



**Children's Bureau
Administration for Children and Families
Regional Partnership Grants**



Regional Partnership Grantee Proposal Abstracts

Support Contractors:

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Alaska

Name:	Cook Inlet Tribal Council, Inc.
Location:	Anchorage, Alaska
Title:	Alaska Native Family Preservation Unit
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Cook Inlet Tribal Council (CITC) proposes a Regional Partnership that includes its own Family Services (child welfare) and Recovery Services (substance abuse services) Departments; the State child welfare agency, Office of Children's Services (OCS); and the Native Village of Eklutna (NVE). Together, these entities have conducted cross-system planning over the past two years, which has culminated in the proposed Alaska Native Family Preservation Unit (ANFP) project. The goal of the project is to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse.

Due to the severe, entrenched over-representation of Alaska Native and American Indian children within the child welfare system in Anchorage and statewide, the ANFPU target population is Alaska Native/American Indian families referred to the project by OCS. Proposed services and activities include:

- Universal alcohol and drug screening and brief interventions
- Colocation of child welfare/substance abuse staff
- Developmental assessments
- Family/child skill development
- Early intervention/prevention services for children/adolescents
- Prioritization of residential treatment within CITC Recovery Services for IV drug users and pregnant women
- Parenting skills training
- Family counseling
- Ancillary services through intensive, home-based case management services
- Support for inter-agency and inter-organization collaboration
- Improvement in cross-system information sharing systems.

A total of 420 unduplicated families will be served over the five years.

Project Director:

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Arizona

Name:	State of Arizona
Location:	Phoenix, Arizona
Title:	Arizona Families F.I.R.S.T., Parent to Parent Recovery Program
Program Option 3:	\$500,000 annual award for 3 years

Abstract:

The Arizona Department of Economic Security, Division of Children, Youth, and Families, in partnership with Arizona Families F.I.R.S.T treatment providers, Southwest Human Development, the Family Involvement Center, Arizona Attorney General's Office and other stakeholders proposes to enhance an existing system of care charged with addressing the substance abuse issues of families served by the child welfare system through the resources of the three year, \$500,000 DHHS grant award (Option 3). The Maricopa Regional Partnership will expand and strengthen interventions through interagency collaboration and a more comprehensive approach to integrating services. These interventions will target Maricopa County families who are impacted by methamphetamine abuse and are receiving in home services. The AFF Parent to Parent Recovery Program builds on the strengths and capacities of existing providers to better enhance the collaboration of entities providing substance abuse and child welfare interventions. The program will ensure collaborative partners have the information and expertise drawn from multiple perspectives to make the best decisions about child safety, permanency and well being for the target group. Additionally, the use of Peer Recovery Specialists will improve engagement and retention in treatment interventions, while improving and strengthening the social network and supports utilized by these families through the entire continuum of services. In providing this enhanced intervention, the partnership hypothesizes families involved with the Arizona child welfare system in Maricopa County will be provided a more integrated intervention. This intervention will be provided by well trained and culturally competent staff that will increase engagement in appropriate treatment interventions; reduce substance use, maintain family stability to allow children to remain in their home; while improving family functioning and the safety and well being of children.

Project Director:

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California

Name:	WestCare California, Inc.
Location:	Fresno, California
Title:	SMART-2 Model of Care Partnership
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The applicant is WestCare California, a nonprofit agency. WestCare and its partners in Fresno County, California, are applying under Program Option 4 of the "Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse." The title of the Project is "*SMART-2 Model of Care Partnership*." WestCare provides family-based residential treatment to pregnant and parenting women, and 78% have a primary addiction to methamphetamine. The goal is to reduce substance-abuse related abuse and neglect. The approach is to build on an existing interagency collaboration to provide services and activities that close gaps in the continuum of care for children of substance abusing parents using research-based interventions, and document effectiveness with a thorough research study using experimental and control groups. Services will be provided to unserved children birth to 12 years of age. The objectives of the project are to:

- Provide on-site substance abuse assessments to parents at Court to increase early identification and intervention;
- Coordinate and provide assessments, service plans, and treatment to improve children's access to services, reduce symptoms of trauma, and improve children's well being;
- Increase capacity building through training;
- develop a Therapeutic Childcare Center as a central location for services for children;
- Provide developmental, educational, and childcare services to children of parents in outpatient treatment to improve children's well being and safety;
- Provide parenting education to improve the home environment;
- Provide mental health counseling to parents to reduce occurrences of abuse and neglect; and
- Provide prenatal classes to reduce prenatal exposure to drugs.

Project Director:

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Name:	SHIELDS for Families, Inc.
Location:	Los Angeles, California
Title:	Tamar Village Family Centered Residential Treatment Program: A Comprehensive Program for Families involved in the Child Welfare System due to Parental Substance Abuse
Program Option 2:	\$1,000,000 annual award for 5 years

Abstract:

SHIELDS is proposing to implement TAMAR Village, a unique model in which comprehensive family-centered treatment, and related social services are provided on-site in an apartment complex. Families will live in an individual family apartment unit within the complex that will have office space dedicated for treatment and other services. After completion of treatment, families will be able to remain in their apartments for a transitional period. Our Regional Partnership with DCFS, Sheriff's Department, Public Defender, and the Corporation of Supportive Housing, will ensure that the population with the greatest need will be targeted and provided with comprehensive services. The long- term goals for the project:

- Children Are Protected from Abuse and Neglect;
- Children have permanency and stability;
- Children have opportunities for healthy social/emotional development;
- Children's educational, physical, mental health needs are met;
- Families have enhanced capacity to provide for children's needs;
- Regions have a new /increased ability to address parental/caretaker substance abuse and its affect on children.

Expected results include: A decrease of substantiated child abuse allegations, in the amount of time that family reunification occurs, in the number of infants born prenatally exposed to drugs, and in parental risk factors; and, An increase in the number of families reunified, in the number treatment completions and retention, in the number of service needs being met, in parental protective factors; and in the number of treatment slots available in the targeted region.

Project Director:

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Name:	Butte County Department of Employment and Social Services
Location:	Oroville, California
Title:	Northern California Regional Partnership for Safe and Stable Families
Program Option 3:	\$500,000 annual award for 3 years

Abstract:

Four small, rural counties in northern California (Butte, Lake, Tehama, and Trinity) have collaborated to form the Northern California Regional Partnership for Safe and Stable Families (the Partnership). The Partnership will be co-directed by the Butte County Director of Employment and Social Services, the Tehama County Director of Social Services, and Susan Brooks, University of California, Davis Extension. The Partnership mission is to collaborate within and across counties to improve the permanency outcomes for children, and facilitate recovery and well-being for families affected by Methamphetamine and/or other drugs. Coordinated services from Child Welfare Services (CWS), Alcohol and Drug Services (AOD), and the Courts, as well as allied agencies, will help families engage and remain in treatment services, and recover from addiction. Partnership principles will utilize evidence-based practices and are founded on the Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR) model.

Evaluation activities will be woven throughout the Partnership activities. The core outcomes measures will include the length of time in out-of-home placement, the number of children who remain or are reunified with their parents, and the number of parents who receive treatment and subsequently abstain from using Methamphetamine and other substances. Outcome data will also be used to inform policy leaders and communities about the need to develop, fund, and prioritize services that are shown to be effective in improving outcomes. The demonstrated effectiveness of the Partnership will help ensure the sustainability of the project following the initial three years of grant funding.

Project Director:

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Name:	Sacramento Department of Health and Human Services
Location:	Sacramento, California
Title:	Early Intervention Family Drug Court (EI-FDC)
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The Division of Child Protective Services of the Sacramento County Department of Health and Human Services is applying for Funding Opportunity No. HHS-2007-ACF-ACYF-CU-0022, entitled "Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse". The regional partnership is defined as the Division of Child Protective Services, the Division of Alcohol and Drug Services, and the Juvenile Dependency Court. Additional partners include the Division of Mental Health, Public Health Nursing, the Birth and Beyond program, and the Family Resource Centers.

The Division of Child Protective Services proposes to implement, in collaboration with the regional partnership, an Early Intervention Family Drug Court (EI-FDC) to achieve the goals of the Child and Family Services Improvement Act by promoting the safety, permanency and well-being of infants born in the County who are identified as prenatally exposed to methamphetamine or other substances of abuse. The EI-FDC will provide comprehensive family-centered treatment and supportive services to approximately 1,100 infants, 725 of their siblings, and 1,400 of their parents over the course of the five year grant program. Interventions include recovery management services and judicial oversight to prevent the removal of the infant and siblings from the custody of parents with substance use disorders. Services will be initiated when a newborn tests positive for substances and is assessed at high or very high risk of future child abuse or neglect.

The families will be served in the Informal Supervision program, which provides voluntary intensive services to children and families in lieu of filing a petition for protective custody. These services will be enhanced with judicial oversight of the parent's compliance with their treatment plan. Infants will receive developmental assessments and interventions, and parents will receive both immediate access to comprehensive family-centered treatment and management of their recovery plan by trained Recovery Specialists, and will receive enhanced aftercare services. These services will decrease the number of infants and their siblings removed from parental custody, reduce the need for out-of-home placement, and increase the well-being of the children, their parents, and the family as a whole.

Project Director:

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Name:	County of San Diego, Health and Human Services Agency, Child Welfare Services
Location:	San Diego, California
Title:	Family Integrated Treatment (FIT) Program
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Skyrocketing rates of methamphetamine addiction are having detrimental impacts on lives and future of children in San Diego County, California and across the nation. The effects of this epidemic are rippling through the community's child welfare system. The Family Integrated Treatment (FIT) Program, an initiative of the County of San Diego's Health and Human Services Agency's Divisions of Child Welfare Services and Alcohol and Drug Services, in partnership with Rady Children's Hospital - San Diego, McAlister Institute, Vista Hill Foundation and dental Health Systems Inc., will provide enhanced services for mothers struggling with methamphetamine and other drug addiction. The program will provide:

- Evidence-based parenting development for mothers
- Structured evidenced informed developmental and trauma assessments
- Evidence based trauma treatment for children
- Enhanced visitation for families with children in out-of-home placements

The program will serve a minimum of 100 mothers and 150 children each year.

Project Director:

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Name:	County of Santa Clara, Social Services Agency
Location:	San Jose, California
Title:	Santa Clara County Zero to Three Dependency Drug Treatment Court Project
Program Option 2:	\$1,000,000 annual award for 5 years

Abstract:

Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse

CFDA Number: 93.087 Funding Opportunity Number: HHS-2007-ACF-ACYF-CU-0022

The Santa Clara County Zero to Three Dependency Drug Treatment Court Project will focus on a target population of pregnant women and mothers, with children 0 to 3, whose abuse of methamphetamine and other substances have placed their children in or at risk of out-of-home placement. The project will build upon the successes of the existing Dependency Drug Court Treatment (DDTC) Program, while enhancing and expanding the model to better address the needs of the this vulnerable population of pregnant women and mothers with young children. Additionally, partners will engage in a strategic planning process that will facilitate taking this model to scale across the dependency system, securing the funding and commitment necessary to provide appropriate supports and services for children affected by their parents' substance abuse. The project has identified four primary goals for the target population of mothers and children and one systemic change goal:

- Early identification of and intervention for pregnant women and mothers;
- Rapid engagement and successful retention in treatment and care;
- Reduction in subsequent births to mothers who are abusing methamphetamine
- Early identification of and intervention for developmental delays, disabilities and concerns for children 0-3 whose parents come before the DDTC; and
- The creation of a comprehensive System of Care across all systems serving children who are in or at risk of out-of-home placement as a result of parents' methamphetamine and other substance abuse.

While the project is designed to achieve such results as increased capacity to appropriately serve the target population, 41 % who identify methamphetamine as their drug of choice, all partners recognize that success will be achieved when fewer infants are born to and fewer children removed from methamphetamine and other substance abusing mothers.

Project Director:

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Name:	Center Point, Inc.
Location:	San Rafael, California
Title:	"Family Link" -- Residential and Outpatient Treatment
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Center Point, Inc., a private, not-for-profit corporation that provides comprehensive, integrated substance abuse treatment services in Marin County, California, in collaborative partnership with the Marin County Department of Health and Human Services proposes to:

- Operate training and integrated child welfare
- Substance abuse treatment
- Parenting education
- Joint family reunification planning
- Child development services for mothers and children

The target population is mothers whose children would be placed out of home due to the mother's substance use were it not for Center Point's *FamilyLink* program. Center Point will train child welfare workers and family court personnel to help them identify, engage, and refer families to *FamilyLink*. The agency will also serve an estimated forty mothers and twenty children each year and expects that 80 percent of families served will remain intact following services. Center Point has been providing residential and outpatient services for substance dependent women and their children since 1990. It currently operates a 44-bed program in San Rafael and a 75-bed mother and child community correctional facility in San Diego. Marin is facing a growing substance abuse problem (methamphetamine in particular) and it is believed to be responsible for an increase in out-of-home placement of children and the growing difficulty reunifying families and finding permanent, stable homes for children. The majority of families served will be African-Americans and Whites. The former are extremely disproportionately overrepresented in the child welfare system and the latter are the largest ethnic group in the County. A majority of the children served will be age two and under. The goal of services is to reduce out-of-home placement, improve child outcomes, and achieve family stability and permanency. The Pima Prevention Partnership (PPP) will evaluate the services.

Project Director:

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Name:	County of Santa Cruz Health Services Agency, Alcohol and Drug Program
Location:	Santa Cruz, California
Title:	Treatment Alliance for Safe Children (TASC)
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Methamphetamine and other drug abuse have had a major impact on families becoming involved with child welfare services in Santa Cruz County, California. Although there has been close collaboration between Child Welfare Services, the County Alcohol and Drug Program, the Dependency Court and other stakeholders to develop a Dependency Drug Court and other services for affected families, resources have not been sufficient to provide a full continuum of treatment, case management and other supportive services for all families in need. In addition, improvement is needed in developing shared values and beliefs, systems linkages, and implementation of evidence-based treatment practices.

The purpose of the TASC Project is to improve individual and systems-level outcomes for methamphetamine and other drug abusing families involved with Santa Cruz County Child Welfare Services by providing a culturally competent array of treatment, intensive case management, ancillary services, and court accountability services. Through use of Administration for Children and Families grant funds and a substantial contribution of County resources, the TASC Project will build on the successes and lessons learned from the existing Dependency Drug Court, and address its shortcomings by expanding the eligible client population and number of clients served per year from 25 to 65, providing additional AOD and Social Worker case management and paraprofessional Parent Mentor services, providing additional individually-tailored treatment services, expanding the use of evidence based practices specifically tailored to meth and parenting in early recovery, providing client incentives and case funds, and improving access to a variety of ancillary services. In addition, the TASC Project will build the capacity of the Regional Collaborative through training, promoting consensus about values and beliefs, and implementing improvements in access to treatment. All project objectives will be thoroughly evaluated, and project results and lessons learned will be disseminated state and nationwide.

Project Director:

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Name:	Mendocino County Health & Human Service Agency
Location:	Ukiah, California
Title:	Mendocino County Dependency Drug Court
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

FUNDING OPPORTUNITY: HHS-2007-ACF-ACYF-CU-0022, "Targeted Grants to Increase the Well-Being of, and to Improve Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse"

GOALS AND OBJECTIVES: Program goals and objectives are designed to:

- Support the safe and timely reunification or permanent placement of abused and neglected children;
- Increase the number of parents with drug and alcohol disorders and open child welfare cases who participate in intensive treatment;
- Increase substance abuse treatment retention and completion rates; and
- Increase coordination between the Mendocino County Superior Court, Child Welfare Services, and the county's Alcohol and Other Drug Programs.

APPROACH: Child Welfare Services and its partners will develop the Mendocino County Dependency Drug Court to link intensive case management with intensive individual, group, and family substance abuse treatment (including residential treatment) and intensive judicial oversight, incentives and sanctions, parenting education, and reunification support.

OUTCOMES: The MCDDC will enhance child well-being and lead to greater safety and improved permanency outcomes, including 25% decrease in foster care costs, 25% increase in families on-track for reunification within 12 months of detention, 20% decrease in foster care re-entry, and 25% decrease in recurrences of maltreatment.

Project Director:

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Colorado

Name:	Connect Care, Inc.
Location:	Colorado Springs, Colorado
Title:	Fourth Judicial District Family Reunification Project
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Funding Opportunity Number: HHS-2007-ACF-ACYF-CU-0022

Funding_ Opportunity Title: Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse

Family Reunification Project Service Area Affected By Project: Colorado's Fourth Judicial District composed of El Paso County and Teller County

This proposal, named the Family Reunification Project, seeks funds to create a Family Reunification Coalition. The goals of the Coalition are:

- PERMANENCY - Children have permanency and stability in their living situations;
- SAFETY - Children are protected from abuse and neglect;
- SERVICE CAPACITY - The community has an increased ability to address parental and caretaker substance abuse and its effects on children; and
- WELL-BEING - Families have enhanced capacity to provide for their children's needs.

To accomplish these goals, the following system of services and supports will be implemented or expanded: Family Treatment Drug Court; Rural Substance Abuse Services; Care Coordination; Matrix Model Substance Abuse Services; Social Work Services to Assist Respondent Parents' Counsel and their Clients; CASA Services; and Inter-agency Collaboration and Community Education.

It is anticipated that, through taking a comprehensive view of families' situations, the Project will reduce fragmentation of services, facilitate coordination of care, and increase treatment capacity.

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Name:	Denver Department of Human Services
Location:	Denver, Colorado
Title:	Denver Entire Family Focused Comprehensive Treatment: Family-Centered Solution to Improving Outcomes for Children at Risk of or in Out-Home-Placement as a Result of Parental/Caretaker Substance Abuse
Program Option 1:	\$1,000,000 annual award for 3 years

Abstract:

Denver EFFECT creates a regional partnership between Denver Human Services Family and Child Welfare Division, state child welfare and alcohol and drug divisions and two of Denver's largest substance abuse treatment providers. The project has two goals:

- To provide family-centered services that recognize individual needs and build on family strengths and protective factors. Goal 1 objectives are to improve outcomes for children, to improve outcomes for substance dependent parents or caretakers, and to strengthen the family's ability to keep children safe.
- To integrate child welfare, substance abuse treatment and court systems into a cohesive infrastructure. Goal 2 objectives are to establish the collaborative infrastructure, to initiate system-wide coordination, and to expand family-centered substance abuse treatment and services available.

Comprehensive family assessment lies at the heart of the project. Child welfare caseworkers, treatment provider service coordinators and a Juvenile Court liaison will team-up to assess family needs and create dynamic family service plans. The result will be integration of the current child-oriented system of child welfare and the adult-oriented system of substance abuse treatment into a family-oriented system. It will include coordinated case management and timely and appropriate services for parents, children and extended family members. Its goal will be improved safety, permanency and well-being of children who are at risk of or in out-of-home placement as a result of parental or caretaker substance abuse.

Project Director:

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Name:	Island Grove Regional Treatment Center, Inc.
Location:	Greeley, Colorado
Title:	Northeastern Colorado Child Welfare Project
Program Option 1:	\$1,000,000 annual award for 3 years

Abstract:

The Northeast Colorado Child Welfare Project will provide integrated substance abuse, mental health, and community services to children and families in Larimer and Weld Counties who have become involved with the child welfare system, particularly those who are involved with methamphetamine. This application is submitted under Funding Opportunity HHS-2007-ACFACYF-CU-0022, Program Option One.

This Project focuses on increasing the safety, well-being, and permanency of at-risk children by providing a continuum of integrated services to those children, their parents and caregivers, and their families' support system. It includes three goals:

- Parental substance abuse will be more effectively addressed;
- Children's needs will be addressed so that they can become healthy, successful adults, despite parental substance abuse
- The involved agencies will work together to increase the quality, appropriateness, and effectiveness of services for families involved with substance abuse and the child welfare system.

Over the three-year life of the Project, services will be provided to approximately 693 children. An estimated 1,027 parents will be screened for substance abuse, and 315 will enter treatment. Cross-training will be provided to 1,825 staff who work with the region's at-risk children and families. New services will be developed, including increased substance abuse treatment capacity, a residential treatment facility for parents and their children, and integrated substance abuse/mental health services. The existing collaborative efforts designed to combat the impacts of methamphetamine will become more focused to provide a seamless, regional response that is more effective and efficient. The lead agency is Island Grove Regional Treatment Center, a non-profit organization that provides substance abuse services in both counties, primarily to low-income clients. Other Project partners include both counties' child welfare agencies, district courts, and state designated community mental health care providers. Evaluation will be provided by the state universities located in the two counties.

Project Director:

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Florida

Name:	Hillsborough County Board of County Commissioners
Location:	Tampa, Florida
Title:	Children's Reunification Services Collaborative: Fostering Successful Family Reunification for Families with Methamphetamine or Other Substance Abuse Issues
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The objective of the proposed Children's Reunification Services Collaborative (CRSC) is to facilitate successful family reunifications for children in out-of-home care in Hillsborough County who are affected by parental methamphetamine (meth) or other substance abuse. We plan to leverage existing service provider strengths while increasing the capacity to serve struggling families, ultimately improving permanency outcomes for children in need.

Our comprehensive approach will provide public education and youth prevention programs, increase professional training on substance abuse screening and identification, increase the capacity for drug screenings in dependency court, increase availability of inpatient/outpatient treatment for substance-abusing parents (additional inpatient beds and outpatient slots), provide residential care to children removed from the home, and implement Systems Navigators to guide clients in their efforts toward reunification.

Expected results include prevention of use, earlier identification of needs and access to treatment, improved navigation through the dependency system and likelihood for client success, and ultimately reduced lengths of stay in out-of-home care and a significant increase in the number of children who achieve permanency. The effort toward these goals will be executed by a collaborative of child welfare, substance abuse, and judicial agencies with a shared mission - ensuring health and permanency for children and families affected by methamphetamine or other substance abuse in Hillsborough County.

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Georgia

Name:	Supreme Court of Georgia
Location:	Atlanta, Georgia
Title:	Family Treatment Systems Collaborative
Program Option 3:	\$500,000 annual award for 3 years

Abstract:

Out of a growing concern for the future of young children negatively impacted by drug abuse in general and methamphetamine in particular, Georgia Administrative Office of the Courts (AOC) will establish a two-county pilot program (Family Treatment Systems Collaborative or FTSC) to serve 50-60 total families annually in the Douglas and Fannin county juvenile courts. The FTSC will utilize the evidence bases of Zero-to-Three, the Matrix Model recovery program, Strengthening Families/Celebrating Families curriculum and family drug treatment court to improve permanency outcomes for children of meth-addicted parents while supporting family reunification efforts. Douglas and Fannin counties are at the epicenter of the meth epidemic in Georgia and many of the users are parents. AOC will collaborate with the Georgia Division of Family and Child Services (DFCS), Georgia's IV-B and IV-F agency, and the Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) both agencies of the Georgia Department of Human Resources (DHR) to administer this project. These agencies are unified in their purpose to break the intergenerational cycle of meth addiction through prevention and early intervention.

FTSC will provide an integrated, collaborative response to the needs of meth-addicted parents and their children. This innovative program will assist the Courts in making timely decisions about safe placements for children by providing a full range of substance abuse and related services to adults and their children before the Court on a petition of child abuse or neglect. Parents addicted to meth in the targeted counties will receive treatment and develop positive parenting skills as part of comprehensive wraparound services to prevent relapse and promote family reunification.

Project Director:

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Name:	Juvenile Justice Fund
Location:	Atlanta, Georgia
Title:	Fulton County Family Drug Court Expansion Project Ready, Set, Go
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Project Ready, Set, Go is submitted by the Juvenile Justice Fund to the Administration on Children, Youth and Families, Children's Bureau, for the funding opportunity entitled Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse, identified as HHS-2007-ACF-ACYF-CU-0022, CFDA Number 93.087, and will utilize funding through Program Option 4 (\$500,000 for five years). Project *Ready, Set, Go* will expand the existing Fulton County Juvenile Court Family Drug Court Program to focus on identified transition and aftercare services, increasing Fulton County's ability to address parental/caretaker substance abuse and its affect on children. Project *Ready, Set, Go* aims to address seven specific needs to increase the well-being of, and improve the permanency outcomes for, children affected by methamphetamine and other substance abuse in Atlanta-Fulton County. To achieve this goal, Project *Ready, Set, Go* will provide transition and reunification readiness support services prior to treatment completion and post-treatment placement support services for children and parents in the form of Education/Literacy, Employment, Therapy (Individual and Family, Children and Parents with additional specialized Domestic Violence and Sexual Abuse Counseling), Housing, Drug Treatment, Regular Visitation, and Aftercare/Support Groups. Services will be provided in three phases: Pre-Graduation Readiness Services, Post-Graduation Comprehensive Service Set, and the Alumni Connection and Support Program. Project *Ready, Set, Go* will increase the graduation rate of the Family Drug Court program, minimize the relapse rate of parents, reduce reunification times for families, and increase interagency and systems collaboration in providing services to parents and their children in need.

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Idaho

Name:	Idaho Department of Health and Welfare
Location:	Boise, Idaho
Title:	Improving Positive Outcomes for Children through Family Drug Court
Program Option 2:	\$1,000,000 annual award for 5 years

Abstract:

Grant Opportunity Number: HHS-2007-ACF-ACYF-CU-0022

Project Goal and Objectives: The Goal of this project is to provide, through interagency collaboration and integration of programs and services, services and activities designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse. Objectives include:

- Develop and Implement two new Family Drug Courts - one in Pocatello and one in Boise
- Further develop system collaborations and improvements with project stakeholders who include Idaho Single State Authority for Substance Abuse, the Idaho Child Protection program, the Idaho Mental Health program, the Idaho Supreme Court, Road to Recovery a not-for-profit treatment provider, the Idaho State University and the Idaho Statewide Child Protection/Court Improvement Committee
- Expand evidence-based practice substance abuse treatment programs for families served under the project
- Evaluate the program for further expansion in other areas of the State of Idaho

In reaching the goals and objectives of this project, we anticipate serving 65 families each year

Project Director:

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Illinois

Name:	Children's Research Triangle
Location:	Chicago, Illinois
Title:	Moving Families Forward: A Regional Partnership to Enhance Safety and Stability in the Lives of Children
Program Option 2:	\$500,000 annual award for 5 years

Abstract:

This proposal is a collaborative effort between Children's Research Triangle (CRT), Illinois Department of Children and Family Services (DCFS), Southern Illinois Healthcare Foundation (SIHF) and Chestnut Health Services (CHS). The specific aim of this proposal is to promote family safety and permanency for children in Southern Illinois who have been affected by exposure to methamphetamine or other substances of abuse by developing an integrated and collaborative system of care that will identify and address the developmental, behavioral and mental health needs of the affected child and family. A Regional Work Group consisting of organizations in the proposal partnership and other key agencies involved with families and their children in the child welfare system will work to identify and resolve barriers to integrated treatment for these families. CRT, SIHF and CHS will open child and family clinical programs in Southern Illinois that provide specialized health and behavioral health services for families and their children prenatally or environmentally affected by methamphetamine or other substances of abuse. These services will co-locate with existing substance abuse treatment programs in the region. Community outreach will be achieved by clinical staff from the program conducting community trainings. These sessions will be tailored to the specific needs of legal and social service agencies and law enforcement and school personnel to encourage the identification, referral and treatment of families affected by substance abuse. Successful completion of this project will result in an overall improvement in the permanency, stability, safety, developmental functioning and mental health of children who have been prenatally or environmentally exposed to methamphetamine or other substances.

Project Director:

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Iowa

Name:	Judicial Branch State of Iowa
Location:	Des Moines, Iowa
Title:	Parents and Children Together: A Family Drug Court Initiative (PACT)
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

This collaborative grant, Parents and Children Together (PACT): A Family Drug Court Initiative, will implement a community based approach to substance abuse treatment that supports the family in remaining the primary permanency option for their children. The regional partnership is the State of Iowa, serving five pilot sites. The objectives are:

- Increasing the safety, permanency and well-being of children by addressing the substance abuse treatment programming and service gaps through a community collaborative planning approach,
- Creating a common vision through a comprehensive training program,
- Documenting key project elements that support families to successfully protect their children while maintaining a sober lifestyle.
- Establishing family drug court in each pilot site, as an essential element The State Partnership Team, which includes governmental, community and provider agency members, will address state policy and procedural barriers that prevent effective treatment.

The project will serve 200 families using an evidence based substance abuse family treatment model that incorporates family drug court. Each site was selected because of the high level of substance abuse issues, primarily methamphetamine, and existent collaborative in each community willing to develop new services for children and their families, and a committed judge who is willing to establish a family drug court. Deliverables include:

- Documented community decisions that facilitate successful programming to achieve permanency for children,
- Description of barriers to reunification and solutions that are effective in supporting families to successfully remain sober and reunify with their children,
- Independent evaluation of each site and its outcomes in relation to the federal guidelines,
- Development of a replication plan to share and encourage the integration of successful elements of the grant to the other judicial districts.

Project Director:

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Name:	Upper Des Moines Opportunity, Inc.
Location:	Okoboji, Iowa
Title:	Parent Partners of NW Iowa
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

There are three project partners, Upper Des Moines Opportunity, Inc., the Iowa Department of Human Services-Sioux City Region and Juvenile Court Services-Third Judicial District. The target population is children who are in, or at-risk, for an out-of-home placement due to methamphetamine or other substance abuse by a parent/caretaker. The geographic service area for this *regional partnership* is nine counties in rural northwest Iowa: Buena Vista, Cherokee, Clay, Dickinson, Lyon, O'Brien, Osceola, Plymouth, and Sioux.

Summary of Project Goals and Objectives: The approach adopted for the proposed project, is build around *three components*: building capacity, engaging parents, and integrating services. Three goals define the project:

- Will create a leadership capacity to direct and champion the project.
- Will provide parents with the opportunity to be leaders and advocates within the child welfare system, implementing a quality parent mentoring program.
- Will engage the support of agencies and individuals at the local level to connect families to formal and informal supports.

Project Outcomes: The purpose of the project is to *build regional capacity* in rural northwest Iowa by which child welfare, juvenile court, substance abuse, and community support services can *increase access, availability, and outreach* programs and services to increase the *well-being of, permanency* outcomes for, and enhance the *safety of* children who are in out-of-home or at-risk of placement as the result of parent's or caretaker's methamphetamine or other substance use.

Project Director:

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Kansas

Name:	Kansas Department of Social and Rehabilitation Services
Location:	Topeka, Kansas
Title:	Kansas Serves Substance Affected Families
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The State of Kansas Social and Rehabilitative Services, Division of Children and Family Services, in partnership with eight state and local agencies, proposes to develop and deliver a two-pronged approach to serving children affected by methamphetamine or other substance abuse:

- Substance affected families in the child welfare system at risk for child removal or with the goal of reunification will participate in an evidence based program, Strengthening Families (SFP), to positively impact the following critical domains: parenting, family attachment, child welfare, parental substance use, risk and protective factors, and child behavior.
- Web-based substance abuse prevention will be integrated with existing life skills/independent living services for older youth in care and former foster care youth to reduce risk factors for substance use and increase resiliency.

Additionally, the development and implementation of an enhanced interagency collaborative strategy between State and local services will provide the foundation for successful implementation of these initiatives. The proposed project will result in improved permanency and stability for children and prevention of future substance abuse.

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Kentucky

Name:	Kentucky Department for Community Based Services
Location:	Martin County, Kentucky
Title:	Kentucky Sobriety Treatment and Recovery Teams (K-START)
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The Department for Community Based Services (DCBS) establishes a regional partnership in Martin County, a rural Appalachian county, to support Kentucky's Sobriety Treatment and Recovery Teams (K-START). We chose Program Option 4 to strengthen the program evaluation, ensure sustainability, and encourage dissemination.

Parent substance abuse is an escalating contributor to chronic neglect and abuse among children age three years or younger statewide that begs for innovation in service delivery. K-START pairs CPS workers with Family Mentors (persons in recovery), substance abuse treatment designed for rural areas, sober parenting supports, and community wrap-around to deliver an evidence-based intervention guided by the Model of Change.

The regional partnership includes collaborative agreements with the Kentucky's Division of Mental Health and Substance Abuse (DMHSA), Big Sandy Area Development District, the University of Kentucky (UK) Center on Drug and Alcohol Research and UK Social Work.

Federal and state funds will support comprehensive treatment to a minimum of 36 families annually and 180 total families including non-substance abusing family members and children. Program evaluation is a joint endeavor between DCBS, UK and DMHSA. Specific objectives:

- Reduce recurrence of child abuse
- Provide comprehensive support services to children and families
- Provide quick and timely access to substance abuse treatment
- Improve treatment completion rates
- Build protective parenting capacities
- Increase the county, region, and state's capacity to address co-occurring substance abuse and child maltreatment

Project Director:

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Name:	Kentucky River Community Care, Inc.
Location:	Jackson, Kentucky
Title:	Families in Safe Homes Network (FISHN)
Program Option 2:	\$1,000,000 annual award for 5 years

Abstract:

Family categorizes persons we depend on to celebrate achievements. For a young child to succeed in life, secure attachment to a caring adult who fulfills the family role is crucial. Likewise, the support offered through community connectedness often tips the balance between family unity and separation. The KY River Region has been coping with an escalating drug abuse crisis chronicled in national, state, and local media. The enormity of this public health crisis has overburdened every safety net provider in the region as family needs far outpace available resources. A tangible outcome of this crisis is the regions rate for kids being placed out of home is more than double the rest of the state. While appalling, the reality that fewer than 22% of these families completed a referral for drug treatment, while more than 80% of out of home placements listed substance abuse as a factor is inexcusable.

Realization of the scale of families' unmet-needs spurred action by a group of agencies (including DCBS, Child Welfare authority) who have signed a MOU committing to implement complex and expansive systems changes. Partners, using a hybrid of the Family to Family and SAFERR will develop a "family-centered" response driven by interagency protocols. The goal is to reduce out of home placements by:

- Reducing barriers to substance abuse treatment, and other support services;
- Expanding availability of evidence based treatment
- Use of a comprehensive family screening process
- Co-locate staff to improve coordination of service to families

We anticipate serving 60 families each year of the grant.

Project Director:

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Massachusetts

Name:	Massachusetts Department of Public Health
Location:	Boston, Massachusetts
Title:	Family Recovery Project: Promoting Safety and Permanence, and Well-Being for Children through Family-focused Substance Abuse Prevention, Engagement, and Treatment
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Massachusetts seeks \$500,000 annually for five years to implement the *Family Recovery Project* of intensive home-based and collaborative services that are designed to stabilize families who risk permanently losing custody of their children because of parental substance abuse. The *Family Recovery Project* actualizes two years of planning by the Family Recovery Collaborative, a project of the Departments of Social Services (DSS), Public Health (DPH), the Juvenile Court, Wampanoag Tribe of Aquinnah, and service providers. The project will implement family-centered, coordinated interventions that are based in research and respond to the needs of the parents and their children. Through intensive home-based treatment with families, the project will increase parental readiness for and access to recovery supports, improve child development through therapeutic interventions, and facilitate family reunification, stabilization and parenting skills. Our model incorporates proven methods of enhanced collaboration and communication among agencies to streamline referrals and better coordinate services for vulnerable families. The project will serve over sixty families annually from Western Massachusetts, a region with high incidence of substance use, high numbers of children at risk, and limited family-centered treatment services. DSS-involved families with children who are in out-of-home placements or at imminent risk for placement will participate. With the overarching goal of strengthening and stabilizing families, the project will engage families over the long term to ensure access to recovery and treatment supports; achievement of objectives on a personalized family plan; and access to child development, parenting education, and social support services. The Family Recovery Collaborative and a local council of agencies will coordinate services, guided by a signed Memorandum of Understanding and affiliation agreements. DSS and DPH will jointly manage the project. Brandeis University will conduct an evaluation to assess family outcomes as well as changes in cross-agency collaboration.

Project Director:

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Minnesota

Name:	White Earth Band of Chippewa
Location:	White Earth, Minnesota
Title:	White Earth Reservation Child Well Being Project
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The White Earth Child Well-Being Project is applying under Option 4 of the Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children affected by Methamphetamine or Other Substance Abuse funding opportunity. Project service area is the White Earth Reservation and 25 miles beyond its borders. Objectives are:

- To build systems collaboration and improve treatment linkages between the tribal and Becker County Human Services programs,
- To create a culturally competent strategy for improving the well-being of White Earth's Native American children with caregivers who abuse substances with a focus on improving permanency outcomes for children at risk of, or in out-of-home placements, and
- Provide substance abuse treatment and services to caregivers and their children in a rural area well-documented with highest rates in poverty, alcohol and drug abuse including methamphetamines, and suicide.

The project approach is a culturally appropriate, comprehensive strategy with multi-disciplinary human services program partnerships, targeted media educational delivery, and substance abuse treatment services designed to address the treatment needs and out-of-home placement issues experienced by White Earth caregivers and their children. Results and benefits of this project fills a gap and need for counseling and support services for a minimum of 50 caregivers a year with substance abuse issues and who may or may not be involved with the Indian Child Welfare Program. 125 children directly at risk for, or in out-of-home placement will receive an array of services from 7 or more multi-disciplinary partners in an integrated collaboration to improve permanency outcomes. Media of radio and educational print information on substance abuse and methamphetamine will reach all communities on the White Earth Reservation to provide education and improved understanding of the negative effects of substance abuse on families and community.

Project Director:

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Missouri

Name:	St. Patrick Center
Location:	St. Louis, Missouri
Title:	Project Protect
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Parents are meant to protect their children. However, when parents abuse substances and children are mistreated at home, others must come alongside to help families stabilize.

Project Protect will involve a regional partnership to include St. Patrick Center (lead applicant); Family Court of the 22nd Judicial Circuit, City of St. Louis; Missouri Children's Division; Family Resource Center; and Herbert Hoover Boys and Girls Club. University of Missouri - St. Louis will evaluate collaboration and participant success. Project Protect will serve 150 families per year, and its annual objectives are:

- 100 parents will complete substance-abuse treatment
- 100 parents will improve their parenting skills
- 100 families will be permanently housed
- 100 families will move toward financial stability
- 200 children/youth will exhibit indicators of family stability
- 150 children will benefit from increased parental involvement

Project Protect will provide a comprehensive continuum of care for homeless and impoverished families with children in out-of-home placements or at risk of being removed from homes due to parental substance abuse. It will apply the evidence-based practice, Intensive Case Management (ICM). Two ICM Teams will be created with each consisting of a Family Stability Counselor, a Substance Abuse Counselor, and a Financial Stability Counselor. These multidisciplinary teams will address substance abuse and other barriers faced by participants and their children. Requirements include parent-education classes, addiction treatment, recovery meetings, and case plans identifying recovery and family-stabilizing activities. Project Protect will enhance the safety and wellbeing of children by enabling them to be reared by their parents in stable, nurturing home environments, away from the influences of substance abuse. Project evaluation will guide future efforts to help homeless and impoverished families affected by parental substance abuse.

Project Director:

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Name:	Kids Hope United-Hudelson Region
Location:	St. Louis, Missouri
Title:	Circle of Hope: Keeping Children Safe & Families Together
Program Option 2:	\$1,000,000 annual award for 5 years

Abstract:

The purpose of the present project is to increase the well-being of and improve the permanency outcomes for children affected by methamphetamine or other substance abuse within Missouri's Southwestern Region by:

- Augmenting the current regional interagency service delivery infrastructure (Project Year 01)
- Developing a seamless, integrated, family centered service delivery system (Project Year 01-Project Year 05).

At the state level, the Missouri Alliance for Drug Endangered Children (MO-ADEC) will be developed to strengthen and expand the level of collaboration and cooperation among the various components of the service delivery system. The Southwestern Alliance for Drug Endangered Children (SADEC) will be formed to enhance county-level partnerships. Both groups will be supported through the refinement of their electronic management systems. Through the use of an Intensive Family Service Team (IFST), parents/caregivers (N=100), upon discharge from the region's only ATOD residential facility, will gain access to a full array of individual and family focused services. The service delivery model will use the guiding principles of the Strengthening Families Approach to modify the Homebuilders Model for the current population. Led by an Intensive Family Service Team Worker (IFSTW), the IFST will work with all members of the targeted family, child welfare worker, substance abuse treatment provider, etc. to engage families, remove barriers to treatment/needed services, and offer ongoing support to the family. Sustainability efforts will begin in Year 01, and the project will employ an experimental design to evaluate the project's outcomes.

Project Director:

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Montana

Name:	The Family Tree Center – Billings Exchange Clubs' CAP Center
Location:	Billings, Montana
Title:	Second Chance Home and Sober Supported Living
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The objective of this project is to increase the well-being of, improve permanency outcomes for, and enhance safety for children through supportive/sober living options for parents struggling with meth/substance addiction. Second Chance Home (SCH), shared-care, and sober/supportive living would, in most cases, allow children to remain in the care of their parent rather than placement in foster care, and, in all cases, provide treatment and ancillary services for parents to obtain/maintain sobriety, permanent housing, parenting, and self-sufficiency skills.

SCH will serve up to 10 women and their children (under the age of 12). The home will be staffed at all times and will facilitate treatment services as well as on-site life-skill and parenting services. Shared-care homes are licensed foster homes where a parent/children can be placed together. These will serve a similar function to SCH in a one-on-one family setting. Supportive family housing will act as both a "step-down" for families leaving SCH and shared-care, and also as preventative placement for families identified as at-risk, but who do not require legal involvement by Child Protective Services. Sober housing will serve parents not ready to have their children in their care, but who need housing to begin this process. Sober and supportive family housing will not be staffed full-time, but will have case management and onsite services.

The proposed projects will serve up to 50 families annually, increasing opportunities for families to become sober and economically productive, alleviate or significantly reduce the time children spend in foster care, and increase the quality of early relationships with parents and children that is so critical to children's socio-emotional growth.

Project Director:

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Name:	Apsaalooke Nation Housing Authority
Location:	Crow Agency, Montana
Title:	Crow Nation Methamphetamine and Substance Abuse Early Intervention and Prevention Project
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Goal #: To establish the first Crow "Office of Methamphetamine and Substance Abuse Prevention" and with two Regional Partners, Lodge Grass Public Schools and the Mental Health Center, Joliet, Montana, and other Cooperating partners, to provide a community-based, family-centered local service delivery system focused upon the prevention of Methamphetamine and Substance Abuse.

Objective #1: During the Project Period of October 1, 2007 to September 30, 2008, the Project will identify the needs of Crow children, adolescents and their families through a *Comprehensive Crow Child and Adolescent Methamphetamine and Substance Abuse Needs Assessment*, and utilize this information later in the project to develop a *"Crow Methamphetamine and Substance Abuse Prevention Master Plan"*.

Objective #2: During the Project Period of October 2, 2007 to September 30, 2012, the Project will offer a series of two-year Chemical Dependency courses leading to an *AA Degree in Chemical Dependency* at the Little Big Horn College for the purpose of training ten Chemical Dependency Counselors per cohort for State CD Certification and placement in positions on the Crow Indian Reservation, including, training of the District Manager and District Coordinator(s) #1, #2, & #3 positions to be located in each of the six Crow Reservation Districts.

Objective #3: During the Project Period of October 1, 2007 to September 30, 2008, the Project will acquire and adapt the "Meth Tool Kit" to include the "Youth Campaign Against Drugs", and Crow Cultural and Traditional Curriculum for use in training the District Coordinators, Teachers, Parents and Students within all K-12 Crow Indian Reservation Schools.

Objective #4:

During the Project Period of October 1, 2011 to September 30, 2012, the Project will identify and apply a list of project wide outcome measures and develop a "Sustainability Plan".

Project Director:

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Nebraska

Name:	Omaha Nation Community Response Team
Location:	Walthill, Nebraska
Title:	Omaha Nation Community Response Team – "Sacred Child" Program
Program Option 3:	\$500,000 annual award for 3 years

Abstract:

The Omaha Nation Community Response Team (ONCRT) is proposing through HHS2007-ACF-ACYF-CU-0022 to enhance our child welfare system by assisting American Indian families involved with substance abuse by initiating the "Sacred Child" Program (SCP). The SCP will utilize the "Walking in Beauty on the Red Road" (WBRR) evidence-based approach in providing intensive outpatient treatment, community outreach and recovery support services. SCP activities will also assist the community in developing a recovery support infrastructure on the Omaha Reservation, which encompasses all of Thurston County and portions of Burt and Cuming Counties in Northeastern Nebraska and Monona County in Iowa. Through enhanced partnerships, the SCP will engage tribal leaders and community stakeholders into a community change process. One specific goal and three supporting objectives will be pursued through this effort:

- **Project Goal:** To provide an effective and comprehensive recovery support infrastructure on the Omaha Reservation in Northeast Nebraska.
- **Objective 1:** To undertake the culturally relevant, evidence-based substance abuse program, Walking in Beauty on the Red Road (WBRR) for families involved with the child welfare system on the Omaha reservation;
- **Objective 2:** To integrate WBRR into new and existing family outreach programs to provide a comprehensive approach to building youth awareness, recruitment, and referral into this substance abuse program; and
- **Objective 3:** To establish the Sacred Child Center, to coordinate the WBRR program, and to facilitate family involvement, mentoring, and recovery support services.

Project Director:

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Nevada

Name:	State of Nevada
Location:	Las Vegas, Nevada
Title:	To develop a regional partnership that provides interagency collaboration and integration of programs and services designed to increase the well-being of children, to improve the permanency outcomes for children and to enhance child safety, for those children affected by methamphetamine or other substance abuse.
Program Option 2:	\$1,000,000 annual award for 5 years

Abstract:

The State of Nevada Division of Child & Family Services (DCFS) as lead agency is seeking funding under Program Option 2 (\$1,000,000 annual award for 5 years - Declining Federal Award) with the following partners: the Nevada Attorney General's Office (AG); Nevada's Court Improvement Project (CIP); Clark County Drug Dependency Court, Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA); Clark County Department of Family Services (CCDFS), non-state entity, and WestCare Foundation (Clark County non-profit community provider) to address methamphetamine abuse and its impact on child welfare in Clark County, Nevada.

If successful, funds will be used to coordinate resources to expand service capacity in Clark County, to increase timely access to appropriate substance abuse treatment, integrate child welfare and substance abuse and ultimately to improve the safety, permanency and well-being of children and families affected by methamphetamine abuse and child maltreatment. The proposed approach will focus on development of a strengthened system of care in Clark County for methamphetamine affected families through enhancing existing service capacity and incorporating systems collaboration at all levels to support positive treatment outcomes. This approach is designed to promote a reduction in the number of out-of-home placements for children, or the number of children who are at risk of being placed in an out-of-home placement, in Clark County through the development of a strengthened system of care for methamphetamine affected families in child welfare.

Project Director:

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New Mexico

Name:	Clarity Counseling P.C.
Location:	Farmington, New Mexico
Title:	Recovering Together in San Juan County: Cross-Discipline Collaboration and a Specialized Outpatient Treatment Program for Families Struggling with Substance Abuse and Child Maltreatment Issues
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Partners include:

- Clarity Counseling P.C. (Lead applicant, Small Business, For-profit child welfare service provider)
- Childhaven, Inc. (Non-profit child welfare service providers)
- San Juan Safe Communities Initiative (Entity that related to the provision of child and family services)
- Children, Youth, and Families Department of New Mexico (State child welfare agency)

The Cross-Discipline Collaboration model and Recovering Together Program are related strategies that target families with co-occurring substance abuse and child maltreatment concerns, and support the professionals who serve them. Interdisciplinary training will be offered in local workshops, luncheon seminars and online instruction. Information sharing and case coordination will be improved using the internet and a single point of contact to manage services for each family. Outpatient treatment services are family-centered, and include parents, their affected children and kinship caregivers in weekly multi-family group therapy, appropriate support groups for each family member, and individualized adjunct therapy plans. Existing community support services are leveraged heavily to provide a foundation for on-going recovery and to enhance the sustainability of this intervention strategy.

Project Director:

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New York

Name:	University of Rochester
Location:	Rochester, New York
Title:	Fostering Recovery: Supporting Young Children Exposed to Substance Abuse and Their Families
Program Option 3:	\$500,000 annual award for 3 years

Abstract:

Fostering Recovery is the product of a regional partnership between the University of Rochester' Department of Psychiatry and Mt. Hope Family Center, the Monroe County Department of Human Services and the York State Monroe County Family Court to address the complex relational needs of families dealing with chemical dependency, especially those who have infants and toddlers (birth through age 2) in Monroe County, NY. Research is clear that young children in the Child Welfare System rarely receive mental health services, even though past work has shown irregularities in infants and toddlers biological, emotional, and behavioral regulation. Using the available empirical evidence, *Fostering Recovery* employs multiple evidenced-based, relational interventions (i.e., Child Parent-Psychotherapy, Attachment and Bio-Behavioral Catch-Up, and Relational Recovery Group), as well as a Rapid Referral program for substance abuse treatment and mechanisms to enhance Early Intervention utilization that are designed to enhance children's wellbeing. Specific goals of the program are:

- To enhance the parent-child relationship and support emotional security in young children living at home or in foster care
- Increase the social, emotional and cognitive development of young children in the child welfare system
- To reduce out-of-home placements in children who remain at home and to decrease the time until permanency for children in foster care
- To enhance parental participation and success in conventional chemical dependency treatment

More specifically, *Fostering Recovery* supports parental recovery in four ways:

- by providing rapid referrals to treatment providers
- by allowing individuals to see themselves as healthy parents for their children
- by linking success in recovery to children's positive outcomes
- by improving the parent-child attachment relationship, which reinforces parental responsibility and sobriety

Project Director:

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Name:	Westchester County
Location:	White Plains, New York
Title:	Protecting Westchester Families/ Integrating Systems of Cared
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

WCDCMH requests \$2.5 million over 5 years to create a new countywide process to identify, assess, refer, and track children living with adult substance abusers. We will hire a new full-time System of Care Coordinator, facilitate monthly cross-system meetings, and provide quarterly cross-training. We have many collaborative efforts underway, including specialized treatment for families and adolescents, substance abuse counselors co-located in child welfare offices, and intensive case management for substance-affected families at risk of foster care placement.

Our project focuses on adding child welfare expertise and resources to our network of chemical dependency treatment providers. Westchester has 1,487 children receiving Prevention Services but over 3,000 living with adult substance abusers in treatment. We will give the 400+ substance abuse counselors treating those adults the training and tools needed to screen children for serious emotional disturbances or developmental delays, and link children to Networks we've created that help families access the complex array of services available through child welfare, children's mental health, and special education systems. We will add long-term intensive case management for 250 and short-term transitional case management for 350 substance-affected families with children with serious emotional disturbances or developmental delays. This will allow us to:

- Reach many more at-risk children
- Mobilize hundreds of professionals who have the most consistent contact with the adult substance abusers to help screen high-risk children for emotional disturbances, unmet special education needs and developmental delays
- Intervene earlier, providing preventive and/or family stabilization services before children are placed in foster care or suffer tragic consequences.

Project Director:

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North Carolina

Name:	North Carolina Department of Health and Human Services
Location:	Raleigh, North Carolina
Title:	Robeson County Bridges for Families Program
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The North Carolina Division of Social Services is applying for Program Option 4 of the Department of Health and Human Services Administration for Children and Families grant opportunity HHS-2007-ACF-ACYF-CU-0022, with fixed funding for 5 years at \$500,000 per year. The North Carolina Regional Partnership will use a comprehensive approach and assure interagency collaboration and capacity building in order to provide a full continuum of care using evidence-based programs for substance-involved families who are referred to the Robeson County Department of Social Services, a rural county in eastern North Carolina affected by drug traffic on the 1-95 corridor. This coordinated and comprehensive approach will improve the safety, permanency, and well-being of children who are in out-of-home placement or are at risk of out-of-home placement as a result of their parent's or caretaker's methamphetamine or other substance abuse, as well as to improve the overall well-being and functional capacity of their families. The Robeson County Bridges for Families Program will serve as a model for statewide strategic planning efforts to support systems-of-care that will enhance outcomes for children and families affected by parental and caretaker methamphetamine and other substance abuse. The North Carolina Regional Partnership will document strategies-through process and outcome evaluation of the Robeson County Bridges for Families Program-for bridging statewide discrete agency efforts and other best practices shown to be effective that result in positive clinical outcomes for families and safety and permanency placement outcomes for children, particularly in rural communities that seem to be hardest hit by the emerging methamphetamine problem. There is strong commitment from all agencies involved to utilize model treatment programs and best practices, to continue efforts in Robeson County beyond the 5-year funding cycle of this grant, and to apply lessons learned in statewide planning.

Project Director:

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Ohio

Name:	Butler County Children Services
Location:	Hamilton, Ohio
Title:	CANSAFE: Butler County's Approach to Improving the 4 R's
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

A 2005 study by Butler County Children Services revealed that substance abuse is playing a major role in child maltreatment in the county and that, in co-occurring cases, the removal rates are higher, the reunification rates are lower, the recurrence rates are higher, and the re-entry into substitute care rates are higher. The target population for CANSAFE (Child Abuse and Neglect Substance Abuse Focus and Expansion) is parents who are abusing and/or neglecting their children primarily because of substance abuse and from whom the children are at risk of or have been removed. The project includes parents/caregivers whose substance abuse ranges in severity and whose motivation for treatment ranges from self-motivated to requiring the external discipline of a family drug court. The major goal of the project is that these substance abusing parents will match the removal, reunification, recurrence, and reentry rates that have been established as the national standards. To accomplish these outcomes, current service gaps have been identified, including:

- Lack of family-focused and substance abuse-related group intervention that includes children
- Lack of understanding of substance abuse issues by kinship and foster caregivers; insufficient residential, intensive outpatient, and outpatient substance abuse treatment; lack of case management
- Insufficient attention to ancillary and after-care needs

Identified system deficiencies include: gaps in expertise in developing treatment plans, lack of capacity in the existing family drug court, and gaps in evaluation data. Each of these gaps and deficiencies has been addressed by either focusing or expanding services and systems.

Specialized group interventions will be added, substance abuse treatment capacity will be increased, case managers will be provided, ancillary and after-care services will be arranged, treatment plans will be improved, and the evaluation plan will be focused.

Project Director:

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Name:	County of Lucas
Location:	Toledo, Ohio
Title:	Pre-Removal Family Drug Court: Improving Permanency Outcomes for Lucas County Children Affected by Parental Substance Abuse
Program Option 3:	\$500,000 annual award for 3 years

Abstract:

The Lucas County Board of Commissioners, through Lucas County Juvenile Court, seeks funding from the Department of Health & Human Services Administration's funding opportunity Number HHS-2007-ACF-ACYF-CU-0022, option three, to expand and improve the continuum of services provided by the Lucas County Family Drug Court. The applicant's *objectives* include:

- Engaging substance abusing participants in treatment at the *earliest* point of their contact with child protection services
- Facilitating earlier
- Safe reunification, especially for young children
- Addressing a fuller spectrum of family problems which contribute to child maltreatment.

The project's approach includes providing drug court services to "pre-removal" child protection cases, either by contract, prior to filing in court or upon filing with a request for Lucas County Children Services' protective supervision and providing supportive housing for pre and post - removal drug court participants, in which reunification can occur and new sobriety and parenting skills can be practiced under supervision. Increased capacity for substance abuse treatment on demand, the Strengthening Families Program, which teaches new parenting skills and prepares children for their new lives with sober parents, specialized co-dependency groups for substance abusing parents, to prepare them for difficult choices regarding relationships which are not in their child's best interests, are all critical components of the project. The project also includes cross training for all partners to learn about methamphetamine, its culture, pathology and evidence based treatment protocols, in addition to expanded post-supportive housing case management for all participants who have resided in residential treatment or other supervised housing placements. The anticipated *benefits* of this project include timely reunifications which meet ASFA requirements, fewer foster care re-entries, and increased well-being and safety of children, all of which improve permanency outcomes for children of substance abusing parents.

Project Director:

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Oklahoma

Name:	Choctaw Nation of Oklahoma
Location:	Durant, Oklahoma
Title:	Choctaw Project SOAR (Serving Our At Risk)
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The Choctaw Nation of Oklahoma, a federally-recognized Indian Tribe, will act as the primary applicant on behalf of a regional partnership under Option Four under the Department of Health and Human Services, Administration on Children, Youth and Families: Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse. HHS-2007-ACF-ACYF-CU-0022. *Project SOAR (Serving Our At Risk)* will provide evidence-based, culturally-sensitive activities designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children in Latimer and Pittsburg Counties in southeastern Oklahoma who are in out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse.

There are 85% more Native Americans in the area as compared to the state as a whole. Median household income is 35% below the rest of the state. Levels of substance abuse, especially methamphetamine, are high and the *rate of substance abuse tends to be highest among American Indians*. Child abuse (Latimer 12.0%, Pittsburg 26.1%) is higher than the Oklahoma (13.8%) and National (9.4%) averages. These unfortunate factors are reflected in the high numbers (especially for rural counties) of children in or at risk of placement in foster care.

Project SOAR Objectives include:

- Collaboration with Partners,
- Outpatient Treatment and Other Support Services,
- Strengthening Families, and
- Prevention for elementary students using Lions-Quest. Accomplishment of the Project SOAR objectives will result in an increase in the availability of services for children/families and an increase in the chances of in home stay for at risk children, an increase in access to and availability of services that enhance child and family well-being and safety, a decrease in the number of out-of-home placements for children or the number of children who are at risk of an out-of-home placement, and an increase in the well-being, refusal skills, and safety of children.

Project SOAR meets the federal definition of special interest as it focuses on underserved clients, addresses diverse ethnic populations, and provides services to address the problem of methamphetamine use in the child welfare system. Partners include Choctaw Nation, two County Departments of Human Services, eighteen school districts, and two health coalitions.

Project Director:

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Name:	Oklahoma Department of Mental Health and Substance Abuse Services
Location:	Oklahoma City, Oklahoma
Title:	Oklahoma Partnership Initiative to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse (Oklahoma Partnership Initiative or OPI)
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The Oklahoma Partnership Initiative (OPI) to increase the well-being of, and to improve the permanency outcomes for, children affected by methamphetamine and other substance abuse addresses the growing problem of children who are at high risk for substance abuse and other problem behaviors due to their parents' substance abuse. The goal of this project is to intervene effectively and early to prevent and reduce the risks for children associated with parental methamphetamine and/or other substance abuse. This goal will be accomplished through the following objectives:

- Universal alcohol and drug screening for parents in the child welfare system
- Expansion of accessibility of services to newborns with prenatal substance exposure through enhanced identification and intervention with this population
- Early intervention and preventive services for children and adolescents of substance abusing parents through evidence-based programs
- Improvements in cross-system information sharing mechanisms to ensure consistent data collection across the substance abuse and child welfare systems

These objectives will allow for early identification of risk and timely referral for services which will help improve long term permanency outcomes for children affected by substance abuse.

Project Director:

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Oregon

Name:	Northeast Oregon Collaborative/Baker County
Location:	Baker City, Oregon
Title:	Funding a collaborative of Child Welfare and substance abuse treatment providers to address child welfare, safety, and permanency in Northeast Oregon.
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Baker County, Oregon is applying on behalf of a three-county collaborative, the Northeast Oregon Collaborative for Child Safety (NOCCS), designed to promote child safety through increasing drug and alcohol, mental health, and wrap around services to families with children in an out-of-home placement or at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse.

The primary problem to overcome in the region is the lack of financial resources to engage alcohol and drug treatment providers to provide service. Funding would support a program manager and six alcohol and drug counselors.

The provision of these services will allow an additional 240 families to receive services annually. This will be achieved by forming a collaboration that uses evidence-based practices across county lines. The result will be a measurable decrease in the impact of methamphetamine on families in Oregon, increasing the well-being, permanency outcomes and safety of children.

Project Director:

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Name:	Klamath Tribes
Location:	Chiloquin, Oregon
Title:	Klamath Tribes: Methamphetamine and Substance Abuse Eradication Project
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Grant Funding Opportunity: Targeted Grants to Increase Well-Being of and to Improve the Permanency Outcomes for Children Affected by Methamphetamine or other Substance Abuse Service Area: Klamath County, Oregon the Klamath Tribes, Klamath Tribal Health and Family Services, the non-profit Klamath Youth Development Center and the Williamson River Indian Mission located in Klamath County, Oregon, request grant funding to create a comprehensive continuum of services to address the overwhelming problem of methamphetamine and drug abuse among Native American families. The lead entity, the Social Services Department, as the Tribes' "child welfare agency", proposes to refer families, parents and children to its partners who will combine to offer a comprehensive range of services.

The diverse partners will not only be able to deliver therapy and counseling services in an office setting, they will also be able to do so in the home. A Community Services Coordinator will work to ensure all available resources are brought to bear for drug-affected families. The large service district means that people in different locations will have access to differing services and the coordinator will work to help them have access. The Williamson River Indian Mission will provide culturally and spiritually relevant services. The Williamson River Indian Mission will focus on serving youth, with meaningful activities, including sports, education and traditional skills. The project will also provide create a foster parent system and facilitate training for all of the partners and the entire community as relevant and appropriate.

Project Director:

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Name:	OnTrack, Inc
Location:	Medford, Oregon
Title:	
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Through collaboration between Child Protective Services (also referred to as Child Welfare), OnTrack Inc., Court Appointed Special Advocates (CASA), the Circuit Court, OPTIONS of Southern Oregon, and the local Commissions on Children and Families, the project partners propose to reduce the number of children placed into foster care secondary to parental substance abuse in Jackson and Josephine Counties.

As a result of Southern Oregon's high rate of methamphetamine use, the lives of children and families are being torn apart, the foster care systems are overwhelmed, and our counties are continuing to see intergenerational addiction. In response, community partners seek to expand and enhance our community's permanency systems, and to offset recognized deficiencies. Proposed services include:

- Increased access to model residential and outpatient substance abuse treatment for parents and children
- Case management
- Emergency housing
- Mental health services
- Location of family resources
- Foster parent training
- Family advocacy to bridge and mediate systems

An Oversight Council will ensure that these changes are operationalized as proposed. The project will provide short and long term support for families that will help them gain and maintain sobriety, build stronger parent child bonds, move toward self sufficiency, and ensure safety and permanency for children.

Project Director:

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Name:	Multnomah County
Location:	Portland, Oregon
Title:	Family Involvement Team
Program Option 2:	\$1,000,000 annual award for 5 years

Abstract:

The Multnomah County Department of County Human Services, Mental Health and Addiction Services Division (grantee) submits this proposal on behalf of the Family Involvement Team (FIT), for Program Option 2. FIT is a collaboration of eleven state, county, and non-profit partners that work together to serve children of parents who are substance abusers, with emphasis on methamphetamine. The goal of the program is to provide highly-coordinated court and treatment efforts to reach timely permanency placements for children of substance abusers. Services are currently available for parents who accept services within 30 days of the first Family Court shelter hearing. Thus proposal doubles system capacity to serve all parents with substance abuse concerns who are in the child welfare system, and creates a full scale model for Family Drug Treatment Courts. The program includes *Intensive Triage Services* to enhance treatment engagement, *Treatment Support Services* to increase treatment retention, and *Family Aftercare* to increase family wellness and parental abstinence. General project goals are to:

- Reduce the impact of parental substance abuse on children
- Increase parental success in treatment
- Increase family capacity to care for their children's needs
- To expand the service capacity and level of coordination among Family Court, Child Protective Services and Substance Abuse Treatment.

FIT will serve at least 400 unduplicated parents annually, and will create a replicable model of care. FIT will partner with Portland State University's Regional Research Institute and Child Welfare Partnership to complete a comprehensive evaluation, and to disseminate findings to the field.

Project Director:

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Rhode Island

Name:	Children's Friend and Service
Location:	Providence, Rhode Island
Title:	Project Connect Statewide
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Project Connect Statewide responds to Program Option 4 of ACF's Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse. The service area includes all cities and towns in Providence, Bristol, Newport, and Washington Counties, Rhode Island. *Project Connect Statewide* will build the state's capacity to address those issues involving children who are at-risk or negatively impacted by a parent/caregiver's use of methamphetamine or other substances. Project Connect is a community-based comprehensive intervention program designed to address the problems associated with substance abuse among high-risk families involved in Rhode Island's child welfare system, helping parents in becoming substance-free and in ensuring child safety and well-being. Currently available in only 6 of Rhode Island's 39 cities and towns, the proposed project will expand Project Connect statewide. Using a family-centered approach, services include home-based substance abuse and family counseling, as well as parent education, nursing services, sobriety support, service linkage, and other supports such as transportation and emergency assistance. The Project Connect Coordinating Committee, which facilitates communication among substance abuse and child welfare providers, and provides consultation to the state child welfare agency, will expand its membership to include representatives from all the state's regions. The Committee will also develop safety protocols for child welfare workers and community providers in responding to families in which methamphetamine or other substance use is present, and will develop and provide training on methamphetamine and other substances. The regional partnership consists of Children's Friend, the lead agency, the Rhode Island Department of Mental Health, Retardation and Hospitals, and the Rhode Island Department of Children, Youth and Families.

Project Director:

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Tennessee

Name:	Child and Family Tennessee
Location:	Knoxville, Tennessee
Title:	New Beginnings for Women and Children
Program Option 2:	\$1,000,000 annual award for 5 years

Abstract:

New Beginnings for Women and Children is a partnership between Child & Family Tennessee, a non-profit agency, and the Knox County and East Tennessee Regions for child welfare in 16 East Tennessee counties. Forming the East Tennessee Drug Endangered Children Regional Partnership with 15 other partners, *New Beginnings* has as its goals:

- Protecting children from harm or neglect and improving their safety and well-being,
- Improving the coordination and integration of services between child welfare and other partners within our region
- Contributing to the field of knowledge on children affected by methamphetamine and other substance abuse.

The program's objectives are to provide:

- Evidenced-based substance abuse treatment for addicted mothers
- Family-centered services including wraparound and development services for children
- Build regional capacity through our East Tennessee Regional Partnership
- Conduct a rigorous match comparison evaluation study

Benefits expected include positively impacting the lives of pregnant women and mothers of small children who abuse substances, helping them to access and received gender-specific model treatment services that contribute to their success as mothers and success in life. Children will benefit from the ability to stay with their mother while 'mom' completes treatment, they will live safer lives and experience permanency. The community will benefit from improved systematic coordination, communication and cross-training among professionals. Our proposal has chosen to apply for funding option 2, \$3,742,000 over 5 years with fluctuating revenue.

Project Director:

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Name:	Tennessee Department of Mental Health and Developmental Disabilities
Location:	Nashville, Tennessee
Title:	Building Strong Families in Rural Tennessee
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

TDMHDD/DADAS, in partnership with the state agencies of Department of Children's Services, Governor's Office of Children's Care Coordination, Administrative Office of the Courts, and with Centerstone, a community-based non-profit agency, proposes to implement Partners for Family Strengthening and Preservation (PFSP). This initiative will use the evidence-based *HOMEBUILDERS* model in 8 rural counties located in the southeastern region of Middle Tennessee. PFSP partners, through a Collaborative Council, will ensure integrated services are provided for children, ages 0-18, who are in or at risk of an out-of-home placement as a result of a parent/caretaker meth or other substance abuse. Therapists will provide intensive, in-home crisis intervention, counseling, life-skills education, and referral for substance abuse and/or mental health treatment as well as other ancillary and support services. PFSP will support a seamless continuum of care for 270 children/families (Year-1: 30; Years 2-5: 60 per year). Short and long term outcomes include:

- Safety
- Permanency, and well-being of children
- Enhancements of family protective factors
- Reduction in family risk factors
- Increased access, availability, and outreach
- Specialized training for service providers and other stakeholders
- Improved coordination/collaboration development and documentation
- Dissemination of the service model for replication

PFSP will bridge a significant gap in services in a region where a high number of children are entering state custody and are reported to child protective services.

Project Director:

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Texas

Name:	Travis County
Location:	Austin, Texas
Title:	Parenting in Recovery Project - This program will serve substance dependent mothers and their children who are involved with child welfare
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The *Parenting in Recovery* project will provide a flexible, comprehensive continuum of services for children and parents who are involved in the child welfare system as a result of parental substance dependency. Objectives of *Parenting in Recovery* are:

- Provide cross systems training for child welfare and substance abuse counselors to promote more effective collaboration and treatment planning and increase ability to service families with substance dependency and child welfare involvement;
- Preclude/decrease the number of out-of-home placements for children of mothers with substance dependency and;
- Increase the safety and wellbeing of children of substance dependent mothers by reducing risks factors and increasing protective factors for child maltreatment.

The approach of *Parenting in Recovery* is to:

- Provide cross-training of key partners including child welfare and substance abuse counselors,
- Expedite access to and extended stays in residential substance abuse treatment,
- Coordinate a collaborative team for developing treatment and discharge planning,
- Provide residential substance abuse treatment for mothers and child(ren),
- Provide assistance in developing stable housing,
- Employment/educational training,
- Child care assistance,
- Develop wraparound supports and services to families upon discharge from treatment.

Outcomes of this project will be a parent's sustained recovery, allowing them to safely parent their child(ren) without the continued intervention of child welfare. Child(ren) will improve their safety, permanency, and well-being.

Project Director:

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Name:	Aliviane, Inc.
Location:	El Paso, Texas
Title:	'Project Aware' will be implemented in an effort to Build Healthy Families, Promote Wellness, Permanency, and Success through Parent Education and Mentoring.
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Aliviane, Inc., Big Brothers Big Sisters of El Paso, and the Texas Department of Family and Protective Services, Department of Child Protective Services (CPS) who is responsible for administering the State plan under title IV-B of the Social Security Act, is proposing a collaborative effort under this proposal to implement Project Aware. Project Aware will consist of intensive case management services using the Assertive Community Treatment model for a total of 420 families at risk of becoming or are found to be substance abusers residing in El Paso County that are under investigation by CPS and are in danger of having their children placed outside the home. Intensive case management services will be directly linked to substance abuse and mental health treatment services in an effort to increase timely access to a broad spectrum of services including:

- Early intervention and prevention services for children and adults
- Substance abuse treatment for adults and adolescents
- Mental health treatment for adults and youth
- Mentoring services for children, and other services

Project Director:

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Name:	Houston Council on Alcoholism and Drug Abuse
Location:	Houston, Texas
Title:	SAFE4Kids
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The Houston Council on Alcoholism and Drug Abuse dba The Council on Alcohol and Drugs Houston (The Council) is seeking support for its SAFE4Kids program through funding announcement HHS-2007-ACF-ACYF-CU-0022, Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse. The Houston Council on Alcoholism and Drug Abuse will act as lead agency for the project.

The SAFE4Kids program will address the safety, permanency and well-being of children ages 0-4, involved with Child Protective Services (CPS) in Harris County, Texas, and the neighboring regional counties of Liberty, Chambers and Montgomery. The SAFE4Kids program will work with clients, participating in Family-Based Safety Services (FBSS) through the Texas Department of Family and Protective Services (DFPS), when child safety is at risk due to maternal substance abuse and/or the child was prenatally exposed to substances. The Council's SAFE4Kids partners include Santa Maria Hostel, Inc. (nonprofit treatment center), DePelchin Children's Center (evaluation) and the Texas Department of Family and Protective Services - Child Protection Services Division (local child-welfare agency).

The SAFE4Kids program consists of an array of services for parents/caregivers and their children to include substance abuse and mental health screening and assessment; brief intervention, residential and outpatient treatment; parenting and trauma-informed education; individual and family counseling, home-based case management; medical services; and referrals to address a broad spectrum of client needs.

Project Director:

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Vermont

Name:	Lund Family Center
Location:	Burlington, Vermont
Title:	A Regional Interagency Screening, Assessment, and Treatment Collaboration to Improve Well-Being and Permanency Outcomes for Vermont Children Affected by Substance Abuse
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

Lund Family Center, a comprehensive residential and community treatment program for substance abusing women and their children located in Burlington (Chittenden County), Vermont is proposing a regional partnership under Program Option 4 of the funding opportunity "Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse." This partnership is titled "A Regional Interagency Screening, Assessment, and Treatment Collaboration to Improve Well-Being and Permanency Outcomes for Vermont Children Affected by Substance Abuse." Lund will partner with Vermont's child welfare agency (Department of Children and Families Division of Family Services) and Department of Health Division of Alcohol and Drug Abuse Programs. This Chittenden County partnership will reach 1/3 of Vermont's child welfare caseload. Lund will build on existing services to greatly enhance collaboration with the child welfare and substance abuse agencies to increase the well-being of children and improve permanency outcomes. Placement of treatment staff at the child welfare office will assist case workers in investigating child abuse and neglect with screening and assessment for parental substance abuse and/or co-occurring mental health disorders. Treatment staff will assist families in overcoming barriers to treatment. Lund currently operates the only residential treatment program that serves women with their children. Assessment beds will be made available for women and their child(ren) who need a safe place while assessment is carried out. Lund will assist in 500 child welfare investigations annually, provide 40 days of residential assessment, and work with an additional 50 families to provide family education and increased visitation. The partnership will be a model for Vermont in assuring that families affected by substance abuse have timely access to treatment, with the goal of increasing permanency outcomes for children while decreasing the risk of further maltreatment.

Project Director:

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Washington

Name:	Pierce County Alliance
Location:	Tacoma, Washington
Title:	A regional partnership to effect systems change for the purpose of increasing the reunification of children with parents recovering from substance dependency and to reduce the number of children returned to the child welfare system
Program Option 1:	\$1,000,000 annual award for 3 years

Abstract:

The Pierce County Alliance, in collaboration with the Region V of the Washington State Department of Children and Family Services and other local providers, proposes a regional partnership with the primary objective of reducing parental drug use recidivism and an unacceptably high rate of return of children into the child welfare system. The partnership is requesting \$1,000,00 over 3 years (Funding Option 1) to undertake innovative, science-based approaches to implement systems changes that help families improve parenting skills and extend crucial supportive services through an intensive case management approach that not only address all needs of the family through an extended continuum of care, but allies the family and the local community in the post-treatment phase. The benefits expected include healthy families within healthy communities where there is far greater likelihood that the family will achieve a long-term viability with parents free of drug use and where the children can grow and develop in a healthy environment.

The regional partnership will leverage lessons-learned from activities already pioneered across the state under the auspices of the Washington State Methamphetamine Initiative (WSMI) and the Pierce County Family Dependency Treatment Court, particularly as these have enhanced protective factors or mitigated risk factors for children and families and provide a strong, collaborative infrastructure on which the partnership can build.

The project includes a process and outcome evaluation that will support replication of the program across the state and nationally and ensure that the ACYF and ASFA goals are achieved to improve the permanency outcomes of children in or at risk of out-of-home placement as a result of a parent or caregiver's methamphetamine or other substance dependency.

Project Director:

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Wisconsin

Name:	Wisconsin Department of Health and Family Services
Location:	Madison, Wisconsin
Title:	The Western Wisconsin Collaborative for Children's Safety and Permanency
Program Option 4:	\$500,000 annual award for 5 years

Abstract:

The proposed Western Wisconsin Collaborative for Children's Safety and Permanency is an alliance of State, Regional, and County/Tribe-level partners who are committed to responding effectively to the safety and permanency needs of children whose parents or caregivers abuse alcohol, methamphetamine, or other drugs. This is an application for Program Option 4 of HHS2007-ACF-ACYF-CU-0022. The Lead Agency is the State of Wisconsin, Department of Health and Family Services, Division of Children and Family Services. The Collaborative proposes a Region-wide systems-transformation initiative that will focus its efforts on:

- Building providers' capacity for family-centered interagency coordination of services
- Eliminating barriers to service access, engagement, retention, and recovery.

These efforts will be designed to effect stronger and more stable recovery, thereby increasing the safety, permanency, and well being of children who are in, or at risk of, out-of-home placement. This project has five major Goal areas:

- **Service Capacity:** Increase the Region's capacity to respond in collaborative, co-ordinated ways to parents'/caregivers' substance use disorders and their effects on children's lives and safety;
- **Family Support:** Promote family safety, stability, and capacity to meet children's needs through collaborative, family-centered case planning, case management, and support;
- **Parents' Recovery:** Promote parents'/caregivers' retention in treatment, recovery from substance use disorders, and responsible choices;
- **Children's Safety:** Protect their children from abuse and neglect.
- **Permanency:** Promote permanency and stability in these children's living situations.

Wisconsin's Western Region is the area of the State with the highest concentration of methamphetamine abuse. It is also an area with tremendous human resources, in the dedication and collaborative will of its human service providers. It is Wisconsin's area of greatest need in this realm, and an area with great potential for success.

Project Director:

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