

May 2014

Regional Partnership Grants Cross-Site
Evaluation and Evaluation-Related
Technical Assistance

Regional Partnership Grant Program Cross-Site Evaluation Design Report: Executive Summary

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

Regional Partnership Grant Program Cross-Site Evaluation Design Report: Executive Summary

Contract Number:

HSP233201250024A

Mathematica Reference Number:

40170.032

Submitted to:

Office on Child Abuse and Neglect
Children's Bureau, ACYF, ACF, HHS
8th Fl. No. 8111, 1250 Maryland Ave., SW
Washington, DC 20024
Project Officer: Melissa Lim Brodowski

Submitted by:

Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543-2393
Telephone: (609) 799-3535
Facsimile: (609) 799-0005
Project Director: Debra A. Strong

May 2014

Debra A. Strong
Diane Paulsell
Russell Cole
Sarah A. Avellar
Angela V. D'Angelo
Juliette Henke
Rosalind E. Keith

Suggested citation:

Strong, Debra A., Diane Paulsell, Russell Cole, Sarah A. Avellar, Angela V. D'Angelo, Juliette Henke, Rosalind E. Keith, "Regional Partnership Grant Program Cross-Site Evaluation Design Report: Executive Summary." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. May 2014. Contract No.: HSP233201250024A. Available from Mathematica Policy Research, Princeton, NJ.

The logo for the Regional Partnership Grants and Cross-Site Evaluation program, featuring the letters 'RPC' in a stylized, blue, cursive font.

Regional Partnership Grants
and Cross-Site Evaluation

MATHEMATICA
Policy Research



WRMA
Walter R. McDonald & Associates, Inc.

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

EXECUTIVE SUMMARY

To address the far-reaching consequences of adult substance use disorders on families and children, Congress authorized competitive grants to support partnerships among child welfare, substance abuse treatment, and related organizations. The Child and Family Services Improvement Act of 2006 (Pub. L. 109-288) provided funding over a five-year period for regional partnerships to improve the well-being, permanency, and safety outcomes of children who were in or at risk of out-of-home placement as a result of a parent's or caregiver's substance use disorder. The Child and Family Services Improvement and Innovation Act of 2011 (Pub. L. 112-34) funded a new round of grants through 2016. With the funding, the Children's Bureau (CB) within the Administration for Children and Families, Administration on Children, Youth, and Families at the U.S. Department of Health and Human Services (HHS) established the Regional Partnership Grant (RPG) program.

In 2012, CB funded 17 grants (Table ES.1). Reflecting increasing interest in evidence-based decision making, HHS required grantees to implement well-defined service es and activities that were *evidence-based or evidence-informed*. Evidence-based programs or practices (EBPs) are those that evaluation research has shown to be effective (SAMHSA n.d. (a)). Grantees are also required to conduct well-designed outcome evaluations.

To further build knowledge of effective services for children and youth, HHS established a cross-site evaluation of RPG projects. It required grantees to contribute to the cross-site evaluation by providing data on participants and services provided. CB funded Mathematica Policy Research, along with its subcontractor Walter R. MacDonald & Associates (WRMA), to conduct a five-year cross-site evaluation of the grantees' RPG projects. The primary purposes of this evaluation are to describe grantee performance and conduct a cross-site evaluation of the RPG program, including a rigorous test of program effectiveness.

A. Research Questions

The cross-site evaluation is designed to address the following research questions:

1. Who was involved in each RPG project and how did the partners work together? To what extent were the grantees and their partners prepared to sustain their projects by the end of the grant period?
2. Who were the target populations of the RPG projects? Did RPG projects reach their intended target populations?
3. Which EBPs did the RPG projects select? How well did they align with RPG projects' target populations and goals?
4. What procedures, infrastructure, and supports were in place to facilitate implementation of the EBPs?
5. How were the EBPs implemented? What services were provided? What were the characteristics of enrolled participants?
6. To what extent were the RPG projects prepared to sustain their EBPs at the end of the grant period?

7. What were the well-being, permanency, and safety outcomes of children, and the recovery outcomes of adults, who received services from the RPG projects?

Table ES.1. Information on RPG Program Grantees

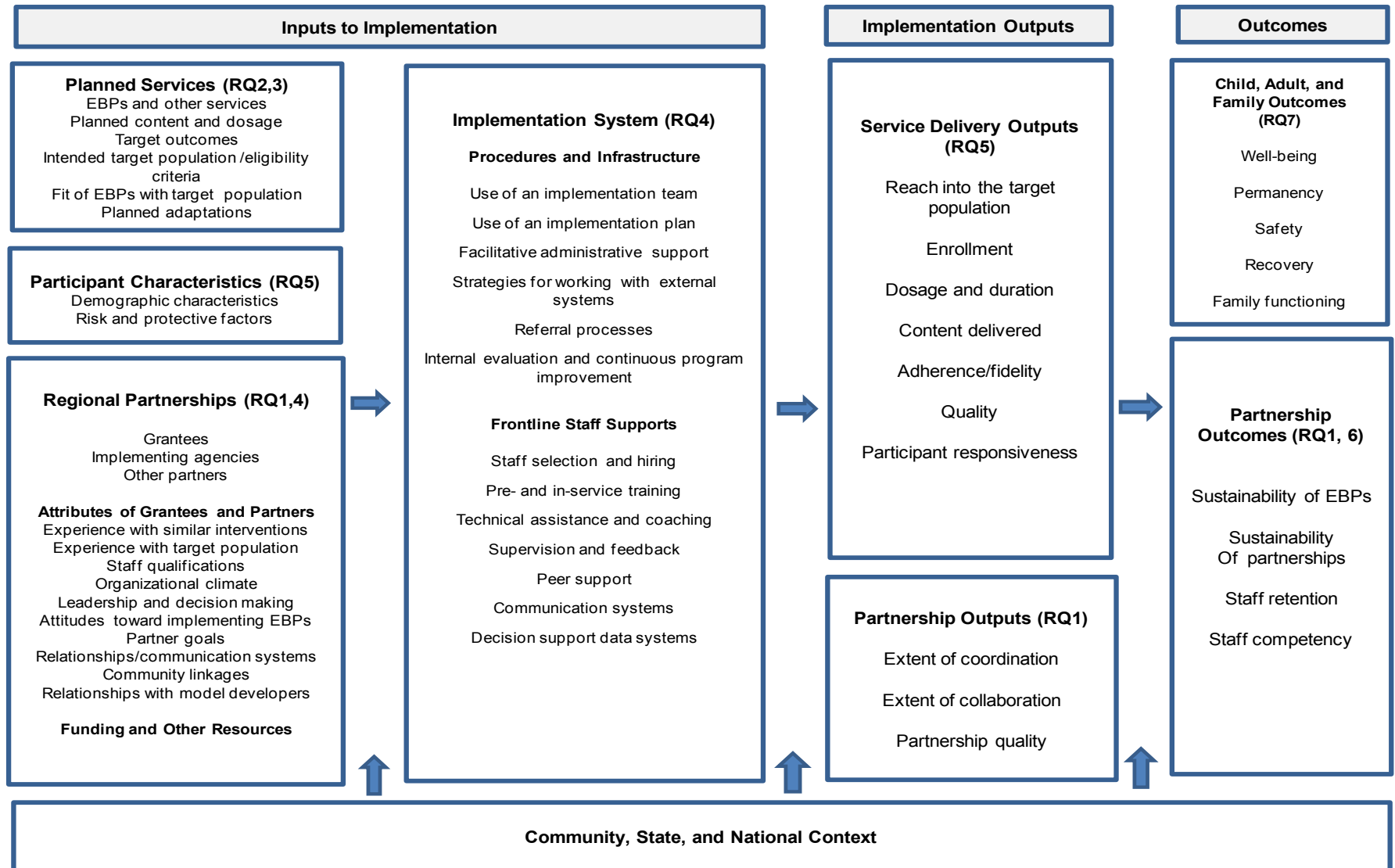
Grantee Organization	State	Organization Type
Center Point, Inc.	California	Substance abuse treatment agency/ provider
Georgia State University Research Foundation, Inc.	Georgia	Research corporation—nonprofit
Judicial Branch, State of Iowa	Iowa	State judicial agency
Northwest Iowa Mental Health Center/Seasons Center	Iowa	Community mental health service provider
Children's Research Triangle	Illinois	Child and family services provider
Kentucky Department for Community-Based Services	Kentucky	State child welfare agency
Commonwealth of Massachusetts	Massachusetts	Joint state child welfare/ substance abuse agency
Families and Children Together	Maine	Child welfare services provider—nonprofit
Alternative Opportunities, Inc.	Missouri	Substance abuse treatment agency/ provider
The Center for Children and Families	Montana	Child and family services provider
State of Nevada Division of Child and Family Services	Nevada	State child welfare agency
Summit County Children Services	Ohio	County child welfare agency
Oklahoma Department of Mental Health and Substance Abuse Services	Oklahoma	State substance abuse agency
Health Federation of Philadelphia, Inc.	Pennsylvania	Community health services provider
Helen Ross McNabb Center	Tennessee	Substance abuse treatment agency/ provider
Tennessee Department of Mental Health and Substance Abuse Services	Tennessee	State substance abuse agency
Rockingham Memorial Hospital	Virginia	Community health services provider

B. The Conceptual Framework for the RPG Cross-Site Evaluation

To guide the evaluation design process, Mathematica/WRMA developed a conceptual framework that illustrates how the 17 RPG projects will implement and support EBPs (Figure ES.1). Similar to a logic model, this framework describes and draws connections between inputs to implementation, implementation outputs, and outcomes for children, adults, and families as well as for the RPG partnerships themselves. The figure shows the research questions associated with each element of the framework.

- **Inputs to Implementation.** Inputs to implementation include the services grantees plan to implement, the characteristics of participants that enroll in RPG projects, members of the regional partnerships and their attributes, and the implementation systems developed to facilitate service delivery.
- **Implementation Outputs.** The products of the implementation system are service-delivery and partnership outputs. The service-delivery outputs are the services provided by the RPG projects. Partnership outputs include coordination and collaboration among the grantee and its partners, as well as the partners' perceptions of partnership quality.

Figure ES.1. Conceptual Framework for the Cross-Site Evaluation



RQ= Research Question

- **Outcomes.** The cross-site evaluation will describe outcomes for children, adults, and families enrolled in the RPG projects and the outcomes of the partnerships.
- **Community Context.** Underlying the entire framework—inputs, outputs, and outcomes—is the context of the state and communities in which the RPG projects operate and participants reside. Aspects of community context that the cross-site evaluation will capture include information on available resources; child welfare; substance abuse treatment; judicial, fiscal, and other policies; competing interests; and other factors that may influence the implementation of the projects and outcomes for program participants.

C. Components of the Cross-site Evaluation

Based on the conceptual framework, and to address the research questions established, the RPG cross-site evaluation has four main components: (1) an implementation study, (2) a partnership study, (3) an outcomes study, and (4) an impact study.

1. Implementation study

The RPG cross-site evaluation will contribute to building the knowledge base about effective implementation strategies by examining the process of implementation in the 17 RPG projects, with a focus on factors shown in the research literature to be associated with quality implementation (Fixsen et al. 2005; Meyers et al. 2012). We will examine activities conducted at different stages of implementation and implementation progress over time, as well as the extent to which structural supports for implementation are in place.

The implementation study will address five of the cross-site evaluation research questions listed in Section A (research questions 2-6). The EBPs selected by grantees are the primary focus of the implementation study. The 17 grantees have proposed to implement a large number of EBPs—51 across all 17 grantees— more than can be feasibly studied by the cross-site evaluation. Therefore, the evaluation team selected a subset of 10 EBPs as the focus of the implementation study (Table ES.2).

To address the implementation study’s research questions, we will draw on four sources of data:

- **Grantees’ Semi-Annual Progress Reports (SAPRs).** Twice a year, grantees submit a SAPR to CB. The SAPRs will include information from grantees about the infrastructure in place to support implementation, features of the community context that has influenced grantees’ implementation plan, and adherence to program developer specified service-delivery requirements for each of the 10 focal EBPs.
- **Staff survey.** The survey will target frontline staff implementing the 10 focal EBPs and provide direct services to children, adults, and families and their supervisors. This group will include staff employed directly by the grantee organization, as well as staff employed by other implementing agencies that are partnering with the grantee. We plan to administer the survey during the second quarter of 2015.

Table ES.2. Focal Evidence-Based Program and Practice Models Selected by Grantees as of January 2014

EBP or Practice	Number of Grantees Implementing	Alternative Opportunities, Inc., Missouri	The Center for Children and Families, Montana	Center Point, Inc., California	Helen Ross McNabb Center, Tennessee	Children's Research Triangle, Illinois	Families and Children Together, Maine	Georgia State University Research Foundation	Health Federation of Philadelphia	Judicial Branch, State of Iowa	Kentucky Department for Community-Based Services	Commonwealth of Massachusetts	State of Nevada Division of Child and Family Services	Northwest Iowa Mental Health Center/Seasons Center	Rockingham Memorial Hospital, Virginia	Oklahoma Department of Mental Health and Substance Abuse Services	Summit County Children Services, Ohio	Tennessee Department of Mental Health and Substance Abuse Services
Celebrating Families!	3		X	X						X								
Child-Parent Psychotherapy	4					X			X		X	X						
Cognitive Behavior Therapy	5		X		X	X					X			X				
Hazelden Living in Balance Programs	4	X	X	X							X							
Matrix Model Program	4	X	X	X	X													
Nurturing Parenting Programs	6	X			X		X	X				X	X					
Parent and Child Interactive Therapy	2	X											X					
Seeking Safety	7	X	X	X	X						X	X						X
Strengthening Families	3									X					X	X		
Trauma-Focused Cognitive Behavior Therapy	6	X			X	X		X					X	X				
Total per Grantee		6	5	4	5	3	1	2	1	2	4	3	2	2	1	1	1	1

Source: Grantees' applications, personal correspondence, and April 2013 SAPRs.

- **Site visits.** Cross-site evaluation team members will visit each grantee in approximately the third and fourth quarters of 2015. The visits will focus on the RPG planning process, how and why particular EBPs were selected, the implementation system's ability to support quality implementation for the 10 focal EBPs, and the implementation experiences of grantees and their partners.
- **Enrollment and Services Log (ESL).** The ESL, a web-based system, will provide information on implementation outputs. Grantee staff will use this system to record: demographic information about RPG case members at enrollment, enrollment and exit dates for each case that enrolls in the RPG project, enrollment and exit dates for all EBPs that are offered as part of the RPG project, and information on each service delivery contact for any of the 10 focal EBPs implemented by the grantee.

Our analysis will first focus on documenting and describing project implementation. It will then examine patterns and themes related to implementation that can support continuous project improvement activities by the RPG projects and build knowledge on implementing EBPs targeted to the needs of families in the child welfare and substance abuse treatment systems.

2. Partnership study

The need for collaboration to serve families involved with child welfare and substance abuse treatment systems motivated Congress to create the RPG program in 2006. At least two social service systems—child welfare and substance abuse treatment—will be involved in the RPG project in every site. Each has different missions, constituencies, funding sources, legal requirements and restrictions, and institutions. The partnership study will provide a description of the partnerships formed among each of the 17 RPG grantees, agencies in the community implementing RPG services, and organizations who have come together to support the RPG program (research question 1). The partnership study will draw on three main data sources: (1) SAPRs, (2) partner surveys, and (3) site visit interviews with RPG project directors.

- **SAPRs.** The SAPR includes questions about partners involved in the grantee's RPG project, such as their roles in RPG. Grantees will be asked to provide updates in the SAPRs about changes in partnerships, such as termination of relationships and new partnerships formed, throughout the evaluation period.
- **Partner Surveys.** Partners who participate in the RPG projects play a crucial role in planning and coordinating services for families across service-delivery systems. The survey will target the grantees and their primary partners, including those who provide services to RPG families, refer families to the RPG projects, and play other key roles in the RPG projects. We will ask the lead staff member for RPG within each partner organization to respond to the survey. We plan to administer the partner survey during the second quarter of 2015. We will ask all partners actively involved in each RPG project to complete the survey.
- **Site Visits.** Site visitors will conduct an individual interview with the RPG project director that will include discussion of their RPG partnerships. During the visit, the director interview will include a focus on understanding the RPG planning process, how and why particular partners were selected, and how the partnership developed, changes

in partnerships and the rationale for those changes, the director's perceptions of partnership quality, partnership challenges, and lessons learned.

The analytic methods to address the questions include descriptive analysis, social network analysis, and principal components analysis. For example, to describe the levels of communication and collaboration among partners, we will use the social network data from the partner survey. To operationalize the overall "quality" of the partnership, we will use a principal components analysis to distill an overall underlying "quality" score from several survey elements. Data collected from the grantee and partner organizations participating in each RPG project will be analyzed together, and then summarized in a cross-grantee analysis.

3. Outcomes study

The outcomes study provides an opportunity to describe the changes that occur in children, adults, and families who participate in the 17 RPG projects (research question 7). The projects are designed to support families in various ways, including addressing substance use disorders and improving parenting skills, so that children have safe and healthy environments in which to thrive. The outcomes study examines five domains of interest to Congress and CB: child well-being, permanency, safety, adult recovery, and family functioning/stability.

To address the five domains of interest, the outcomes study will use primary data and administrative data collected or obtained by the grantees and their evaluators (Table ES.3). Primary data will be based on self-administered standardized instruments that CB has asked all grantees and their evaluators to administer to RPG participants. The administrative data will include a common set of elements that grantees and their evaluators will obtain from states or providers. To measure change over time, local evaluations are asked to collect data prior to and after receipt of RPG services. Mathematica will use scores created from the instruments, individual items, or constructed variables to examine outcomes.

For the cross-site evaluation, grantees will collect data on one child in each family, even if multiple children in the family receive RPG services. This child is referred to as the "focal child" for data collection. Because projects are offering different services and serving different populations, each local team is in the best position to define the focal child who is of greatest interest to the evaluation. For example, if selected children receive RPG services or live with a parent in residential treatment for substance abuse, the team may want to define the focal child to include one of those children. To allow for flexibility in different grantee designs, each grantee will develop a decision rule for selecting the focal child and apply the rule consistently to all enrolled families. For example, a rule might state that the focal child is always the youngest child in the family. The cross-site evaluation team will document the decision rules and include them in cross-site evaluation reports.

Data from the instruments and administrative sources will be submitted on a biannual basis to the Outcome and Impact Study Information System (OASIS), an online data collection system, starting in the second year of the evaluation. Grantees will submit the data in April and October of each calendar year, starting in 2014. For the outcomes study, grantee teams will submit data only on project participants. A subset of grantees, who are part of a cross-site impact study, will also submit data on their comparison group members.

Table ES.3. Information on Constructs by Domain, Outcome and Impact Studies

Construct	Source	Inclusion in Outcomes Study	Inclusion in Impact Study
Child Well-Being			
Child trauma symptoms	Trauma Symptoms Checklist for Young Children (Briere et al. 2001)	Yes	No
Executive functioning	Behavior Rating of Executive Function (Preschool or Older) (Gioia et al. 2000)	Yes	Recommended
Child behavior	Child Behavior Checklist (Preschool and School Age) (Achenbach and Rescorla 2000, 2001)	Yes	Yes
Sensory processing	Infant-Toddler Sensory Profile (Dunn 2002)	Yes	No
Social and adaptive behavior	Socialization Subscale, Vineland Adaptive Behavior Scales (Sparrow et al. 2005)	Yes	Yes
Permanency			
Removals from family of origin	Administrative data	Yes	Yes
Placements	Administrative data	Yes	Yes
Type of placements	Administrative data	Yes	Yes
Discharge	Administrative data	Yes	Yes
Safety			
Screened-in referrals	Administrative data	Yes	Yes
Type of allegations	Administrative data	Yes	Yes
Disposition of allegations	Administrative data	Yes	Yes
Death	Administrative data	Yes	Yes
Adult Recovery			
Substance use addiction severity	Addiction Severity Index (McLellon et al. 1992)	Yes	Yes
Parent trauma	Trauma Symptoms Checklist-40 (Briere and Runtz 1989)	Yes	No
Substance abuse services received	Administrative data	Yes	Yes
Type of discharge	Administrative data	Yes	Yes
Family Functioning/Stability			
Depressive symptoms	Center for Epidemiologic Studies-Depression Scale (Radloff 1977)	Yes	Recommended
Parenting skills	Adult-Adolescent Parenting Inventory (Bavolek and Keene 1999)	Yes	No
Parental stress	Parenting Stress Index (Abidin 1995)	Yes	Yes
Family composition and relationships between family members	Addiction Severity Index (McLellon et al. 1992) and administrative data	Yes	No

To describe participant outcomes at baseline and program exit, change over time, and results for subgroups of interest, we will calculate means or proportions for each construct. Information will be presented by grantee as well as aggregated across grantees into summary statistics.

4. Impact study

CB is interested in assessing the effectiveness of programs proposed by the grantees (research question 7). To meet this objective, we will conduct a cross-site impact study that examines the effect of the interventions by comparing outcomes for individuals with access to RPG services with those in groups that do not receive the RPG services but may receive a different set of services (business as usual). Each of the RPG sites is charged with conducting a comparison group study, and the impact will include grantees with study designs that are randomized controlled trials or quasi-experiments with primary data collection from both treatment and comparison groups.

Randomized-controlled trials (RCTs) and quasi-experimental designs (QEDs) are rigorous designs for detecting program effects. The strength of both designs is based on baseline equivalence: the similarity of the program and comparison groups at baseline. If the groups are similar at the study's onset, then subsequent differences observed at the end of programming are attributable to the program, rather than to differences in the groups at the beginning of the study. With RCTs, random assignment creates two groups that are equivalent on all characteristics, on average. Factors, such as attrition, however, can erode the strength of the design. With QEDs, in which the program and comparison groups are created non-randomly, such as by self-selection or geographic location, equivalence can be established on measured variables. Because differences can always exist on unmeasured variables, QEDs are less rigorous than RCTs.

Analysis will begin with estimating site-specific impacts of the interventions implemented in the selected sites. We will examine impacts of the programs by comparing the treatment and comparison group at a follow-up time period, controlling for key baseline characteristics. We will use a consistent method across sites and examine the robustness of the results to ensure that the final results are not sensitive to the benchmark methods selected.

We will then create cross-site impact estimates based on aggregated estimates of site-specific impact estimates. This approach provides a more (statistically) powerful test of the effect of interventions. Our approach to aggregation is calculating impacts at varying levels of evidence. Specifically, we will calculate an aggregate impact for three groups of studies: (1) those with the strongest evidence available—that is, the well-implemented RCTs;¹ (2) those with moderate evidence—that is, well-implemented QEDs and RCTs with some issues, such as high attrition; and (3) all studies in groups 1 and 2. We will compare the results from groups 1 and 2 to determine whether the findings are substantively different. The results from group 3 will have the greatest statistical power, but the inclusion of QEDs and RCTs with high attrition may create bias in this pooled impact estimate.

¹ Although this aggregate impact will be based on well-implemented RCTs (for example, RCTs with low attrition rates) it is not necessarily free from bias because studies are being excluded based on factors determined post-randomization (that is, on factors that are endogenous, not exogenous).

Seven grantees are candidates for inclusion in the cross-site impact study. Five of the grantees are proposing RCTs that could provide strong research evidence. These grantees plan to include a total of 1,810 families in their local evaluations over the course of the grant period. In addition, two grantees are proposing QEDs with plans to do primary data collection on key baseline variables across both treatment and control groups. The QED studies will include a total of 700 families over the course of the grant period. We will combine information from sites doing RCTs or QEDs to test the broad effectiveness of the collection of interventions across both sets of studies listed above, for a total of 2,510 families.

We have estimated the smallest effect or impact that will be detectable in the analysis, given expected sample sizes. These are smallest (that is, we have the greatest statistical power to observe program impacts) when we pool information across both RCTs and QEDs to aggregate information across all participating grantees. When we pool the evidence from the RCTs with the QEDs, we expect to be able to detect a difference as small as 5.9 percentage points.

Most of the data needed to conduct the impact analyses will be uploaded by grantees to the OAISIS and ESL systems. For the treatment group, all grantees will submit demographic data to the ESL for the implementation study and outcome data to OAISIS as a component of the outcomes study. Grantees participating in the impact study will provide similar data elements for members of their comparison groups.

To reduce the burden on the grantees and local evaluators, we limited the outcomes that the impact study will include (Table 3). Thus, only a subset of the instruments being used in the outcomes study will be collected from the comparison groups at baseline and at program exit (at the same time periods of data collection for the treatment group).

D. REPORTING

To support program development and improvement and inform stakeholders—including the CB, Congress, and the grantees themselves—results from the cross-site evaluation will be released throughout the evaluation period. Products include annual reports to Congress, annual cross-site evaluation program reports, special topics briefs, and the final evaluation report. To disseminate findings more broadly, the cross-site team, sometimes in partnership with grantees, will also present at professional conferences, brief federal interagency groups, and publish in scholarly journals. We will also prepare a restricted-use data file available to qualified researchers through the National Data Archive on Child Abuse and Neglect at Cornell University, including documentation for users.

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

MATHEMATICA
Policy Research



WRMA
Walter R. McDonald & Associates, Inc.