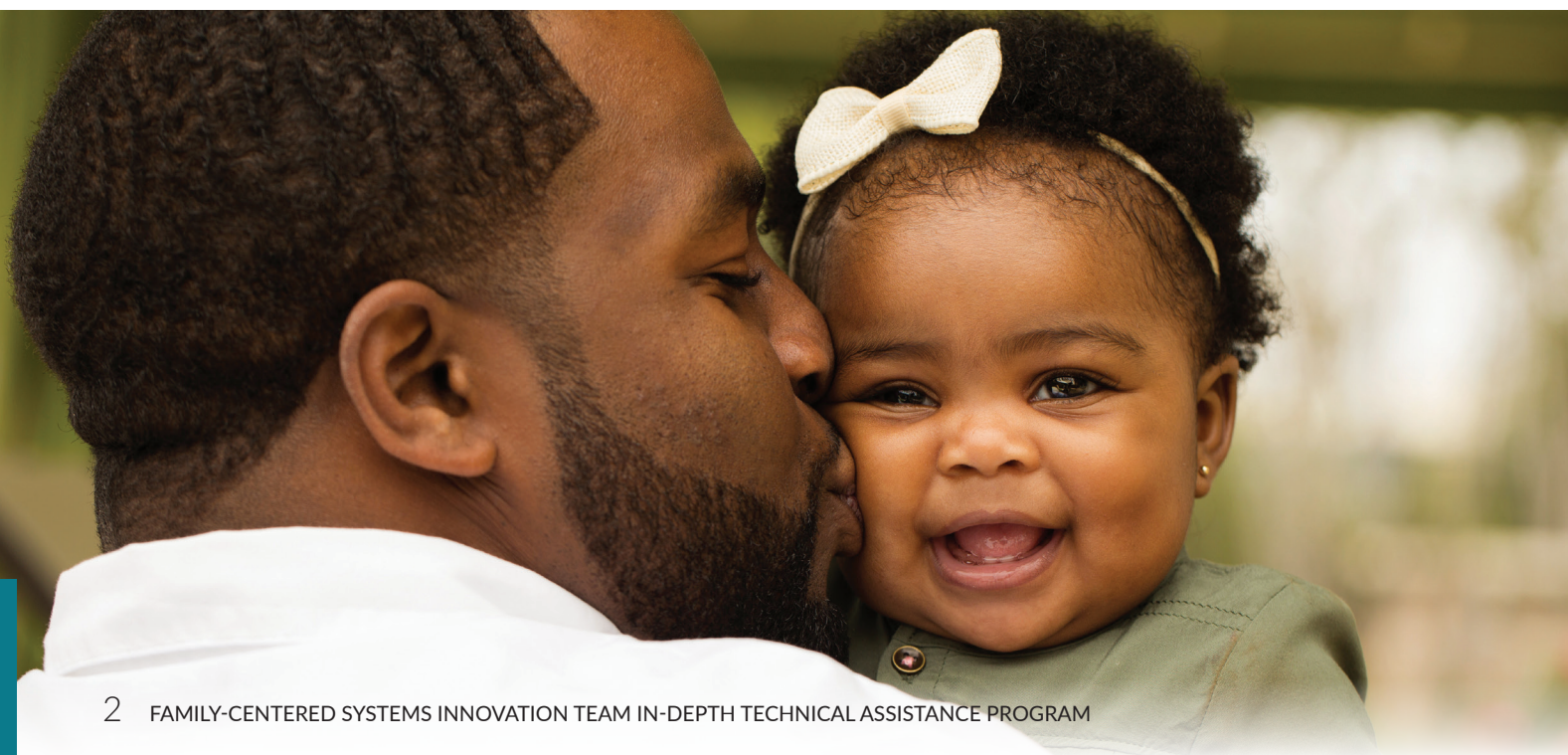
The Family-Centered Systems Innovation Team ([FCSIT](#)) program assists states, Tribes, and community partner agencies to implement the 2016 Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA), Public Law 114-198.

FCSIT improves the safety, health, permanency, well-being, and recovery outcomes of families affected by substance use and co-occurring mental health disorders. The specialized team assists jurisdictions to develop state, Tribal, and local policies and practice protocols in five critical areas in the CARA amendments to CAPTA:

1. Infants and their families identified as being affected by prenatal substance exposure
2. Development of Plans of Safe Care (POSC)
3. Cross-system collaboration
4. Establishing a comprehensive service array
5. Substance use and mental health treatment

The FCSIT team provides an In-Depth Technical Assistance (IDTA) model to improve cross-agency collaboration among substance use and mental health disorder treatment centers, child welfare and court systems, and their partners. The improved collaboration reduces duplication of effort, increases effective communication, saves resources, and increases the number of infants who can safely remain with their parents while reducing the need for child welfare protective custody.

IDTA provides communities with tailored, phased support for sustainable policy and practice changes through targeted training, technical expertise, and coaching. The customized approach results in sites increasing their capacity to improve safety, health, permanency, well-being, and recovery outcomes for children, parents and their families who are affected by substance use and mental health disorders.



Family-Centered Systems Innovation Team – IDTA Program Model

The NCSACW's IDTA model stems from an underlying premise: **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 strategic planning process that is customized to meet their various needs. During the preparation period, the CL engages the team in activities relevant to pre-IDTA and then facilitates TA through four phases:

TABLE 1. Phases of the NCSACW IDTA Model

PREPARATION PERIOD
<ul style="list-style-type: none">• Develop a cross-systems collaborative team organization and structure that includes an identified project liaison, oversight or executive committee, core team, key partners, and a local implementation team• Complete the IDTA assessment• Ensure that key partners are committed to moving forward with IDTA and have signed agreements
PHASE 1: Site Assessment and Readiness for Change
<ul style="list-style-type: none">• Clearly define the site's needs• Assess site's current capacity, practices, and policies by administering cross-systems surveys, collecting and analyzing data, and identifying barriers and contextual issues• Draft a site-specific action plan to identify measures 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: <ul style="list-style-type: none">• Finalize action plan and define priorities for policy and practice changes• Strengthen the site's collaborative capacity to serve parents and caregivers affected by substance use and co-occurring mental health disorders• Initiate sustainability planning
PHASE 3: Site Plan Implementation and Evaluation, Pilot Testing of Program, Practice, and Policy Changes
<ul style="list-style-type: none">• Fully implement and test the site's identified program, practice, or policy changes identified in Phase 2• Test strategies to determine what works and what needs improvement—and adjust accordingly. These activities are informed by the principles of rapid-cycle improvement• Implement data collection points and data elements to effectively measure implementation of Plans of Safe Care (some states refer to these as “Family Care Plans” or “Family Wellness Plans”)
PHASE 4: Dissemination, Evaluation, and Sustainability
<ul style="list-style-type: none">• 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 with extensive experience and knowledge in the areas of child welfare, substance use and co-occurring mental health disorder treatment, health care delivery, and dependency courts. Most have worked at multiple levels in either child welfare, substance use and mental health disorder treatment, or court systems. 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:

TABLE 2. Types of TA Support

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- Regular calls with site 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
 - Onsite TA and coaching
 - Access to all NCSACW resources and expertise
 - Assistance with coordinating and developing collaborative relationships
 - Networking with peers in other sites
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Collaborative Framework

NCSACW's foundation for the collaborative approach implemented by IDTA sites is described fully in the SAMHSA publication *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*.¹ The principles of SAFERR were based on the [Comprehensive Framework to Improve Outcomes for Families Affected by Substance Use Disorders and Child Welfare Involvement](#). This framework operationalizes cross-systems collaborative practices; the IDTA program uses it to help states, counties, and Tribes identify priority areas for strengthening collaborative practice. Table 3 identifies the framework's 10 elements:

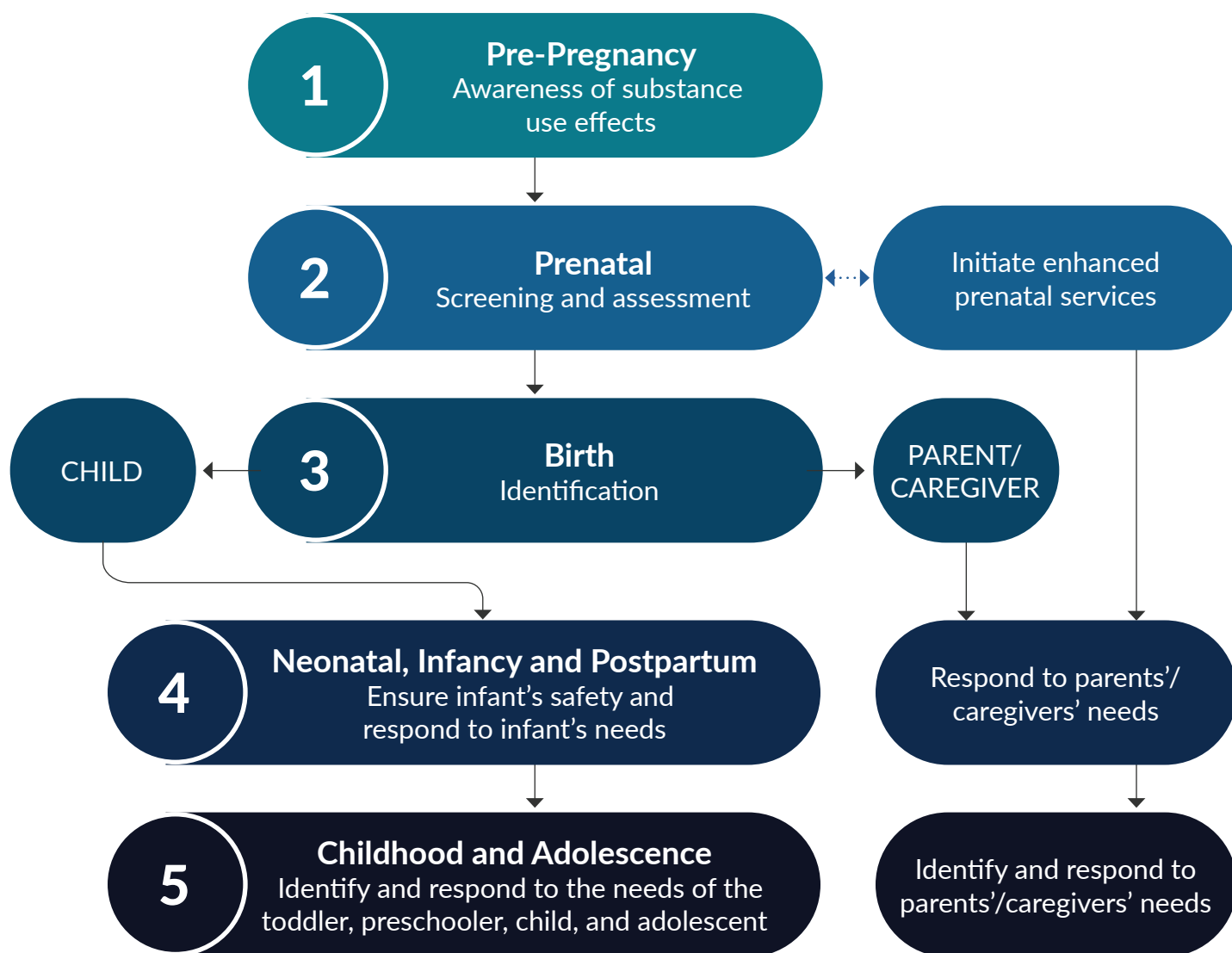
TABLE 3. Ten Elements of the Framework to Strengthen Collaborative Practices

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- Commitment to shared missions, vision, and goals
 - Efficient cross-systems communication
 - Ongoing cross-training and staff development
 - Sustainability and institutionalization of practices
 - Measuring and monitoring outcomes
 - Early identification of families in need of substance use disorder treatment
 - Timely access to assessment and treatment services
 - Recovery support services
 - Family-centered treatment services
 - Frequent monitoring and responses to behavior
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¹ 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.

The IDTA program shifted its focus in 2014 to help sites respond to the needs of infants and families affected by prenatal substance exposure and their families. The NCSACW developed the Five Points of Family Intervention to identify intervention points to treat infants affected by prenatal substance exposure and parents or caregivers with substance use disorders. This comprehensive model identifies five major timeframes when intervention can prevent or mitigate the potential harm of prenatal substance exposure (see Figure 2); it also illustrates that a child's birth is only one of several opportunities to encourage positive health outcomes. These intervention points emerged from a multiyear review and analysis of existing policies and practices in 10 states pertaining to prenatal exposure to alcohol and other drugs. The SAMHSA report *Substance-Exposed Infants: State Responses to the Problem*² describes this framework fully:

FIGURE 2. Five Points of Family Intervention



² 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.

Key Lessons of Successful Collaboration

States, counties, and Tribes that have participated in the IDTA program are committed to implementing 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 children, parents, and their families. Here are some of the most salient findings and lessons:

1. State IDTA teams work with various partners, including child welfare agencies, substance use and mental health disorder treatment centers, court systems, primary, maternal, and infant health care providers, public health agencies, Medicaid, and home visiting and early intervention providers. System partners are committed to working beyond traditional agency boundaries and silos.
2. Community-level implementation sites with committed partner agencies are needed to test state-level policy and practice changes to identify process barriers, challenges, and innovations that inform broader system adoption of policy and practice changes.
3. Sites with an involved, supportive, and consistent oversight committee can solve challenges more quickly while consistently elevating issues to the highest level of state government. Core team members should operate with a significant level of authority; moreover, they need direct access to agency commissioners and secretaries when challenges and barriers arise.
4. To demonstrate improved outcomes for women, infants, families, and the communities in which they live, all partners should demonstrate a commitment to measuring cross-system outcomes, data collection and sharing, and reporting.

Contact us for more information about IDTA



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Visit the website at
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