



REGIONAL PARTNERSHIP GRANTS ROUND II ENHANCING SERVICES TO CHILDREN AND FAMILIES

LEAD AGENCY: Children's Justice of State Court Administration

LOCATION: Des Moines, IA

PROGRAM FUNDING: \$588,235/Year; \$500,000/Federal; \$88,235/Match

GEOGRAPHIC AREA AND CONGRESSIONAL DISTRICT SERVED: IA- Wapello County, District 02

NUMBER SERVED: Target of 70 families served each year with approximately 350 families served over the grant period

PROJECT ABSTRACT

Iowa is challenged by high levels of parental substance abuse, leading to significant numbers of families becoming involved with the public child welfare system and the family court. The Iowa Regional Partnership (RP), with Iowa Children's Justice taking the lead, is building on and expanding the work begun in the Regional Partnership Grants Round I in which the state established evidence-based Family Treatment Courts (FTCs) in six sites in Iowa, including Wapello County. Through judicial leadership in addressing parents' substance abuse treatment needs, the FTCs have increased child safety and have statistically and substantively improved reunification rates. The RP is deepening the work of the FTCs by pilot testing service delivery and system of care coordination for families with children ages 0 through 12 whose parents are substance-involved and who have already been placed in foster care or are at risk of foster care placement. The population of families and children served includes all substance-involved families in Wapello County with children who have been placed in foster care or are at risk of foster care placement, not just those families participating in the FTC. For all families participating in the project, services are focused on children's and family's well-being. Family Navigators oversee the development and implementation of Systems of Care Teams (SCTs) comprised of parents, extended family, children (when age appropriate), service providers including mental health service providers and GALs, and when a family is participating in the FTC program, the FTC treatment team. Children receive trauma-informed assessments; robust referrals to TF-CBT; participation in two evidence based parenting skills and family functioning trainings: Strengthening Families Program (SFP); and the active engagement of their TF-CBT therapists on their SCTs. Parents receive assessments of parenting skills and family functioning; participation in SFP; and post recovery support services coordinated by Recovery Support Specialists. The second major component is strengthening statewide collaborative capacity to improve services to substance-involved and child welfare-involved families. The ten elements of

the Collaborative Practice Model are used to deepen the state's collaborative efforts with a particular focus on the training and staff development element through the implementation of agency-specific training and multidisciplinary training to improve cross-systems knowledge and cross-systems collaboration. The evaluation incorporates process (formative) and outcomes evaluation into a rigorous design that assesses the conduct of the project as well as results. A multi-modal approach involves quantitative and qualitative data to assess the extent to which the project is implemented as planned and objectives are achieved.

TARGET POPULATION

General: The project has two target populations:

- Families who are substance-involved with children ages 0 to 12 and involved with the child welfare agency in Wapello County, which will serve as the pilot site for the systems of care approach, designed to improve children's wellbeing and permanency and safety outcomes. Statewide child welfare professionals, substance abuse treatment providers and judicial/legal professionals to improve collaborative capacity.

In-home/Out-of-home Focus: The project's target population in Wapello County is families with children ages 0 to 12 who are identified by DHS caseworkers as having parental substance abuse as a primary factor and whose children have been placed in foster care with a goal of reunification or are at risk of foster care placement.

Serving Voluntary Families: Families included in the target population are involved with the child welfare agency and are not voluntary. However, consistent with best practice in family treatment courts, families' participation in FTC is voluntary.

MAJOR PROGRAM SERVICES

- **Services to Children**
 - Assessment of Trauma
 - Robust Referral to TF-CBT
 - Strengthening Families Program
 - Inclusion of Child's Therapist on SCT Team
 - Family Navigator
- **Services to Parents, Children and Youth**
 - Assessment of Parenting Skills/Family Functioning
 - Trauma Assessment and TF-CBT referral
 - Strengthening Families Program
 - Post Recovery Services
 - Family Navigator
- **Evidence-Based Practices:**
 - Strengthening Families Program
 - Trauma Focused-CBT

MAJOR PROGRAM GOALS

Goal 1: Improve the wellbeing of children ages 0 to 12 in foster care or at risk of entering foster care because of parental / primary caregiver substance abuse (improved developmental functioning and decreased externalizing and internalizing behaviors).

Goal 2: Improve permanency outcomes for referred children.

Goal 3: Increase safety of referred children.

Goal 4: Improve parenting capacity and family functioning of referred families.

Goal 5: Strengthen statewide capacity to meet the broad range of needs of families involved with both substance abuse treatment and the child welfare system.

KEY PARTNER AGENCIES

The Regional Partnership Grants encourage service providers to develop and/or strengthen cross-system linkages between substance abuse treatment, child welfare, dependency court, and other service systems. The following partners are included:

Child Welfare

- Iowa Department of Human Services, State Child Welfare Agency
- Four Oaks, Child welfare services provider
- First Resources, Child Welfare Service Provider

Substance Abuse

- Iowa Department of Public Health, State Substance Abuse Agency
- First Resources, Private substance abuse treatment provider

Criminal Justice/Law Enforcement/Legal Organizations

- Office of State Court Administration
- Iowa Children's Justice
- Office of Drug Control Policy
- Court Appointed Special Advocates (CASA)
- Wapello Family Treatment Court
- Attorney General (head at state or county level)
- Drug Endangered Children (DEC)

Mental Health

- Southern Iowa Mental Health Services
- Iowa Behavioral Health Association and Training Resources

Healthcare

- Child Health Specialty Clinics

DISSEMINATION ACTIVITIES

Quarterly dissemination of project information to stakeholders, policy makers, and legislators.

Target audiences for dissemination are child welfare professionals (public and private agency), substance abuse treatment providers, judges and attorneys in the state of Iowa; national child welfare, substance abuse and legal/judicial audiences; child and family advocacy groups in Iowa and nationally; child welfare and substance abuse researchers; Iowa state legislators; other state and federal policymakers; and child welfare, substance abuse and judicial/legal training providers. Numerous procedures, materials and other products based on the program evaluations and audience needs are being disseminated to target audiences. Some examples include evaluation results and outcomes of multi-disciplinary training.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

Involvement of Partners: Maintain the involvement of the partners on an ongoing basis in sustainability planning: the Advisory Committee, the Wapello County Steering Committee and court, and child welfare and substance abuse treatment leadership.

The Children's Justice Cabinet (comprised of the State Court Administrator, the Directors of Human Services, Office of Drug Control Policy and the Iowa Department of Public Health) continue to make policy, practice, and funding decisions that prioritize children and their families.

Sustainability Approach: The Advisory Committee implements legislative and other policy-based strategies to sustain the model or model components that prove to be effective.

The training is institutionalized in the three systems so that statewide training and well-prepared trainers are available as the work force changes.

The DHS Training Director is committed to institutionalizing the training for child welfare staff with the use of Title IV-E funding. Iowa Children's Justice continues to offer the judicial/legal training. Substance abuse treatment providers continue to be trained through DPH.

EVALUATION

The RPG program aims in part to expand the knowledge base on approaches that improve the well-being and functioning of families affected by substance abuse. As a result, a local evaluation is conducted of each RPG program. Families and Community Together (FACT) local evaluation uses a matched comparison group design with a size of 560 families, split evenly between the program and comparison groups. The evaluation examines the effects of the Strengthening Families Program (SFP) on the project's target population, relative to services usually available to these families.

Outcome Study Design: FACT provides its program to all substance abuse-affected families who are Wapello County residents, are involved in child welfare, and volunteer for an enhanced services track. Treatment families enter the program on a rolling basis, and begin the SFP intervention in groups. The evaluation team uses a statistical procedure and propensity score matching to identify comparison group families within an Iowa Department of Human Services administrative database who are similar to those receiving RPG services. Variables used to select the comparison group include date of birth, gender, race, ethnicity, region, time in placement, and reunification.

FACT assesses several outcomes for the program and comparison groups in the areas of child safety and child permanency: occurrence of child maltreatment, number of children entering foster care, timeliness of reunification, and reentry into foster care. The grantee collects data on child well-being, family functioning and stability, and adult recovery for the program group, using instruments specific to the local evaluation and instruments the Children’s Bureau selected for the RPG national cross-site evaluation. Program staff collects primary data at baseline, between SFP implementation cycles, and at the completion of the 14-week program. The evaluators obtain administrative data through a data sharing agreement with the Iowa Department of Human Services and the Iowa Department of Public Health to examine safety, permanency, and adult recovery outcomes for the program group. The comparison group examines safety and permanency outcomes.

Additional Evaluation Components: The evaluation team collects information about implementing SFP and CF! together (initial implementation strategy), as the two programs have not previously been combined, and then SFP as a sole intervention. A process evaluation describes program implementation and context, reporting on measures of outputs, quality indicators, and fidelity to program models and documenting programmatic changes, staffing changes, barriers, strengths, and program modifications.

RPG National Cross-Site Evaluation Participation: In addition to its local evaluation, FACT participates in the RPG cross-site evaluation studies, which analyzes child and family outcomes, investigate program implementation, and examines collaboration among RPG grantees and their partners.

ADMINISTRATIVE STRUCTURE

The primary partner organization, Iowa Children’s Justice, takes an active role in the project throughout the entire length of the project by ensuring that all grant requirements are met and by coordinating the work of the Advisory Committee comprised of the partnering agencies. The collaborative Advisory Committee provides the administrative and organizational interface between Iowa Children’s Justice, other state agency partners, and the courts, taking a leadership role in addressing policy and legislative issues related to improving services to substance-involved parents and their children.

Collaboration at the local level (Wapello County FTC) is overseen by Judge Owens as the judicial leader of the FTC and Juvenile Court, with active participation of the FNs as the systems of care coordinators for all participating families (FTC and non-FTC). Local collaboration is forged through continuing and expanding the membership of the current successful Steering Committee. Both the Advisory Committee and the Steering Committee meet quarterly throughout the grant period.

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