**REGIONAL PARTNERSHIP GRANTS ROUND 4**

**VERMONT FAMILY RECOVERY PROJECT**

**LEAD AGENCY:** Lund Family Center, Inc.  
**LOCATION:** Burlington, Vermont  
**TOTAL PROGRAM FUNDING:** $3,000,000  
**GEOGRAPHIC AREA:** Orleans and Chittenden Counties  

**ADMINISTRATION FOR CHILDREN AND FAMILIES REGION:** Region 1  
**CONGRESSIONAL DISTRICT SERVED:** VT District VT- All

### BRIEF PROGRAM DESCRIPTION

Lund’s Vermont Family Recovery Project (VTFRP) will use multigenerational, family-centered, trauma-informed, strengths-based approaches to support families referred by the Department of Children and Families- Family Services Division (DCF-FSD). Two VTFRP teams composed of a clinician and a family engagement specialist will provide family-centered, home-based services including intensive case management, connection and support for substance use disorder (SUD) treatment and recovery services, family therapy, McGill Action Planning (MAPS), and Attachment, Regulation, and Competency (ARC) clinical care to support families and increase stability and well-being for all family members.

The VTFRP will establish a regional partnership to strengthen systems of care in the project regions; support families where substance use places children at risk for out-of-home placement; and disseminate insights learned from VTFRP to stakeholders statewide.

### TARGET POPULATION AND PROJECTED NUMBERS SERVED

Lund’s target population is families at high risk for child abuse and neglect with one parent or caregiver struggling with substance use and at least one child under age six at risk of out-of-home placement.

The proposed number of families is 360 over five years.

### MAJOR PROGRAM GOALS

**GOAL 1:** Improve child safety, permanency and well-being.  
**GOAL 2:** Improve stability in recovery.  
**GOAL 3:** Improve communication and collaboration.

### KEY MAJOR PROGRAM SERVICES

- Evidence-Based Practices:
  - Strengthening Families Program (SFP)
  - Attachment, Regulation and Competency (ARC) Model
– McGill Action Planning System (MAPS)
– Family Group Decision Making

• **Intensive Case Management**
  – Family Engagement Specialist

• **Substance Use Disorder Treatment**
  – Family-Centered Treatment
  – Outpatient Treatment
  – Coordinated case management

• **Adult Screening and Assessment**
  – Family Functioning Screening

• **Children’s Screening and Assessment**
  – Trauma Screenings
  – Developmental Screenings

• **Cross-Systems/Interagency Collaboration – Clinical-Related Activities**
  – Cross-systems clinical training on substance abuse, child welfare and related clinical issues
  – Co-location

• **Cross-Systems/Interagency Collaboration – Program and Policy-Related Activities**
  – Partnerships and Collaboration on Projects

**PARTNER AGENCIES AND ORGANIZATIONS**

• **Child Welfare**
  – Vermont Department for Children and Families-Family Services Division (DCF-FSD)

• **Substance Use Disorder Treatment**
  – Agency of Drug and Alcohol Programs
  – Vermont preferred providers network of SUD treatment providers
  – Independent community based clinicians
  – Hub and Spoke providers

• **Health**
  – Community based health providers
  – Community Health Center
  – University of Vermont Medical Center
• **Education**
  - Northeast Kingdom Leaning Center
  - Vermont Adult Learning
  - Parent Child Center network

• **Housing**
  - Community based housing authorities
  - Vermont State Housing
  - Champlain Housing Trust
  - Community based family homeless shelter providers
  - Vermont Department for Children and Families, Economic Services Division

• **Evaluation**
  - Crime Research Group, Inc., Karen Gennette

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**EVALUATION DESIGN**

**OUTCOME STUDY DESIGN:** QUASI-EXPERIMENTAL DESIGN (QED)

**EVALUABILITY ASSESSMENT**

The grantee’s local evaluation 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 study design**

The grantee will use both a randomized controlled trial (RCT) and a quasi-experimental design (QED) to examine the impact of its RPG services. The RCT will be conducted in the Burlington office of Vermont’s Department of Children and Families (DCF), and the QED will be conducted in the Newport DCF office. The comparison group for the QED will be drawn from the St. Johnsbury DCF office. Members of the program group for both the RCT and QED will receive regular home visits from a two-person family recovery team including a family engagement specialist and a licensed clinician. The team will construct a detailed action plan after an intensive assessment process, and use it to structure home visits. The family engagement specialist will act as a caseworker and service coordinator, and the clinician will deliver the Attachment, Regulation, and Competency (ARC) model. Members of the comparison group will receive business-as-usual services which include periodic check-ins from DCF caseworkers and referrals to other service providers in the area.

The duration of service delivery is not concretely defined for either program or comparison groups, but will depend on necessity and the family’s continuing service usage. The study team anticipates an average program family will participate in VTFRP for about three months. The impact study will include 720 families—440 in the RCT (220 in the program group and 220 in the comparison group) and 280 in the QED (140 in the program group and 140 in the comparison group). For the RCT, the grantee will examine impacts in the domains of permanency, safety,
recovery, child well-being, and family functioning. For the QED, the grantee will examine impacts in the domains of permanency, safety, and recovery only.

Data sources include administrative data (for the program and comparison groups in both the RCT and QED) and information collected by data collectors using standardized instruments (for the program groups in both the RCT and QED and the comparison group in the RCT). Evaluation staff will partner with DCF in Burlington, Newport, and St. Johnsbury to collect administrative data for both the program and comparison groups. Data will be collected at four time points for both program groups and for the comparison group in the RCT: (1) when families begin services (baseline); (2) 3 months after baseline; (3) 6 months after baseline; and (4) 12 months after baseline. For the program groups, the baseline and three-month follow-up surveys will be administered by the two-person family recovery teams, whereas the 6- and 12-month follow-up surveys will be sent via mail. For the comparison group, DCF frontline staff, and the 3-, 6-will administer the baseline survey, and 12-month follow-up surveys will be sent via mail.

**Process and collaboration study design**

In the process study, the grantee will examine the extent to which implementation took place as planned. The process evaluation will focus on the conceptualization, planning, and implementation of VTFRP. The grantee will also assess the integrity of implementation, identify strengths and weaknesses, note barriers to implementation, and assess collaboration among partners. Data sources include program documentation, progress notes, meeting notes, client assessments, caseworker records, training materials, and interviews with stakeholders and staff.

### SUSTAINABILITY STRATEGIES AND ACTIVITIES

**Sustainability Approach:** Lund will seek opportunities to sustain central project activities by involving state partners from the beginning of planning and by ensuring that potential funding sources are provided with data describing the impact of the project and positive outcomes for families. By including state leaders on the steering committee, Lund hopes to engender the leadership-level buy-in needed to access future funding through state resources.

**Institutionalizing Strategies:** Through VTFRP’s training activities, clinicians and partners, including DCF case staff will receive training in ARC and MAPS approaches, which can be used in their work with vulnerable families across the state. In the way that key activities from Lund’s RPG 1 funding were ultimately institutionalized on a statewide scale, Lund anticipates that the VTFRP evaluation will produce a significant case for future public funding.

**Additional Funding:** Some clinical services may become billable under Medicaid, in the way that early childhood family mental health services are billable via the CIS structure. Strong evidence of the success of the home-based model and other outcomes would enable Lund to propose a modification of the state’s Medicaid plan in a future ACA authorization.