**Name of Lead Agency**  
Tennessee Department of Mental Health Substance Abuse Services

<table>
<thead>
<tr>
<th>Location</th>
<th>Nashville, TN</th>
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<tbody>
<tr>
<td>Title of Project</td>
<td>Building Strong Families (BSF) in Rural Tennessee</td>
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<tr>
<td>Program Option</td>
<td>Five-Year plus 2-Year Extension</td>
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| Geographic Area and Congressional District Served | City of Nashville  
5th Congressional District: Rural |

**Brief Program Description**

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) proposes to extend implementation of Building Strong Families to continue to address the Complex needs of children (ages 0-18) who are in or at-risk of out-of-home placement due to parent/caretaker methamphetamine or other substance abuse. TDMHSAS will partner with Tennessee's Department of Children's Services and the Administrative Office of the Courts; Centerstone, the area's primary behavioral health treatment provider, and Centerstone Research Institute, a nonprofit research/evaluation organization, to establish and implement an evidence-based, trauma-informed, culturally competent continuum of outreach, treatment, education/counseling, and supportive services for children and families utilizing all components of the evidence-based Intensive Family Preservation Services Model.

Using the Intensive Family Preservation Services model, BSF supports at-risk families by providing services that reduce the need for out-of-home placement and promote child safety, permanency, and wellbeing. Through a collaborative effort of agencies and organizations, integrated services and enhanced continuity of care BSF provides families with interventions that build skills and capacities contributing to healthy, well-functioning families. BSF provides in-home counseling, basic skills education, psycho-education, and linkages with social/community support services, including substance abuse treatment programs/recovery supports. BSF In-home Specialists are available 24/7 to provide crisis intervention and intensive services to keep children out of harm's way.

The BSF Collaborative Council, representing all project partners, local service agencies, government agencies and funding stream representatives, individuals in recovery, parents/caretakers, and other community stakeholders, continue to ensure sustainability of the project. BSF maintains evaluation project strategies and models, and conduct comprehensive project performance measurement, including documentation of fidelity, process,
outcomes, cost effectiveness, and follow-up data, to develop and disseminate a thoroughly documented service model for replication across the state and nation.

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<th>Target Population</th>
<th>Children in/at risk of out of-home placement due to parent/ caretaker substance abuse.</th>
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<tr>
<td>Participants Served</td>
<td>Children: 551&lt;br&gt;Adults: 386&lt;br&gt;Families: 267</td>
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**Major program goals included:**

**Goal I. Establish a Community-Based Treatment Program for Children and Families**
- **Objective A.** Assemble a culturally competent team of clinical and outreach staff with experience in substance abuse, behavioral healthcare and child welfare
- **Objective B.** Increase current capacity by 48 intensive family preservation services slots each year
- **Objective C.** Provide intensive home-based services unduplicated total of 216 children/families

**Goal II. Increase Community Awareness/Education**
- **Objective A.** Develop and implement training module on METH and other substance abuse on child and family functioning
- **Objective B.** Educate/train 3000 foster parents, community law enforcement officers, judges, physicians, nurses, social service workers, school personnel and other stakeholders in target counties

**Goal III. Improve Outcomes of Children Related to Safety, Permanency and Well-Being**
- **Objective A.** Safety. Increase in children at risk of removal due to parental drug use who are able to remain in parent’s custody through substance abuse treatment completion
- **Objective B.** Safety Reduce recurrence of maltreatment within 6 months of previous filing
- **Objective C.** Permanency: Reduce length of stay in foster care of children & improve time to reunification or adoption/ guardianship of children removed due to parent’s substance abuse
- **Objective D.** Permanency Reduce re-entry into foster care of children who have been reunified after parent’s substance abuse treatment
Objective E. Well-being  Increase children with needs assessed and connected to appropriate services

Goal IV. Improve Outcomes of Parents/Caregivers with Meth and Substance Abuse Problems
- Objective A: Increase assessment of parents’ substance abuse needs and connection to treatment
- Objective B: Increase parents’ completion of substance abuse treatment
- Objective C. Increase parents who maintain abstinence for 3, 6, and 9 months after completing treatment
- Objective D. Increase parents connected to supportive services during substance abuse treatment
- Objective E: Increase parents participating in continuing care and recovery services

Goal V. Improve Outcomes of Families
- Objective A. : Increased parent’s capacity to provide for their children’s needs, e.g., employment, job training
- Objective B. Decrease in risk factors: (a) parent’s criminal behaviors related to manufacturing/ selling drugs, (b) parent’s mental health symptoms, and (c) child’s behavior and functioning problems
- Objective C. Increase in protective factors such as resilience, parenting skills, social connections, etc.
- Objective D: Increase in families connection with services related to needs in Permanency Plan
- Objective E.: Increase children and families (a) actively participating in intensive case planning, and (b) receiving coordinated case management across agencies

Goal VI. Improve Regional Partnership/Service Capacity Level
- Objective B. Increased number of treatment programs and slots, and increased families served
- Objective C. Enhanced collaboration among partners through MOUs regarding treatment coordination and other collaborative activities

Goal VII. Develop and Disseminate Model
- Objective A. Conduct a comprehensive evaluation
- Objective B. Produce manuals, publication, presentation and other products to promote dissemination/ replication

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<th>Key Major Program Services</th>
<th>Case Management and Case Conferencing</th>
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<tr>
<td></td>
<td>• Intensive/Coordinated Case Management</td>
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<td></td>
<td>• Family Group Decision Making/Family Case Conferencing</td>
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• “Regular” or “Traditional” In-Home Services

**Parenting/Family Strengthening**
• Evidence-Based Parenting or Family Strengthening Program - Intensive Family Preservation Services

**Family Therapy/Counseling**

**Mental Health and Trauma Services for Adults**
• Mental Health Services
• Trauma-Informed Services

**Specialized Outreach, Engagement and Retention**
• Cognitive Behavioral Strategies - Motivational Interviewing/Motivational Enhancement Therapy

**Substance Abuse Prevention Services**
• Information Dissemination
• Community-Based Process

**Screening and Assessment – Child Welfare and Other Children’s Issues**
• Screening and Assessment for Child Welfare Issues
• Screening and Assessment for Trauma
• Other Specialized Child Screening and Assessment – Mental Health/Psychological, Substance Use, Developmental

**Screening and Assessment – Substance Use and Other Adult Issues**
• Screening and Assessment for Substance Use Disorders
• Other Specialized Adult Screening and Assessment – Mental Health/Co-Occurring Disorders

**Cross-Systems Collaboration**
• Clinical and Program Training
• Regular Joint Case Staffing Meetings
• Cross-systems Information Sharing and Data Analysis
• Partner Meetings – Regional Partnership and Program Management

**Other**
• Referral and Linkage to Substance Abuse Treatment for Adults
• Referrals and Linkages to Children’s Services

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<th>Partner Agencies and Organizations</th>
<th>Child Welfare</th>
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<td>Tennessee Department of Children’s Services</td>
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<td>Substance Abuse</td>
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<tr>
<td>Evaluation Design and Comparison Group Type</td>
<td>Maltreatment, Foster Care LOS, Foster Care Re-entry, Reunification, Permanency, Connected to Support Services, Access to Treatment, Treatment Retention, Substance Use, Adult Support Services, Employment, Criminal Behavior, Mental Health, Parenting, Family Relationships/Functioning, Risk/Protective Factors, Coordinated Case Management, SA Training &amp; Educ for Substitute Caregivers, Collaborative Capacity</td>
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<tr>
<td>Performance Indicators</td>
<td>Quasi-experimental; Same-time Matched Population-Level; Usual Child Welfare/Substance Abuse Services</td>
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- Tennessee Department of Mental Health and Substance Abuse Services
- Centerstone of Tennessee
- TennCare

**Courts**
- Tennessee Administrative Office of the Courts
- Court Appointed Special Advocates for Children

**Criminal Justice, Law Enforcement, Legal and Related Organizations**

**Other Community and Child and Family Services**
- KidLink Treatment Services
- Coffee Co. Anti-Drug Coalition
- Coffee Co. Children’s AdvocacyCtr.
- Child Care Resource and Referral

**Housing**
- Homes of Hope of Bedford County

**Mental Health**
- Volunteer Behavioral Health

**Health Services**
- Department of Public Health

**Other Evaluation and Training**
- Centerstone Research Institute

**Other**

**Local government organizations**