



REGIONAL PARTNERSHIP GRANTS ROUND 5 2018–2021

SEASONS REGIONAL PARTNERSHIP GRANT (RPG5)

LEAD AGENCY: Northwest Iowa Mental Health Center dba Seasons Center

LOCATION: Spencer, IA

PROGRAM FUNDING: \$1,800,000

GEOGRAPHIC AREA: Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux, and Woodbury Counties

ADMINISTRATION FOR CHILDREN AND FAMILIES REGION: Region 7

CONGRESSIONAL DISTRICT SERVED: IA District IA-004

BRIEF PROGRAM DESCRIPTION

The Seasons Regional Partnership Grant (RPG) project is using a family-focused model of care to meet the complex needs of families experiencing the effects of abuse, trauma, and substance use. In partnership with the Iowa Department of Human Services (child welfare) and Juvenile Court Services, Seasons Center for Behavioral Health supports families through the delivery of three key components: (1) collaborative service delivery, (2) effective and innovative implementation of evidence-based practices and programs (EBPs), and (3) purposeful community partnerships and practice change. Families/caregivers receive skill building training, family therapy, intensive family case coordination, and other support services to prevent out-of-home placement as well as to improve the well-being of children who are currently in foster care or have been adopted. These services are being implemented in 11 counties in northwest Iowa (Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Plymouth, Sioux, and Woodbury).

TARGET POPULATION AND PROJECTED NUMBERS SERVED

Families/caregivers with children, from birth to age 17, who are in or at-risk of out-of-home placement as a result of parental or caregiver substance use or other behavioral health conditions and reside in the geographic service area (11 counties in northwest Iowa).

The project will enroll 170 families in treatment services and 85 families in the control group for a total of 255 cases. In addition to direct service with families, the project intends to train 1,251 participants at regional and community training events, including special workshops on the topics of self-care and secondary trauma.

MAJOR PROGRAM GOALS

GOAL 1: Demonstrate the organizational capacity to lead and champion a high-quality regional partnership to effectively deliver and sustain trauma-informed, culturally responsive, and evidence-based practices between child welfare, behavioral health, juvenile court, and other child/family serving systems during and beyond the grant funding period.

GOAL 2: Increase the number of children and families served through the use of developmentally and culturally appropriate, setting sensitive, trauma-informed, and evidence-based programs and services to 11 counties in northwest Iowa.

GOAL 3: Continue to enhance partnerships within local communities to increase the awareness, need, and understanding of the significance for brain research, trauma-informed care, Adverse Childhood Experience Study, cultural competency, and resiliency to mobilize local services to support families and create practice change in how services are delivered.

MAJOR PROGRAM SERVICES

- **Case Management and Case Conferencing**
 - Intensive Case Coordination
 - Care Coordination
 - Service Navigation
 - Program Support for Recruitment and Retention in RPG Services
 - Respite Care Services and Family Friendly Educational Events
- **Evidence-Based Programs-Family, Parent, and Child Interventions**
 - In-Home Services
 - Seeking Safety
 - Child-Adult Relationship Enhancement
 - Outpatient Behavioral Health Therapy
 - Parent Child Interactive Therapy
 - Walk away, It's private, Share, and Educate (W.I.S.E UP!)
 - Parent Child Attachment Therapy
 - Eye Movement Desensitization Processing
 - Trauma-Focused Cognitive Behavioral Therapy
- **Child and Family Screening/Assessment**
 - Clinical Care Team: Program Services Recommendations for EBPs
 - Adult Adolescent Parenting Inventory-2 (AAPI-2) and Center for Epidemiologic Studies Depression Scale (CES-D)
 - Child Behavior Checklist (CBCL) and Infant Toddler Sensory Profile (ITSP)
 - Addiction Severity Index Self-Report (ASI-SR) and Trauma Symptoms Checklist-40 (TSC-40)
 - Special Screenings (as appropriate for autism and Fetal Alcohol Spectrum Disorders (FASD))

- **Cross-Systems/Interagency Collaboration—Clinical-Related Activities**
 - Purposeful Partnerships: Collaborative Values Inventory (CVI)
 - Semi-Annual Retreats/Trainings (therapists, child welfare workers, juvenile court staff, and other human services providers to address self-care and secondary trauma [vicarious trauma])
- **Cross-Systems/Interagency Collaboration—Program and Policy-Related Activities**
 - Sustainability, Dissemination, and Replication Activities

PARTNER AGENCIES AND ORGANIZATIONS

- **Child Welfare**
 - Iowa Department of Human Services—Western Service Area
- **Substance Abuse**
 - Seasons (community behavioral health provider)
- **Courts**
 - Juvenile Court Services-Third Judicial District (juvenile justice)
- **Evaluation/Data Collection, Training**
 - Technical Consultants: Dr. Michele Devlin and Dr. Mark Grey

EVALUATION DESIGN

Outcome Study Design: Quasi-Experimental Design (QED)

The local evaluation of the Seasons RPG includes an impact study, a process study, and a partnership study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

Impact Study Design

The grantee will use a QED to examine the impact of their RPG services among families from 11 northwest Iowa counties with children who are in or at-risk for out-of-home placement because of parental substance use. Members of the program group will be assigned to a family case coordinator and will receive Seeking Safety and/or Child Adult Relationship Enhancement (CARE) in-home services. Family case coordinators will be supported by a clinical supervisor. Members of the program and comparison groups may receive any of the following Seasons services depending on their specific needs: screenings and assessments, one or more of five program models (Parent-Child Interaction Therapy, Parent-Child Attachment Therapy, Trauma-Focused Cognitive Behavioral Therapy, Eye Movement Desensitization and Reprocessing, or W.I.S.E. UP!), respite care services, and family-focused educational events. Families' participation in RPG services is expected to last about 6 months. The impact study will include 255 families, with 170 in the program group and 85 in the comparison group. The grantee will examine impacts in the following domains: permanency, safety, child well-being, family functioning, and recovery.

Data sources include administrative data and information collected by data collectors using standardized instruments. Family case coordinators will conduct data collection with

standardized instruments for both the program and comparison groups. Data will be collected two times for each family: (1) when families begin services (baseline) and (2) 6 months following baseline (at the end of services).

Process Study Design

In the process study, the grantee will examine the extent to which service delivery of the program models is effective and innovative. They will measure the geographic extent of outreach, the number of individuals served (referral, screening, enrollment, discharge), participant satisfaction, service dosage and duration, and referrals to other sources. Data sources include program records and surveys.

Partnership Study Design

In the partnership study, the grantee will examine collaborative service delivery, purposeful community partnerships, practice change, and organizational capacity. They will measure collaboration activities; partner attendance, satisfaction, perceptions and recommendations, and retention; and community and engagement and outreach activities. Data sources include surveys and program records.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

Attention to robust sustainability strategies includes focusing on sustainability early in the grant period, fostering community buy-in and involvement of community partners in sustainability strategies, creating a niche for the project, and using evaluation data to demonstrate effectiveness to potential funders, specifically the cost benefits. Several additional strategies include:

- Engagement of key leaders from behavioral health, child welfare, juvenile court, and other community organizations;
- Involvement by Seasons' leadership team in grant planning and implementation with the inclusion of sustainability, dissemination, and replication strategies in project work plans;
- Ensuring that key project staff have experience in grant management and sustainability.
- Using evidence-based programs that are billable by third-party funders and are accessible to a broader population accessing behavioral health services by Seasons;
- Hiring of quality clinical staff with qualifications that meet third party funding agreements;
- Pursuing additional funding sources (this task undertaken by Seasons, partners, and project staff) such as foundation grants, state and federal grants, fee for service reimbursement, and the leveraging and braiding of existing funding sources to enhance and sustain project activities;
- Contracting with external evaluators with experience in data collection and sustainability.
- Allocating grant funding as seed money with a focus on start-up expenses versus ongoing operational expenses; and
- Integrating principles of "Implementation Science" into sustainability planning.

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