



Regional Partnership Grants Cross-Site Evaluation: Annual Report, October 2024–September 2025

January 2026

Betsy Keating, Angela D'Angelo, and Zoe Michaelson

Submitted to:

Children's Bureau
Administration on Children, Youth, and Families
Administration for Children and Families
U.S. Department of Health and Human Services
330 C Street, SW
Washington, DC 20202
Project Officer: Tara Mainero
Contract Number: 47QRAA18D00BQ/140D0422F0989

Submitted by:

Mathematica
1100 First Street, NE, 12th Floor
Washington, DC 20002-4221
Phone: (202) 484-9220
Fax: (202) 863-1763

This page has been left blank for double-sided copying.

Contents

I. Introduction 1

II. Brief History of RPG and Snapshot of the Current Cohort 2

III. RPG Cross-Site Evaluation..... 4

IV. Local Evaluations..... 6

V. Evaluation TA..... 7

 A. Ongoing TA with individual grant recipients..... 7

 B. Group TA 9

 C. TA tools 9

 D. Help desk supporting data collection for the cross-site evaluation 10

VI. Milestones and Major Activities During the Reporting Period..... 11

VII. Major Activities Planned for the Next Period..... 13

References..... 15

Appendix A. RPG7 Grant Recipients and Their Local Evaluations..... A-1

Appendix B. Data Sources for the Cross-Site Evaluation..... B-1

Appendix C. Constructs and Measures for the Outcomes and Impact Studies..... C-1

Tables

II.1. RPG7 grant recipients 3

V.1. Number of evaluation TA calls, October 2024–September 2025 8

V.2. Most commonly discussed topics during evaluation TA calls, October 2024–September 2025 9

A.1. RPG7 grant recipients and their local evaluations A-3

B.1. Data sources for the cross-site evaluation, by research question topic B-3

C.1. Constructs and measures for the outcomes and impact studies..... C-3

Figures

II.1. Overview of RPG cohorts, highlighting the cohort active in 2024–2025 2

VII.1. Past and upcoming milestones of the RPG7 cross-site evaluation..... 14

I. Introduction

Substance use by caregivers is a key factor in many cases of child abuse and neglect (Box I.1). To address this issue, Congress has authorized competitive Regional Partnership Grants (RPG) since 2006.¹ Using interagency collaboration and program integration, RPG-funded projects are designed to increase the well-being of, improve the permanency outcomes for, and enhance the safety of children who are in or at risk of out-of-home placement because of a parent's or caregiver's substance use.

The Children's Bureau (CB) of the Administration on Children, Youth, and Families at the U.S. Department of Health and Human Services (HHS) has awarded seven rounds of RPG as of 2022. In addition to serving their communities, grant recipients 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 grant recipients.

To support the RPG project teams and their partners in developing, implementing, and evaluating their projects, CB contracted with two technical assistance (TA) providers: (1) the Center for Children and Family Futures (CFF) for project-related TA² and (2) Mathematica for evaluation TA. Mathematica is also conducting the cross-site evaluation for the current cohort of grant recipients.

This report describes the major annual activities and accomplishments related to the cross-site evaluation and evaluation TA for the seventh RPG cohort (RPG7) from October 2024 through September 2025. This period was the third year—out of five—of Mathematica's cross-site evaluation and evaluation TA for RPG7.

We start with a brief history of the RPG cohorts and information on the RPG7 projects. We then describe the RPG cross-site evaluation, the evaluation TA and support provided to RPG7 projects during this period, highlights from the past year of the contract, and next steps.

Box I.1. Cause for concern

Substance use disorder, specifically the misuse of opioids, is a leading contributor to children entering foster care (Radel et al. 2018). In addition, higher rates of drug overdose deaths and drug-related hospitalizations correspond with 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. Among the children entering foster care in 2024, 31 percent were removed from their home because of parental drug use and 7 percent were removed from their home because of parental alcohol use (U.S. Department of Health and Human Service [HHS] 2025b).

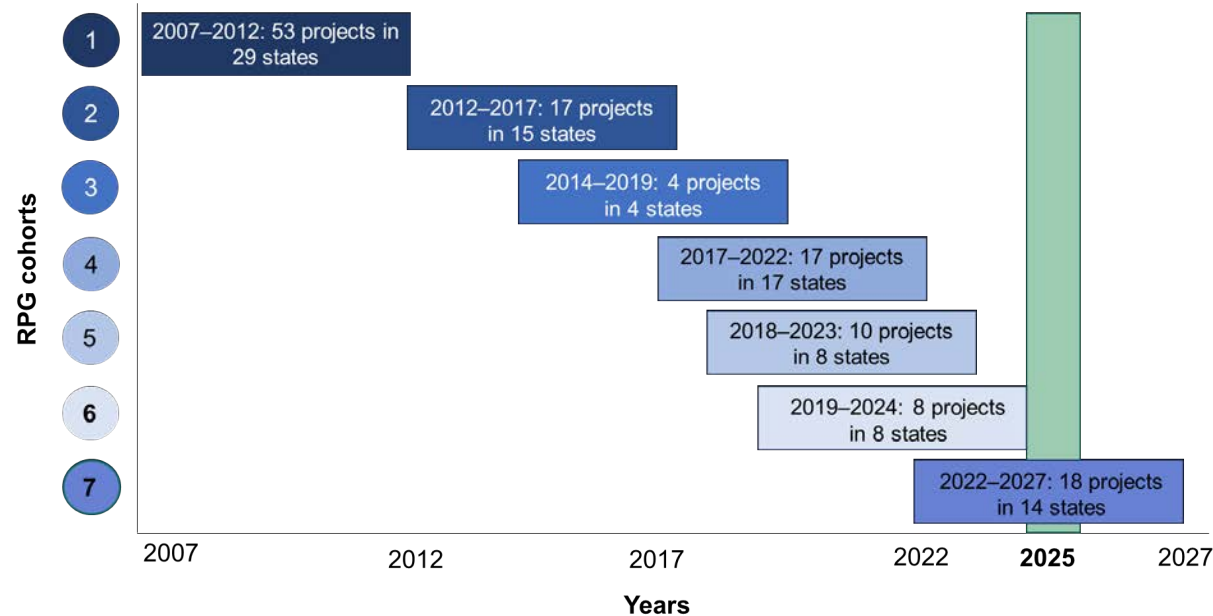
¹ The Child and Family Services Improvement Act of 2006 (P.L. 109–288) authorized the RPG program, and the Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112–34) reauthorized it. Most recently, the Supporting America's Children and Families Act (P.L. 118–258) in 2025 reauthorized the program.

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

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

From 2007 through 2022, CB awarded seven cohorts of RPGs, one of which actively participated in the cross-site evaluation in 2024–2025 (Figure II.1), the focus of this report. The period of performance for RPG projects is typically five years. Cohorts range in size from four to 53 projects depending on the size of the awards. The cohort featured in this report (RPG7) has 18 projects.

Figure II.1. Overview of RPG cohorts, highlighting the cohort active in 2024–2025



RPG = Regional Partnership Grant.

A range of organizations lead the 18 RPG7 projects (Table II.1):

- Behavioral health service providers (defined here as those that offer both substance use treatment and mental health care) lead five projects.
- Providers of family support services lead four projects—one of which is led by a Tribal organization—and providers of substance use treatment lead two projects.
- State agencies lead four projects: two led by agencies that oversee the state’s behavioral health system, one led by the state’s judicial system, and one led by the state’s child welfare agency.
- The contracted service provider that manages behavioral health service providers leads one project.
- A university hospital or clinic leads one project, and a youth advocacy association leads one project.

More information on the projects, such as their populations of interest and services, is available in Appendix A.

Table II.1. RPG7 grant recipients

Grant recipient organization and state	Organization type
Cook Inlet Tribal Council Inc., Alaska	Family support service provider (Tribal organization)
State of Connecticut Department of Children and Families, Connecticut	State child welfare agency
Broward Behavioral Health Coalition Inc., Florida	Entity contracted to oversee the network of behavioral health services providers
Centerstone of Illinois Inc., Illinois	Behavioral health service provider
Youth Network Council, dba Illinois Collaboration on Youth, Illinois	Youth advocacy association
Judiciary Courts for the State, Iowa	Court or judicial agency
Florence Crittenton Home of Sioux City, Iowa	Family support service provider
Mountain Comprehensive Care Center, Kentucky	Behavioral health service provider
Volunteers of America Southeast Louisiana Inc., Louisiana	Substance use treatment provider
Preferred Family Healthcare Inc., Missouri	Behavioral health service provider
CPR of the Ozarks, Missouri	Family support service provider
Montefiore Medical Center, New York	University hospital or clinic
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	State mental health and substance use services agency
Health Federation of Philadelphia, Pennsylvania	Family support service provider
Helen Ross McNabb Center, Tennessee	Behavioral health service provider
Tennessee Department of Mental Health and Substance Abuse Services, Tennessee	State mental health and substance use services agency
Prestera Center for Mental Health Services Inc., West Virginia	Behavioral health service provider
Meta House Inc., Wisconsin	Substance use treatment provider

Note: 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; RPG = Regional Partnership Grant.

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 substance use disorder (SUD) treatment programming, CB requires and supports a cross-site evaluation. Mathematica designed the cross-site evaluation, in collaboration with CB, to answer key questions of interest to CB and the broader field (Box III.1 provides an overview of the cross-site evaluation; data sources and outcome measures appear in Appendices B and C). RPG projects share data on participants’ characteristics, receipt of RPG services, and outcomes data collected at program entry and exit by using the RPG Evaluation Data System (RPG-EDS). This evaluation complements evaluations of previous RPG cohorts (HHS 2016, 2020, 2022, 2023, 2025).

The RPG7 cross-site evaluation was launched in 2023 as grant recipients became ready to contribute data to RPG-EDS. Some grant recipients began contributing data to the cross-site evaluation as early as April 2023, after a six-month planning period, whereas others did not begin until October 2023, after a one-year planning period. The final evaluation results for RPG7 will be available after the grants end. However, CB might release interim findings, when available, in the biannual Reports to Congress.

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

Through the cross-site evaluation of RPG7, CB seeks to better understand the partnerships that form the basis of each project—including who was served, what services families received, 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 did the child welfare and SUD treatment agencies work together to achieve the goals of RPG? How do RPG program participants' past experiences and circumstances factor into their current involvement with the child welfare system? How do adults enrolled in RPG projects describe their experiences participating in program services?



Families served. What referral sources did RPG projects use? What were the characteristics of families who enrolled in RPG? To what extent did RPG projects reach their intended populations?



Services. What core services—the services the RPG team defines as fundamental to its project—were provided and to whom? How engaged were participants with the services provided? Which agencies (grant recipients and their partners) provided services? What were the reasons for exiting RPG?



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



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 it did with previous cohorts, CB requires each RPG7 project team to work with an evaluator (either internal or third party) to evaluate their project. RPG project teams, with their evaluator, plan and conduct an evaluation that assesses the effectiveness of their activities and services (an impact study) or that assesses descriptively participants' change in outcomes over time (a descriptive study). They also evaluate project implementation to help interpret the findings from the local impact or descriptive studies and inform the field and future RPG projects.

Of the 18 grant recipients, 12 plan to examine the effects of their project by conducting an impact study. Impact studies measure whether a given program changes participant outcomes. Such studies 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).

Using data collected directly from treatment and comparison groups, four grant recipients are conducting an RCT, and eight are conducting a QED. In addition, six grant recipients are conducting a descriptive study only. More information is in Appendix A.

The cross-site evaluation is designed to conduct an impact study for each cohort by pooling data across grant recipients with RCT or QED evaluations, which collected data directly from treatment and comparison groups—see, for example, the impact study conducted on the RPG3 cohort (Cole et al. 2021) and the RPG5 cohort (Xue et al. 2025).³ Selected grant recipients will contribute data on both their program and comparison groups to the impact study.

³ For other completed cohorts, the cross-site evaluation did not conduct a pooled impact study due to small comparison group sizes and low response rates among the grant recipients conducting the impact studies.

V. Evaluation TA

To support RPG7 projects with designing and executing their local evaluations and participating 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 to work closely with the programmatic TA providers—that is, the change liaisons from CFF—and the federal project officers. Together, they form a TA team that works with each RPG project.

This team provides regular TA to each RPG project through monthly meetings, supplemental TA sessions, site visits, and evaluation working sessions. Mathematica also supports grant recipients' evaluation activities through group TA sessions and TA tools. Finally, the cross-site evaluation team staffs a help desk to support grant recipients in collecting data for the cross-site evaluation.

Sections V.A through V.C describe the TA team's ongoing TA with individual grant recipients, group TA, and TA tools. Section V.D describes Mathematica's help desk support to grant recipients.

A. Ongoing TA with individual grant recipients

Monthly, hourlong meetings between the grant recipient team and the TA team were the primary source of regular TA this year. Typically, representatives from the grant recipient and local evaluator attended these calls. Some projects also invited partner staff to attend. During the calls, RPG project staff provided updates on project and evaluation planning and implementation from the past month, asked questions, voiced concerns, and solicited input. The TA team provided support and suggestions as needed. In addition to the monthly calls with the grant recipient, the TA team for each RPG project held a monthly check-in to prepare for the monthly TA call with the project team. Occasionally, a member of the TA team or the grant recipient requested a call outside of the monthly TA call to discuss an issue or challenge at greater length.

The CSLs also participated in several other ongoing TA activities this year:

- **Supplemental TA sessions.** CSLs provided supplemental TA to two grant recipients this year through a series of 90-minute supplemental TA calls with each project.⁴ During the meetings, the CSLs and grant recipient focused on a particular challenge the grant recipient was facing, such as lower-than-expected comparison group referrals or issues enrolling program participants into the evaluation. Drawing on Mathematica's [Learn, Innovate, Improve \(LI²\)](#) framework and human-centered design activities, the CSLs helped the RPG team better understand the root causes of their challenges, brainstorm potential solutions to address them, and test these potential solutions using data to assess how well they worked.
- **Evaluation working sessions.** The CSLs held evaluation working sessions with some RPG7 projects, which included in-depth discussions about evaluation design and planning issues.⁵

⁴ A pilot of these sessions under RPG6 initially called these "intensive TA sessions." Based on feedback from the RPG6 pilot participants, CB and Mathematica changed the name to "supplemental TA sessions."

⁵ CSLs held evaluation working sessions with grant recipients that had ongoing evaluation design issues that could not be addressed through regular monthly calls.

- **Site visits.** The CSL and another member of the cross-site evaluation team participated in an in-person site visit to one grant recipient. The visit included sessions that intended to support the grant recipient’s participation in the cross-site evaluation. In addition, a change liaison led an in-person site visit with one RPG7 project this year. The CSL participated in calls for planning the site visit and virtually participated in some of the site visit’s sessions.

Across the regular monthly TA calls, supplemental TA, site visits, and evaluation working sessions, the CSLs completed 346 calls from October 2024 through September 2025, or about 19 calls per RPG project for the year. The average was 29 calls per month across projects. Table V.1 provides the number of calls across each activity.

Table V.1. Number of evaluation TA calls, October 2024–September 2025

Call type	Number of calls	Average calls per month
Monthly TA	174	14.5
TA team check-ins	142	11.8
Call initiated by RPG project team	15	1.3
Supplemental TA	8	0.7
Site visit planning and site visit sessions	3	0.3
Evaluation working session	2	0.2
Call initiated by FPO or TA provider	2	0.2
All types	346	28.8

Source: CSL call log, October 2024–September 2025.
Note: TA teams consist of a change liaison, an FPO, and a CSL.
CSL = cross-site liaison; FPO = federal project officer; RPG = Regional Partnership Grant; TA = technical assistance.

RPG project staff and TA teams discussed a wide range of programmatic and evaluation-related topics on TA calls (Table V.2). The three most common topics were the data that grant recipients collected (136 calls), administrative data (75 calls), and program implementation (73 calls).

Table V.2. Most commonly discussed topics during evaluation TA calls, October 2024–September 2025

Topic	Number of calls discussing topic
Data that grant recipient collected	136
Administrative data	75
Program implementation	73
Intake, study consent, and enrollment processes	59
Staffing	48
Formation of treatment and comparison groups	37
Sample size	34
Tracking of sample members	31
Baseline equivalence	15
Sample attrition	15

Source: CSL call log, October 2024–September 2025.

Note: Several topics were discussed during calls; therefore, the total number of topics does not equal the number of calls during the same period. Several topics were covered in fewer than 10 calls and are not listed in the table: systems-level or collaboration outcomes (9 calls), analysis methods and technical questions (6 calls), outcomes (6 calls), institutional review board (5 calls), random assignment (4 calls), consent (3 calls), and fidelity (3 calls).

CSL = cross-site liaison; TA = technical assistance.

In addition to these TA calls, RPG project teams may request additional assistance, such as specialized TA by their CSL or another member of the cross-site evaluation team (for example, a survey expert). They may also request materials and tools, such as examples of consent forms or tools to calculate statistical power. From October 2024 through September 2025, the CSLs fielded one request for additional assistance, asking for feedback on an interim report with preliminary findings from the grant recipient's local evaluation.

B. Group TA

During fiscal year 2025, Mathematica held five virtual **evaluation peer learning sessions** for RPG7 grant recipients and their local evaluators. The sessions covered a range of topics, including findings from RPG6 local evaluations; data collection strategies for strong follow-up response rates; and a collaborative problem-solving approach to identify root causes of evaluation challenges. During the sessions, Mathematica staff members presented information and facilitated discussion and peer learning across the grant recipients. In most sessions, several grant recipient teams also presented information on their project's experiences to share lessons learned and successful practices.

C. TA tools

To complement TA activities, Mathematica produces written TA information and tools for RPG project teams throughout the course of their evaluations.

- **Shared data dashboard.** The cross-site evaluation team provided an individualized data dashboard for each RPG7 grant recipient to visually summarize the data the grant recipient team has entered into RPG-EDS. The dashboard shows the project's progress toward their total enrollment goals for the program and comparison groups, demographic data about the enrolled families, and the number of

families with services and outcomes data. The CSL discussed the data dashboard with the grant recipient team to identify successes and areas to improve related to enrollment and data collection.

- **Provided data quality snapshots.** High-quality data are essential to the success of the cross-site evaluation and grant recipients' local evaluations. The cross-site evaluation team provided individualized data quality snapshots for each RPG7 project in every quarter of this fiscal year. The snapshots showed indicators of data quality in RPG-EDS, such as the prevalence of missing data from families at enrollment and whether grant recipients reported on all RPG services offered through the project. After sending the grant recipient's snapshot to the project team, the CSL discussed the data with the team to determine if there were issues and, if so, what strategies could be used to resolve them.
- **Released tools to use the Bayesian analytic framework in descriptive evaluations.** The Bayesian framework is an alternative to using significance testing in traditional impact estimates. Under this framework, evaluators can calculate the probability an intervention had a meaningful effect given the impact estimate from their evaluation and prior evidence on the effects of broadly similar interventions (Deke and Finucane 2019). The cross-site evaluation team developed and released Excel tools on using the Bayesian framework as part of estimating outcomes in descriptive studies. The tools draw on the existing literature on outcomes from completed RPG local evaluations. The team also shared an accompanying guide to help grant recipients use the tools in their local evaluations.

D. Help desk supporting data collection for the cross-site evaluation

The help desk for the cross-site evaluation receives detailed questions about specific data collection issues. RPG project teams may submit questions through a designated help desk email, toll-free telephone number, or their CSLs. Over the course of the year, the help desk received 172 questions covering a range of topics, such as outcomes data collected through standardized instruments and administrative data, entering enrollment and services data into RPG-EDS, and making data corrections in RPG-EDS. The help desk team consulted with members of the cross-site evaluation team as needed and responded to each question.

VI. Milestones and Major Activities During the Reporting Period

In addition to the evaluation TA activities described in Chapter V, key milestones and major activities from October 2024 through September 2025 follow.

Collecting, analyzing, and reporting data for the cross-site evaluation



Obtained Office of Management and Budget approval for collecting data for the cross-site evaluation. The cross-site evaluation team submitted a request to renew the approval for data collection activities on the RPG cross-site evaluation, and the Office of Management and Budget approved the request. The cross-site evaluation's data collection activities have approval through July 2028.



Continued the cross-site evaluation for RPG7. As of September 2025, 3,709 people (2,195 children and 1,514 adults) had enrolled in the RPG7 cross-site evaluation. The RPG7 projects submitted outcomes data to RPG-EDS in October 2024 and April 2025.



Finalized and disseminated the eighth Report to Congress. CB, the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Office of the Secretary at HHS provided feedback on the draft eighth Report to Congress. In response, Mathematica updated the draft and finalized the report after CB approval. The eighth Report to Congress includes the final cross-site evaluation findings for RPG4 and interim findings for RPG5 and RPG6, and is available on Mathematica's [website](#).



Revised the ninth Report to Congress. CB provided feedback on the draft ninth Report to Congress, and Mathematica made revisions based on the feedback. The ninth Report to Congress includes the final cross-site evaluation findings for RPG5 and RPG6 and an introduction to RPG7.



Submitted a journal article summarizing the findings from the impact analysis of data from RPG5 projects. Mathematica conducted an impact analysis of RPG5 projects. The team published an article summarizing the findings in a peer-reviewed journal (Xue et al. 2025).



Updated the RPG cross-site evaluation (CSE) [website](#). Mathematica worked closely with Administration for Children and Families staff to migrate the website to the Next Generation Secure Cloud (NGSC) environment. Mathematica drafted additional web pages for the website that summarize the RPG projects and the findings from the cross-site evaluation about prior RPG cohorts.



Disseminated findings from the special topics analysis. Mathematica analyzed the associations between service receipt and outcomes for adults and children. Measures of service receipt included completion of RPG services and the number of sessions attended. Mathematica delivered a presentation at the 2024 Association for Public Policy Analysis and Management (APPAM) Fall Research Conference summarizing the findings. The team also submitted an article summarizing the findings to a peer-reviewed journal and is waiting for a final decision.

Providing support to grant recipients on their evaluation activities



Held annual evaluation status meeting with CB and completed evaluation status summaries for grant recipients.

In November 2024, the cross-site evaluation team and CB held the fifth annual evaluation status meeting. During this meeting, Mathematica and CB staff reflected on each grant recipient's local evaluation successes and challenges and considered implications for the cross-site evaluation. The meeting also covered lessons learned from the RPG6 cohort, which ended in September 2024. After the meeting, Mathematica developed an evaluation summary for each RPG7 project to report the conclusions from that meeting, including areas and strategies for improvement.



Continued to share quarterly evaluation updates. Mathematica shared quarterly evaluation updates with CB for each RPG7 project. The updates summarized the most pressing challenges each RPG project faced for their evaluation, such as low enrollment into the evaluation or low response rates on follow-up data collection. The updates also described steps the RPG team took to address the challenges and future steps to guide TA. Mathematica also continued to update a quarterly dashboard for CB, which summarizes challenges across all RPG7 projects. This tool helps CB better understand the prevalence of challenges across RPG projects.



Developed Bayesian tools. Mathematica shared a tool for grant recipients to use Bayesian analysis techniques for their descriptive outcome evaluations (more on the tool in Chapter V). Mathematica also created an accompanying resource to help grant recipients use the tool. In addition, the team began developing tools grant recipients could use to incorporate Bayesian analysis techniques in impact evaluations.



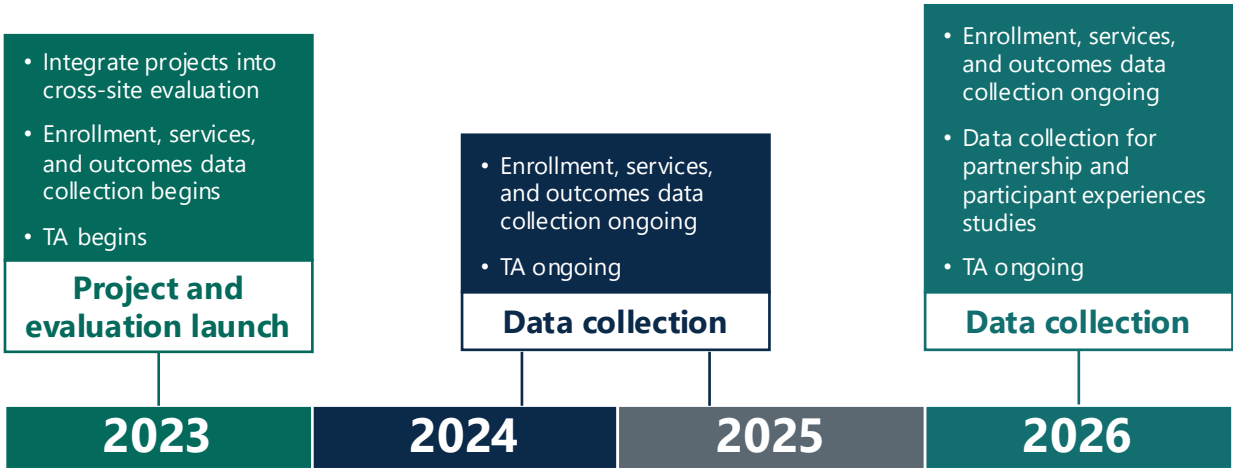
Completed supplemental TA with two RPG7 grant recipients. Working closely with CB, the Mathematica TA team identified grant recipients that would be a good fit for supplemental TA sessions. Mathematica completed supplemental TA with two grant recipients (as reported in Chapter V).

VII. Major Activities Planned for the Next Period

The cross-site evaluation has passed several major milestones, with several more in the upcoming year (Figure VII.1). We plan several key activities from October 2025 through September 2026, including the following:

- Continue to collect enrollment, services, and outcomes data with the RPG7 grant recipients.
- Continue supporting project data collection through the help desk, webinars, data dashboards, and data quality snapshots.
- Add content for the RPG-CSE website to share cross-cohort project descriptions and findings from the cross-site evaluation.
- Continue monthly TA 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.
- Facilitate TA site visits.
- Conduct data collection site visits as part of the participant experiences and partnership studies. For the participant experiences study, we will conduct in-depth interviews and focus groups with RPG program participants to better understand how program participants' past experiences factor into their current involvement with the child welfare system and how program participants experience the RPG program services. For the partnership study, we will interview staff at RPG projects and partner organizations to better understand how child welfare and substance use treatment agencies work together to achieve the goals of RPG. Some site visits will take place in person, and some will be virtual.
- Draft the 10th Report to Congress, which will have interim findings on the RPG7 projects.
- Hold supplemental TA sessions with selected RPG7 projects.
- Continue holding evaluation peer learning collaborative calls.
- Revise the ninth Report to Congress to prepare for eventual public release.
- Develop and distribute TA tools to address common evaluation challenges.

Figure VII.1. Past and upcoming milestones of the RPG7 cross-site evaluation



RPG = Regional Partnership Grant; RPG-EDS = RPG Evaluation Data System; TA = technical assistance.

References

- 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. <https://doi.org/10.1016/j.chiabu.2021.105069>.
- Deke, J., and M. Finucane. "Moving Beyond Statistical Significance: The BASIE (BAYesian Interpretation of Estimates) Framework for Interpreting Findings from Impact Evaluations." OPRE Report #2019-35. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2019. <https://acf.gov/opre/report/moving-beyond-statistical-significance-basie-bayesian-interpretation-estimates>. Accessed October 30, 2025.
- 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." Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 2018. <https://bettercarenetwork.org/sites/default/files/SubstanceUseChildWelfareOverview.pdf>. Accessed October 2, 2025.
- U.S. Department of Health and Human Services. "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." Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2016. <https://rpg-cse.acf.gov/sites/default/files/2024-03/RPGThirdReportCongress508.pdf>. Accessed October 2, 2025.
- U.S. Department of Health and Human Services. "Emerging Findings from the 2012–2017 National Cross-Site Evaluation of the Regional Partnership Grant (RPG) Program." Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, and Mathematica, 2020. <https://rpg-cse.acf.gov/sites/default/files/2024-03/RPG2SummaryOfFindings.pdf>. Accessed October 2, 2025.
- U.S. Department of Health and Human Services. "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." Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2022. <https://rpg-cse.acf.gov/sites/default/files/2024-03/RPGSixthReportCongress508.pdf>. Accessed October 2, 2025.
- U.S. Department of Health and Human Services. "Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse: Seventh Report to Congress." Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2023. <https://rpg-cse.acf.gov/sites/default/files/2024-03/RPGSeventhReportCongress508.pdf>. Accessed October 2, 2025.
- U.S. Department of Health and Human Services. "Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse: Eighth Report to Congress." Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2025a. <https://www.mathematica.org/publications/regional-partnership-grants-to-increase-the-well-being-of-children-affected-by-substance-abuse>. Accessed October 1, 2025.
- U.S. Department of Health and Human Services. "Adoption and Foster Care Analysis and Reporting System (AFCARS) Dashboard, Entries and Circumstances." Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2025b. https://tableau-public.acf.gov/views/afcars_dashboard_main_page/entries-circumstances. Accessed October 1, 2025.
- Xue, Y., N. Fu, J. Henke, and T. Wildszewski. "A Further Look into the Impact of the Regional Partnership Grant (RPG) Program on Adult and Child Outcomes: Evidence from Cohort Five." *Child Abuse & Neglect*, vol. 169, 2025. <https://doi.org/10.1016/j.chiabu.2025.107729>.

This page has been left blank for double-sided copying.

Appendix A.

RPG7 Grant Recipients and Their Local Evaluations

This page has been left blank for double-sided copying.

Table A.1. RPG7 grant recipients and their local evaluations

Grant recipient organization	Intended population	Treatment group services	Evaluation design	Comparison group services
Cook Inlet Tribal Council Inc., Alaska	Alaska Native and American Indian caregivers with children ages birth through 17 who are in or at risk of out-of-home placement because of parental substance use	Nurturing Parenting for Families in Substance Abuse Treatment and Recovery; a trauma-informed, evidence-based program that uses psychoeducational and cognitive behavioral approaches with parents and children; intensive case management; peer support; family contact (visitation) support; and optional services including a trauma support group and community-based activities for the family	Descriptive study	Not applicable
State of Connecticut Department of Children and Families, Connecticut	Pregnant or parenting adults with a child age birth through 5 who is at risk of involvement with child welfare or in or at risk of out-of-home placement because of parental substance use	Multidimensional Family Therapy and Recovery, an intensive, home-based approach to outpatient behavioral health treatment that serves the family unit and incorporates components to address parental substance use, co-occurring mental health problems, family functioning, and healthy relationships	RCT	Business-as-usual outpatient behavioral health treatment
Broward Behavioral Health Coalition Inc., Florida	Pregnant women using substances who are at risk of involvement with child welfare for the current pregnancy	Home visiting services, including prenatal and parenting education; stress management; care coordination; screenings for perinatal depression, intimate partner violence, tobacco use, substance use, and child development; an individualized plan of care; a family support plan; Broward Healthy Start Coalition Behavioral Health Program model from a peer and services specialist; and peer navigation approach that uses motivational interviewing to engage mothers in the recovery process and other needed services, including substance use treatment	QED	Business-as-usual home visiting and the Broward Healthy Start Coalition Behavioral Health Program from a peer and services specialist

Grant recipient organization	Intended population	Treatment group services	Evaluation design	Comparison group services
Centerstone of Illinois Inc., Illinois	Families with a child age birth through 17 who is in or at risk of out-of-home care because of parental substance use	Nurturing Parenting Program for Families Involved in Substance Abuse Treatment and Recovery, and trauma-informed cognitive behavioral therapy for the family's children	RCT	Strengthening Families Program, an evidence-based program focused on family skill building; and trauma-informed cognitive behavioral therapy for the children in the family
Youth Network Council, dba Illinois Collaboration on Youth, Illinois	Families with children ages birth through 17 who are at risk of out-of-home care because of parental substance use	Standard child welfare case management services through Intact Family Services, enhanced with a recovery coordinator for specialized case management	Descriptive study	Not applicable
Florence Crittenton Home of Sioux City, Iowa	Children and youth ages 9 to 21 in out-of-home care due to parent or caregiver substance use and other behavioral health conditions	Emergency shelter housing and at least one of the following services: Attachment, Self-Regulation, and Competency (ARC); enhanced therapeutic supervised visits between children in congregate care and their families, kin, or foster families; Teaching Family Model; and cognitive behavioral therapy models	Descriptive study	Not applicable
Judiciary Courts for the State, Iowa	Families with children from birth through age 12 who have been affected prenatally or environmentally by substance exposure and are at risk of involvement with child welfare, in or at risk of out-of-home care, or in adoptive families	A new Family Resource Center that (1) screens children for medical and developmental risks; (2) conducts a comprehensive child assessment (with social, medical, and developmental history, a medical exam, and developmental or psychological assessment); (3) develops a treatment plan, with clinicians receiving tele-mentoring support to develop the plan; (4) refers families to services based on the treatment plan; and (5) holds follow-up appointments with families based on the children's needs	Descriptive study ^a	Not applicable
Mountain Comprehensive Care Center, Kentucky	Families with children from birth through age 17 who are in or at risk of out-of-home care because of parental substance use	Intensive outpatient program 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 SUD services, including residential, outpatient, and drug court programs. Some comparison group families might not receive any services
Volunteers of America Southeast Louisiana Inc., Louisiana	Families with a child from birth through age 12 who is at risk of out-of-home care due to parental substance use	Residential SUD services and after-care services, along with community-based, outpatient SUD services, care coordination, and peer support (provided by the grant recipient)	QED	Residential SUD treatment and short-term after-care services from a partner (provided by a partner) ^a

Grant recipient organization	Intended population	Treatment group services	Evaluation design	Comparison group services
CPR of the Ozarks, Missouri	Families with children from birth through age 18 who are at risk of involvement with child welfare or in or at risk of out-of-home care due to caregiver substance use or dual-diagnosis concerns	Family support specialist guides family through services based on their needs, using home visiting, comprehensive treatment planning, parent education, and screenings and assessments; additional needs-based services could include SUD treatment, anger management classes, employment assistance, additional parent education, skills education, individual and family therapy, and case management	QED	Business-as-usual basic treatment planning, parent education classes, anger management classes, drug testing, SUD assessment, SUD treatment, teen parenting classes, independence skills training for teens, individual therapy, and family therapy
Preferred Family Healthcare Inc., Missouri	Families with children from birth through age 17 who are at risk of involvement with child welfare because of parental substance use	Core services (trauma-informed, comprehensive, strengths-based screening and assessment of needs; enhanced case management from a family peer advocate; parenting support; peer recovery mentoring; SUD treatment; three evidence-based programs: (1) Living in Balance and Helping Men/Women Recover; (2) Trust-Based Relational Intervention Care-Giver Training; and (3) the Stress Management and Resiliency Training program); additional needs-based services could include financial and transportation assistance and access to employment and job-training or skill-building services	RCT	All core services offered to the treatment group except the Stress Management and Resiliency Training program
Montefiore Medical Center, New York	Fathers with at least one child age birth through 18 who is at risk of child welfare involvement or out-of-home placement; and someone in the family has or is at risk of an SUD	Father-specific parenting education and employment training program, case management, Motivational Enhancement Therapy, and contingency management	RCT	Business-as-usual community and SUD treatment services
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	Pregnant and parenting families with a child up to age 2 who is at risk of child welfare involvement or in or at risk of out-of-home placement due to parental substance use	(1) Training and support for behavioral health treatment providers to implement Parent-Child Assistance Program and Family Care Plans; and (2) cross-system coordination and training to strengthen referral pathways from birthing hospitals to treatment services	QED	Business-as-usual services from behavioral health and substance use treatment providers

Grant recipient organization	Intended population	Treatment group services	Evaluation design	Comparison group services
Health Federation of Philadelphia, Pennsylvania	Pregnant and parenting families with children from birth through age 5 who live in a residential SUD treatment site and are involved or at risk of involvement with the child welfare system	Mothering from the Inside Out integrated with Child-Parent Psychotherapy and residential SUD treatment	Descriptive study ^a	Not applicable
Helen Ross McNabb Center, Tennessee	Families with children from birth through age 5 who are at risk of child welfare involvement or in or at risk of out-of-home care because of parental substance use	Prenatal plans of safe care and family-centered treatment using practices including Seeking Safety, Eye Movement Desensitization and Reprocessing, Nurturing Parenting Program, Circle of Security, and Child-Parent Psychotherapy	Descriptive study ^a	Not applicable
Tennessee Department of Mental Health and Substance Abuse Services, Tennessee	Families with children from birth through age 18 in or at risk of out-of-home care	HOMEBUILDERS, which provides intensive in-home family preservation services	QED	Business-as-usual family preservation services
Prestera Center for Mental Health Services Inc., West Virginia	Families with children from birth through age 18 who are at risk of child welfare involvement or in or at risk of out-of-home care because of parental substance use	Wraparound services from a care coordinator, peer recovery coach, and/or a family therapist, with services including Seeking Safety, eco-systemic structural family therapy, and motivational interviewing	QED	Business-as-usual child welfare, behavioral health, and SUD treatment services
Meta House Inc., Wisconsin	Women with children from birth through age 17 whose children are in or at risk of child welfare involvement because of parental substance use, and whose parental rights have not been terminated	Recovery supportive housing program for women and their children, including intensive child and family services, peer support services, and Meta House's business-as-usual outpatient SUD treatment program	QED	Meta House's business-as-usual outpatient SUD services

Note: This information reflects grant recipients' plans as of October 2025. The description of some grant recipients' intended populations, services, and planned evaluations may evolve over time as their plans change.

^a The grant recipient changed their evaluation design since October 2024. Judiciary Courts for the State of Iowa changed from an RCT to a descriptive study. Volunteers of America Southeast Louisiana Inc. dropped a second comparison group they had initially planned. Health Federation of Philadelphia changed from a QED to a descriptive study. Helen Ross McNabb changed from a QED using administrative data to a descriptive study.

dba = doing business as; QED = quasi-experimental design; RCT = randomized controlled trial; RPG = Regional Partnership Grant; SUD = substance use disorder.

Appendix B.

Data Sources for the Cross-Site Evaluation

This page has been left blank for double-sided copying.

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 (grant recipients' applications, semiannual progress reports, memoranda of understanding)	X	X	X	X		
Improvement and sustainability survey	X			X		
Site visits and telephone interviews	X		X	X		
Qualitative data from program participants	X	X	X			
Enrollment and service data		X	X			
Outcomes data (standardized data and administrative records)		X			X	X

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 and semiannual progress reports that project teams submit to the Children's Bureau as a condition of their grants.
- **Improvement and sustainability survey.** We plan to administer the improvement and sustainability survey to RPG7 projects in the final year of their grants (late 2026 and early 2027). This survey collects information about supports within the partnership that could improve and sustain RPG services, such as the use of data for continual service improvement and the resources needed and available after grant funding ends.
- **Site visits and key informant interviews.** We will conduct site visits and telephone interviews in winter and spring 2026 to collect information from each project team on its planning process for RPG, goal-setting collaboration with partners, implementation plans, service selection process, referral processes to and from services, staffing roles and perceptions, internal evaluation and continuous quality improvement, and the potential for sustaining RPG services. Roughly half of the site visits will be virtual and the rest will be conducted in person.
- **Qualitative data from program participants.** Adding program participants' experiences receiving services through qualitative data collection enables (or facilitates?) a better understanding of the programs and services offered by grant recipients and the families they serve. We conducted a pilot qualitative study with RPG6 grant recipients in winter and spring 2023. During the pilot, we collected qualitative data via in-depth interviews and focus groups with adults enrolled in RPG services. We will collect similar qualitative data for the RPG7 cohort in winter and spring 2026.

- **Enrollment and services data.** All project teams will provide data on participants' characteristics and enrollment in and receipt of RPG services. The data will include demographic information on family members, dates of entry into and exit from RPG, and information on RPG services received.
- **Outcomes data.** Grant recipients or their evaluators will collect data from families as they enter and exit RPG for the cross-site evaluation.⁶ They will also obtain two types of administrative data on participants to submit to the cross-site evaluation: (1) child welfare data from the state or local child welfare agency responsible for the Comprehensive Child Welfare Information System and (2) data on treatment for substance use disorder 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) permanency, (3) safety, (4) adult recovery, and (5) family functioning. The constructs that will be measured and their sources appear in Appendix C. Project teams conducting impact studies (studies intended to examine the effects of a program) as part of their local evaluations will collect the same or similar outcomes 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

This page has been left blank for double-sided copying.

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

Construct	Measure and source	Case member for data collection
Child well-being		
Child behavior	Child Behavior Checklist (preschool and school-age children)	Focal child ^a
Sensory processing	Infant-Toddler Sensory Profile	Focal child ^a
Permanency		
Removals from family of origin	Administrative data (CCWIS)	All children
Placements	Administrative data (CCWIS)	All children
Type of placements	Administrative data (CCWIS)	All children
Discharge	Administrative data (CCWIS)	All children
Safety		
Type of allegations	Administrative data (CCWIS)	All children
Disposition of allegations	Administrative data (CCWIS)	All children
Adult recovery		
Substance use severity	Addiction Severity Index	RDA ^b
Parent trauma	Trauma Symptoms Checklist-40	RDA ^b
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	Administrative data (local treatment providers or state agency responsible for TEDS data)	All adults
Family functioning		
Depressive symptoms	Center for Epidemiologic Studies Depression Scale	FFA ^c
Parenting attitudes	Adult-Adolescent Parenting Inventory	FFA ^c

^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. Project teams will collect data on the focal child through the child well-being reporter, which is defined as the primary caregiver for the child.

^b The RDA is the adult who is at risk of developing a substance use issue, has an active substance use issue, or is in recovery from a substance use issue. If no such adult is in the RPG case, the FFA will also be the RDA.

^c The FFA is the focal child's biological or adoptive parent. If there is no biological or adoptive parent in the case, the FFA is the adult with the goal of reunification with the focal child.

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

Mathematica Inc.

Our employee-owners work nationwide and around the world.

Find us at mathematica.org and edi-global.com.



Mathematica, Progress Together, and the "spotlight M" logo are registered trademarks of Mathematica Inc.