



Regional Partnership Grants  
and Cross-Site Evaluation

## REGIONAL PARTNERSHIP GRANTS ROUND II FAMILY TREATMENT MATTERS (FTM)

**LEAD AGENCY:** The Center for Children and Families

**LOCATION:** Billings, MT

**PROGRAM FUNDING:** \$615,695/Total; \$500,000 Federal; \$115,695 Match

**GEOGRAPHIC AREA AND CONGRESSIONAL DISTRICT SERVED:** Serves MT-All districts

**NUMBER SERVED:** Will serve 225 Families over the course of the project.

### PROJECT ABSTRACT

In May 2012, 1,828 children were placed in out-of-home care in the state of Montana. Of those children placed, parental substance abuse was identified in 56% of cases as the primary precipitating factor for removal. Despite clear indications that substance abuse negatively impacts child well-being in our community, Yellowstone County lacks priority access to substance abuse treatment for families in the child welfare system (CPS). The community does not have treatment programming that incorporates children/children's needs or overall family functioning, despite advancements in community collaboration and training. Significant work is necessary to ensure the best outcomes for children. The Center has implemented a three-pronged approach to addressing the treatment needs of families and the training and collaborative needs of community providers: 1) Implementation of an outpatient family treatment program as part of a continuum of services for families (Family Treatment Matters). Programming includes the addition of licensed addiction counselors, co-occurring mental health/chemical dependency groups, trauma-informed family/children's programming, as well as community family support services; 2) Implementation of a co-sponsored (with CPS/AOD) training series that includes not just AOD/CPS but additional community partners. Training addresses internal and cross-agency policies, communication/data barriers and multi-system best practices. On a state level, The Center works to incorporate systems change/system collaboration and trauma informed training into existing training venues; 3) Conduct a local program evaluation, as well as participate in a national cross-site evaluation.

### TARGET POPULATION

**General:** Families with at least one child under the age of 12 who are identified by CPS, Probation and Parole or other community partners within three months of case opening, who

either are at risk of having children placed in out of home care or who have a child in out of home care as result of parent/caregiver substance abuse.

**Adult Inclusion/Exclusion Criteria:** FTM does not accept families in cases where permanency of children could be jeopardized (such as cases where guardianship or adoption is completed, near completion, or in cases in which CPS has already filed for permanent custody of the children).

**In-home/Out-of-home Focus:** The FTM program serves both voluntary and adjudicated court cases.

## MAJOR PROGRAM SERVICES

- **Case Management and Case Conferencing**
  - Multidisciplinary team meetings
- **Evidence-Based Parenting or Family Strengthening Program**
- **Mental Health, Substance Abuse and Trauma Services for Adults**
- **Trauma-Specific and Trauma Informed Services**
- **Aftercare/Continuing Care/Recovery Community Support Services**
- **Children's Screening/Assessment**
- **Adult Screening/Assessment**
- **Children's Services**
  - Incredible Years
  - Teaching Strategies
  - SAMHSA Children's Program
  - Supervised Parenting Time
  - Therapeutic Parenting Time
- **Supportive Services**
  - **Housing, like skills, transportation**
- **Cross-Systems/Interagency Collaboration – Clinical-Related Activities**
- **Cross-Systems/Interagency Collaboration – Program and Policy-Related Activities**
  - Co-location of staff to assist with screening, assessment, identification, referral and/or provision of services
- **Evidence-Based Practices (EBPs):**
  - Core EBPs:
    - Celebrating Families!
    - Seeking Safety
    - Dialectical Behavior Therapy (DBT)
    - Hazelden Co-Occurring Disorders Program
    - Hazelden Living Balance Programs
    - Contingency Management

- Motivational Interviewing

Additional EBPs:

- Circle of Security
- Untangling Relationships
- RESPECT: A Healthy Relationships Group
- Parent Child Interaction Therapy
- Moral Reconciliation Therapy (MRT)
- Trauma Focused Cognitive Behavioral Therapy
- Eye Movement Desensitization Reprocessing Therapy (EMDR)
- Infant Massage

## MAJOR PROGRAM GOALS

To improve the well-being, increase the permanency and ensure the safety of children who are in, or at risk of being placed in, out-of-home placement as a result of a parents' or caretaker's substance abuse by supporting interagency collaboration and integration of services.

- Enhance existing treatment services through the implementation/maintenance of family centered, trauma-informed, gender specific outpatient treatment programming
- Remove logistical barriers to family participation in services, increasing the likelihood that they participate fully and get maximum benefit
- Enhance collaborative practices, communication and information systems through regular and focused cross-training/community training opportunities
- Promote/create system changes that positively impact families/children with substance use disorders & child welfare involvement through advocacy, education and policy review/change at the statewide level
- Determine effectiveness and cost benefits of both treatment and training programs through process and outcome evaluation

## KEY PARTNER AGENCIES

The Regional Partnership Grants encourages 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**

- State of Montana, DPHHS, Child and Family Services
- Division of Child and Family Services – Region III

### **Substance Abuse, Mental Health, and Health Services**

- Addictive and Mental Disorders Division – Montana DPHHS
- South Central Montana Mental Health Center
- Rimrock

### **Criminal Justice and the Courts**

- Yellowstone County Family Drug Treatment Court
- Montana Department of Corrections
- Montana Department of Corrections, South Central Region

### **Family Support and Other Community Based Agencies**

- The Center for Children and Families
- Office of Public Assistance, DPHHS
- Family Support Network
- Housing Authority of Billings
- Young Women’s Christian Association
- Human Resource Development Council
- Family Promise of Yellowstone County
- Head Start

## **DISSEMINATION ACTIVITIES**

- The program includes a Partner Liaison who is predominantly responsible for ensuring dissemination of FTM program information. In addition to working closely with CPS, AOD providers and community-based agencies working with the target population, the Partner Liaison works with The Center marketing/development staff to notify the community at large through appropriate media outlets. The Center currently presents regularly at core partner agency staff meetings and has staff participating in multiple community coalitions, allowing an existing means to disperse information
- Updates about program availability, specific referral protocols, individual family outcomes, and/or protocol/policy changes are provided on an ongoing basis to core partners through weekly team meetings, monthly policy meetings, and monthly Lunch and Learns. Ancillary providers and the community at large receives information at monthly Lunch and Learns, through currently existing staff/coalition meeting venues and via appropriate media notifications/announcements
- Dissemination of new information/documents, especially those that impact admission into programming, are provided to community partners/management liaisons and state department staff at least bi-annually beginning in year two of the grant and continuing through the duration of the grant and beyond
- Evaluation results (both process and outcome) are included in the programs annual report (released in December of each year) beginning in December 2013 and continuing annually through the duration of the grant and beyond. The cost benefit analysis will be finalized and reported on in year five

## **SUSTAINABILITY STRATEGIES AND ACTIVITIES**

**Involvement of Partners:** The program engages both local and state leaders to affect change at a larger statewide agency level as a means of sustaining local change and enhancing the ability of Divisions to explore current and new funding resources to further increase child well-being. This is accomplished through the creation and ongoing sustainability of a Multi-Disciplinary team comprised of direct service staff from partner agencies that meets weekly, as well as a Regional Advisory Council comprised of local Executive Directors/CEOs/Regional Directors that meets

monthly. Partners participate in ongoing discussions and collaborative efforts to sustain services and systems change past the grant term. Participation and facilitation of ongoing discussions at the State level and efforts to engage other Departments occur to ensure sustainability of the program and processes implemented and ultimately the well-being of children.

**Sustainability Approach:** Grant funding has provided start-up funding needed to identify and convene the FTM partners, establish the initial training/treatment protocols/framework, facilitate communications/goal building, leverage technical assistance, provide AOD staff directly in CPS offices and collect and report the data needed to "make the case" for a change in the use of existing funds (and/or to seek private support of programming as needed).

**Integrating Activities:** The collaborative team conducts ongoing process improvement and identifies ways to alleviate duplication, combine venues, "externalize" educational opportunities and sustain, through shared funding responsibility, the training offerings as refined within FTM, where appropriate.

**Institutionalizing Strategies:** Changes to policy/procedure are made based on evaluation (both process and outcome) and are implemented and updated in hard copy documents within thirty (30) days of team consensus.

**Additional Funding:** The Center is actively pursuing state licensure to become a licensed adult and child mental health center. The licensure would open the opportunity to obtain state paid contract services, if additional contract funds become available in the state budget, as well as billing Medicaid for case management services. The Center will complete all activities to become a Montana State Approved Chemical Dependency Program, which will allow billing services to Medicaid. The Center will complete all activities to become a licensed Child Care Facility in order to be eligible for Best Beginning Childcare scholarship. The FTM Training Team continues to work together to affect change at a larger statewide agency level as a means of sustaining local change and also as a means exploration and identification of current and new funding resources to further increase child well-being.

## EVALUATION

To further the RPG program's goal of expanding the knowledge based approaches that improve the well-being and functioning of families affected by substance abuse, each RPG grantee conducts a local evaluation. The local evaluation of Family Treatment Matters (FTM) uses a quasi-experimental design. The evaluation also includes a process study and cost-benefit analysis.

**Outcome Study Design:** After a family receives a referral for chemical dependency evaluation, The Center for Children and Families (The Center) staff assess the caregiver's substance abuse treatment needs and the level of substance abuse treatment care recommended by the American Society of Addiction Medicine. If the caregiver needs intensive outpatient services and the family qualifies for FTM, The Center obtains consent for study participation and assigns the family to the program (family-focused treatment). The Center assess outcomes in five areas: (1) child well-being, (2) child permanency, (3) child safety, (4) adult recovery and (5) family functioning and stability. The evaluation team collects data at intake and 6, 12, 18, and 24 months after intake, as well as yearly thereafter. The Center collects primary data on child well-being, family functioning, and adult recovery through several means, including parent self-

reports, parent reports on children's functioning and teacher and childcare provider reports on children's functioning. Through data sharing agreements with Montana's Child and Adult Protective Services System, and Montana Department of Public Health and Human Services Addictive and Mental Disorders Division, The Center obtains administrative records to examine children's safety and permanency outcomes, as well as parental substance use recovery outcomes.

**Additional Evaluation Components:** In addition to its outcome evaluation, The Center will conduct a process evaluation and cost-benefit analysis. The process evaluation will describe key program characteristics and implementation issues, with the goals of (1) sharing information with regions interested in replicating the program and (2) defining the context and environment in which FTM achieves its program outcomes. The cost-benefit analysis will consider aspects of the program and its clients, such as the extent and complexity of families' needs and cost savings from deferred services due to improved parent-child functioning.

**RPG National Cross-Site Evaluation Participation:** The Center is participating in the RPG cross-site evaluation studies of family outcomes, program implementation and RPG partnerships, and is one of several grantees participating in an impact study conducted as part of the cross-site evaluation to examine program effectiveness.

## ADMINISTRATIVE STRUCTURE

The Center for Children and Families is a well-established community based organization. The agency manages multiple and diverse programs including sober/supportive housing, mental health services, family engagement and children's programming services, a children's forensic interview center, community training/facilitation of community multi-disciplinary teams and utilizes multiple and diverse funding mechanisms to do so. Family Treatment Matters is managed by a part-time Project Manager and the Center's Executive Director. The Center's Director of Clinical and Evaluation Services oversees FTM treatment protocols and evaluation staff.

The Center acts as the primary organizing and facilitating agency for treatment and training components of Family Treatment Matters. Collaborative partners have completed Memorandums of Understanding that outline their roles and responsibilities and contribution to the partnership. The Center's Partner Liaison, in conjunction with the Project Manager, are primarily responsible for coordinating, facilitating, and managing training team meetings, engagement of community partners and for ensuring dissemination of information.

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