

# MISSION-Hope

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June 2019



## What is MISSION-Hope?

MISSION-Hope is a 5 year SAMHSA grant funded program offered through the Franklin Family Drug Court. The program provides parents, children, caregivers, and families within the court evidence-based treatment and helpful wrap-around services tailored to each family's unique needs. Services are provided for up to 12 months by the Hope care team, which includes a Case Manager, Peer Support Specialist, Family Social Worker, and Nurse. The goal of this program is to assist parents in their recovery from both mental health and substance use disorders, enhance parenting and caregiver skills, and strengthen child and family well-being. The program utilizes the evidence based MISSION-CJ model which has been implemented and studied nationally as well as in several specialty courts in Massachusetts. To learn more about the MISSION-CJ model, please go to the model website: [www.missionmodel.org](http://www.missionmodel.org). MISSION-Hope is a partnership project including the Executive Office of the Trial Court, Franklin Family Drug Court, Franklin/Hampshire Juvenile Court, Behavioral Health Network, UMASS Medical School and the Opioid Taskforce.

## Who Do We Serve? A Snapshot of Hope Families



### Children & Families

- Thus far, we have served 84 children, across 40 families/parents, averaging 2 children per family.
- Average age of children served is 6 years old.
- 75% of recovering parents have children who are living with someone else due to a child protection court order.
- 42.5% of recovering parents have a child in foster care.
- 32.5% of recovering parents had a child born with substance exposure at birth
- 100% of Hope children have experienced at least 4 adverse childhood experiences (ACEs). Having 4 or more ACEs puts children at risk for developing chronic diseases and serious social and emotional problems as adults (Merrick, 2018)
- The most common areas families struggle with include family health (child and parent's mental & physical health), self-sufficiency (income, housing and employment stability), caregiver/child ambivalence (disrupted attachment), readiness for reunification, and trauma (coping with trauma)

## Measuring Program Impact

The mixed-method evaluation conducted by UMASS collects quantitative data at intake, 6 and 12 months post intake; and collects qualitative data via periodic focus groups with Hope families and staff.

Preliminary analyses of quantitative data based on 21 recovering parents found that from intake to 6 months post intake rates of alcohol or illicit drug abstinence increased, health/behavioral consequences from drug use decreased, and housing stability increased. Given our small sample size we are unable to make significant conclusions at this time. UMASS is in the process of collecting additional follow-up data; conducting significance testing and additional analyses including examining child and family outcomes. Updated evaluation findings will be available in the coming months.

Focus groups with 8 recovering parents identified the following program strengths: use of assertive outreach by staff, provision of transportation, inclusion of peer support specialist on the care team, provision of wraparound supports such as help with housing, and the Judge.

### Recovering Parents

- Most parents are non-Hispanic (88%), Caucasian, women (67%) in their early 30s and have about 2-3 children.
- 98% of clients reported experiencing a trauma in their lifetime, and about 60% clients likely meet criteria for Post Traumatic Stress Disorder.
- On average, parents first used an illegal drug at the age of 13 years old.
- 68% have a history of using street opiates for at least a year in their lifetime.
- 77% have had some type of criminal justice involvement in their lives.
- 65% are unemployed.
- 62% report being homeless in their life. On average, clients were first homeless at the age of 24 years old.
- 98% were motivated to enter Hope because of their "Desire to maintain or regain custody or visitation with my children"
- 58% were motivated to enter Hope because of their "Desire to get treatment for my substance use"
- 65% of recovering parents are utilizing Medication Assisted Treatment (MAT)
- Average number of Adverse Childhood Experiences per parent is 5. Each additional type of adverse childhood experience increases a person's risk of relapse during medication-assisted opioid treatment by 17% percent (Derefinko, 2019).

