



REGIONAL PARTNERSHIP GRANTS ROUND II SEASONS-REGIONAL NETWORK FOR TRAUMA-INFORMED CARE (TIC)

LEAD AGENCY: Northwest Iowa Mental Health Center dba Seasons Center

LOCATION: Spencer, Iowa

PROGRAM FUNDING: \$589,000/Year; \$500,000 Federal; \$89,000 Match

GEOGRAPHIC AREA AND CONGRESSIONAL DISTRICT SERVED: Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux. IA District IA-005

NUMBER SERVED: 50 families enrolled per year

PROJECT ABSTRACT

The applicant and lead agency for the project is Seasons Center for Behavioral Health, a nonprofit, community mental health center, providing behavioral health services in Northwest Iowa since 1959 (mental health partner). The other project partners are the Iowa Department of Human Services-Western Service Area (child welfare), Juvenile Court Services Third Judicial District (Juvenile Justice officials), Third Judicial District Courts Judges (court personnel), Promise Community Health Center and United Community Health Center (community health service providers), and Sheldon Residential Treatment Facility (community corrections). The service area includes nine counties in rural Northwest Iowa: Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux.

The project addresses the following needs: (1) Rethink the current service delivery structure for providing services in a rural setting for families involved in multiple systems; to successfully meet the needs of abused and trauma-exposed children and their families, (2) Integrate trauma-focused, evidence-based programs into current service delivery practices to ensure children and their families experiencing and/or exposed to trauma have access to appropriate treatment and agencies and professionals have the resources and supports to provide high quality services; (3) Revisit current service delivery practices to better understand the impact of abuse and/or exposure to trauma has on children and families entering their systems, and embed trauma informed care into current practices, targeting the subsequent challenges in creating a collaborative service delivery approach.

TARGET POPULATION

General: The target population group for the proposed project is children, ages 0-21, who are in or at-risk of being placed in an out-of-home placement as a result of parents or caregiver's substance abuse.

Adult Inclusion/Exclusion Criteria: Must access evidence-based program services within one of Seasons' locations in rural northwest Iowa (Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux).

In-home/Out-of-home Focus: Both

Serving Voluntary Families: Both voluntary and involuntary

MAJOR PROGRAM SERVICES

- **Evidence-Based Practices:**
 - Parent-Child Interactive Therapy (PCIT)
 - Trauma-Informed Cognitive Behavioral Therapy (TF-CBT)
 - LifeSpan Integration (LI)
 - Alternatives for Families – A Cognitive Behavioral Therapy (AF-CBT) (Considering alternative to begin in year 4 or 5)
- **Children's Screening and Assessment**
 - Trauma 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

MAJOR PROGRAM GOALS

Goal 1: Demonstrate the organizational capacity to lead and champion a high-quality regional partnership to effectively deliver and sustain trauma informed, evidence based practices between child welfare, mental health, juvenile court, and other child/family serving systems during and beyond the grant funding period;

Goal 2: Increase the number of children and families served through the use of developmentally and culturally appropriate, setting sensitive, trauma-informed, and evidence-based programs and services; and

Goal 3: Establish purposeful partnerships within local communities to increase the awareness, need, and significance for trauma informed care and to mobilize local services to support families in their personal recovery. Project outcomes: improve child and family well-being, improve permanency, enhance safety, and improve system collaboration.

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:

- **Mental Health & Substance Abuse Treatment Provider**
 - Seasons Center for Behavioral Health – Lead Agency
- **Child Welfare**
 - Iowa Department of Human Services-Western Service Area (child welfare)
- **Court**
 - Juvenile Court Services
 - Third Judicial District Courts Judges and court personnel
- **Health**
 - Promise Community Health Center and United Community Health Center
- **Community**
 - Sheldon Residential Treatment Facility

DISSEMINATION ACTIVITIES

Dissemination activities are an on-going process throughout the implementation of project activities. Strategies include information sharing with partners and community health, human services, and educational entities through regularly scheduled meetings, regional trainings, and community events. Social media and innovative promotional activities also serve as a vehicle for the dissemination of project results, including process data, success stories, challenges, and lessons learned. The external evaluators also serve as technical consultants and trainers for the community, and offer periodic trainings on an annual basis, sponsored by Seasons and the RPG program, on trauma-related topics, cultural diversity, and related topics.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

Involvement of Partners: The initial planning includes discussions between Seasons Leadership Team, clinical department, and project partners regarding sustainability; each provided a Letter of Support.

Sustainability Approach: Develop the purpose, roles, and responsibilities of the group to extend beyond grant funding to sustain activities, as well as address other emerging issues

Integration Strategies: EBPs are integrated into essential responsibilities of existing staff as much as possible. Grant funds provided start-up resources with services embedded into current practice.

Innovative and Strategic Resource Development: Seasons pursues potential funding sources such as foundation grants, state and federal grants, fee for services, leveraging and braiding.

EVALUATION

RPG National Cross-Site Evaluation Participation: To expand the body of knowledge on promising approaches to serving families that are affected by parental substance use disorders and have children at risk of maltreatment, the Children’s Bureau requires each RPG grantee to conduct an evaluation of its project as part of the national cross-site evaluation project. Seasons Center for Behavioral Health (Seasons) examines the use of a Clinical Care (Treatment) Team to help parents/caregivers and children recover from trauma and strengthen their bonds with an “enrollment” group that includes 200 families (140 program group families and 60 comparison group families). Program group families are assigned to the Seasons Clinical Care (Treatment) Team, which direct their treatment plans and monitor their progress; comparison group families do not receive these services. Parents and children in both the program and comparison groups receive one or more of four evidence-based practices (EBPs): (1) Parent-Child Interactive Therapy, (2) Trauma-Focused Cognitive Behavioral Therapy, (3) Alternative for Families–Cognitive Behavioral Therapy (starting in years 4 &/or 5), or (4) Lifespan Integration Therapy. Families may also receive psychological testing and/or substance abuse counseling. Seasons focuses on strengthening collaborative partnerships and examines the overall system of care it develops.

The Iowa Department of Human Services, Juvenile Court Office, and Family Treatment Court refer families to Seasons. Staff may also refer families internally from Seasons. After families consent to participate in the program and Seasons staff gather baseline data about them, families are randomly assigned to the program or comparison group. Thirty percent of families are assigned to the comparison group. If a family is assigned to the program group, the Clinical Care Team determines a treatment path based on factors that include initial assessments and the team continues to oversee a client’s treatment through discharge. If the family is assigned to the comparison group, the team recommends an initial treatment path, with no further follow-up.

As part of the cross-site evaluation, Seasons is assessing outcomes in five areas: (1) child well-being, (2) child permanency, (3) child safety, (4) adult recovery, and (5) family functioning and stability. Program staff collects primary child well-being, adult recovery, and family functioning data at baseline and program exit. Seasons and the local evaluator are working with the Iowa Department of Human Services to obtain administrative records on child safety and permanency. In addition to outcomes the Children’s Bureau has selected for the RPG national cross-site evaluation and grantees’ local evaluations, Seasons staff also collects data on services received. Seasons also contributes to the RPG cross-site outcomes, implementation, and partnership studies.

Local Evaluation Components: Seasons conducts a number of local evaluation projects related to the RPG project. These include, for instance, the development of demographic profiles for participants utilizing RPG services that are NOT enrolled in the cross-site national evaluation; cost studies on specific treatments provided by RPG funds; analysis of factors associated with non-participation in RPG activities; a review of system-building efforts supported by RPG funds; and other assessment projects. It is also interested in whether the Clinical Care Team helps to address issues caused by the fact that substance use disorder recovery and child welfare permanency decisions often progress according to different timelines.

ADMINISTRATIVE STRUCTURE

The lead agency for the Seasons-Regional Network for Trauma-Informed Care is Seasons Center for Behavioral Health (Seasons). Seasons is a community mental health center and has a non-profit designation. A fourteen member volunteer board of directors governs the organization. Kim Scorza is the Executive Director of Seasons. Jean Drey, Director of Program Development for Seasons reports directly to Ms. Scorza and serves as the RPG Project Director. Mr. Dan Ries, Director of Finance, and Human Resources for Seasons Center provides direct fiscal oversight to the project. Sarah Heinrichs, Project Coordinator, manages the intake and enrollment, data collection, and ESL/OASIS uploads for evaluation.

The central office is located in Spencer, Iowa, with clinical and/or satellite offices in each of the nine counties. The project is comprised of six other agencies: the Iowa Department of Human Services (DHS)-Western Service Area, Juvenile Court Services-Third Judicial District (JCS), Third Judicial District-Courts, Promise Community Health Center (PCHC), United Community Health Center (UCHC), and Sheldon Residential Treatment Facility (RTF). DHS oversees child welfare services for the proposed service area. Juvenile court services and a local juvenile court judges represent the Third Judicial District. PCHC (Sioux County) and UCHC (Buena Vista County) are federally qualified community health centers (FQHC) located in the service area and Sheldon RTF (O'Brien County) is a 30 bed, all male community corrections facility. Regional Partnership Meetings will include representatives for each organization.

This grantee profile is supported by the Administration on Children, Youth, and Families Children's Bureau, under contract HHSP23320072911YC. This content represents the work of The Center for Children and Family Futures, and does not reflect the opinions of the Administration on Children, Youth, and Families.