Communities of Hope will achieve desired outcomes by developing an Intensive Outpatient Treatment Program to address the needs of parents/caretakers with substance use disorders (SUD). The project consists of an initial orientation and three subsequent phases of care moving from intensive SUD treatment to early recovery services, maintenance and continuing care. Services will be integrated with mental health and trauma-informed care, case management, peer recovery supports, and parenting and life skills training. In addition to the parent/caregiver, children are screened and assessed with connections to a wide array of existing age and developmentally appropriate mental health, trauma-informed and SUD treatment programs. Comprehensive family services, counseling and case management are also utilized to integrate individual family member’s needs with the collective needs of the entire family to move toward greater functioning and stability.

Communities of Hope will serve adults in the target area that have a substance use disorder and a child under the age of eighteen, in out-of-home care or at risk of being in out-of-home care. Communities of Hope will serve 320 families over the course of the project, 40 families in year one and then 70 families in the next four years.

MAJOR PROGRAM GOALS

**GOAL 1:** Increase the well-being of children who are in an out-of-home placement or are at risk of being placed in out-of-home care because of a parent or caregiver’s SUD.

**GOAL 2:** Improve the permanency and safety of children who are in an out-of-home placement or are at risk of being placed in out-of-home care because of a parent or caregiver’s SUD.

**GOAL 3:** Improve adult recovery from SUD.

**GOAL 4:** Improve family functioning and stability.
KEY MAJOR PROGRAM SERVICES

The major program services that Communities of Hope will provide:

- **Case Management**
  - Intensive/Coordinated case management
- **Wraparound and In-Home Services**
  - Home visiting services
- **Parenting Classes**
- **Mental Health and Substance Use Disorder Treatment for Adults**
  - Trauma-informed services
  - Screening and Assessment
- **Family-Centered Substance Use Disorder Treatment Services**
- **Children’s Services**
  - Screening and Assessment
  - Developmental Services
  - Trauma Services
  - SUD treatment for youth
  - Therapeutic foster care
- **Cross-Systems/Interagency Collaboration**
  - Clinical training
  - Information sharing and data analysis
- **Evidence Based Practices**
  - Incredible Years
  - Living in Balance
  - First Step Program
  - Hope Initiative
  - I-Hope Program
  - Safe Haven
PARTNER AGENCIES AND ORGANIZATIONS

- Kentucky Department for Community Based Services, Eastern Mountain Service Region
- Floyd County Family Court
- Johnson/Martin Family Court
- Johnson County Board of Education
- Martin County Board of Education
- Johnson County Library
- Big Sandy Area Community Action Program
- Big Sandy Health Care
- Appalachian Research & Defense Fund of KY
- Housing Authorities of Paintsville and Prestonsburg
- KY Department of Behavioral Health, Developmental and Intellectual Disabilities

EVALUATION DESIGN

OUTCOME STUDY DESIGN: QUASI-EXPERIMENTAL DESIGN (QED)

EVALUABILITY ASSESSMENT

The local evaluation of the Mountain Comprehensive Care Center program has an impact study and a process and partnership study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration between RPG grantees and partners.

Impact study design

The grantee will be using a quasi-experimental design to examine the impact of its RPG services. Members of the program group will receive Intensive Outpatient (IOP) substance abuse treatment delivered by a team of providers including a clinician, peer support specialist, and family case manager. RPG services are expected to last 9 months and consist of an initial orientation and intensive care in three stages moving from; (1) intensive substance abuse treatment to; (2) early recovery services to; (3) maintenance, featuring integrated mental health care, trauma-informed care, case management, peer/recovery supports, parenting and life skills training; and, finally, continuing care. Members of the comparison group will reside in an adjacent and demographically similar county and receive typical outpatient substance abuse treatment. The impact study will include 640 families, with 320 in the program group and 320 in the comparison group. The grantee will examine impacts in the following domains: permanency, safety, child well-being, and recovery.

Data sources include administrative data and information gathered by data collectors who will be using standardized instruments. The evaluation coordinator will collect data by phone for both the program and comparison groups. Data will be collected at two time points for each family:
(1) at intake (before families begin services); and (2) six months after intake, which will likely be during services for the program group and near the end of services for the comparison group. Additional follow-up data after program completion will come from administrative data sources for both groups.

**Process and partnership study design**

In the process study, the grantee will examine client recruitment and retention, how well the program performs on providing services, and how well the services provided to clients match their needs. The grantee will examine partnerships by measuring the quality and quantity of community partnerships formed and the formal referral processes that are established. Data sources include client records, program documentation, interviews with frontline staff and parents, and information gathered during monthly (first 6 months) and quarterly (months 7 to 60) partnership meetings.

**SUSTAINABILITY STRATEGIES AND ACTIVITIES**

Mountain Comprehensive Care (MCCC) utilizes a varied financial structure to ensure long-term sustainability of its programs. MCCC senior staff collaborate with a national grants consulting firm to develop annual and multi-year comprehensive funding plans with specific sources targeted and accompanied by implementation steps. Some potential resources to sustain the work of Communities or Hope are the Coal Severance Tax allocations. MCCC will review existing programs to look for integration opportunities that will assist with sustainability. MCCC has also established billing rates with Medicaid, Medicare, MCOs and insurance groups to maximize billing for specific interventions.