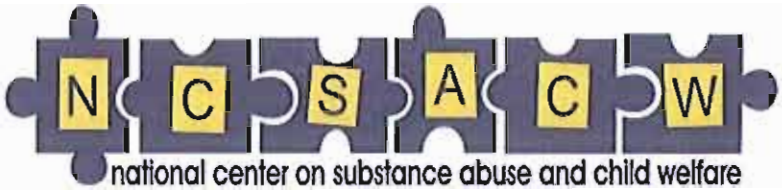

Kentucky Safe Families in Recovery Partnership In-Depth Technical Assistance (IDTA) Project

Scope of Work and Detailed Work Plan

Gale Held, Consultant Liaison

The Kentucky IDTA Project (the "IDTA") is entitled Safe Families in Recovery Partnership ("the Partnership"). There are three state agencies within two branches of government participating in this IDTA. The courts, child protective services and the agency for substance abuse are collaborating to achieve cross-systems integration and coordination for the benefit of children and families. The Partnership includes the Administrative Office of the Courts (on behalf of Kentucky's Unified Court of Justice, the Judicial Branch) and the Department for Community Based Services, and the Department for Behavioral Health Developmental and Intellectual Disabilities (agencies within the Executive Branch).

The Partnership has identified the priority population for this IDTA as families where parents have co-occurring issues of substance abuse and child maltreatment and potential involvement within the court system.

To address the needs of this population, the Partnership has identified the following major products for completion during the IDTA –

- A cross-system protocol for information exchange including baseline and outcome data and information required for decision-making and services delivery.
- A protocol for cross-system practice including client/family identification, including roles and functions of each agency and standards for service delivery and practice across all three systems.
- Cross-system training on shared agency values and mandates, common client characteristics, family and child needs, funding sources and interventions within each of the three systems.
- A budget and sustainability plan for enhancing cross system funding practices and IDTA products.

Background

One of the most compelling environmental influences on Kentucky is the fiscal climate. With a high poverty rate in the best of times, Kentucky has been hit hard by the recession. Reduced tax revenues have caused a budget crisis, resulting in multiple rounds of cuts to state government budgets and programs. Kentucky's publicly-funded substance abuse treatment services are under-funded for the treatment need, even with funds from DCBS and AOC.

As is probably the case with most state governments, most of the leadership in the executive branch in Kentucky is appointed by the governor, including cabinet secretaries, department commissioners, and division directors. Both DCBS and DBHDID are within the executive branch and are located in the same cabinet (Cabinet for Health and Family Services). AOC is in the judicial branch, which is under the leadership of the Chief Justice of the Supreme Court, who is elected to the court along with the other justices. The Executive Officer providing leadership for the IDTA was appointed by the Chief Justice

There are some functional differences between the judicial and executive branches which may impact collaboration. While DCBS and DBHDID share procurement, budgeting, communications, and personnel structures, AOC uses a separate system. Cross-training and building understanding of each other's systems will be necessary. Differences might include legal mandates, information/technology systems, structural units, lines of authority. Therefore changes in one system would not have a similar impact on the other systems. It is unknown at this time what the impact of these functional differences will be, or if any impact will be noticeable. The Core Team plans to be mindful of these differences so that adjustments can be made when needed.

While DCBS and AOC have had a long-standing relationship due to their shared responsibility for child abuse and neglect cases and some shared funding, and DCBS and DBHDID have developed a working relationship due to shared child clients and the START program, DBHDID and AOC have not had as strong a working relationship as it relates to this population. However, the two agencies have worked closely on shared protocols and policies for adolescent treatment including working to achieve statewide consistency in screening and assessment. At the community level, relationships between staff from the three systems vary from collegial to mistrustful, depending on their experiences with each other. Some themes seem to have emerged, such as frustration with CMHCs about long wait times and unhelpful assessments, with DCBS about subjective decision-making, and with the courts about seemingly unilateral decisions.

Stigma around the issue of substance abuse affects how we make decisions regarding the safety of children and often leads to the use of a punitive approach. Some DCBS staff and court personnel believe that parental substance abuse should result in the removal of the child from the home. A lack of treatment resources and long waiting lists to receive substance abuse treatment services make it difficult for DCBS or the courts to feel comfortable leaving a child in the home with substance abusing parents due to ongoing child safety concerns. Protective factors are not always considered and decisions about child removal and reunification are often determined solely by drug screen results. Further complicating the problem is the frustration with those CMHCs who will not recommend treatment services for a family unless they admit they have a substance abuse problem and acknowledge a need for treatment. As a result, DCBS staff and judges end up deciding the level of care for substance abuse treatment without the expertise of a clinician. In some cases judges send clients to jail for positive drug screens or will limit visitation until the parent is able to produce several clean drug screens. There are some regions that have a 3-6 month wait list for treatment services. These issues demonstrate how each system is interconnected and in need of a paradigm shift in the way our systems view and respond to parents who have substance use disorders.

While the drug abuse problem in Kentucky may only seem to be worsening, changes in drug use trends in various regions of the state can be documented. Western Kentucky has struggled with an influx of methamphetamine production and abuse, giving rise to a Drug Exposed Children task group which seeks to educate about the impact of children in homes with meth labs. Much of the public, including many professionals in various systems, sees methamphetamine as "worse" than other drugs, meaning that it is not possible to recover from it.

Prescription drug abuse has become a serious problem all over the state, but especially in Eastern Kentucky, which was impacted by the Appalachian Oxycontin epidemic. Three new private methadone programs have opened up in rural eastern Kentucky in the last 5 years to help people recover from prescription pain killers, and 127 physicians in Kentucky now prescribe Suboxone to treat opiate addiction. The use of methadone and Suboxone are highly stigmatized in Kentucky, with some DCBS workers and some judges requiring that parents discontinue participation in medication assisted treatment under threat of losing custody or visitation with their children.

While still a fledgling trend, DCBS and DBHDID are seeing a rise in the use of heroin in the northern parts of Kentucky. Drug problems have been identified in several surveys as the biggest problem in Kentucky or the

one they need the most training on. The severity of the problem, the lack of resources to address it, and the amount of death and community disruption caused by addiction has led to a feeling of hopelessness in some communities.

Environmental, Geographic and Demographic Context

Kentucky is a small, predominantly rural state with 120 counties, three larger metropolitan areas (Lexington, Louisville, and Covington) and 4.3 million people including just over 1 million children. Census data show that 24% of Kentucky families are single-parent households and 24% of children live in poverty. Overall, Kentucky's median per capita income is $18,093 (U.S. = $21,587) and median household income is $41,489 (U.S. = 52,029). Furthermore, in the 2009 estimates 17.3% of Kentucky citizens live below the federal standard of poverty and only 17% of Kentucky adults pursue a college education. Extreme rural regions of the state have a disproportionate rate of poverty and health problems when compared to the state average. A few eastern Kentucky counties are cited as among the poorest in the nation and some counties have over 30% of the population as Medicaid eligibles.

IDTA Mission and Target Population

At the kick-off meeting held on August 3, 2010, participants identified the following mission of this IDTA project:

> **DRAFT:** To build a sustainable, family-focused, integrated system that will strengthen, stabilize & unify families with co-occurring parental substance use disorders and child maltreatment who are involved with the courts.
>
> The target population for this project will meet the following criteria:
>
> - Family has documented child maltreatment
> - Parents' maltreatment of children is related to substance use disorders
> - Family has current open case(s) with DCBS and the Court

Issues and Goals for Technical Assistance

The key problems targeted by this technical assistance are:

- The three systems currently operate in a somewhat parallel fashion, but need to develop a joint vision and shared values for how they will reduce duplication or conflicts of services and improve outcomes for families in an effective, efficient and collaborative manner, as well as ensure that clients are not negatively affected by conflicting directives or services from any of the three entities.
- Kentucky currently utilizes a variety of tools for screening, assessment and data collection, often duplicating information and interviews with families. Screening and assessment roles are unclear and communication protocols are needed to decide how and what information to share among the three systems. Also, there may be an imbalance between too much emphasis on assessment and too little on treatment. The Commonwealth of Kentucky has made significant headway in this area with the adolescent population, utilizing strategies that may be modified for the target population of this IDTA.
- Kentucky has a lack of consistency in the application of screening and assessment tools and processes. While uniformity of tools may not be indicated, a consistent plan for screening and assessment is needed. There are currently no shared protocols among systems regarding the use of drug screens, who is responsible for coordinating the screens, how to pay for them, how to uniformly

interpret them and how to use them for decision-making in treatment services and child maltreatment cases.

- Related to above, there is confusion as to agency role in conducting screening and assessment and improved communication and agreement about role functions could reduce the risk of failure to correctly identify cases.
- The emphasis on assessment has not been matched by an emphasis on treatment services following the assessment process.
- There is a need to understand individual and collaborative roles and responsibilities at all levels of the systems which will pave the way for mutual respect, improved communication. Additionally, all systems need a better understanding and skill set around substance use disorders and child maltreatment and how to approach these client problems collaboratively.
- Kentucky's system of care for people with substance use disorders is severely underfunded, resulting in inadequate services and long waiting lists.
- Best practices exist in segments of each system but need to be disseminated and generalized across the state.

The goals of the IDTA are:

- To build a sense of common values, and joint protocols among child protection, substance abuse treatment, and the courts regarding families affected by the co-occurring issues of child maltreatment and substance use disorders.
- To develop an integrated system of screening, assessment, data collection and analysis across systems.
- To establish statewide integrated and streamlined procedures for front line and supervisory staff in each system to serve families; and for staff to have the basic skills and knowledge needed to address the unique needs of families with substance abuse and child maltreatment
- To develop streamline referral and communication processes for line staff and supervisors across all three systems to reduce confusion and conflicting aims for families.
- To enhance the workforce skills and knowledge among staff in all three systems.
- To expand funding wherever possible and build efficiency in the way funding streams are used and services are delivered in the Commonwealth of Kentucky; and,
- To disseminate and implement best practices within each system statewide.

Expected Outcomes

As a result of this technical assistance, the State team will be prepared to guide and support efforts at the local level to assure safety, permanency and wellbeing for children in families with substance use disorders involved in the CW system. Each of the following reflect the current status of key indicators of the state of child protection from maltreatment in Kentucky:

- Average length of stay in SA TX for DCBS referred clients (baseline: 48days)

- Number of female clients waiting for residential substance abuse treatment (baseline: 458)
- Percent of female clients waiting for residential substance abuse treatment who have custody of their children (baseline: 13.76%)
- DCBS clients receiving a favorable discharge from SA treatment (baseline 39%)
- Percent of infants entering OOHC with parental substance abuse (alcohol or drug abuse) as a condition for OOHC entry (baseline 18.4%)
- Percent of children entering OOHC that are infants (to 1 year old) or 1 year olds (baseline: 26%)
- Absence of recurrence of CA/N (CFSR/PIP Item) (baseline: 94.3%)
- Reentry to OOHC (Composite Measure C1.4) (CFSR/PIP Item)** (baseline: 13.6%)
- Services to family to protect children in home and prevent removal* (CFSR/PIP Item) (baseline: 87.6%)

Expected Outcomes

As a result of this technical assistance, the three partnering agencies will be able to identify specific system changes that are associated with better child maltreatment outcomes among families affected by substance use disorders. Specifically:

- There will be a shared protocol for screening and assessment of parents whose child maltreatment is related to substance use disorders;
- There will be a shared protocol for drug testing among the three agencies;
- There will be a shared protocol for sharing communications about client needs, progress, service planning, drug testing, and current system response needs; and
- As a result of the above protocols, there will be less redundancy of screening, assessment and services among the three partnering agencies.

Deliverables and Products

The following four products will be developed over the course of the IDTA effort:

Product 1. Develop a cross-system protocol for the review of data for baseline and outcome measurements, as well as for decision-making and delivering services.

Product 2. A protocol for cross-system client/family identification, including information and data-sharing, as well as roles and functions of each agency, standards for service delivery and practice across all three systems.

Product 3. Cross-system training on: shared agency missions and mandates, new practices and procedures for roles and responsibilities for service provision in an integrated process, and understanding common client characteristics, needs, and interventions in the three systems.

Product 4. A sustainability plan for the IDTA products.

Work Plan and Timeline for Completion of the SOW

Overview (Months of expected Advisory Committee meetings in rose)

Major Action Steps	Completion Date	Lead
Collaborative Values Instrument (CVI)	12/31/09	Core Team

Collaborative Capacity Instrument (CCI)	6/15/10	Protocols/Practice Guide
Advisory Committee mtg. (kick-off)	8/3/10	Oversight Committee Core Team
Draft outline for Protocols/Practice Guide	10/1/10	Protocols/Practice Guide
Staff in all three agencies complete NCSACW online trainings.	11/1/10	Core Team Oversight Committee
Complete inventory of existing training and identification of additional training needs	11/15/10	Training
Identify current funding streams in the three systems, including potential funding sources.	11/15/10	Sustainability
Advisory Committee mtg.	12/31/10	Oversight Committee Core Team
Draft Practice Protocols/Practice Guide	2/15/11	Protocols/Practice Guide
Determine specific information/data elements and system to share data	2/15/11	Data and Information Sharing
Complete analysis of training inventory	2/15/11	Training
Complete inventory and review of available funding and braided/blended funding potential	3/15/11	Sustainability
Advisory Committee mtg.	3/31/11	Oversight Committee Core Team
Obtain stakeholder input on potential sustainability plan	5/1/11	Sustainability
Draft Data plan and guidance	4/1/11	Data and Information Sharing
Draft Training Delivery Plan/Calendar	4/1/11	Training
Conduct PIP Regional Forums to review/obtain input on Practice Guide	5/1/11	Protocols/Practice Guide
Draft Partnership MOU for participating agencies	6/1/11	Sustainability
Final Practice Guide	4/1/11	Protocols/Practice Guide
Funding issue paper to Oversight Committee	6/15/11	Sustainability
Advisory Committee mtg.	7/31/11	Oversight Committee Core Team
Final Signed Protocols/Practice Guide	7/1/11	Protocols/Practice Guide
Complete Data Sharing Protocols	7/1/11	Data and Information Sharing
Evaluation Plan	8/31/11	Sustainability
Final Training Delivery Plan/Calendar	7/1/11	Training
Final marketing plan for the practice guide, data/information sharing and training	7/1/11	Core Team with Workgroups
Draft Collaborative Sustainability Plan and Advisory Recommendations	7/15/11	Sustainability
Signed Partnership MOU by all agencies	8/1/11	Sustainability
Final Collaborative Sustainability Plan and Advisory Recommendations	8/15/11	Sustainability

General Operating Parameters

Workgroup Composition: The workgroups will include the following representation:

a. Core Team Member(s) – Chair
b. Court and Legal System
c. Substance Abuse System

d. Child Welfare System
e. Medicaid
f. Health Department or pediatric community
g. Child Advocates
h. Local level
i. Consumer or Consumer Advocate

Documentation and Communication: Each of the workgroups will submit a brief meeting summary, which will be utilized to keep the Statewide Advisory Committee updated on project activities and progress. Meeting summaries will identify:

a. What information other workgroups need to address or need to know;
b. A running list of recommendations, as appropriate, related to policy, practice and/or funding;
c. Overarching recommendations for long-term strategic planning and sustainability; and
d. Product-specific communications/marketing component.

Detailed Work Plans

WORKGROUP 1. Cross-system data and information sharing; Ruth Huebner and Robert Walker, Co-Chair

This group will review and develop protocols that address client/family identification and information sharing; shared principles, roles and functions, as well as standards for service delivery and practice across all three systems and which includes the use of drug screens and confidentiality.

Intended Results:

- Review existing data to understand trends and establish baselines against which to measure improvement.
- Identification of a small set of data indicators to be used between systems with shared understanding and commitment to monitoring and improving outcomes.
- Develop strategies for cross-system data collection and information sharing.
- Assemble aggregate data from multiple systems to describe the need for services and the gaps in service delivery.
- The workgroups of the IDTA will have the data and information needed to complete action steps.

Expected Completion Date: 7/1/11

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
a) Identify and engage additional workgroup participants (identify experts to call in as needed)	4/15/10	—8/31/10	Workgroup	none
b) Conduct Drop-off Analysis of cases in child welfare system; and other displays of aggregate data to tell the story at the state and local level.	7/15/10	Ongoing	Core Team Consultant Liaison (CL) support	
c) Review existing data systems to identify capacity, elements, definitions, processes and gaps.	8/3/10	11/15/10	Workgroup and participants for each system	NCSACW Baseline Data Elements sheet
d) Assess the needs for data and information by line staff and supervisors in the three agencies	12/15/2010	1/15/2011	Huebner/Walker	Use either email or online survey

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
e) Review results from CVI and CCI (put with each workgroup and do through a webinar)	8/31/10	9/30/10	Workgroup Core Team CL	CVI and CCI PowerPoint PDF handouts
f) Determine the specific information/data elements to be shared and establish system for tracking client and system outcomes for example: Screening Assessment Drug testing Placement	11/15/10	2/15/11	Workgroup Core Team	National and state performance measurement systems, e.g., National Outcome Measures, regarding child welfare and substance abuse. Identify national experts in outcome measurement to guide Workgroup process.
g) Develop plan and draft guidance on data collection and analysis coordination for tracking clients and system outcomes and submit to AC for review/comment, including determining system performance measures to track.	2/15/11	4/1/11	Workgroup Core Team Advisory Committee CL Support Oversight Committee	Coordinate with the Protocol Workgroup NCSACW staff assist National and state performance measurement systems, e.g., National Outcome Measures, regarding child welfare and substance abuse. Identify national experts in outcome measurement to guide Workgroup process.
h) Review comments and develop final data sharing protocols for approval.	5/15/11	6/1/11	Workgroup Core Team Oversight Committee	
i) Initiate training needed to ensure the MOU conditions and standardized tools for data and information sharing are properly executed.	6/1/11	7/1/11	Core Team	Coordinate with the Training Workgroup;
j) Implement data sharing protocols	7/1/11	ongoing	Workgroup Oversight Committee	Will be part of post-IDTA Strategic Plan
k) Evaluate the success of statewide implementation over time; make adjustments as necessary.	9/1/11	ongoing		Will be part of post-IDTA Strategic Plan

WORKGROUP 2. Cross-system Protocols and Practice Guide; Tina Willauer and Lynn Posze, Co-Chair

This group will review and develop protocols that address client/family identification and information sharing; shared principles, roles and functions, as well as standards for service delivery and practice across all three systems and which includes the use of drug screens, screening and assessment and confidentiality.

Intended Results:

- Values are clarified among and between systems
- Each system understands their individual and collaborative roles and responsibilities
- Definition of how a case moves through the three systems
- Protocols for the sharing of confidential information
- Shared protocols for the use of drug screening and results
- Refine Standards of Practice for the target population to include removals, visitation and reunification
- Use of screening and assessment tools that are standardized and consistently applied across cases and systems.
- Cross-system communication and problem solving at all levels across systems

Expected Completion Date: 7/1/11

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
a) Identify and engage workgroup participants (identify experts to call in as needed)	4/15/10	8/31/10	Core Team Workgroup	none
b) Develop values statement utilizing the CVI results which clarifies key decision points.	8/4/10	8/24/09	Workgroup Core Team Extended Core Team	CVI results
c) Review and participate in "virtual walk-through" to identify current system flow/processes.	8/15/10	9/15/10	Core Team Extended Core Team Consultant Liaison (CL) develop Workgroup	Use SAFERR for reference Virtual Walk-through template
d) Identify: • opportunities for increased shared input • barriers to cross-	8/03/10	10/1/10	Workgroup Core Team Extended Core Team	

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
system decision making, delivery of services and measuring outcomes				
e) Review results from CVI and CCI; will be done via webinar with all workgroups present.	8/3/10	10/1/10	Workgroups Core Team CL	CVI and CCI PowerPoint PDF handouts
f) Develop outline for practice guide and corresponding work plan to develop the necessary elements for each section – include which workgroup participants or experts need to be involved in each section/subgroup. Identify measurable objectives for each subgroup to accomplish, including deadlines. List subgroups below: • *Screening and Assessment* • *Confidentiality and information sharing* • *Drug screens* • *Child removal, permanency and visitation*	8/3/10	10/1/10	Workgroup CL	none
g) Research and compile relevant materials available from NCSACW, consortium members, federal partners and other federal agencies, other states, tribes and programs and distribute to Core Team and Work group.	7/15/10	ongoing	CL	NCSACW, Federal resource materials
h) Develop criteria for inclusion of what is a "best practice/strategy" to be included in the protocol and practice guide. (Matrix)	8/3/10	10/1/10	CL Extended Core Team Work group	Review national evidence based practice system reviews.

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
i) Draft protocols and practice guide sections to include: recommended practices, forms and tools, rural community considerations, funding issues and submit to Core Team and other Workgroup chairs for comment.	10/1/10	1/15/11	Core Team, Sub-Workgroup leads Workgroup Other Workgroup chairs CL	Coordinate with other Workgroups
j) Revise draft protocols and practice guide	1/15/11	2/15/11	Core Team Sub-Workgroup leads Workgroup CL	
k) Conduct PIP regional forums to review and obtain additional input into the practice guide.	3/1/11	5/1/11	CL Core Team Extended core team	PIP Regional Forums
l) Incorporate feedback from regional forums into final draft and submit to Advisory Committee for comment	5/1/11	5/15/11	CL Core Team Advisory Committee	
m) Final Protocol is submitted to all agencies for approval	5/15/11	6/15/11	Core Team Oversight Committee	Agency legal staff
n) Develop plan for marketing and implementing protocols and practice guide, including pilot sites before going statewide	5/1/11	7/1/11	Workgroup Core Team CL	Coordinate with other Workgroups Coordinate with Training Workgroup
o) Determine system to track implementation	5/1/11	7/1/11	Core Team	Coordinate with Data and Evaluation Committee
p) Final Practice Guide is published for hard copy and electronic distribution	6/1/11	7/1/11	Core Team	
q) Pilot the Practice Guide in selected counties demonstrating readiness.	7/1/11	Post IDTA	Core Team Advisory Committee Oversight Committee	Will be part of post-IDTA Strategic Plan

WORKGROUP 3. Cross-System Training, Sara Boswell Dent, Chair

This group will develop and implement a cross-system training package to ensure understanding of all three systems, address basic knowledge and specific skills

regarding the target population, and to teach the new procedures for cross-system interaction and service delivery.

Intended Results:

- A training package for both basic knowledge and specific skills that apply within and across systems
- A plan for implementation of training
- Include NCSACW online trainings for staff in all three systems
- Identification of one or two specific practices within and between the three agencies that can be institutionalized as best practices, reinforced, evaluated, and supported at all levels

Expected Completion Date: 7/1/11

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
a. Identify and engage workgroup participants (identify experts to call in as needed)	4/15/10	—8/31/10	Workgroup	none
b. Develop a template for gathering training information to ensure uniformity, consistency and relevance (how does each system currently train and develop a template for use by all systems) Ask Bob Walker what he means by this?	8/15/10	9/1/10	Workgroup Consultant Liaison (CL)	NCSACW sample format used by Sonoma County
c. Research and compile relevant materials available from NCSACW, consortium members, federal partners and other federal agencies or states, tribes and programs and distribute to the Extended Core Team and Workgroup.	8/3/10	8/15/10	CL	Training materials/events from national and state governments, associations, etc. NCSACW online training NCSACW Toolkit
d. Inventory of existing training opportunities (including coaching opportunities) - • Requirements and resources • Audience(s) • Venues • Who sets training requirements in each of the three systems	9/1/10	11/15/10	Workgroup Advisory Committee CL	List of training events from all three systems, Federal, national organizations, others

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
• Licensure and contract requirements				
e. Review results from CVI and CCI (put with each workgroup and do through a webinar)	8/3/10	10/1/10	Workgroup Core Team CL	CVI and CCI PowerPoint PDF handouts
f. Staff in all three agencies will complete all National Center trainings	9/1/10	11/1/10	Workgroup Core Team Advisory Committee Oversight Committee	NCSACW online courses
g. Identify additional training needs for staff in all three systems.	9/1/10	11/15/10	Workgroup Core Team Advisory Committee Oversight committee	
h. Analyze results of training inventory and send to the Core Team for review/comment, e.g., • identify shared audiences, • identify gaps/needs • implications for Protocol development/dissemination • other cross-system and funding issues, • integrated v. cross-system training opportunities	11/15/10	2/15/11	Workgroup Core Team	Likely tie this to an upcoming AC meeting
i. Review summaries from other workgroups to determine implications for training workgroup	1/15/11	3/15/11	Workgroup CL Support	
j. Develop innovative cross-systems training approaches, e.g., utilizing case scenarios, online formats,	1/15/11	3/15/11	Workgroup Core Team	NCSACW resources (including those from prior sites/contracts)
k. Explore development of CEUs/CLEs/CJEs for training events, if not already available.	1/15/11	3/15/11	Workgroup	National and State Certification and Licensing Boards
l. Draft and circulate for review and comment a Training Delivery Plan/Calendar • Distribution channels for training calendar • Communication with counties and local providers	1/15/11	4/1/11	Workgroup Core Team Advisory Committee Any other outside stakeholders???	Need a plan/calendar keeper who will be responsible for updates, communication, etc. Access to existing systems for making staff aware of

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
• Regional promotion? • Building on existing opportunities • Identify appropriate agency manager /supervisors that will maintain responsibility for the Training Delivery Model implementation				training opportunities
m. Finalize Training Delivery Plan/Calendar	4/1/11	7/1/11		
n. Develop system to share training opportunities across all three systems consistent with the overall MOU and share with the Oversight committee.	4/1/10	7/1/10	Workgroup Oversight Committee CL	CL provide sample template
o. Identify potential funding to support expanded training opportunities	4/1/10	ongoing	Workgroup Core Team CL Assistance	Coordinate with the Sustainability Workgroup. Will be part of the post-IDTA Strategic Plan
p. Implement Training Plan in all three systems.	7/1/10	ongoing	Workgroup Core Team Oversight Committee	Will be part of the post-IDTA Strategic Plan
q. Monitor, evaluate, adapt, if necessary, and institutionalize training plan implementation.	7/1/11	ongoing	Workgroup Oversight Committee	Will be part of the post-IDTA Strategic Plan

WORKGROUP 4: Sustainability; Jeff Jamar, Chair

This group will inventory current services and funding streams, and create a multi-year funding plan to sustain best practices, including cross-system payment for drug screens

Intended Results:

- A statewide inventory of current services and funding steams
- An index of potential additional funding sources or methods for reallocation of current funds
- Ensure IDTA-identified best practices become embedded in standard operating procedures for each agency
- A multi-year funding plan

Expected Completion Date: 8/15/11

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
a. Identify and engage workgroup participants (identify experts to call in as needed)	4/15/10	8/31/10	Workgroup	none
b. Identify current funding streams, mechanisms and flexibility in the three systems, including potential funding sources.	8/15/10	11/15/10	Workgroup Core Team Consultant Liaison (CL)	NCSACW Funding Paper
c. Research and compile relevant materials available from NCSACW, consortium members, federal partners and other federal agencies or states, tribes and programs and distribute to the Extended Core Team and Workgroup.	8/1/10	9/1/10	CL	NCSACW products; other state products
d. Review results from CVI and CCI (put with each workgroup and do through a webinar)	8/3/10	10/1/10	Workgroup Core Team CL	CVI and CCI PowerPoint PDF handouts
e. Review current treatment capacity for women, including geographic distribution, barriers to access, and funding source(s).	9/15/10	3/1/11	Workgroup Core Team	
f. Identify currently untapped funding possibilities within and outside the three systems (e.g., healthcare reform bill)	11/15/11	3/1/11	Workgroup Core Team Advisory Committee Oversight Committee	Review Governor's and President's budget proposals for potential future funding sources
g. Identify and prioritize program enhancement and expansion possibilities with existing and new funding, including blended funding. Specifically address treatment expansion needs and potential sources of funding.	1/15/11	3/15/11	Workgroup Core Team	Coordinate with Protocol Committee NCSACW Funding Paper
h. Summarize results of reviews and present to the Oversight Committee.	1/15/11	3/15/11	Workgroup Core Team Oversight Committee	
i. Assess sustainability options in terms of community and political support.	3/15/11	3/31/11	Workgroup Core Team Oversight Committee	Coordinate with Protocol Committee

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
j. Share results of reviews and consult with other existing stakeholder and advisory groups, including K-ASAP, CIP, SIAC.	3/31/11	5/1/11	Workgroup Core Team Advisory Committee	Present at the March Advisory Committee meeting
k. Identify contract, licensing, etc., changes that could be made to promote implementation and sustainability of the practice protocol. Incorporate into the Sustainability Plan	1/15/11	5/1/11	Workgroup Core Team Oversight Committee	Licensing and contract requirements in each system Coordinate with the Practice Guide Workgroup
l. Complete funding assessment and identify/prioritize other potential funding opportunities	1/15/11	5/15/11	Workgroup	
m. Review work of other workgroups' work to date to determine implications for funding and sustainability	5/15/11	5/30/11	Workgroup CL	Other Workgroups products/ reports
n. Develop an issue/ recommendations paper for review by the Oversight Committee	5/15/11	6/15/11	Workgroup Core Team CL Oversight Committee	
o. Develop a draft Collaborative Sustainability Plan, based upon the information gathered, and submit to Core Team and Advisory Committee for review and comment & decision paper for review by Oversight Committee prior to submission of draft.	6/15/11	7/15/11	Workgroup Core Team Advisory Committee CL	Feedback due within one week of receiving draft Present at July Advisory Committee meeting (end date is tied to whenever that occurs)
p. Develop and execute a MOU that sets forth the vision and purpose of the IDTA initiative	11/1/10	8/1/11	Workgroup Extended Core Team, Oversight Committee and CL	Sample MOUs from other states Coordinate with Data & Evaluation Workgroup Agency legal staff
q. Prepare final Collaborative Sustainability Plan and submit to Oversight Committee.	7/15/11	8/15/11	Workgroup Core Team, CL Oversight Committee	
r. Develop and implement plan for marketing and	7/1/11	Ongoing	Core Team Agencies	Will be part of the post-IDTA Strategic Plan

(Product Name) Activities and Action Steps	Starting	Ending	Responsible Parties	Resource Requirements (beyond consulting hours)/Notes
implementing products of the IDTA, i.e., protocols, training, data sharing				
s. Develop and implement an evaluation plan for monitoring sustainability	7/1/11	Ongoing	Core Team Oversight Committee	Complete Evaluation plan by 8/31/11 Will be part of the post-IDTA Strategic Plan
t. Explore coordination with SIAC to maintain the funding and sustainability plan, reporting to SIAC twice per year.	8/1/11	Ongoing	Core Team Oversight Committee	Coordinate with SIAC Will be part of the post-IDTA Strategic Plan
u. Publish final document for hard copy and electronic distribution, as appropriate	8/15/11	Ongoing	Core Team	State printing resources and coordination with agency webmasters
v. Implement cost-saving and cost-avoidance practices consistent with the final protocol and practice guide.	8/15/11	Ongoing	Core Team Oversight Committee	Coordinate with Protocol Committee Will be part of the post-IDTA Strategic Plan