**REGIONAL PARTNERSHIP GRANTS ROUND 4**

**PRESERVING FAMILIES THROUGH PARTNERSHIP**

<table>
<thead>
<tr>
<th>LEAD AGENCY:</th>
<th>Preferred Family Healthcare, Inc.</th>
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<tr>
<td>LOCATION:</td>
<td>Springfield, Missouri</td>
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<tr>
<td>TOTAL PROGRAM FUNDING:</td>
<td>$2,988,170</td>
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<tr>
<td>GEOGRAPHIC AREA:</td>
<td>Greene, Barry, Lawrence, Stone, Christian, and Taney Counties</td>
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<td>ADMINISTRATION FOR CHILDREN AND FAMILIES REGION:</td>
<td>Region 7</td>
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<td>CONGRESSIONAL DISTRICT SERVED:</td>
<td>MO-007</td>
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**BRIEF PROGRAM DESCRIPTION**

Preserving Families Through Partnerships (RPG-PFTP) builds on Preferred Family Healthcare’s Round 2 Regional Partnership Grant, the Strengths, Needs, Abilities, and Preferences (SNAP) project. The new RPG-PFTP program uses a trauma-informed and responsive, evidence-based, family and community-centered process to preserve families and enhance family and child well-being. RPG-PFTP enhances the community’s collaborative capacity to improve recovery from substance use disorder (SUD), and family safety and stability thus promoting long-term family and child well-being.

RPG-PFTP uses the Signs of Safety program, an integrated best practice framework for child intervention services currently utilized by Missouri Children’s Division. This framework is the foundation for RPG-PFTP’s family assessment and service plan and melds effectively with Preferred Family Healthcare’s trauma-informed, recovery-oriented, strengths-based model of service delivery.

RPG-PFTP is aligned with Preferred Family Healthcare’s mission of providing integrated care for the purpose of achieving overall health and wellness.

**TARGET POPULATION AND PROJECTED NUMBERS SERVED**

Preserving Families Through Partnerships (RPG-PFTP) target population is families with children (birth to age 18) who are at risk of or in out-of-home care due to substance use by their parent(s)/caretaker(s). The population is further defined as families with parental SUD issues and an active Children’s Division child abuse/neglect referral or open case. 10% of referrals are set aside for Primary prevention referrals from Community Partners, where a child abuse/neglect referral has not yet been made.

Preserving Families Through Partnerships (RPG-PFTP) will serve, at a minimum, 288 families and their children over the course of the 5-year project (we will enroll 36 families in years one and five, and 72 families in years two, three and four).
MAJOR PROGRAM GOALS

Goal 1: Enhance substance use/co-occurring disorder recovery by integrating and coordinating treatment as a core component of child welfare services.

Goal 2: Enhance family and child safety with coordination of care across multiple settings.

Goal 3: Improve family and child permanency with coordination of care across multiple settings.

Goal 4: Enhance family and child well-being with coordination of care across multiple settings.

KEY MAJOR PROGRAM SERVICES

The following Core Services will be available to all participating RPG-PFTP families:

- **Enhanced case management**, which used the evidence based University of Washington Parent-Child Assistance (P-CAP) wraparound in-home comprehensive service program.

- **Peer Recovery Mentors**, which provide recovery support, guidance and long term recovery connections

- Access to **primary and basic behavioral health care**, through partnerships with Jordan Valley Community Health Center Federally Qualified Health Center (FQHC) and other community health providers, to include screening for substance related neonatal disorders and Fetal Alcohol Spectrum Disorders (FASD)

- **Medication Assisted Treatment (when appropriate)**

- **Enhanced parenting services**: Evidence based Institute for Health Recovery’s Nurturing Program for Families in Substance Abuse Treatment and Recovery Program

- **Family Counseling**

- **Mental health services**, including trauma-informed/-specific services

- **Individual Placement and Support (IPS)**, an evidence-based approach to supported employment.

- Access to a comprehensive continuum of **evidenced-based SUD treatment**. If needed in rural areas, services can be provided in-home. Services include:
  - SUD treatment for adults (screening, assessment, outpatient treatment)
  - Family-centered SUD treatment
  - Children’s Treatment Services (screening, assessment, mental health counseling, trauma services)

The following **evidence-based practices** will be utilized in the provision of services for treatment of SUD and related family issues:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Parent and Child Interactive Therapy
− Trauma Focused Cognitive Behavioral Therapy
− Eye Movement Desensitization and Reprocessing
− Cognitive Processing Therapy
− Twelve Step Facilitation Therapy
− Matrix Model
− Moral Reconation Therapy

Additionally, families will be randomly assigned to one of three experimental groups (to allow for comparison of services effects) and will be either the control group receiving the core services listed above or one of the other two groups receiving the core services and one of the two specialized services listed below:

− **Helping Women Recover/Helping Men Recover**, an evidenced-based treatment program for participants with a history of trauma & substance abuse.

− **Living in Balance**, an evidenced-based treatment approach which emphasizes relapse prevention and sustained recovery.

### PARTNER AGENCIES AND ORGANIZATIONS

- Missouri Children’s Division
- Missouri Department of Mental Health
- Community Partnership of the Ozarks
- Harmony House Domestic Violence Services
- Simmering Center: SUD Sober Housing Services
- Springfield Partners Foster Care Case Management Services
- Southwest Coalition Foster Care Case Management Service
- Missouri Alliance
- 31st Circuit: Juvenile Court, Drug Treatment Courts, Fostering Court Improvement Project
- 39th Circuit: Juvenile Courts, Drug Treatment Courts
- Clark Center CCBHC
- Jordan Valley Community Health Center (FQHC)
- Cox Medical Services
- Mercy Medical Services
- Ozark Community Hospital
- Midwest Assessment & Psychotherapy Services (MAPS)
- Preferred Family Healthcare Inc.
  - Substance Use Treatment Services
− Employment Services
− Family and Youth Services

• Christian Associates Domestic Violence Services
• Community Partnership of the Ozarks
• Isabel’s House Crisis Nursery
• Jesus Was Homeless
• PEEPS in Recovery

**EVALUATION DESIGN**

**OUTCOME STUDY DESIGN: RANDOMIZED CONTROLLED TRIAL (RCT)**

**EVALUABILITY ASSESSMENT**

The local evaluation of the Preserving Families Through Partnership (PFTP) program includes an impact study and a process and collaboration 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 and outcome study design**

The grantee will use a randomized controlled trial to examine the impact of its RPG services. All participants in the evaluation will receive the same set of core services: trauma-informed enhanced case management from a family advocate; a peer recovery mentor services; in-home treatment of substance use disorders as needed (offered only in rural areas); the Nurturing Program for Parents in Substance Abuse treatment and Recovery; and primary and basic behavioral health care. One-third of the families in the evaluation will receive only these core services. Another one-third of the families will receive Living in Balance (LIB) from their family advocate in addition to the core services. The final one-third of the families will receive Helping Men Recover/Helping Women Recover from their family advocate in addition to the core services. The impact study will compare outcomes of these three groups. PFTP expects services to last about 12 to 18 months for all three groups. The impact study will include 288 families, with 96 in each of the three groups. The grantee will examine impacts in the following domains: permanency, safety, child well-being, and recovery.

Data sources include administrative data and information collected by data collectors using standardized instruments. Frontline program staff will administer two of the standardized instruments (the Addiction Severity Index and the Post-Traumatic Stress Diagnostic Scale). Evaluation staff will administer the other standardized instruments. Data will be collected four times for each family: (1) at intake (baseline); (2) six months after baseline; (3) at the end of services; and (4) six months after the end of services.

**Process and collaboration study design**

In the process study, PFTP will examine implementation and progress to support program success and longer-term outcomes. The process study will consider fidelity to the program model; family, referral source, and advocate perceptions of their experiences in the program; implementation elements that can be scaled or reproduced, human capital requirements, and
successes and challenges. Data sources include program documentation, case records, interviews with staff and families, focus groups with participants, and administrative data. As part of the process study, the grantee will also explore whether effective and efficient collaborative relationships in regional partnerships are associated with family preservation.

**SUSTAINABILITY STRATEGIES AND ACTIVITIES**

Preferred Family Healthcare will work to sustain the RPG-PFTP through system of care improvements and policy development. RPG-PFTP has developed a dissemination plan, designed to provide information about project activities and outcomes to ensure that identified stakeholders (including, but not limited to, project staff, referral partners, treatment partners, community stakeholders, and local, state and federal legislative officials) gain an awareness and understanding of the RPG-PFTP project. Additionally, through rigorous, ongoing evaluation, RPG-PFTP project staff will inform and educate the service community and stakeholders on the effectiveness of program activities and other best practices in achieving improved outcomes for children and families, and improving service collaboration for the target population. By sharing program outcome results with state mental health and child welfare leaders, we hope to inform and improve the field of practice, and gain financial support for sustaining and expanding the program in future years. Possibilities include a set aside of funding through Missouri’s state appropriations process and exploring Medicaid as a potential source of funding.

Preferred Family Healthcare will work to implement and sustain successful components of the RPG-PFTP project agency-wide including:

- Maintaining relationships with RPG-PFTP community partners, to offer a comprehensive wraparound approach to all Preferred Family Healthcare clients
- Working with staff to become certified as trainers for evidence-based practices utilized in RPG-PFTP
- Continued collaboration with Stakeholder Advisory Board members, to encourage future collaborations & sharing of project outcomes.

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