LEAD AGENCY: Preferred Family Healthcare, Inc. (formerly Alternative Opportunities, Inc.)

LOCATION: Springfield, MO

PROGRAM FUNDING: $1,371,328/Total; $984,310 Federal; $387,018 Match

GEOGRAPHIC AREA AND CONGRESSIONAL DISTRICT SERVED: Greene, Barry, Lawrence and Stone Counties, MO; MO-007

NUMBER SERVED: 80 annually for a total of 320-400.

PROJECT ABSTRACT

The SNAP Approach, through its collaborative expertise, builds on the Strengths, Needs, Abilities and Preferences (SNAP profile) of families and their community. It is a trauma and evidence informed family and community-centered process for preserving families. Parental substance use is a significant contributor to abuse or neglect. The rate and impact of trauma has increased. Faced with barriers to basic resources, parents and children affected by substance use are at greater risk of experiencing serious physical and mental health problems, child abuse and neglect, victimization by domestic violence and failure to secure and maintain key societal supports. Caretakers, partners of the mothers and fathers and extended family members face equally difficult challenges. The SNAP Approach enhances the community's collaborative infrastructure capacity to increase safety, well-being and stability for families and promotes public safety, community well-being and community stability. SNAP Approach tests the impact of effective access to a family's voice, respectfully matched with one or more separate but overlapping evidence-based intervention models and services. This pragmatic intervention is integrated within trauma informed substance abuse/co-occurring disorder treatment and access to primary health care (e.g. FQHC). The SNAP Approach tests building interagency collaboration by the application of partner agency expertise informing family intervention. Collaboration is enhanced through expert consultation, therapy supervision and service delivery. Each partner has a pragmatic stake in the outcome. This creates:

- A strength based solution focused trauma-informed framework for families and their children to address and understand the experiences of what has happened to them in the past and their beliefs about the future;
• Experiential strategies attuned to the developmental impact of negative experiences and to address related strengths/deficits to ensure families and their children develop along a healthy trajectory;
• Planned opportunities to learn coping strategies promoting sustained recovery for individual family members and improved overall family functioning, helping children and youth transform maladaptive coping methods into healthier, more productive strategies; and
• An integrated approach to building Protective Factors fundamental to resilience (e.g., supportive relatives, mentored parent-child activities, self-esteem and social skills)

TARGET POPULATION

General: The program group includes families with children birth to 21 living in an urban area – the 31st Judicial Circuit (Greene County) or a rural area – 39th Judicial Circuit (Barry, Lawrence and Stone Counties).

In-home/Out-of-home Focus: The project focuses on children in out-of-home placement whose substance using parents are actively seeking reunification and children who are at risk of being placed in out-of-home care as a result of a parent or caretaker's substance abuse. Most families have very significant histories of chronic substance abuse and chronic abuse and neglect.

Serving Voluntary Families: Yes

MAJOR PROGRAM SERVICES

• Adult Screening/Assessment
• Children’s Services
  - Screening/Assessment
  - Children’s Therapy – expressive and interactive therapy
• Cognitive/Behavioral/Therapeutic Strategies
• Cross-Systems/Interagency Collaboration – Clinical-Related Activities
• Cross-Systems/Interagency Collaboration – Program and Policy-Related Activities
• Evidence – based Case Management and Case Conferencing
  - Family Group Conferencing
  - Modified Child and Adolescent Service System Program (CASSP)
  - Modified Homebuilders Model
  - Modified Parent-Child Assistance Program Approach (PCAP)
• Evidence-Based Practices:
  - Cognitive Behavioral Therapy
  - Eye Movement Desensitization and Reprocessing
  - Guiding Good Choices
  - Living in Balance
- Matrix Model
- Motivational Interviewing
- Moral Reconation Therapy
- Nurturing Parenting Programs
- Parent Child Interactive Therapy
- Peer Recovery Support
- Seeking Safety
- Supported Employment (Individual Placement Services)
- Transitional Housing
- Trauma Focused Cognitive Behavioral Therapy
- 12 – Step Facilitation Therapy
- 24/7 Dad Parenting

- Specialized Program or Services for Fathers
- Substance Abuse Treatment for Adults and Youth
- Supportive Services including Transportation, Child Care
- Trauma Informed and Trauma-Specific Services

### MAJOR PROGRAM GOALS

**Goal 1:** Increase family and child well-being;

**Goal 2:** Improve family and child permanency;

**Goal 3:** Enhance family and child safety; and

**Goal 4:** Enhance the greater Springfield, Missouri region's collaborative infrastructure to increase effectiveness and capacity to meet family needs.

### KEY PARTNER AGENCIES

The Regional Partnership Grants encourage service providers to develop and/or strengthen cross-system linkages between substance abuse treatment, child welfare, dependency court and other service systems. The following partners are included:

**Child Welfare**

- Ambassadors for Children
- Family Matters, Foster Parent Support
- Missouri Alliance
- Missouri Children’s Division
- Missouri Children's Division CFSR Advisory Committee
- Missouri Department of Social Services
- Southwest Coalition Foster Care Case Management Service
• Springfield Partners Foster Care Case Management Services

**Substance Abuse, Mental Health, and Health Services**
• Burrell Behavioral Health Services 31st Circuit Mental Health Administrative Agent
• Clark Center 39th Circuit Mental Health Administrative Agent
• Drug Endangered Children (DEC) Taskforce
• Jordan Valley Community Health Center (FQHC)
• Mercy Clinic - Psychology
• Midwest Assessment & Psychotherapy Services (MAPS)
• Ozark Community Hospital
• Preferred Family Healthcare Inc. Substance Misuse Treatment Services, Employment Services, and Family and Youth Services
• Regional Cross System Training

**Courts**
• 31st Circuit Juvenile Court
• 31st Circuit Drug Treatment Courts
• 31st Circuit Fostering Court Improvement Project
• 39th Circuit Juvenile Courts
• 39th Circuit Drug Treatment Courts

**Community Based-Agencies and Organizations**
• Christian Associates
• Community Partnership of the Ozarks
• Daddyhood Project
• Harmony House Domestic Violence Services
• Isabel’s House Crisis Nursery
• Lighthouse Crisis Maternity Home
• Missouri System of Care
• Victims Center

**Institutions of Higher Learning**
• Missouri State University Center for Dispute Resolution
• Missouri State University School of Social Work

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**DISSEMINATION ACTIVITIES**

Preferred Family Healthcare (PFH)’s SNAP Approach dissemination plan includes the following components:

1. Disseminates project findings with the project staff and division of agency partners within the agency’s divisional state region staff and divisional agency partners.
2. Project information is shared with the multi-agency Stakeholder Advisory Board for dissemination to their staff.

3. A project website provides an avenue for information dissemination and communication between website visitors and the project team.

4. An agency weekly newsletter disseminates project information.

5. Semi Annual Progress Reports have included detailed program and preliminary evaluation information. A hallmark of this information is a robust set of participant’s information including yearly key informant interviews with staff and partners and exit surveys with clients, referral sources and case management advocates to learn the project’s strengths and areas needing improvement.

6. Yearly, Hidden Impact Conferences provide opportunities for community partners to learn about issues facing project families, community resources and project results.

### SUSTAINABILITY STRATEGIES AND ACTIVITIES

**Involvement of Partners:** Conceptualizing the SNAP Approach is an example of the process used by the project collaborating agencies to build on solid performing processes within each agency and the community as a whole. Collaborating agencies/partners help design the project and the Stakeholder Advisory Board, composed of the Partners, and has continued to improve the SNAP Program. The SNAP approach has achieved the goal of providing the best possible integrated service program and referral agencies now actively advocate for continuation of this program.

**Sustainability Approach:** PFH has an established record of successful grant implementation and sustaining positive change. Some of the benefits of the SNAP Approach are sustained through child welfare and mental health treatment system improvements, modifications and policy development. The SNAP Approach evaluation is yielding detailed information regarding functional client and family outcomes and the services/processes/resources required to achieve these outcomes. Child welfare cost savings data due to placement preventions and early permanencies are provided to local and state decision makers. The hope is for this cost/benefit analysis to yield financial support for sustaining and expanding the program in future years.

**Integrating Activities:** PFH and partners are actively identifying shared issues for constructive change. Front line collaborative relationships continue to be strengthened by the sharing of resources and advocating and securing new resources for rural areas. System of Care collaboration in both circuits works to integrate a mutual sharing of services, resources and joint problem solving on system and case levels.

**Institutionalizing Strategies:** PFH has an active and positive presence in the Missouri state capital, Jefferson City, and is often asked to educate legislators on human service delivery concerns. PFH leaders actively participate in state teams that work on building cross system collaboration by providing good data and outcomes from efficient, effective services and programs.

**Additional Funding:** It is hoped that financial support for sustaining and expanding the program in future years can be attained by sharing the details of program and outcome results with state mental health and child welfare leaders.
EVALUATION

One of the objectives of the RPG program is to learn more about promising approaches to working with families that have children at risk of removal or are in out of home care and are also affected by parental substance use. To help foster this knowledge, each grantee is conducting a local evaluation of its program.

Preferred Family Healthcare (PFH) is examining the SNAP Approach’s service delivery approach through a process evaluation chronicling and analyzing the steps in the projects implementation, and an outcome evaluation of the short and long-term results of the project.

**Process Evaluation:** Incorporates a descriptive analysis of all components of the program and is designed to assess how effectively the program is being implemented, documents the progress of various components and strategies of the grant, looks at successes and challenges and how they are addressed, assesses fidelity to evidence based practices and uses client/referral source and advocate satisfaction surveys to determine what works and what needs modification. The process evaluation looks at which services and service combinations impacts clients most and the impacts of various dosage levels of services Evaluators look at the organizational and administrative aspects of the project including efforts to utilize existing community partnerships or develop new partnerships.

**Outcome Evaluation:** Consists of a matched comparison group design with 640 families that is split evenly between the Program and Comparison Groups. The Program Group consists of parents and caregivers living in the 31st and 39th Judicial Circuits of Southwest Missouri and their children. The Program Group is offered a set of comprehensive services tailored to the needs of the family (family group conferencing, case management, substance use treatment, trauma treatment, parenting education, family strengthening, access and referrals to medical and dental care, transportation, housing and child care support). In contrast, the Comparison Group receives any services that are available in the comparison community. These services include case management, parenting education or substance use treatment available through community resources but generally are not created specifically for agency families and are not offered with the same intensity as program group services. The grantee is creating the comparison group by matching families in the program group with non-project families in the project area and from the 29th and 40th Judicial Circuits, which is a community matched to the program group in terms of family demographics, social problems and community services. Factors that are matched include child welfare system involvement, substance abuse history and family composition.

For the program group, PFH is collecting outcomes related to child well-being, child permanency and safety, family functioning and stability (including parental capabilities, family health, and family environment) and adult recovery. The evaluation team collects data at baseline and discharge and at nine months following discharge and uses both direct assessment instruments and administrative child welfare and substance use treatment records. The grantee collects outcomes data directly from the comparison group as well as uses administrative child welfare and substance use treatment records. PFH has established data sharing agreements with its partners to obtain access to administrative data for the program and comparison group members and to gain access to families in the comparison group so that they can be consented into participating in the evaluation.
RPG National Cross-Site Evaluation Participation: In addition to generating descriptive information on child and family outcomes associated with this comprehensive program, PFH is participating in the RPG cross-site evaluation studies, which analyzes family outcomes, investigate program implementation and collaboration among RPG grantees and their partners.

**ADMINISTRATIVE STRUCTURE**

Preferred Family Healthcare, Inc. has over 20 years’ experience successfully managing, controlling and supervising contracts for multiple state agencies (e.g. DSS, DMH, DESE, and Economic Development). PFH is a not-for-profit 501 (c) (3) CARF accredited organization established in 1991 governed by a Board of Directors. The Board, composed of twelve individuals, provides direction to the top management team of five Administrators referred to as the Resource Team. The Resource Team oversees and manages all operations (program, clinical, administrative, and financial).

SNAP Approach Stakeholder Meetings are held quarterly. This coordinated collaborative effort holds PFH and each of the partners accountable as bridges are built between services and community resources. The meetings serve as a catalyst for joint project problem solving and sharing project outcomes,

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