



Regional Partnership Grant Cross-Site Evaluation: Annual Report for October 2020 Through September 2021

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I. Introduction

Caregiver substance misuse is a key factor in many cases of child abuse or neglect (Box I.1). To address this issue, Congress has authorized competitive Regional Partnership Grants (RPG) since 2006. Using interagency collaboration and program integration, RPG-funded projects are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children in or at risk of out-of-home placement as a result of a parent’s or caretaker’s substance use. The Children’s Bureau (CB) of the Administration on Children, Youth and Families, U.S. Department of Health and Human Services (HHS), has awarded six rounds of RPGs as of 2021.¹ In addition to serving their communities, grantees must collect and report performance data, conduct local evaluations of their projects, and participate in a cross-site evaluation of all RPG projects within each cohort of grantees.

To help the RPG project teams and their partners develop, implement, and evaluate their projects, CB has contracted with two technical assistance (TA) providers: (1) the Center for Children and Family Futures, Inc. (CFF) for project-related TA² and (2) Mathematica for evaluation TA. Mathematica is also conducting the cross-site evaluation for current cohorts of grantees.

This report describes the major annual activities and accomplishments related to the cross-site evaluation and TA, across all three active RPG cohorts, from October 2020 through September 2021. As shown in Table I.1, this period was the fourth year of Mathematica’s current cross-site evaluation and evaluation TA contract for the fourth cohort (referred to in this report as RPG4), the third year of the fifth cohort (referred to as RPG5), and the second year for the sixth cohort (referred to as RPG6). We start with a brief history of the RPG cohorts and information on the RPG4, RPG5, and RPG6 projects. We then provide an overview of the RPG cross-site evaluation and describe highlights from the past year of the contract, support provided to RPG projects during this period, and next steps.

Box I.1. Cause for concern

The number of children in foster care has increased each year since 2013, with recent declines in 2019 and 2020 (HHS 2020b). Substance use disorder (SUD), specifically the misuse of opioids, is the leading contributor to the growing number of children entering foster care (Radel et al. 2018). In addition, higher rates of drug overdose deaths and drug-related hospitalizations are linked to higher child welfare caseloads (Radel et al. 2018). Higher rates of serious substance use-related issues might make it more difficult for child welfare systems to support and strengthen families, keep children at home, or return them quickly from out-of-home care.

¹ The RPG project was first authorized by the Child and Family Services Improvement Act of 2006 (P.L. 109–288) and reauthorized by the Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112–34).

² This work is part of the contract for the CFF to manage the National Center for Substance Abuse and Child Welfare, supported through an intra-agency agreement between the Substance Abuse and Mental Health Services Administration and the Administration on Children, Youth and Families.

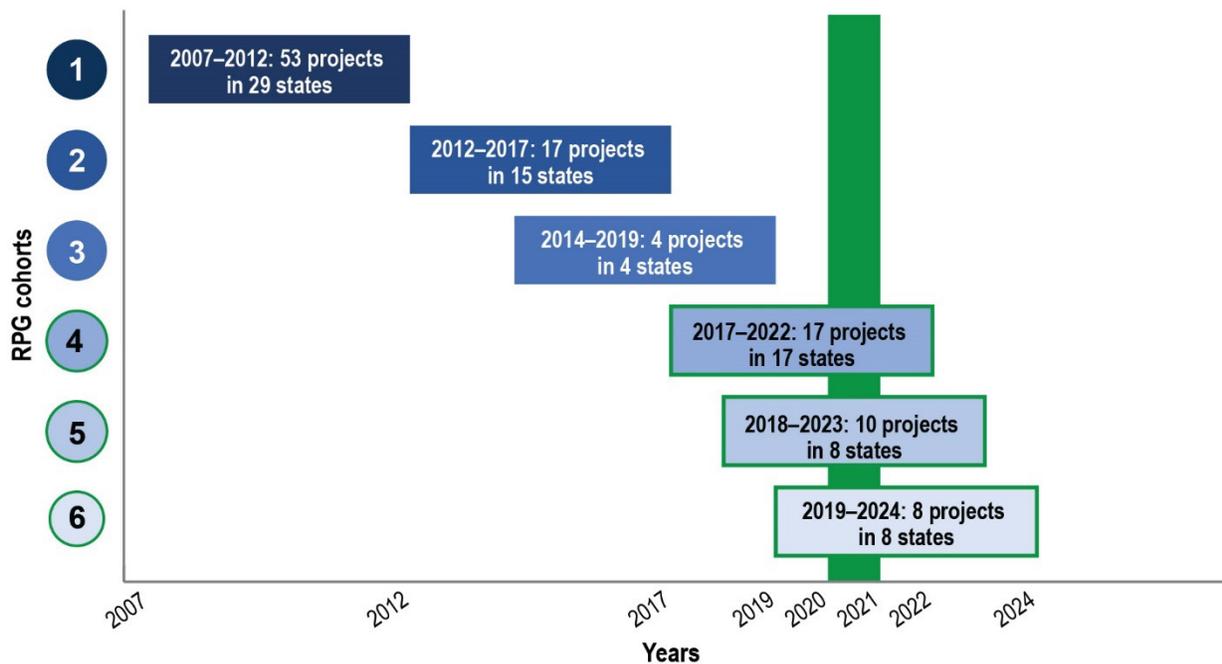
Table I.1. Grant year for each RPG cohort across fiscal years

Grant cohort	Fiscal year (September–October)			
	2017–2018	2018–2019	2019–2020	2020–2021
RPG4	Grant Year 1	Grant Year 2	Grant Year 3	Grant Year 4
RPG5		Grant Year 1	Grant Year 2	Grant Year 3
RPG6			Grant Year 1	Grant Year 2

II. Brief History of RPG and Snapshot of the Current Cohorts

From 2007 through 2021, CB awarded six cohorts of RPGs, three of which are active (II.1).³ The performance period is typically five years. Cohorts range in size from 4 projects to 53 projects, based on the size of the awards. The three active cohorts (RPG4 through RPG6) account for 35 projects.

II.1. Overview of six RPG cohorts, highlighting active cohorts in 2020–2021



The RPG4, RPG5, and RPG6 cohorts (the focus of this annual report) are led by a range of organizations (Table II.1). Of the 35 projects in the three cohorts, 11 are led by service providers that offer both substance use treatment and mental health care (we refer to these as behavioral health organizations). Other projects are led by providers of family support services (5 projects) and substance use treatment providers (4 projects). Some are led by state agencies (4 projects), including agencies that oversee the state’s behavioral health system (2 projects) and state’s judicial system (2 projects). Other projects are led by managing entities of service providers (2 projects), including 1 led by a managing entity of mental health and substance use service providers and 1 led by a managing entity of child welfare services. Other projects are led by hospitals (3 projects), university research centers (3 projects), a youth advocacy association (2 projects), and an Alaska Native tribally designated organization (1 project). More information on the projects, such as their populations of interest and services, can be found in Appendix A.

³ The 2011 reauthorizing legislation also allowed HHS to offer continuation grants of \$500,000 to Round 1 partnerships for up to two years to extend their projects from the first round of funding. Also, in 2021, 9 of the 10 Round 5 grantees were awarded continuation grants to extend their projects for two additional years.

Table II.1. RPG4, RPG5, and RPG6 grantees

Grantee organization	State	Organization type
RPG4		
University of Alabama at Birmingham, Comprehensive Center for Addictions in Pregnancy	Alabama	Hospital/clinic
Cook Inlet Tribal Council, Inc.	Alaska	Alaska Native tribally designated organization
Children and Families First Delaware	Delaware	Family support service provider
Broward Behavioral Health Coalition, Inc.	Florida	Managing entity for mental health and substance use service providers
Youth Network Council DBA Illinois Collaboration on Youth	Illinois	Youth advocacy association
Volunteers of America Indiana	Indiana	Substance use treatment provider
Northwest Iowa Mental Health Center DBA Seasons Center	Iowa	Behavioral health service provider
University of Kansas, School of Social Welfare, Center for Research, Inc.	Kansas	University research center
Mountain Comprehensive Care Center	Kentucky	Behavioral health service provider
Preferred Family Healthcare, Inc.	Missouri	Behavioral health service provider
The Ohio State University, College of Social Work	Ohio	University research center
Oklahoma Department of Mental Health and Substance Abuse Services	Oklahoma	State agency
Helen Ross McNabb Center	Tennessee	Substance use treatment provider
Lund Family Center, Inc.	Vermont	Family support service provider
Catholic Charities of Spokane	Washington	Family support service provider
Prestera Center for Mental Health Services, Inc.	West Virginia	Behavioral health service provider
Meta House, Inc.	Wisconsin	Substance use treatment provider
RPG5		
Family Support Services of North Florida	Florida	Family support service provider
Citrus Health Network DBA Citrus Family Care Network	Florida	Managing entity for child welfare agency
Judiciary Courts for the State	Iowa	State court/judicial agency
Northwest Iowa Mental Health Seasons Center	Iowa	Behavioral health service provider
Centerstone of Illinois, Inc.	Illinois	Behavioral health service provider
Institute for Health and Recovery	Massachusetts	Behavioral health service provider
Preferred Family Healthcare, Inc.	Missouri	Behavioral health service provider
Montefiore Medical Center	New York	Hospital/clinic
Health Federation of Philadelphia	Pennsylvania	Family support service provider
Volunteers of America, Dakotas	South Dakota	Substance use treatment provider
RPG6		
Acenda, Inc.	New Jersey	Behavioral health service provider
Colorado Judicial Department, State Court Administrator's Office	Colorado	State court/judicial agency
Georgia State University Research Foundation, Inc.	Georgia	University research center

Grantee organization	State	Organization type
Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Medical Center	New Hampshire	Hospital/clinic
Youth Network Council DBA Illinois Collaboration on Youth	Illinois	Youth advocacy association
Preferred Family Healthcare, Inc.	Missouri	Behavioral health service provider
Oklahoma Department of Mental Health and Substance Abuse Services	Oklahoma	State agency
Pretera Center for Mental Health Services, Inc.	West Virginia	Behavioral health service provider

Notes: For this table, substance use treatment providers are entities that offer only addiction recovery services. Behavioral health service providers offer an array of behavioral health services, including substance use treatment and mental health care. Family support service providers primarily offer social services rather than behavioral health care.

DBA = doing business as.

III. RPG Cross-Site Evaluation

The RPG-authorizing legislation requires CB to collect performance data and report on the services provided and activities conducted with RPG funds. To address the legislation’s goals and contribute knowledge to the fields of child welfare and SUD treatment programming, CB requires and supports a cross-site evaluation of RPG4, RPG5, and RPG6. Mathematica designed the cross-site evaluation, in collaboration with CB, to answer key questions of interest to CB and the broader field (see Box III.1 for an overview of the cross-site evaluation; data sources and outcome measures appear in Appendices B and C). The evaluation complements evaluations of previous RPG cohorts (HHS 2016, 2020, 2022).

The cross-site evaluation for RPG4 and RPG5 began in June 2019, once the RPG Evaluation Data System (RPG-EDS) was ready for grantee use.⁴ The RPG6 cross-site evaluation began in September 2020, after a one-year planning period for the grantees. The final evaluation results will be available after the grants end, but CB might release interim findings when available to include in biannual reports to Congress.

⁴ Mathematica was required to obtain an Authority to Operate (ATO) for RPG-EDS, which ensures participants’ data collected for the cross-site evaluation is private and secure. The ATO was required before grantees could access the system and begin entering data.

Box III.1. Overview of the cross-site evaluation

Through the cross-site evaluation of RPG4, RPG5, and RPG6, CB seeks to better understand the partnerships that form the basis of each project including: who was served, how they were served, partnership outcomes, and project impacts. The cross-site evaluation addresses the following research questions:



Partnerships. Which partners were involved in each RPG project, and how did they work together? How much progress did RPG projects make toward interagency collaboration and service coordination? How do the child welfare and SUD treatment agencies work together to achieve the goals of RPG?



Families served. What referral sources did RPG projects use? What are the characteristics of families that enrolled in RPG? To what extent did RPG projects reach their target populations?



Services. What core services—the services the RPG team defines as fundamental to its project—were provided, and to whom? Did the core services the families received differ from the services proposed in the RPG project applications? If so, what led to the changes? How engaged were participants with the services provided? Which agencies (grantees and their partners) provided services? What proportion of families exited RPG?



Improvement and sustainability. What plans and activities did RPG project teams undertake to maintain the implementation infrastructure and processes during and after the grant period? What plans and activities did RPG project teams undertake to maintain the project's organizational infrastructure and processes after the grant period? To what extent were RPG project teams prepared to sustain services after the grant period? What plans and activities did RPG project teams undertake to develop funding strategies and secure resources needed after the grant period? How did the federal, state, and local context affect RPG projects and their efforts to sustain services after the grant period?



Outcomes. What were the well-being, permanency, safety, recovery, and family-functioning outcomes of children and adults who enrolled in RPG projects?



Impacts. What were the impacts of RPG projects on children and adults enrolled in RPG?

IV. Local Evaluations

As with previous cohorts, CB requires each RPG4, RPG5, and RPG6 project team to work with an evaluator (either internal or third party) to evaluate its project. Grantee project teams, with their evaluator, must plan and conduct an evaluation that assesses the effectiveness of activities and services. They must also evaluate project implementation to help interpret the findings from the local impact evaluations and inform the field and future RPG projects.

Of the 35 grantees, 32 are conducting an impact study to measure the effects of the project. Impact studies measure whether changes in participant outcomes can be attributed to a given program. Such studies must include a treatment group, which receives the services of interest, and a comparison group, which does not receive those services. The comparison group represents what would have happened to people in the treatment group if they had not received the services. RPG project teams could form treatment groups by using a random process for a randomized controlled trial (RCT) or a nonrandom process, such as self-selection or staff assignment, for a quasi-experimental design (QED). A total of 12 grantees are conducting an RCT, 18 are conducting a QED, 2 are conducting both an RCT and QED, and 3 are conducting an outcomes study only. More information is available in Appendix A. For a pooled study of impacts, selected local impact evaluations will contribute data on both their program and comparison groups to the national cross-site evaluation (see, for example, the impact study conducted on the RPG3 cohort in Cole et al. 2021).

V. Milestones and Major Activities During the Reporting Period

Key milestones and major activities from October 2020 through September 2021 are highlighted below.

-  **Continued cross-site evaluation for RPG4, RPG5, and RPG6.** All RPG4, RPG5, and all but one RPG6 project were enrolling families and providing them with RPG services. As of September 2021, 3,355 people were enrolled in the RPG4 cross-site evaluation, 4,262 people were enrolled in the RPG5 cross-site evaluation, and 532 people were enrolled in the RPG6 cross-site evaluation.
-  **RPG6 grantees used the RPG-EDS to upload outcomes data for the first time.** RPG6 projects used the RPG-EDS to upload outcomes data during the April 2021 upload period. Six of the eight grantees uploaded standardized instrument outcomes data.
-  **Developed and shared the first data quality snapshots with RPG4, RPG5, and RPG6 grantees.** To assist grantees with identifying and resolving issues with data uploaded to RPG-EDS, we developed quarterly personalized data quality snapshot tools for each grantee, showing indicators of data quality in RPG-EDS.
-  **Continued to provide evaluation TA during the COVID-19 public health emergency.** As grantees adapted their projects to respond to the continued public health emergency, Mathematica provided support for their changing evaluation needs, such as changes in evaluation enrollment procedures or virtual service provision.
-  **Collected data from a survey and semi-structured interviews to learn about the grantees' partnerships.** Partnerships are central to the mission and success of RPG. To describe the types and extent of interagency collaboration within RPG4 and RPG5 projects, we administered an online survey to grantees and their partners. We invited one person from each organization knowledgeable about the RPG project to complete the survey. To complement the broad information in the survey, we also conducted virtual site visits interviewing key grantee staff and project partners. The interviews focused on partnerships with child welfare providers and substance use treatment providers as central partners in the RPG project. The team will analyze data from the survey and interviews and summarize the findings in the eighth report to Congress.
-  **Held evaluation status meeting and developed evaluation status summaries.** Although the cross-site team and CB discuss the local and cross-site evaluations regularly, for the first time, they held an evaluation status meeting. During the meeting, Mathematica and CB staff reflected on every grantee's local evaluation successes and challenges and considered implications for the cross-site evaluation. After the meeting, Mathematica developed an evaluation summary for each grantee, summarizing the conclusions from that meeting, including areas and strategies for improvement. For three RPG4 grantees and one RPG5 grantee, the cross-site team recommended, and CB agreed, that the project team should discontinue efforts on their impact evaluations and focus their resources on other aspects of the local and cross-site evaluations, such as data collection from families when they enter or exit the RPG project. Recommendations to discontinue the impact evaluation were based on the team's assessment that the grantee team would be unlikely to successfully execute an impact evaluation within the grant period (for example, if a grantee did not have any comparison group members enrolled in the evaluation for the third or fourth year of the grant). CB has asked the cross-site team to hold the meeting and develop the summaries annually.

VI. Evaluation TA

To support the RPG4, RPG5, and RPG6 projects with the design and execution of their local evaluations and participation in the cross-site evaluation, CB contracted with Mathematica to provide TA on evaluation design and operations. Mathematica assigned a cross-site liaison (CSL) to each RPG project. For each grant, the CSLs work closely with the programmatic TA providers, the change liaisons from the National Center for Substance Abuse and Child Welfare (NCSACW), and the federal project officer (FPO). Together, they form a TA team working with each RPG project. The TA team holds standing monthly TA calls with project teams and conducts regular meetings to develop coordinated agendas for the monthly calls, debrief the team on issues, and discuss action items. The TA team also develops complementary content for in-person and online presentations and training sessions, and creates written TA materials. In addition to the TA team’s activities, Mathematica also staffs a help desk to support grantees in collecting data for the cross-site evaluation. Sections A through C describe the TA team’s monthly TA calls, coordinated presentations and trainings, and TA tools, respectively. Section D describes Mathematica’s help desk support to grantees.

A. Monthly TA telephone meetings

The standing monthly telephone calls are the main source of TA for RPG projects. During the calls, RPG project staff (usually representatives from the grantee and local evaluator) provide an update on project and evaluation planning and implementation from the past month, ask questions, solicit input, and voice concerns. In addition to the monthly calls, CSLs also participate in regular TA team check-ins, and ad-hoc evaluation calls initiated by the CSL, FPO, or RPG project teams. From October 2020 through September 2021, CSLs participated in 244 telephone calls with RPG4 projects, 182 calls with RPG5 projects, and 164 calls with RPG6 projects, across all types of evaluation calls. The average number of calls was 49 calls per month across projects, or about 17 calls per RPG project for the year (Table VI.1).

During the telephone meetings, RPG project staff and TA teams discussed a wide range of programmatic and evaluation-related topics. The most common TA topics were grantee-collected data (223 calls); intake, study consent, and enrollment processes (214); project implementation (160); staffing (113); administrative data (105); sample size (71); and treatment and comparison group formation (48) (Table VI.2).

Aside from evaluation TA calls, RPG project teams may submit a request for additional assistance, such as specialized TA from their CSL or another member of the cross-site evaluation team (for example, a survey expert). Project teams may also request examples of existing materials they might leverage for their own use, such as consent forms or tools to calculate statistical power. From October 2020 through September 2021, the CSLs fielded only one of these types of requests from a grantee that wanted to learn more about conducting their own cost study.

Table VI.1. Number of evaluation TA calls, October 2020–September 2021

	Monthly TA	TA team check-ins	Initiated by FPO or TA provider	Initiated by RPG project team	All
Total calls	337	185	27	41	590
Average calls per month	28	15	2	3	49

Source: CSL call log, October 2020–September 2021.

Note: TA teams consist of a change liaison, an FPO, and a cross-site liaison.

FPO = federal project officer; RPG = Regional Partnership Grant; TA = technical assistance.

Table VI.2. Topics discussed during TA calls, October 2020–September 2021

Topic	Number of calls discussing topic
Grantee-collected data	223
Intake/study consent/enrollment processes	214
Implementation	160
Staff	113
Administrative data	105
Sample size	71
Formation of treatment and comparison groups	48
IRB	34
Tracking of sample members	34
Consent	25
Outcomes	19
Baseline equivalence	15
Sample attrition	14
Systems-level or collaboration outcomes	13
Random assignment	10
Analysis methods/technical questions	7
Fidelity	6
Crossovers/contamination	4
Cost studies	4

Source: CSL call log, October 2020–September 2021.

Note: Several topics were discussed during calls; therefore, the total number of topics does not equal the number of calls during the same period.

IRB = Institutional Review Board.

B. Presentations and trainings

During fiscal year 2021, Mathematica, NCSACW, and CB coordinated to produce a virtual annual meeting for the RPG4, RPG5, and RPG6 cohorts. At this meeting, Mathematica focused on supporting RPG4, RPG5, and RPG6 grantees with their evaluation needs (Table VI.3).⁵

⁵ During the annual conference, NCSACW also led TA-related presentations or activities. This report does not describe those presentations and activities because NCSACW’s project-related TA is beyond this report’s scope.

RPG annual conference (May 2021). The virtual RPG annual conference lasted two days and featured presentations and peer learning. Mathematica facilitated a panel conversation with three former local evaluators from RPG3 on how they successfully conducted their impact and outcome evaluations, the opportunities and challenges they encountered, and the factors that facilitated their success. Mathematica then led small group breakout sessions (consisting of two to three grantee teams in each breakout room) to discuss how current RPG teams can apply the key strategies and lessons shared by the RPG3 local evaluator panel to their own local evaluations. Mathematica also facilitated peer learning, such as small-group discussions in which project teams described their procedures for tracking study sample members and how they have made data-driven decisions to address evaluation-related challenges.

Table VI.3. Group TA with RPG4, RPG5, and RPG6 projects held by Mathematica

Purpose and format	Number of events
Group TA	
Facilitated discussions at meetings	3
Presentations at meetings or annual conference	4

Note: Presentations and discussions were held as virtual meetings. The table does not include webinars and in-person presentations delivered solely by NCSACW.

TA= technical assistance.

C. TA tools

Mathematica produces written TA information and tools for RPG project teams throughout the course of their evaluations. The information complements our TA activities, as described in the previous section.

- **Released new data quality TA tool.** High quality data is essential to the success of the cross-site and grantees’ local evaluations. The cross-site team developed a tool that was personalized for each grantee, showing indicators of data quality in RPG-EDS. Such indicators include the prevalence of the grantee’s missing data from families at enrollment and whether grantees were reporting on all RPG core services offered through the project. The team produced the personalized snapshots each quarter starting in June 2020. After sending the snapshots to each grantee team, the grantee’s CSL would discuss the results with the team to determine if there were issues, and if so, discuss strategies to resolve them.
- **Released a TA brief.** The RPG cross-site evaluation follows families throughout their participation in RPG services. Thus, it is important for projects to keep track of the families over time. This brief provided guidance on how to do this, including a sample log for tracking sample members through different stages of the evaluation (Alamillo et al. 2020).

D. Help desk for cross-site evaluation data collection

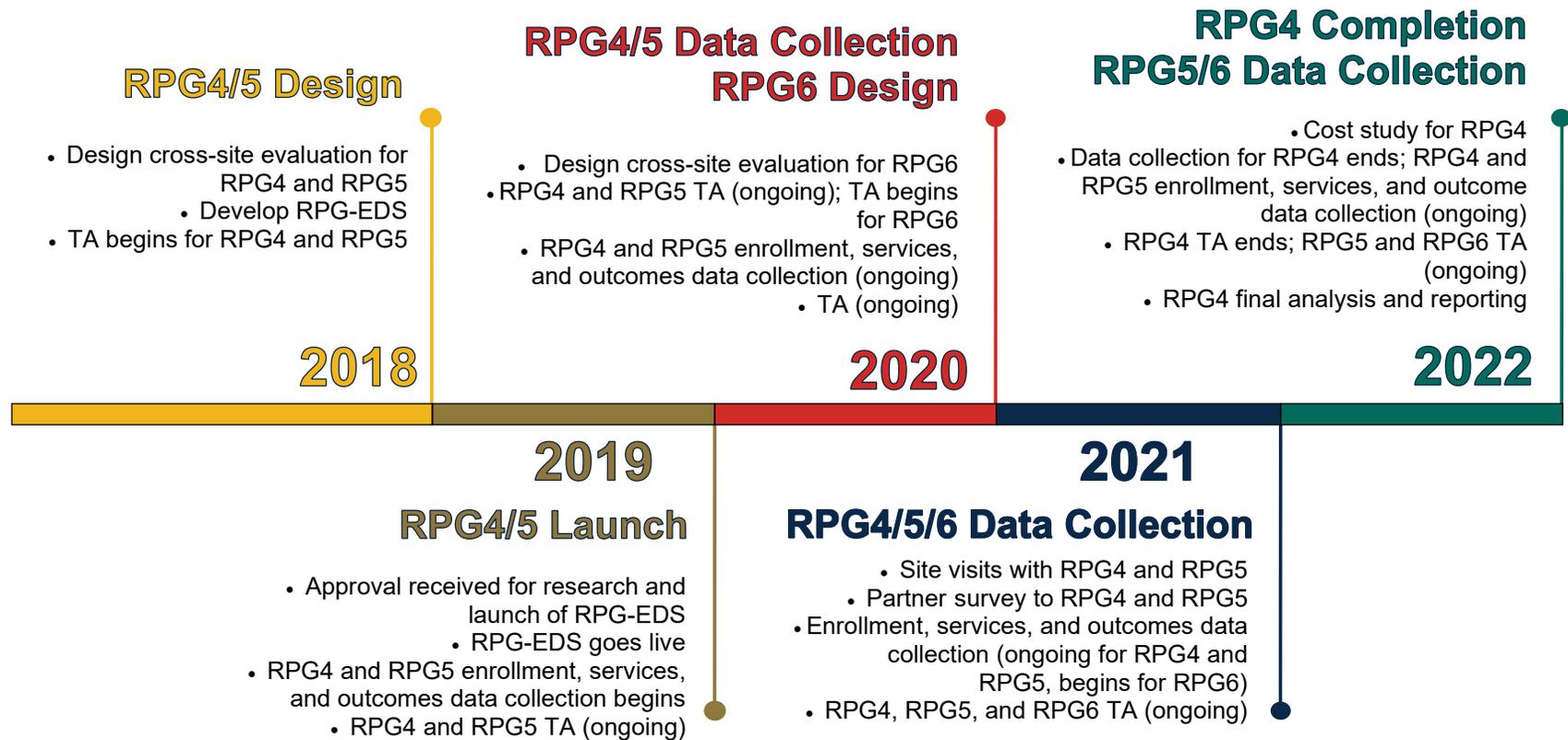
The help desk for cross-site evaluation data collection receives detailed questions about specific data issues. RPG project teams may submit questions through a designated TA mailbox or toll-free telephone number or through their CSLs. Over the year, the help desk received about 430 questions covering a range of topics, such as standardized instruments, administrative data, entry of enrollment and services data into RPG-EDS, Institutional Review Board concerns, and semiannual outcomes data uploads to RPG-EDS.

VII. Major Activities Planned for the Next Period

The cross-site evaluation has passed several major milestones—such as conducting virtual site visits and fielding the partners survey for RPG4 and RPG5—and has several more milestones in the upcoming years (VII.1). Although the public health emergency delayed our plans to conduct the cost study during fiscal year 2020 and 2021, we plan to conduct this and other key activities next year. Specifically, during October 2021 through September 2022, Mathematica will:

- Continue supporting project data collection through the help desk and webinars
- Continue monthly calls with project teams to monitor and support their progress on local evaluations and cross-site data collection and respond to their evaluation-related questions and concerns
- Develop and distribute TA tools to address common evaluation challenges
- Obtain Office of Management and Budget (OMB) clearance for the RPG4 cost study. Conduct the cost study in spring 2022 to collect information about the costs of delivering evidence-based programs
- Conclude data collection for RPG4 grantees
- Conduct analysis of data from site visits, the partner survey, semi-annual progress reports, and RPG-EDS data to draft the eighth Report to Congress and RPG4 final report
- Continue supporting RPG5 grantees during their final two years of supplemental funding. Review their supplemental evaluation plans, update Memorandum of Understanding, purchase standardized instruments
- Renew OMB clearance for the RPG5 and RPG6 cross-site evaluation data collection activities

VII.1. Past and upcoming cross-site evaluation milestones



References

- Alamillo, J., B. Onaran, R. Kleinman, and B. Mory. “Tracking Study Sample Members: Guidance for RPG Evaluations.” Evaluation Technical Assistance Brief, No. 6. Washington, DC: Mathematica, October 2020.
- Cole, R., A. Burnett, and D. Strong. “The Impact of the Regional Partnership Grant Program on Adult Recovery and Well-Being, and Child Safety, Permanency, and Well-Being Outcomes.” *Child Abuse & Neglect*, vol. 117, 2021.
- U.S. Department of Health and Human Services (HHS). “2012 Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse: Third Report to Congress.” Washington, DC: Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2016.
- HHS. “Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse (HHS-2017-ACF-ACYF-CU-1229).” Washington, DC: Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2017.
- HHS. “Emerging Findings from the 2012–2017 National Cross-Site Evaluation of the Regional Partnership Grant (RPG) Program.” Washington, DC: Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, and Mathematica, 2020a.
- HHS. “Trends in Foster Care and Adoption: FY 2010–2019.” Washington, DC: Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2020b. Available at https://www.acf.hhs.gov/sites/default/files/documents/cb/trends_fostercare_adoption_11thru20.pdf.
- HHS. “2014 and 2017 Regional Partnership Grants to Increase the Well-Being of and to Improve the Permanency Outcomes for Children Affected by Substance Abuse: Sixth Report to Congress.” Washington, DC: Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2022. Radel, L., M. Baldwin, G. Crouse, R. Ghertner, and A. Waters. “Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed-Methods Study.” Washington, DC: HHS, Office of the Assistant Secretary for Planning and Evaluation, 2018. Available at <https://bettercarenetwork.org/sites/default/files/SubstanceUseChildWelfareOverview.pdf>.

Appendix A

RPG4, RPG5, and RPG6 Grantees and Their Local Evaluations

Table A.1. RPG4, RPG5, and RPG6 grantees and their local evaluations

Grantee organization	Target population	RPG services	Evaluation design	Comparison services
RPG4				
University of Alabama at Birmingham, Comprehensive Addiction in Pregnancy Program (CAPP), AL	Pregnant and postpartum women who are drug involved	CAPP's coordinated prenatal care and SUD treatment, including group prenatal and postnatal care, case management, peer mentoring, an intensive outpatient program (IOP) or residential SUD treatment, and SafeCare home visiting	QED	Business-as-usual community prenatal and postnatal health care and community behavioral health services
Cook Inlet Tribal Council, Inc., AK	Alaska Native and American Indian families whose children are in or at risk of out-of-home placement, with caregiver substance use as a factor	Team Decision Making model enhanced with a family navigator for child welfare case management and parenting classes	Outcomes study only	Outcomes study only
Children and Families First Delaware, DE	Pregnant women seeking medication-assisted treatment (MAT)	Healthy Families America home visiting model enhanced with a coordinated team of a nurse home visitor and a recovery peer, Nurturing Parenting Program, and access to MAT	RCT	Business-as-usual services from two MAT providers, including a recovery peer or care coordinator
Broward Behavioral Health Coalition, Inc., FL	Families with children ages 0 through 11 referred to child welfare, with parental substance use indicator	Child welfare case management enhanced with a coordinated team of a case manager and peer, cognitive behavioral therapy, functional family therapy, a wellness recovery action plan, and coordination for behavioral health services	RCT	Business-as-usual child welfare case management and community behavioral health services
Youth Network Council DBA Illinois Collaboration on Youth, IL	Families referred by child welfare to divert an out-of-home placement, with parental SUD indicated	Intact Family Services enhanced with a recovery coordinator for specialized case management	QED	Business-as-usual Intact Family Services
Volunteers of America Indiana, IN (VOAIN)	Postpartum women whose newborns tested positive for drugs and who have an open child welfare case	VOAIN's usual residential treatment services, enhanced with a family advocate to represent families in court hearings, and a family coach for wraparound case management and after-care home visits	Outcomes study only	Outcomes study only

Grantee organization	Target population	RPG services	Evaluation design	Comparison services
Northwest Iowa Mental Health Center DBA Seasons Center, IA	Families with children ages prenatal through 21 who are in or at risk of out-of-home placement because of parental substance use	Seasons Center’s usual behavioral health services enhanced with a trauma-informed care coordinator to schedule appointments, conduct assessments, and make referrals, including to child-focused programs	QED	Season Center’s business-as-usual behavioral health services
University of Kansas, School of Social Welfare, Center for Research, Inc., KS	Native American families with children ages 0 through 18 who are in or at risk of out-of-home placement because of parental substance abuse and whose case plan goal is reunification or guardianship	Strengthening Families Program (parent training and child social skills training)	Outcomes study only	Outcomes study only
Mountain Comprehensive Care Center, KY	Families with children ages 0 through 18 in or at risk of out-of-home care and parental SUD	IOP for SUD treatment, including integrated mental health care, trauma-informed care, case management, recovery peer supports, parenting and life skills training, and continuing care (services during early recovery and maintenance stages)	QED	Business-as-usual outpatient SUD treatment, usually consisting of weekly counseling with no auxiliary services
Preferred Family Healthcare, Inc., MO	Families with children ages 0 through 18 who are in or at risk of out-of-home care because of parental substance use	Signs of Safety program, child welfare’s integrated framework for child intervention services, enhanced with a family advocate providing either the Living in Balance relapse prevention program or Helping Men Recover/Helping Women Recover trauma education program	RCT	Business-as-usual Signs of Safety program
The Ohio State University, College of Social Work, OH	Families with open child welfare cases because of parental substance use	Participation in family drug treatment court and access to MAT and a recovery peer; may receive parenting classes and financial supports for kinship caregivers	QED	Two comparison groups: (1) Ohio Sobriety, Treatment, and Reducing Trauma program, which includes a recovery peer and, for children, trauma counseling; and (2) business-as-usual services, including usual caseworker meetings and referrals
Oklahoma Department of Mental Health and Substance Abuse Services, OK	Families with children ages 0 through 5 with or at risk of child welfare involvement and with parental substance use concern	Attachment Biobehavioral Catch-Up home visiting program model	RCT	Business-as-usual services from community partners and child welfare agencies

Grantee organization	Target population	RPG services	Evaluation design	Comparison services
Helen Ross McNabb Center, TN	Pregnant or parenting families with children ages 0 through 5 in or at risk of out-of-home placement because of parental substance use	Family-centered residential treatment (for women only) and IOP services (for women or men) for SUD through Helen Ross McNabb Center	QED	Helen Ross McNabb Center’s business-as-usual, adult-centered residential programs and IOPs
Lund Family Center, Inc., VT	Families with children under age 6 at risk of out-of-home placement or with a conditional custody order, with an open child welfare case, and with identified parental substance use	Home visits from a two-person team consisting of a family engagement specialist for casework/service coordination and a clinician who implements the Attachment, Regulation, and Competency model	QED	Business-as-usual child welfare services, including periodic caseworker check-ins and referrals
Catholic Charities of Spokane, WA	Families with children in or at risk of out-of-home placement and a parent with a current addiction, including American Indian and Alaska Native families in tribal lands around Spokane County	Family-centered housing program for SUD treatment, including case management and service coordination, support groups and workshops, counseling, parenting programs, family activities, transportation, and financial or material supports	QED	Business-as-usual community services for SUD treatment, housing, and family support services
Pretera Center for Mental Health Services, Inc., WV	Families with children ages 0 through 12 that are involved with child welfare because of parental substance use	Wraparound services from a care coordinator, peer recovery coach, and/or a family therapist, with services including the Seeking Safety home visiting model, ecosystemic structural family therapy, and motivational interviewing	QED	Business-as-usual child welfare services
Meta House, Inc., WI	Women with SUD whose children are in or at risk of child welfare involvement, with parental rights that have not been terminated	Supportive recovery housing with in-home parenting skills services, extended IOP services, and access to a recovery peer and a child welfare case manager, plus Meta House’s usual outpatient SUD treatment and mental health services	QED	Meta House’s business-as-usual outpatient SUD and mental health services

Grantee organization	Target population	RPG services	Evaluation design	Comparison services
RPG5				
Family Support Services of North Florida, FL	Families with children ages 0 through 5 at home and an open child welfare investigation because of parental substance use	RCT: A voluntary, nonjudicial diversion program (called FAST) enhanced with home visits from a parent educator/ advocate and a health care coordinator; standard FAST includes child welfare case management, counseling, mental health services, SUD treatment services, and the Nurturing Parenting Program QED: Standard FAST or enhanced FAST services	RCT and QED	RCT: Standard FAST QED: Business-as-usual dependency system services
Citrus Health Network DBA Citrus Family Care Network, FL	Families with children ages 0 through 17 in out-of-home care, with parental substance use indication, and a case plan goal of reunification	Child welfare case management services enhanced with a peer who has lived experience with child welfare and substance use; access to a peer-run parent support group after one-on-one peer support ends (and after outcomes are collected)	RCT	Business-as-usual child welfare case management services; peer-run parent support group available when offered to the treatment group
Centerstone of Illinois, Inc., IL	Families with children in or at risk of out-of-home placement because of parental substance use	Centerstone’s usual behavioral health services enhanced with the Nurturing Parenting Program	RCT	Centerstone’s business-as-usual behavioral health services plus Strengthening Families program
Judiciary Courts for the State, IA	Families with children in or at risk of out-of-home placement because of parental substance use	Through Child and Family Assessment and Treatment Centers (CFATC): Assessments, treatment planning, and service coordination from a family navigator, including early intervention and education for children, SUD treatment and mental health services, and a family-strengthening and prevention program	RCT	Assessments and treatment planning through CFATCs and business-as-usual services in the community
Northwest Iowa Mental Health Seasons Center, IA	Families with children ages 0 through 17 in or at risk of out-of-home placement because of parental substance use	Seasons Center’s usual behavioral health services enhanced with intensive family case management and Seeking Safety, Parents and Children Together, and/or Parenting Wisely in-home services	QED	Seasons Center’s business-as-usual behavioral health services

Grantee organization	Target population	RPG services	Evaluation design	Comparison services
Institute for Health and Recovery, MA	Families with open child welfare cases at imminent risk of removal because of parental substance use	Institute for Health and Recovery’s usual behavioral health services enhanced with home visits from a child-family clinician and recovery peer team, using child-parent psychotherapy; Attachment, Self-Regulation, and Competency; Seeking Safety; and/or motivational interviewing program models	QED	Business-as-usual community behavioral health services
Preferred Family Healthcare, Inc., MO	Families with children in or at imminent risk of out-of-home care because of parental substance use with a case plan goal of reunification	Two program groups: Both receive Preferred Family Healthcare’s usual behavioral health services enhanced with a family advocate for outreach/advocacy, individualized service planning, plus either the Helping Men Recover/Helping Women Recover trauma education program (Treatment Group 1) or the Living in Balance relapse prevention program (Treatment Group 2)	RCT	Preferred Family Healthcare’s business-as-usual behavioral health services
Montefiore Medical Center, NY	Pregnant or postpartum women at least 16 weeks’ gestation and at risk for or have identified substance use	Motivational enhancement, modified Incredible Years group-based parenting skills program, and contingency management, plus case management and the usual community prenatal care and SUD treatment	RCT	Business-as-usual community prenatal care and SUD treatment services
Health Federation of Philadelphia, PA	Families with a pregnant mother or with children ages 0 through 5 in or at risk of out-of-home placement because of parental substance use	Child-parent psychotherapy integrated with Mothering from the Inside Out, plus residential or outpatient SUD treatment	RCT	Child-parent psychotherapy plus residential or outpatient SUD treatment

Grantee organization	Target population	RPG services	Evaluation design	Comparison services
Volunteers of America-Dakotas, SD	Pregnant or parenting women whose children are in or at risk of out-of-home placement because of parental substance use	Volunteers of America’s usual residential SUD treatment program for pregnant or parenting women (whose children up to age 8 may reside with their mothers), enhanced with the Nurturing Parenting Program, Integrated Dual Disorders Treatment Recovery, family coaches, children’s mental health treatment and play therapy, cultural activities, and after-care services	QED	Similar residential SUD treatment program and after-care services at a separate, nearby facility, but where mothers do not reside with their children, and the facility is open to adult women and men
RPG6				
Acenda, Inc., NJ	Families with children ages 0 through 18 who are at risk of maltreatment or neglect because of parental substance use	In-home family therapy provided by a licensed social worker or counselor using motivational interviewing; Attachment, Regulation, and Competency interventions; Seeking Safety interventions; and peer support before or after SUD treatment	QED	Business-as-usual SUD treatment through outpatient or intensive outpatient level of care
Colorado Judicial Department, State Court Administrator’s Office, CO	Families involved in dependency and neglect court cases with children who are in or at risk of out-of-home placement because of parental substance use	Circle of Parents in Recovery, a voluntary, parent-led self-help support group for parents to share parenting and child development tips and techniques	RCT	Business-as-usual services within the Dependency and Neglect System Reform court case management program; this program includes family treatment drug court principles for child welfare—involved families with SUD or co-occurring mental health issues
Georgia State University Research Foundation, Inc., GA	Families referred to the courts by the Georgia Department of Family and Children’s Services with substantiated maltreatment and suspected SUD, including families with children who have already been removed from the home	Besides the business-as-usual services offered by the intervention group Family Treatment Courts, these courts will provide the Cognitive Behavioral Interventions for Family Relationships, which focuses on strengthening clients’ parenting and family relationships	QED	Business-as-usual services offered by the comparison group Family Treatment Courts

Grantee organization	Target population	RPG services	Evaluation design	Comparison services
Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Medical Center, NH	Families with children ages 0 through 17 who are in or at risk of out-of-home care because of parental substance use	Wraparound services from a care coordinator, including intensive case management, service coordination, and support groups or workshops	QED	Business-as-usual services from community partners and child welfare agencies
Youth Network Council DBA Illinois Collaboration on Youth, IL	Families referred by child welfare to divert an out-of-home placement, with parental SUD indicated	Intact Family Services enhanced with a recovery coordinator for specialized case management	QED	Business-as-usual Intact Family Services
Preferred Family Healthcare, Inc., MO	Families with children in or at imminent risk of out-of-home care because of parental substance use, with a case plan goal of reunification	Two program groups: Both receive Preferred Family Healthcare’s usual behavioral health services enhanced with a family advocate for outreach/advocacy, individualized service planning, plus either the Helping Men Recover/Helping Women Recover trauma education program (Treatment Group 1) or the Living in Balance relapse prevention program (Treatment Group 2)	RCT	Preferred Family Healthcare’s business-as-usual behavioral health services
Oklahoma Department of Mental Health and Substance Abuse Services, OK	Women and infants in Oklahoma County who are substance affected and are at risk of removal from the home	Substance Use Treatment and Access to Resources and Supports (STAR) services, which are prenatal SUD services, and the modified Attachment Biobehavioral Catchup curriculum, which is an adapted curriculum from the ABC model that involves weekly home visits and includes one prenatal session, a second add-on session within one week of delivery, and 10 postpartum sessions	RCT and QED	RCT: STAR program QED: Business-as-usual services from the Children’s Hospital at Oklahoma University Medicine, residential treatment facilities, and outpatient substance use treatment providers
Prestera Center for Mental Health Services, Inc., WV	Families with children ages 0 through 12 that are involved with child welfare because of parental substance use	Wraparound services from a care coordinator, peer recovery coach, and/or a family therapist, with services including the Seeking Safety home visiting model, eco-systemic structural family therapy, and motivational interviewing	QED	Business-as-usual child welfare services

DBA = doing business as; QED = quasi-experimental design; RCT = randomized controlled trial; SUD = substance use disorder.

Appendix B

Data Sources for the Cross-Site Evaluation

Table B.1. Data sources for the cross-site evaluation, by research question topic

Data source	Partnerships	Families served	Services	Improvement and sustainability	Outcomes	Impacts
Project documents: Grantee applications, semiannual progress reports, memoranda of understanding	✓	✓	✓	✓		
Partner survey	✓					
Improvement and sustainability survey ^a	✓			✓		
Site visits and telephone interviews	✓		✓	✓		
Enrollment and service data		✓	✓			
Outcomes data (standardized data and administrative records)		✓			✓	✓

^a The improvement and sustainability survey will not be administered to the RPG4 and RPG5 cohorts. It will only be administered to the RPG6 cohort.

Data sources. Mathematica will use several sources and methods to collect quantitative and qualitative data to answer the research questions for the cross-site evaluation. The data sources will include the following:

- **Document review.** We will review documents that describe project activities and structures. These documents will include grant applications, semiannual progress reports that project teams submit to CB twice a year as a condition of their grants, and relevant memoranda of understanding or data-sharing agreements grantees might establish as part of operating their projects.
- **Partner survey.** In the summer and fall of 2021, we administered a survey to representatives of each RPG4 and RPG5 grantee and each grantee’s partner agency to collect information about communication and service coordination between partners.
- **Improvement and sustainability survey.** We will administer a survey to RPG6 grantees and select partners in fall 2023. This survey will collect information about supports within the partnership that could improve and sustain RPG services, such as the use of data for continual service improvement and resources needed and available after grant funding ends.
- **Site visits and key informant interviews.** For RPG4 and RPG5, we conducted virtual data collection site visits to collect the following information from each project team: their planning process for RPG, the goal-setting collaboration between RPG partners, implementation plans, the service selection process, referral processes to and from RPG services, staffing roles and perceptions, internal evaluation and continual quality improvement, and the potential for sustaining RPG services. For RPG6, we will conduct site visits (virtual and in-person) beginning in the winter of 2023.
- **Enrollment and services data.** All project teams will provide data on participants’ characteristics and enrollment in and receipt of RPG services. The data include demographic information on family members, dates of entry into and exit from RPG services, and information on RPG service dosage.

- **Outcomes data.** Grantees or their evaluators will collect data from families as they enter and exit RPG and will then submit the data to the cross-site evaluation.⁶ They will also obtain two types of administrative data on participants for submission to the cross-site evaluation: child welfare data from the Comprehensive Child Welfare Information System and SUD treatment data from local treatment providers or the state agency responsible for the Treatment Episode Data Set. The analysis of these data will measure outcomes in five domains: (1) child well-being, (2) safety, (3) permanency, (4) adult recovery, and (5) family functioning. The constructs that will be measured and their sources appear in Appendix C. Project teams that are conducting impact studies (studies intended to examine the effects of a program) as part of their local evaluations will collect the same or similar outcome data from a comparison group that does not receive the RPG services of interest and provide the data to the cross-site evaluation.

⁶ RPG projects can or will also use these data for their local evaluations.

Appendix C

Constructs and Measures for the Outcomes and Impact Studies

Table C.1. Constructs and measures for the outcomes and impact studies

Constructs	Measure/source	Case members on whom data are collected
Child well-being		
Child behavior	Child Behavior Checklist (Preschool and School Age)	Focal child ^a
Sensory processing	Infant-Toddler Sensory Profile	
Permanency		
Removals from family of origin	Administrative data (CCWIS)	All children
Placements		
Type of placements		
Discharge		
Safety		
Type of allegations	Administrative data (CCWIS)	All children
Disposition of allegations		
Adult recovery		
Substance use severity	Addiction Severity Index	RDA ^b
Parent trauma	Trauma Symptoms Checklist–40	
Substance abuse services received and substances used at admission	Administrative data (local treatment providers or state agency responsible for TEDS data)	All adults
Type of discharge		
Family functioning		
Depressive symptoms	Center for Epidemiologic Studies Depression Scale	FFA ^c
Parenting attitudes	Adult-Adolescent Parenting Inventory	

^a For the purpose of the cross-site evaluation, project teams will collect data on a single focal child in each family for child well-being measures, even when a household includes more than one child, thereby limiting the burden of data collection.

^b The recovery-domain adult is the adult who has an active substance use issue or is in recovery.

^c The family-functioning adult is the adult living with the child who spends the most time taking care of the child and is from the focal child’s family of origin. In many cases, the family functioning adult will be the child’s biological or adoptive parent.

CCWIS = Comprehensive Child Welfare Information System; FFA = family-functioning adult; RDA = recovery-domain adult; TEDS = Treatment Episode Data Set.

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