

MIDD Briefing Paper

ES 4a 4b Prevention and Intervention Services for Children in Families Experiencing Substance Use Disorders

Existing MIDD Program/Strategy Review ☒ MIDD I Strategy Number 4a Comprehensive Chemical Dependency Outpatient Services to Parents in Recovery and 4b Prevention Services for Children of Substance Abuse (Attach MIDD I pages)

New Concept ☐ (Attach New Concept Form)

Type of category: Existing Program/Category MODIFICATION

SUMMARY: MIDD I strategies 4a and 4b were originally envisioned as prevention strategies for youth of substance abusing parents. Due to revenue shortfalls during the economic downturn in 2008 and 2009, these strategies were never implemented. This paper 1) updates the services under the existing but not funded strategies for the current environment funding, including an updated service model and 2) merges the previously separate strategies into one, as MIDD I 4a and 4b strategies were intended to be implemented together. The revised model proposed for consideration of MIDD II funds is intended to be more family-based and holistic, and provided at substance use outpatient centers, schools and community-based organizations.

Collaborators:

Name

Department

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

| Name | Role | Organization |
|-----------------|------------------------------|--|
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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?

MIDD I strategies 4a and 4b were originally envisioned as prevention strategies for youth of substance abusing parents. Due to revenue shortfalls during the economic downturn in 2008 and 2009, these strategies were never implemented. This paper 1) updates the services under the existing but not funded strategies for the current environment funding, including an updated service model and 2) merges the previously separate strategies into one, as MIDD I 4a

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and 4b strategies were intended to be implemented together. The revised model proposed for consideration of MIDD II funds is intended to be more family-based and holistic, and provided at substance use outpatient centers, schools and community-based organizations.

The prevention strategy for children living in a family in which a parent/caregiver is experiencing a substance use disorder (SUD) will provide prevention and intervention services to children and their parents who are participating in SUD treatment services. The research literature and prevention field may refer to this population by different terms such as Children of Alcoholics (COAs), Children Affected by Others (CAOs), and Children of Substance Abusing Parents/Guardians (COSAPs). To use less stigmatizing language, King County will use the preferred term for children, “Children in Families Affected by SUDs” (CFASUDs).

The strategy includes the following components:

- Prevention programming specific for CFASUD and their parents (however parents are defined-guardian/caregiver, etc. for the child{ren}) will include the implementation of the *Celebrating Families!*¹ curriculum. This is comprised of 16 two-hour sessions. A family meal precedes each session and then family members are separated by age group for the main, educational portion of the program. Toward the end of each session, all the family members are brought back together to interact in healthy ways. The *Celebrating Families!* curriculum builds a strong foundation; however, to adapt the program to local needs and to make the services more comprehensive, other components may be added, including life-skills training, mentoring services, parent educational/support groups, and special drug prevention awareness events.¹ Additional prevention programs will be offered and available based on the Breaking the Cycle of Addiction: Prevention and Intervention with Children of Alcoholics guidelines, and, dependent on the ages of the child(ren). Examples include: Alateen (Alateen is a community-based self-help program for COA’s based on the 12-Step approach of Alcoholics Anonymous; school-based CFASUD prevention curriculum, to be selected in partnership with the University of Washington (components will include social cognitive theory, designed to reduce children’s stress and increase social support systems); options include Stress Management and Alcohol Awareness Program, Students Together and Resourceful Students Together and Resourceful and Strengthening Families Program.²
- Prevention/early intervention programming for parents of CFASUD in outpatient substance use disorder treatment services and medication assistance therapy services will provide the *Families Facing the Future* curriculum. The Families Facing the Future parent training curriculum consists of one five-hour family retreat and 32 hour-and-a-half parent training sessions. Sessions are conducted twice a week over a 16-week period. Children attend 12 of these sessions to practice the skills with their parents. The Families Facing the Future curriculum was developed to address the needs of families whose parents are addicted to drugs or alcohol. The curriculum has been field tested at two methadone clinics in Seattle with funding from a grant from the National Institute on Drug Abuse.³

¹ <http://www.celebratingfamilies.net/>

² <http://pubs.niaaa.nih.gov/publications/arh21-3/241.pdf>

³ http://www.sdr.org/fffsummary_curriculum.asp

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- The outpatient SUD treatment providers and medication assistance therapy providers services implementation component will include the following strategy related staff for implementation:
 - Five 0.5 FTE strategy project staff to implement *Celebrating Families!*TM curriculum (spread across provider agencies)
 - Five 1.0 FTE strategy project staff to implement Families Facing the Future; this will include implementation of a Family Support Model. The Family Support Model includes family screening and assessment, service plan development, individual parent education and support, observed skill practice with child(ren) allowing for immediate in-the-moment coaching and affirmation.
- Develop and implement a Therapeutic Child Care program, providing a foundation for children to learn, socialize and play, delivered by trained professionals that meet the needs of all children. Services include a safe, nurturing and developmentally appropriate environment for children within the SUD outpatient treatment site.
- Administration and Training/Technical Assistance will include one 1.0 FTE county staff to develop, manage the strategy and deliver trainings and provide technical assistance to provider agencies implementing the prevention and intervention services to children and their parents who are participating in SUD treatment services strategy.

A 2009 child abuse and neglect publication provided the following prevalence data related to CFASUDs in the U.S.:⁴

- More than eight million children are affected by parental substance abuse
- One in eight children live in a substance abusing home
- One in five are impacted by familial substance abuse

The CFASUD population is “at increased risk for a range of behavioral and emotional problems, including addiction to alcohol and other drugs (AOD’s), depression, anxiety, school failure, and delinquency (Adger 1997; Emshoff and Anyan 1989; Sher 1991),” as discussed in the journal article, “Breaking the Cycle of Addiction: Prevention and Intervention with Children of Alcoholics.”⁵

The Substance Abuse, Mental Health and Services Administration (SAMHSA) brochure, “Alcoholism and Drug Addiction Happens in the Best of Families... and It Hurts,” describes families who are experiencing SUDs as follows: “Families with alcohol and drug problems usually have high levels of stress and confusion. High stress family environments are a risk factor for early and dangerous substance use, as well as mental and physical health problems.”⁶

⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families Children's Bureau, Office on Child Abuse and Neglect. “Protecting Children in Families Affected by Substance Use Disorders,” 2009 report. <https://www.childwelfare.gov/pubPDFs/substanceuse.pdf>

⁵ “Breaking the Cycle of Addiction: Prevention and Intervention with Children of Alcoholics,” Ann W. Price, M.A., and James G. Emshoff, Ph.D., Journal of Alcohol, Health & Research World, Vol. 21, No. 3., 1997, pages 241-245. <http://pubs.niaaa.nih.gov/publications/arh21-3/241.pdf>

⁶ “Alcoholism and Drug Addiction Happens in the Best of Families... and It Hurts,” U.S. Department of Health and Human Services, SAMHSA, <http://www.ncadd.org/images/stories/PDF/alcoholanddrugaddictionhappensinthebestoffamilies.pdf>

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To provide optimal care, comprehensive prevention and intervention services are proposed through an approach that includes:

- (1) Prevention programs for children who have been identified due to their parent/ caregiver's SUD rather than the child's own behavior,
- (2) Intervention programs for children who are beginning to exhibit symptoms and problem behaviors, and
- (3) Programs for parents/caregivers and families to improve family functioning and communication (This will include targeted parent skills and support programming to parents enrolled in outpatient substance use disorder treatment.).

2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input type="checkbox"/> Recovery and Re-entry | <input type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

This fits best in the category of "Prevention and Early Intervention" since it focuses on supporting children affected by SUDs in the family, with the goal that the children are less likely to develop behavioral and emotional problems, including SUDs and other related problems. In addition the strategy provides parents (adult caregivers) who are in treatment with parenting skills.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

According to the National Association of Children of Alcoholics (NACoA), there are more than 28 million children of alcoholics in the U.S., of which nearly 11 million (or 39 percent) are under the age of 18.⁷ NACoA describes the extent of the problem in its fact sheet, "Children of Addicted Parents: Important Facts," including:

1. "Alcoholism and drug addiction tends to run in families. Children of addicted parents are more at risk for alcoholism and other drug abuse than are other children."
 - This is due to a combination of genetic and family environmental factors. Research studies also show that adopted children born to alcohol dependent parents have an increased risk (2 to 9 fold) of developing an alcohol use dependency.
2. "Family interaction is defined by substance abuse or addiction in a family."
3. "A relationship between parental addiction and child abuse has been documented in a large proportion of child abuse and neglect cases."
4. "Children of drug addicted parents are at higher risk for placement outside the home."

⁷ National Association of Children of Alcoholics, "Children of Addicted Parents: Important Facts," <http://nacoa.net/pdfs/Children%20of%20Addicted%20Parents%20Important%20Facts.pdf>

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5. "Children of addicted parents exhibit symptoms of depression and anxiety more than do children from non-addicted families."
6. "Children of addicted parents experience greater physical and mental health problems and higher health and welfare costs than do children from non-addicted families."
7. "Children of addicted parents have a high rate of behavior problems."
8. "Children of alcoholics score lower on tests measuring school achievement and they exhibit other difficulties in school."
9. "Maternal consumption of alcohol and other drugs during any time of pregnancy can cause birth defects and neurological deficits."
10. "Children of addicted parents may benefit from supportive adult efforts to help them."⁸

The 1995-1997 Kaiser Permanente/ Centers for Disease Control and Policy longitudinal study on Adverse Childhood Experiences (ACEs) found a correlation between abuse, neglect and household dysfunction that occurred in childhood and later behavior problems and health issues.⁹ It was found that the higher number of ACEs, the increased risk for developing behavioral, physical health and mental health problems. Among the results, the study showed that 26.9 percent experienced substance abuse in their household while growing up.¹⁰ In addition, 4.9 percent lived in a household with someone who used street drugs.¹¹

In the Institute for Families Blog,¹² the clustering effect of ACEs was discussed and the following was found related to households in which substance abuse was identified as a problem:

- 69 percent of the participants said that a second ACE occurred,
- 40 percent experienced two additional ACEs, and
- More than one-third (34 percent) reported co-occurring sexual abuse or mental illness.

Furthermore, the blog describes other research related to the effects of ACEs on children:

"Children exposed to ACEs are more likely to initiate alcohol use at an earlier age and report that they drank to cope during their first year of drinking (Dube et al., 2006). Children who experienced 3 or more ACEs were 2.1 times more likely to start drinking before age 15 instead of age 21 compared to children with no ACEs (Rothman et al., 2008)."

Although it is unknown how many children in King County are affected by SUDs, this can be extrapolated from student enrollment data. As of May 2015, the total student enrollment in

⁸ National Association of Children of Alcoholics, "Children of Addicted Parents: Important Facts,"

<http://nacoa.net/pdfs/Children%20of%20Addicted%20Parents%20Important%20Facts.pdf>

⁹ Centers for Disease Control and Prevention, ACE Study, <http://www.cdc.gov/violenceprevention/acestudy/>

¹⁰ "The Truth About ACEs: What Are They?," http://communityresiliencycookbook.org/wp-content/uploads/2014/08/ACEs_IOWA_final1.pdf

¹¹ Institute for Safe Families Blog, September 4, 2012, "Exploring the Connection between ACEs and Alcohol Abuse," <http://www.scattergoodfoundation.org/activity/general/exploring-connection-between-adverse-childhood-experiences-aces-and-alcohol-abuse#.Vp6t3k2FOM8>

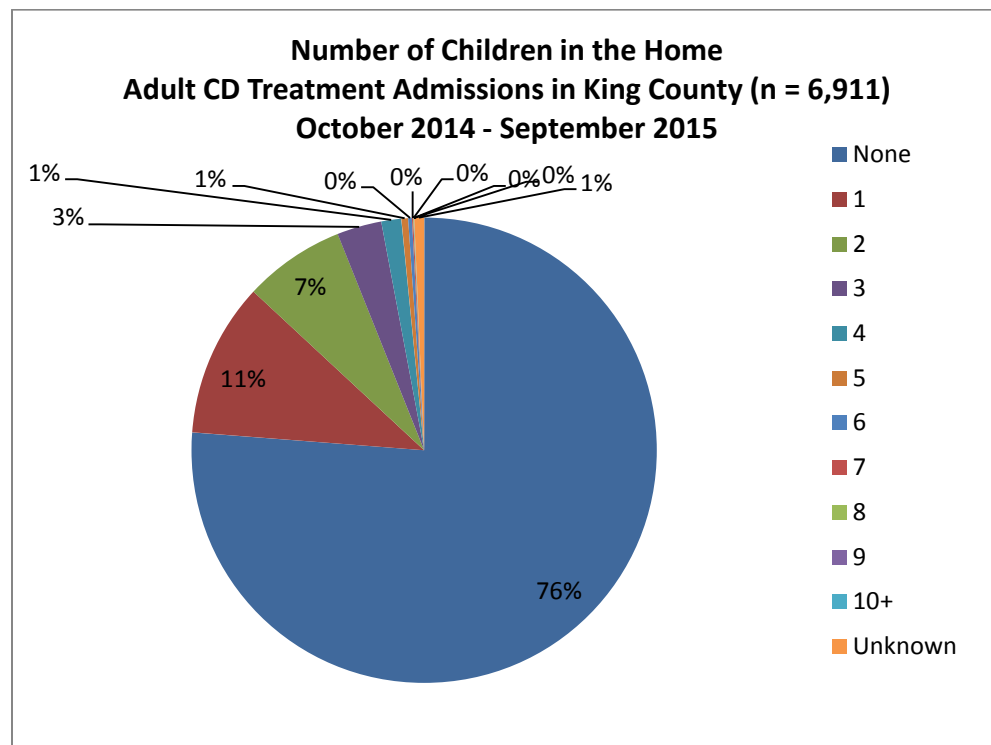
¹² Institute for Safe Families Blog, *ibid.*

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King County was 280,745,¹³ therefore, there are an estimated 35,093 CFASUDs (based on the estimate provided above that one in eight children live in a substance abusing home).

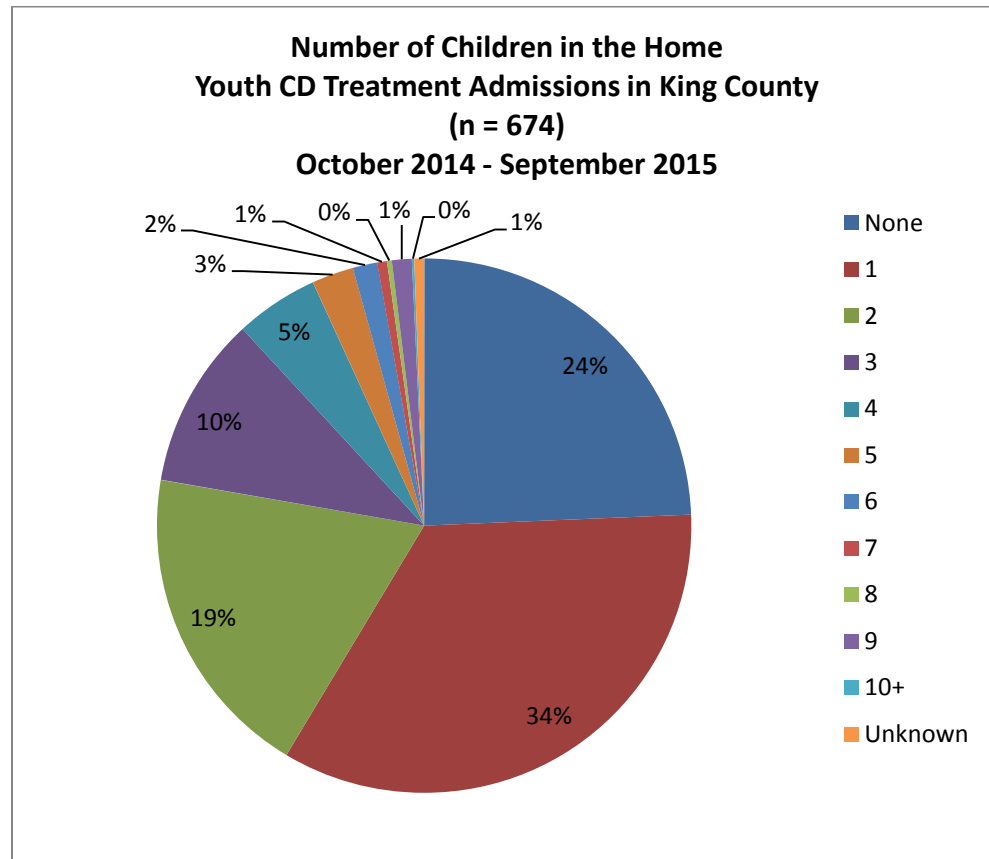
Furthermore, there is data available from the Washington State Division of Behavioral Health and Recovery's (DBHR) System for Communicating Outcomes, Performance & Evaluation (SCOPE-WA)¹⁴ regarding children living with those admitted for SUD treatment. The following charts show the number of children in the home by the number of chemical dependency (CD) treatment admissions for adults and youth in King County (excluding Department of Corrections and private pay treatment).

For October 2014 – September 2015, the DBHR data for King County showed a total of 2,102 youth and adult CD treatment admissions in which the individuals had one or more children in their home. This comprises 28 percent of all Chemical dependency (CD) treatment admissions. For adult CD treatment admissions, less than a quarter (1,596 or 23 percent), had children in the home. In contrast, for youth CD treatment admissions (age at admission 17 or under), 506 (or 75 percent) had (other) children in the home. Currently there is no program/services available for these children, therefore speaking to the unaddressed need for prevention/intervention services.



¹³ State of Washington Office of Superintendent of Public Instruction (OSPI), Washington State Report Card, <http://reportcard.ospi.k12.wa.us/Summary.aspx?groupLevel=District&schoolId=1&reportLevel=State&year=2014-15>

¹⁴ <http://www.scopewa.net/> The Washington State Division of Behavioral Health & Recovery SCOPE-WA is a web-based query and reporting service for substance and mental health professionals across Washington State.



2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

The updated strategy proposes components for Prevention and Intervention Services for Children in Families Experiencing Substance Use Disorders. This includes primary prevention services targeting children, early intervention (or secondary prevention) services for children who are beginning to exhibit symptoms and problem behaviors, and prevention/intervention services for parents/caregivers (e.g., parents in outpatient SUD treatment) to improve family functioning and communication and parenting skills.

It is proposed that a range of prevention and interventions be directed toward children and youth living in families affected by SUDs, based on the following, as described in the publication, "Breaking the Cycle of Addiction":¹⁵

Prevention and intervention strategies are designed to reduce risk factors and increase protective factors. For children affected by substance use, the prevention programs target children based on the behavior of their parents (adult caregiver) not their own behavior. Intervention strategies, however, are designed for children who have begun to exhibit signs and symptoms.¹⁶ The following models are employed via this strategy:

¹⁵ "Breaking the Cycle of Addiction: Prevention and Intervention with Children of Alcoholics... and It Hurts," Ibid.

¹⁶ Breaking the Cycle of Addiction: Prevention and Intervention with Children of Alcoholics... and It Hurts," Ibid.

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- Prevention Models
 - Primary prevention that focuses on reducing stress, increasing social competence and building a strong support system
 - Sociocultural model that focuses on education and improvement of competencies through information, values clarification and skill-building
 - “Primary prevention focuses on children who have not exhibited specific problems but who may be at risk because of genetic or environmental factors or both. Secondary prevention (i.e., intervention) is targeted toward children who already exhibit behaviors predictive of later AOD use. Finally, the goal of tertiary prevention (which is analogous to treatment) is to help children who are already involved with AOD's and to prevent further deterioration of their behavior.”*
- Screening and Identification
 - When family member is involved in SUD treatment
 - Active screening at schools and in communities using tools such as the Family CAGE and the Children of Alcoholics Screening Test (CAST)
- Prevention Groups
 - Open or closed groups
 - For CFASUDs specifically or other high-risk groups, such as children/youth with academic problems and abused/neglected children/youth
 - Alateen self-help groups
 - School-based groups and school curricula
- Intervention Programs
 - Information and education
 - Competencies and coping skills
 - Personal-social competencies
 - Alternative activities
- Parenting Prevention Services
 - Information and education
 - Competencies and coping skills
 - Parenting education and support
 - Alternative activities

Services for adults would include parenting education and support provided in both the school (such as services linked with children in a school-based CFASUD program) and in the community (such as parenting curricula delivered at SUD treatment centers and youth/family services agencies). Specifically, parents in SUD outpatient treatment with children would receive parenting education/SUD prevention programming.

- 3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

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MIDD Strategy 4a (Services to Parents Participating in Substance Abuse Outpatient Treatment Programs) and 4b (Prevention Services to Children of Substance Abusers) was an existing MIDD I strategy that was put on hold due to funding reductions and then not restored. The need that existed when the original strategies were proposed for MIDD I continues; additional drug prevention research provides evidence that the strategy will successfully address the need. According to the past National Institute on Drug Abuse (NIDA) Director Dr. Alan Lescher, who presented at a 2002 research conference:¹⁷

"In 20 years of research, we have learned that there are modifiable risk and protective factors, particular points of vulnerability to drug use and abuse, and some basic prevention principles which we summarized in the first-ever science-based guide to prevention, [*Preventing Drug Use Among Children and Adolescents*](#)."

The strategy will enhance protective factors that are associated with reduced potential for drug use. It would also focus on decreasing risk factors that make drug use more likely. Research has shown that many of the same factors apply to other behaviors such as youth violence, delinquency, school dropout, risky sexual behaviors, and teen pregnancy.

The following risk and protective factors are particularly salient in planning and implementing interventions with CFASUDs:

- Family Bonding (protective factor)
- Healthy Beliefs and Clear Standards in the Family (protective factor)
- Early Initiation of Substance Abuse (risk factor)
- Family History of Substance Abuse (risk factor)
- Family Management Problems (risk factor)
- Favorable Parental Attitudes and Involvement in Substance Abuse (risk factor)

The following provides a brief description of evidence-based programs to support children in families with SUDs. The appropriate interventions will be selected from among these based on agency capacity and expertise as well as community, family, and student need. One size does not fit all in regards to children and families; more than one EBP will be made available:

- Prevention and intervention programs for children -- Effective, research-based programs include Stress Management and Alcohol Awareness Program, Students Together and Resourceful, Cambridge and Somerville Program for Alcoholism Rehabilitation¹⁸
- *Stress Management and Alcohol Awareness Program (SMAAP)*. SMAAP is an 8-week, school-based program for COA's, focused on building self-esteem, providing alcohol related education, and teaching emotion- and problem-focused coping strategies.
- Student assistance programs – Includes the evidence-based Project SUCCESS,¹⁹ the NACoAs program student assistance program,²⁰ Cognitive Behavioral Intervention for Trauma in Schools,²¹ and Trauma-Informed Care Approach programs.²²

¹⁷ NIDA Notes, Drug Abuse Prevention Research Update, Volume 16, Number 6, February 2002, "NIDA Conference Reviews Advances in Prevention Science, Announces New National Research Initiative," http://www1.drugabuse.gov/NIDA_Notes/NNVol16N6/Conference.html

¹⁸ "Breaking the Cycle of Addiction: Prevention and Intervention with Children of Alcoholics... and It Hurts," Ibid.

¹⁹ Project SUCCESS website, <https://www.projectsucces.org/>

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- *Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse. In recent years, Project SUCCESS has been used in regular middle and high schools for a broader range of high-risk students.*²³
- *A Student Assistance Program is a comprehensive school-based program for students (K-12) designed to identify issues which prevent students from learning and being successful in school. Student Assistance Programs provide education, prevention, early identification, intervention, referral, and support groups for students. They foster risk reduction and positive asset development and work to provide a safe, alcohol and drug free environment.*²⁴
- *The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based, group and individual intervention. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills.*²⁵
- *Following are some well-known trauma-specific interventions based on psychosocial educational empowerment principles that have been used extensively in public system settings and are expected to replicate well in King County.*
 - [*Addiction and Trauma Recovery Integration Model \(ATRIUM\)*](#)
 - [*Essence of Being Real*](#)
 - [*Risking Connection*](#)[®]
 - [*Sanctuary Model*](#)[®]
 - [*Seeking Safety*](#)
 - [*Trauma, Addiction, Mental Health, and Recovery \(TAMAR\)*](#)
 - [*Trauma Affect Regulation: Guide for Education and Therapy \(TARGET\)*](#)
 - [*Trauma Recovery and Empowerment Model \(TREM and M-TREM\)*](#)²⁶
- *Programs for parents/caregivers and families – Effective, research-based programs include The Strengthening Families Program,²⁷ the Nurturing Parenting Program for Families in Substance Abuse Treatment & Recovery,²⁸ and Families Facing the Future.*²⁹

²⁰ “Help is Down the Hall: A Handbook on Student Assistance,” Developed by the National Association for Children of Alcoholics, Substance Abuse Mental Health and Services Administration’s Center for Substance Abuse Prevention, January 2007, <http://www.nacoa.net/pdfs/SAP%20HANDBOOK.pdf>

²¹ Cognitive Behavioral Intervention for Trauma in Schools, <http://cbitsprogram.org/>

²² Substance Abuse and Mental Health Services Administration, Trauma-Informed and Trauma-Specific Interventions, <http://www.samhsa.gov/nctic/trauma-interventions>

²³ <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=71>

²⁴ “Help is Down the Hall: A Handbook on Student Assistance,” Developed by the National Association for Children of Alcoholics, Substance Abuse Mental Health and Services Administration’s Center for Substance Abuse Prevention, January 2007, <http://www.nacoa.net/pdfs/SAP%20HANDBOOK.pdf>

²⁵ <http://cbitsprogram.org/>

²⁶ <http://www.samhsa.gov/nctic/trauma-interventions>

²⁷ Preventing Drug Abuse Among Children and Adolescents, National Institute on Drug Abuse, <http://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-4-examples-research-based-drug-abuse-prevention-progr-1>

²⁸ Nurturing Parenting Programs, <http://nurturingparenting.com/ecommerce/category/1:3:5/>

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- *The Strengthening Families Program (SFP). SFP, a universal and selective multi-component, family-focused prevention program, provides support for families with 6- to 11-year-olds. The program, which began as an effort to help drug-abusing parents improve their parenting skills and reduce their children's risk for subsequent problems, has shown success in elementary schools and communities.*³⁰
- *Nurturing Parenting Programs instruction is based on psychoeducational and cognitive-behavioral approaches to learning and focuses on "re-parenting," or helping parents learn new patterns of parenting to replace their existing, learned, abusive patterns.*³¹
- *The Families Facing the Future program was developed for parents receiving methadone treatment and for their children (tested at two methadone treatment sites in Seattle, WA). The primary goals are to reduce parents' use of illegal drugs and to reduce risk factors for their children's future drug use while enhancing protective factors.*³²

4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence-Based Practice. Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

This strategy will utilize prevention and intervention programs for CFASUDs and parents, including the following, which have been evaluated for effectiveness:³³

- Results showed that 9- to 11-year old participants in the Stress Management and Alcohol Awareness Program who were COAs were more likely than nonparticipant COAs to report increased knowledge, social support, and emotion-focused coping behavior (Short et al. 1991). Teachers also observed positive changes related to problem-solving and social competence among these participant COAs.
- Results of a randomized study demonstrated better outcomes among COAs who were participants in the Students Together and Resourceful (STAR) program vs. nonparticipant COAs. These included improved social relationships and decreased loneliness, an increased sense of control, better self-concept, and decreased depression.
- Results from a randomized, controlled trial showed that the Strengthening Families Program led to reduced risk factors, increased resilience, and decreased alcohol and other drug use (AOD) among children of AOD abusers (Kumpfer et al. 1996).
- Results from the Cambridge and Somerville Program for Alcoholism Rehabilitation showed participants in COA-specific groups had increased willingness to confide in others compared with a general control group who received basic information. It was

²⁹ Families Facing the Future, <http://www.sdr.org/fffsummary.asp>

³⁰ <http://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-4-examples-research-based-drug-abuse-prevention-progr-1>

³¹ <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=171>

³² <http://www.sdr.org/fffsummary.asp>

³³ "Breaking the Cycle of Addiction: Prevention and Intervention with Children of Alcoholics... and It Hurts," Ibid.

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also found that COAs appear more willing to participate in the general program vs. a COA-specific group in order to avoid being stigmatized.

Nurturing Parenting Programs is deemed to be an evidence-based program by various entities including the National Registry of Evidenced-based Programs and Practices (NREPP), Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Juvenile Justice and Delinquency (OJJDP), Center for Substance Abuse Prevention (CSAP) and Child Welfare League of America (CWLA). Per an April 2010 review, outcomes include positive changes related to:³⁴

1. Parenting attitudes, knowledge, beliefs, and behaviors,
2. Recidivism of child abuse and neglect,
3. Children's behavior and attitudes toward parenting, and
4. Family interaction.

Families Facing the Future was a research project developed for parents at Therapeutic Health Services in Seattle who were receiving methadone treatment and for the children of these parents. Findings included: (a) positive outcomes for parents, in particular, reduced parental drug use, decreased domestic conflict, and increased use of family rules, (b) significant improvements for the children at a two-year follow-up, specifically less involvement in drug use and other problem behaviors.³⁵

5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

- Reduced alcohol, tobacco and other drug use by youth and an associated improvement in school performance and school graduation
- Improvement in individual and family functioning
- Decreased juvenile justice involvement
- Increased family communication
- Increased parent skill in developmentally appropriate interactions with child
- Increased in evidence based parent services at outpatient substance abuse treatment programs

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program: (Select all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> All children/youth 18 or under | <input type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Teens 13-18 | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Transition age youth 18-25 | <input type="checkbox"/> First Nations/American Indian/Native American |

³⁴ Substance Abuse and Mental Health Services Administration, National Registry of Evidence-based Programs and Practices, <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=171>

³⁵ Families Facing the Future. Ibid.

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- | | |
|--|--|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Veteran/US Military |
| <input checked="" type="checkbox"/> Families | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input type="checkbox"/> GLBT |
| <input type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input type="checkbox"/> Women |
| <input type="checkbox"/> Other – Please Specify: | |

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

The population would include: any child/youth living in a home where there are family members with SUDs, children living in foster care due to parental/caregiver substance use, and children/youth whose parent/caregiver is in SUD treatment and children/youth whose parent/caregiver is in recovery. The strategy will also target parents in SUD outpatient treatment.

- 2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection:**
County-wide

CFASUDs are in every neighborhood. This strategy would provide prevention programs county-wide through the 19 school districts as well as prevention intervention programs through community-based programs that work with children, youth and families who are directly impacted by parents use of SUD in the King County behavioral health treatment system.

The following shows the estimated number of CFASUDs per school district in King County:

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| School Enrollment in King County School Districts, May 2015 | | | |
|---|-------------------|------------------------|--|
| State of Washington | | | |
| Office of Superintendent of Public Instruction (OSPI) | | | |
| | | | |
| | School District | May 2015 Student Count | Estimated Number of Students in Families Affected by Substance Use Disorders (SUD) |
| 1 | Auburn | 15,447 | 1,931 |
| 2 | Bellevue | 19,575 | 2,447 |
| 3 | Enumclaw | 3,786 | 473 |
| 4 | Federal Way | 22,548 | 2,819 |
| 5 | Highline | 19,288 | 2,411 |
| 6 | Issaquah | 19,310 | 2,414 |
| 7 | Kent | 27,823 | 3,478 |
| 8 | Lake Washington | 26,922 | 3,365 |
| 9 | Mercer Island | 4,475 | 559 |
| 10 | Northshore | 21,176 | 2,647 |
| 11 | Renton | 15,739 | 1,967 |
| 12 | Riverview | 3,267 | 408 |
| 13 | Seattle | 52,836 | 6,605 |
| 14 | Shoreline | 9,167 | 1,146 |
| 15 | Skykomish | 42 | 5 |
| 16 | Snoqualmie Valley | 6,657 | 832 |
| 17 | Tahoma | 8,095 | 1,012 |
| 18 | Tukwila | 3,018 | 377 |
| 19 | Vashon | 1,574 | 197 |
| | TOTAL | 280,745 | 35,093 |

- What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.

For the prevention programs for children: collaborations would need to occur with the Puget Sound Educational Service District and the 19 schools districts in King County.

For the intervention programs for children who are beginning to exhibit symptoms and problem behaviors and parent-based/family-based strategies, collaborations would need to take place with SUD treatment centers, youth/family service agencies, community health centers, and faith-based communities. The King County Department of Community and Human Services would have a lead role and Public Health – Seattle & King County would also need to be involved related to services they provide at community health centers and school-based centers.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

- What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

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Legislation and public policy that leads to increased availability of alcohol, tobacco, marijuana, vaping products, and other drugs may also have the effect of more children/youth having access to drugs and using drugs at an earlier age and more often.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

There is the potential barrier of stigma, with CFASUDs not receiving services due to shame and fear of being identified. One way to overcome the barrier is to not label CFASUDs and to be sensitive in recruiting for programs so as to promote a CFASUD group in a positive way, such as “Striving for Success group” (vs. “Children of Substance Abusers group”).

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

The potential unintended consequences if this Strategy is not implemented include some individuals at risk for substance use/misuse/abuse & mental illness potentially developing substance use disorder and other behavioral health issues and utilizing costly resources such as Emergency Departments, inpatient hospitals and sometimes jails.

There is a focus every day in local and national news on the number of individuals in jails and prisons with mental health and/or substance use disorders, as well as on how law enforcement responds to individuals at risk; children of parents with SUD are at increased risk. Without prevention resources that provide alternative options using a prevention approach, it will not be possible to reduce risk and increase protection within King County’s communities.

Additional potential unintended consequences include:

- Time-limited change in attitudes and behaviors related to behavioral health disorders (e.g., someone may take the course in January, but, by June may forget everything or not use skills learned)
- Increased demand for services that may not be available (e.g., the increase in screening and referrals for services may result in longer wait times for appointments)

4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

Unintended consequences that might exist if this proposal is not implemented include: more CFASUDs having their own SUDs, increased school failures, increased juvenile justice and criminal justice system involvement, more co-occurring disorders, physical and mental health concerns, and continued family conflict and other problems.

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5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

Alternative approaches are unknown and this strategy should be maintained as a separate strategy since any merging would dilute the focus.

E. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

This aligns with Best Starts for Kids, since it is a prevention/intervention focus strategy impacting children. If children can receive prevention programs before SUD problems occur, they are more likely to not need higher end behavioral health services later.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

This new concept fits with principles of recovery³⁶, including:

- Recovery involves a personal recognition of the need for change and transformation.
- Recovery exists on a continuum of improved health and wellness.
- Recovery involves a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.

There is also close alignment with the following trauma-informed care principles:³⁷

1. Safety
2. Trustworthiness and transparency
3. Collaboration and mutuality
4. Empowerment, voice and choice

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

SUDs occur throughout the various communities and populations in King County. Typically, youth of color are more likely to become engaged with the criminal justice system as a result of their substance use than white youth. Intervening early to prevent substance use among all at-

³⁶ CSAT White Paper: Guiding Principles and Elements of Recovery-Oriented Systems of Care.
http://media.samhsa.gov/samhsaNewsletter/Volume_17_Number_5/GuidingPrinciples.aspx

³⁷ SAMHSA News, Guiding Principles of Trauma-Informed Care,
http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html

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risk youth will likely have an impact on keeping youth of color out of the criminal justice system. This program would help further the County's equity and social justice work by providing opportunities for increased health and well-being for children, youth and families in the diverse communities of King County.

F. Implementation Factors

1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?

Required resources would include counseling staff and prevention/intervention staff, training about issues related to CFASUDs, curriculum-based training, program equipment/materials/supplies, facilities for individual and group programs, and participant incentives.

2. Estimated ANNUAL COST. \$501,000-\$1.5 million Provide unit or other specific costs if known.

The original MIDD strategies 4a and 4b were initially budgeted at \$500,000 and \$400,000 respectively, for a total of \$900,000. The revised and expanded strategy is estimated to cost \$1,500,000 annually. The strategy would be expanded to involve all 19 school districts and to provide an allocation for incentive payments for behavioral health treatment agencies that provide evidence based parenting prevention programs to parents who are in SUD outpatient treatment.

Children's prevention services: \$880,000

SUD Outpatient Treatment incentive: \$500,000

Administration (8%) This will be a new a body of work and will need a dedicated staff to coordinate and overview the program: \$120,000

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

The Moyer Foundation currently supports Camp Mariposa, a free, weekend overnight camp program for CFASUDs, with the target ages for children ages 9-12. This is a potential revenue source to support other types of community and school services for CFASUDs.³⁸

4. TIME to implementation: 6 months to a year from award

- a. What are the factors in the time to implementation assessment?
- b. What are the steps needed for implementation?
- c. Does this need an RFP?

A more in-depth discussion would need to occur about what types of services to be provided. Steps needed for implementation include: hiring/assigning King County staff to coordinate this effort, identification of collaborating organizations, assessment of programs and curricula, training of staff, recruitment of participants, and development and implementation of programs. This likely would require an RFP.

³⁸ The Moyer Foundation, Programs & Partnerships,
<http://www.moyerfoundation.org/programs/campmariposa.aspx>

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- G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?**

This provides a valuable opportunity to direct much needed resources to a population at high risk of developing SUDs with the goal of breaking the intergenerational cycle of addiction and improving their chances for better health and well-being.

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Strategy Title: Invest in Prevention and Early Intervention

Strategy No: 4a - Comprehensive Chemical Dependency Outpatient Services to Parents In Recovery (Will be renamed: Services to Parents Participating in Substance Abuse Outpatient Treatment Programs)

County Policy Goal Addressed:

- A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.

1. Program/Service Description

◇ A. Problem or Need Addressed by the Strategy

Nationally, in 2001, ten percent of children aged five or younger have one or more parents abusing or dependent on alcohol or other drugs.³⁹ The nature of the addictive process focuses parental attention on the procurement, the use, and the experience of the alcohol/drugs. This involvement interferes with and diminishes their ability to be attentive and appropriately responsive to their children's emotional and physical needs. It also increases family isolation, and there is a tendency for children to assume the vacancy in the position of parent. Because of the lack of appropriate parental behavior, observation and monitoring, children of substance abusers are more likely to exhibit developmental and behavioral challenges and are at higher risk of later developing problems with alcohol and other drugs as well as mental health problems.

While substance abuse treatment addresses the parent's recovery from addiction, it does not directly address the impact of addiction on the children and family, nor deal with parenting as a specific issue with skill building, guided skill practice and targeted support.

◇ B. Reason for Inclusion of the Strategy

In King County, in 2007, 25% of adults enrolled in outpatient substance abuse treatment had children under age 18 living with them.⁴⁰ By increasing their ability to attend to and care for their children's health and well-being, effectively communicating with and actively structuring their children, and reducing family isolation, recovering parents will decrease risk factors while increasing protective factors and resiliency in their children. Recovering parents who increase their skills and ability in parenting positively affect their children's lives and assist their children in overcoming developmental issues.

◇ C. Service Components/Design

³⁹ *Children Living with Substance-Abusing or Substance-Dependent Parents*, The NHSDA Report, June 2, 2003

⁴⁰ DSHS/DASA, TARGET Treatment Analyzer Standard Reports for King County, 2007

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These services will be provided to parents participating in county-funded outpatient substance abuse treatment programs that are selected in the Request For Qualifications (RFQ) process to be the contracted providers of this service. The overall services include assessment of individual parent and family functioning and development of a service plan, parent education, parent support and supervised skill practice.

Once the assessment of parent/family functioning review is completed, a service plan is developed specific to this parent and family which includes group and individual parent education and support, and observed skill practice with their children so the parent(s) receives immediate in-the-moment coaching alternatives and affirmation.

The Family Coordinator will actively link parents and children as needed to developmental testing and treatment as well as therapeutic child care and other social services for children and youth of the parents in the treatment program. The children and family will be included in the services and/or events provided in MIDD Strategy 4b Prevention Services to Children of Substance Abusers.

◇ *D. Target Population*

Custodial parents participating in outpatient substance abuse treatment programs selected in the RFQ process.

◇ *E. Program Goal*

Increased family functioning and reduced potential for child neglect; reduced drug use by children of recovering parents.

◇ *F. Outputs/Outcomes*

- 400 parents served annually
(Current data available does not tell us how many adults admitted to outpatient treatment have children living with them, but extrapolations from other data sets gives us an estimate of 700 parents with children at home who could benefit from this program.)
- Increased parent services at outpatient substance abuse treatment programs
- Increased family communication
- Increased positive family structure
- Increased parent skill in developmentally appropriate interactions with child
- Reduced substance abuse by children of recovering parents

2. Funding Resources Needed and Spending Plan

The program needs \$500,000 of MIDD funding per year to sustain.

| Dates | Activity | Funding |
|----------------------|----------|---------|
| April – October 2008 | Planning | |

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| | | |
|-------------------------|---------------------------|-------------------|
| October – December 2008 | Procurement; RFQ | |
| | Total Funds 2008 | \$ 0 |
| January – March 2009 | Contracting | |
| April – June 2009 | Staff hiring and training | \$ 375,000 |
| | Total Funds 2009 | \$ 375,000 |
| | | |
| Ongoing Annual | Total Funds | \$ 500,000 |

3. Provider Resources Needed (number and specialty/type)

- ◇ A. *Number and type of Providers (and where possible FTE capacity added via this strategy)*

Opiate substitution treatment providers
 Outpatient substance abuse treatment providers

2 FTE Family Coordinators
 2 FTE Family Support Workers
 3 FTE *Families Facing the Future* staff

- ◇ B. *Staff Resource Develop Plan and Timeline (e.g. training needs, etc.)*

Training in the Family Support Model
 Staff trained in *Facing the Future* curriculum and parent services model

- ◇ C. *Partnership/Linkages*

Opiate substitution treatment providers
 Outpatient substance abuse treatment providers

4. Implementation/Timelines

- ◇ A. *Project Planning and Overall Implementation Timeline*

Project planning and RFQ development: April – October 2008

- ◇ B. *Procurement of Providers*

RFA released: by October 1, 2008
 RFA awarded: by December 15, 2008

- ◇ C. *Contracting of Services*

Contract signed by March 30, 2009

- ◇ D. *Services Start Date(s)*

Services to parents start by June 30, 2009

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Strategy Title: Invest in Prevention and Early Intervention

Strategy No: 4b – Prevention Services to Children of Substance Abusers

County Policy Goals Addressed:

- A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.

1. Program/Service Description

◇ A. Problem or Need Addressed by the Strategy

Children of substance abusers (COSA) are more likely to exhibit problem behaviors and are at higher risk of later developing problems with alcohol and other drugs.⁴¹

To decrease these risks and increase protective factors for healthy youth development, COSAs need coping skills and support from caring, trusting adults. It is estimated that one in four children under the age of 18 lives in a home where alcoholism or alcohol abuse is prevalent.⁴² Countless other children are exposed to illegal drug use in their families.⁴³ In King County, in 2007, 25% of adults enrolled in outpatient substance abuse treatment had children under age 18 living with them.

◇ B. Reason for Inclusion of the Strategy

Evidence-based prevention programs have the potential to reduce future costs by preventing youth from becoming involved with the criminal justice system as well as the substance abuse treatment system. Because they target youth and intervene prior to the development of substance use problems, alcohol and other drug prevention programs have the potential to create long-term cost savings including the prevention of long-term health issues.

◇ C. Service Components/Design

This strategy expands upon evidenced based initiatives proven to work with this high risk population. It is based upon principles of effectiveness for substance abuse prevention and is a proactive, family-based approach.

A major service component is the provision of educational/support groups for COSAs, using evidence-based programming such as the *Celebrating Families!*TM curriculum. The National Association for Children of Alcoholics (NACoA) recently acquired *Celebrating Families!*TM and is disseminating the curriculum. *Celebrating Families!*TM is a cognitive behavioral, support group model which has the goal: “to

foster the development of whole, fulfilled, and addiction-free individuals and families by increasing resiliency factors and decreasing risk factors.”⁴⁴

⁴¹ National Association for Children of Alcoholics (NACoA) website, *Children of Alcoholics: Important Facts*, August 1998 compilation, <http://www.nacoa.net/impfacts.htm>

⁴² Substance Abuse and Mental Health Services Administration (SAMHSA), National Clearinghouse for Alcohol and Drug Information (NCADI) website, *You Can Help: A Guide for Caring Adults Working with Young People Experiencing Addiction in the Family*, NCADI Publication No. PHD878, <http://csat.samhsa.gov/publications/youcanhelp.aspx>

⁴³ SAMHSA, Ibid.

⁴⁴ NACoA, *Celebrating Families!*TM website, <http://www.celebratingfamilies.net/>

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Specifically, each series of the *Celebrating Families!™* curriculum is comprised of 16 two-hour sessions. A family meal precedes each session and then family members are separated by age group for the main, educational portion of the program. Toward the end of each session, all the family members are brought back together to interact in healthy ways.

The *Celebrating Families!™* curriculum builds a strong foundation; however, to adapt the program to local needs and to make the services more comprehensive, other components may be added including life-skills training, mentoring services, parent educational/support groups, and special drug prevention awareness events.

Through services contracted to a local provider(s) (which may include school organizations, community-based youth and family service agencies, and outpatient chemical dependency treatment agencies), activities would be presented multiple times in all five geographic regions of King County (east, south, north, central, and Vashon Island).

◇ *D. Target Population*

The target populations are COSAs and their parents/guardians/kinship caregivers. Children will be identified from various referral sources including schools, community-based organizations, recreation and after-school programs, child welfare and the foster care system, juvenile justice as well as self-referrals.

◇ *E. Program Goal*

Provide an evidence-based prevention program to children of substance abusers to reduce the risk of their developing substance abuse problems or chemical dependency.

◇ *F. Outputs/Outcomes*

400 individuals served annually
Reduced substance abuse by COSAs
Improvement in health outcomes
Improvement in school attendance and performance
Reduction in juvenile justice involvement by COSAs
Improvement in individual and family functioning

2. Funding Resources Needed and Spending Plan

| Dates | Activity | Funding |
|---------------------|---|-------------|
| Sept- December 2008 | Planning, procurement, and contracting | |
| | Total Funds 2008 | \$ 0 |
| Jan – March 2009 | Hiring and training of Project Coordinator and Staff by provider(s) awarded under | |

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| | | |
|-----------------------|-------------------------|-------------------|
| | the RFQ process | \$100,000 |
| April – December 2009 | Service provision | \$300,000 |
| | Total Funds 2009 | \$ 400,000 |
| Ongoing Annual | Total Funds | \$ 400,000 |

3. Provider Resources Needed (number and specialty/type)

◇ A. Number and Type of Providers

One 0.75 FTE Contracted Project Coordinator

Five 0.5 FTE Contracted Project Staff

Provider(s) may include school organizations, community-based youth and family service agencies, alcohol and other drug prevention agencies, and outpatient chemical dependency treatment agencies

◇ B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)

Project staff will need training and support in various curricula/programs, such as *Celebrating Families!™*, parenting, life skills, and mentoring.

Initial training of project staff shall be provided within two months of hire. Ongoing training will be scheduled, as needed.

◇ C. Partnership/Linkages

Partnerships and linkages will be between local, county, and state agencies and organizations which have access to COSAs and their families. This may include but not be limited to: King County Alcohol and Other Drug Prevention Program, King County Community Organizing Program, King County Youth and Family Services, King County Superior Court/Juvenile Services, local chemical dependency treatment agencies, alcohol and other drug prevention/intervention programs, Washington State Department of Social and Health Services' Division of Children and Family Services, Treehouse, Casey Family Program, Puget Sound Educational Service District, King County Mentoring Roundtable, mental health treatment agencies.

4. Implementation/Timelines

◇ A. Project Planning and Overall Implementation Timeline

March 3, 2008 to May 30, 2008 (three months) -- Project planning

◇ B. Procurement of Providers

June 2, 2008 to October 1, 2008 (five months) – Development/approval of competitive bid documents. Request for Proposals (RFP) process

◇ C. Contracting of Services

November 3, 2008 to December 31, 2008 (two months) – Contract development and processing

◇ D. Services Start date(s)

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April 1, 2009 – Services to youth and caregivers start