REGIONAL PARTNERSHIP GRANTS ROUND 4
REGIONAL PARTNERSHIP FOR FAMILIES (RPF)

LEAD AGENCY: Helen Ross McNabb Center
LOCATION: Knoxville, TN
TOTAL PROGRAM FUNDING: $3,000,000

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BRIEF PROGRAM DESCRIPTION

Helen Ross McNabb Center’s (HRMC) Regional Partnership for Families (RPF) will provide treatment to at least 200 families suffering from a substance use disorder (SUD) in the Knox Region of the Department of Children’s Services (DCS) in Tennessee (TN). RPF will address the needs of these substance-exposed children and their families through early intervention and family assessment, specialized infant mental health and court services, family-focused treatment in structured living and blended outpatient/in-home modalities, and aftercare. Comprehensive family assessments will identify strengths and needs within holistic domains and serve as an evaluative tool to measure progress at specified intervals. RPF will help families with children at risk for placement into state custody and families in which DCS has removed children and is seeking quick, safe reunification. Families will access appropriate services including family-focused treatment; infant/child mental health and developmental services; infant and toddler intensive court services; care coordination; and in-home aftercare. RPF will integrate physical and behavioral healthcare services. The project’s ultimate goal is to bring healing to families affected by substance addiction, thereby improving child well-being and permanency outcomes in Knox County, TN.

TARGET POPULATION AND PROJECTED NUMBERS SERVED

The target population for RPF are children 0-5 affected by parental SUD, their parents and families. The children will be in or at-risk of being placed in state custody due to risk factors associated with parental SUD.

Over the course of the project, 230 children and 230 adults from 200 families will be served.

MAJOR PROGRAM GOALS

GOAL 1: By receiving both court and treatment, interventions through the RPF project, children and families affected by parental SUD will experience improved outcomes in domains related to child wellbeing, safety, and permanency; parental recovery; and family functioning.

GOAL 2: RPF will increase system capacity, integration and coordination of services, and the use of shared data to improve child well-being, safety, and permanency outcomes for children affected by parental SUD.
GOAL 3: RPF will contribute to the field of knowledge for the prevention/treatment of child abuse and neglect by evaluating effectiveness of interventions provided to participants and disseminating results.

KEY MAJOR PROGRAM SERVICES

The major program services that RPF will provide are:

- **Case Management**
  - Intensive/Coordinated Case Management

- **In-Home Services**
  - Healthy Families America

- **Parenting/Family Strengthening**
  - Seeking Safety
  - Nurturing Parenting

- **Family Therapy/Counseling**
  - Family Behavioral Therapy

- **Substance Use Disorder, Mental Health and Trauma Services for Adults**
  - Hazelden Co-Occurring Disorders Program
  - Dialectical Behavioral Therapy
  - Eye Movement Desensitization

- **Specialized Outreach, Engagement and Retention**
  - Centralized entry process for families to access family-focused treatment
  - For families waiting for placement, interim support services through weekly contact

- **Children’s Screening/Assessment**
  - Ages and Stages Questionnaire (ASQ)
  - Ages and Stages Questionnaire – Social Emotional (ASQ-SE)
  - Mental health screening

- **Adult Screening/Assessment**
  - Substance Use Disorder
  - Trauma
  - Mental Health
  - Domestic Violence
  - Parenting
• **Children’s Services**
  – Safe Baby Court
  – Child Parent Psychotherapy (CPP)

• **Housing Services**
  – Supported Living

• **Cross-systems/Interagency Collaboration**
  – Cross-systems information sharing and data analysis
  – Regular regional partnership meetings

• **Evidence-Based Practices**
  – Seeking Safety
  – Hazelden Co-Occurring Disorders Program
  – Family Behavior Therapy
  – Dialectical Behavior Therapy
  – Eye Movement Desensitization and Reprocessing
  – Child Parent Psychotherapy (CPP)
  – Nurturing Parenting
  – Healthy Families America

**PARTNER AGENCIES AND ORGANIZATIONS**

• Helen Ross McNabb Center (HRMC)
• Department of Children’s Services (DCS) Knox Region
• Knox County Juvenile Court (KCJC)
• Association of Infant Mental Health in Tennessee (AIMHiTN)

**EVALUATION DESIGN**

**Outcome Study Design:** Quasi-Experimental Design (QED) and Randomized Controlled Trial (RCT)

**EVALUABILITY ASSESSMENT**

The local evaluation of the Helen Ross McNabb Center (HRMC) program has an impact and outcome study and an implementation and collaboration 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 and outcome study design

The grantee will examine the impact of two components of its RPG services, the first by using a quasi-experimental design (QED) and the second with a randomized controlled trial (RCT). Members of the QED program group will receive Great Starts, which includes family-centered substance use disorder (SUD) treatment services offered via residential treatment and intensive outpatient (IOP) treatment. Great Starts also includes several program models depending on family needs. These models include Seeking Safety, Hazelden Co-Occurring Disorders Program, Dialectical Behavioral Therapy, and Eye Movement Desensitization and Reprocessing. Family and individual therapy are offered based on family needs using Nurturing Parenting, Family Behavior Therapy, and Child Parent Psychotherapy. The length of services for the program group has not yet been finalized, although the residential portion will last six to nine months. Members of the QED’s comparison group will receive business-as-usual adult-centered IOP and residential services from the grantee, both of which will finish before the program group services. The QED will include at least 200 families, with 100 families in each group.

The RCT will be used to evaluate the impact of an aftercare service model following SUD treatment. Members of the RCT program group will receive Healthy Families of America services, a model for providing in-home aftercare services. Members of the RCT comparison group will receive Seeking Safety during in-home visits from the grantee, an alternative traditional aftercare program offered in the same county. The RCT will include 120 families, with 60 families randomly assigned to each group. Families participating in the RCT will have already completed either Great Starts or another of the RPG services (Safe Baby Court), (the families who completed Great Starts will also have participated in the QED). Families will become eligible and be randomly assigned once they complete Great Starts or court services. The grantee will examine impacts in three domains: recovery, child well-being, and family functioning.

The key data source is information collected using standardized instruments. The evaluation team will collect data for both the program and comparison groups. Data collection for QED participants will take place four times for each family: (1) when services begin; (2) when services end; (3) 6 months after services end; and (4) 12 months after services end. For the RCT, data collection will take place at two time points: (1) six months after families are randomly assigned (when aftercare services begin); and (2) 12 months after they are randomly assigned. For the subset of families that participate in both the QED and RCT, the RCT data collection points are the same as the latter two QED data collection points.

Implementation and collaboration study design

In the implementation and collaboration study, the grantee will examine program implementation, including fidelity to the program plan, the extent and scope of services provided, barriers encountered in service provision, and actions taken to overcome barriers. The grantee will also examine progress toward the project’s goals, whether and how local or agency policies and procedures change because of the RPG project, and whether there are any unintended consequences of implementing the project. In studying the collaboration, the grantee will assess shifts in the knowledge of program stakeholders and partners and the extent and focus of collaboration activities. Data sources will include staff and participant interviews, structured provider feedback, program documents, administrative data, surveys, case records from the TN Department of Children’s Services partner meeting attendance records, and information
documented on and during partner trainings. The grantee will also use the Collaborative Values Inventory.

**SUSTAINABILITY STRATEGIES AND ACTIVITIES**

HRMC utilizes a diverse set of funding options for various projects across the Center including Medicaid for clinical services, United Way, state block grant funding, local government funding, private donors, and federal funds to sustain existing programming. HRMC will work throughout the project to ensure the continued use of multiple funding streams to sustain services. HRMC also consults with AIMHiTN regarding the implementation of sustainable infant/toddler mental health services. Additionally, HRMC will work closely with KCJC to collect data, report outcomes, and seek local and state funding for Infant and Early Childhood Court. TN currently has funded five similar courts for 2018, and HRMC will participate in regular calls and meetings with other court projects to stay up-to-date on sustainability opportunities and to highlight work done in Knox County.