



Regional Partnership Grant Cross-Site Evaluation: Annual Report for October 2019 Through September 2020

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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. Through interagency collaboration and integration of programs, 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 2019.¹ 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.

The purpose of this report is to describe the major annual activities and accomplishments related to the cross-site evaluation and TA, across all three active RPG cohorts, from October 2019 through September 2020. As shown in Table I.1, this period was the third year of Mathematica’s current cross-site evaluation and evaluation TA contract for the fourth cohort (referred to in this report as RPG4), the second year of the fifth cohort (referred to as RPG5), and the first 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, except for a slight decline in 2019 (HHS 2020b). Substance use disorder, 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 Center for Children and Family Futures 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.

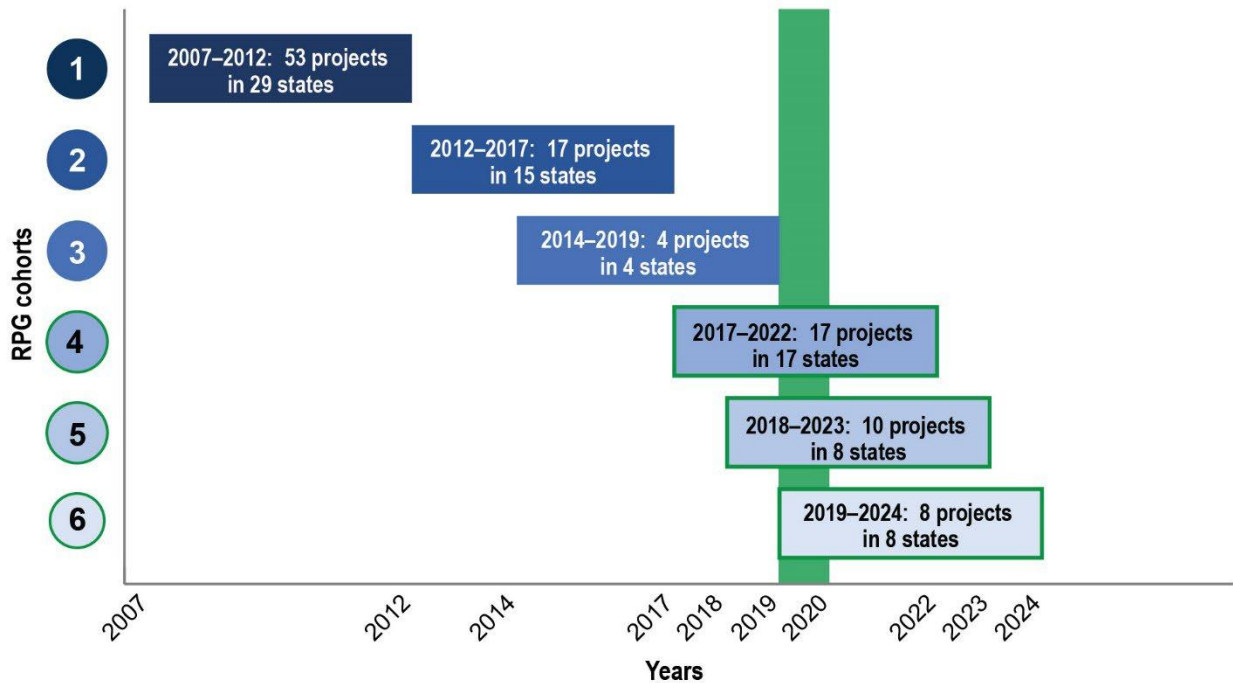
Table I.1. Grant year for each RPG cohort across fiscal years

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

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

From 2007 through 2019, CB awarded six cohorts of RPGs, three of which are active (Figure II.1).³ The period of performance is typically five years. As shown below in Figure II.1, cohorts range in size from 4 projects to 53 projects, which is based on the size of the awards. The three active cohorts (RPG4 through RPG6) account for 35 projects.

Figure II.1. Overview of six RPG cohorts, highlighting active cohorts in 2019–2020



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 projects 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). Four projects are led by state agencies, including agencies that oversee the state’s behavioral health system (2 projects) and state’s judicial system (2 projects). Two projects are led by managing entities of service providers, including 1 project led by a managing entity of mental health and substance use service providers and 1 project 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.

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

Grantee organization and 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
Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Medical Center, New Hampshire	Hospital/clinic
Youth Network Council DBA Illinois Collaboration on Youth, Illinois	Youth advocacy association

Grantee organization and state	Organization type
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 substance use disorder (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, and 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.

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

Through the cross-site evaluation of RPG4, RPG5, and RPG6 projects, CB seeks a better understanding of the partnerships that form the basis of each project: 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 defined by the RPG team as fundamental to its RPG project—were provided, and to whom? Did the core services received by families 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 projects undertake to maintain the implementation infrastructure and processes during and after the grant period? What plans and activities did RPG projects undertake to maintain the organizational infrastructure and processes after the grant period? To what extent were RPG projects prepared to sustain services after the grant period? What plans and activities did RPG projects 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.

All 35 project teams planned 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 plan to conduct an RCT, 20 plan to conduct a QED, and 3 plan to use both an RCT and QED. More information is available in Appendix A. Selected local impact evaluations will contribute data on both their program and comparison groups to the national cross-site evaluation, for a pooled study of impacts (see, for example, the impact study conducted on the RPG3 cohort in Cole et al. 2021).

V. Milestones and Major Activities During Reporting Period

Key milestones and major activities from October 2019 through September 2020 are highlighted below.

-  **Kicked off RPG6.** CB announced eight recipients of the sixth cohort of grants, with a kickoff meeting held in December 2019 for all RPG6 project teams, federal staff, and TA providers in Washington, DC. During the kickoff, TA providers presented information and materials to the teams, including an overview of expectations for the cross-site evaluation and common implementation and data collection challenges and strategies.
-  **RPG6 grantees obtained approvals to begin evaluations and started enrolling and serving families.** RPG6 grantees signed memoranda of understanding, and Mathematica purchased the administrations of the outcome instruments for grantees. As of September 2020, five of the eight RPG6 projects had obtained the Institutional Review Board (IRB) approvals required to seek consent from families to enroll them in their local evaluations and the cross-site evaluation.
-  **Conducted evaluability assessments for RPG6 projects.** Mathematica conducted evaluability assessments of RPG6 grantees' local evaluation plans, focusing on proposed methods for estimating the impacts of the project. The assessments also highlighted strengths and challenges of the impact design and assessed the possible rigor of the findings if the evaluation is well executed. As of September 2020, we had completed these assessments for seven RPG6 grantees.
-  **Continued cross-site evaluation for RPG4 and RPG5.** All RPG4 and RPG5 projects had started enrolling families and providing them with RPG services. As of September 2020, 1,999 people were enrolled in the RPG4 cross-site evaluation, and 2,449 people were enrolled in the RPG5 cross-site evaluation.
-  **Added RPG6 projects to the RPG Evaluation Data System (RPG-EDS).** Mathematica and its subcontractor, Walter R. McDonald & Associates, added the RPG6 projects to the web-based data collection system, RPG-EDS, including creating accounts and adding services for each grantee to RPG-EDS. Mathematica also delivered prerecorded trainings and offered Q&A hours to train RPG6 grantees on data collection and the data system.
-  **Continued to provide evaluation TA during the public health crisis.** As grantees adapted their projects to respond to the public health crisis, Mathematica provided support for their changing evaluation needs. TA topics included pivoting to virtual data collection and addressing challenges with enrollment. Mathematica also provided guidance on collecting and using data to help understand how the public health crisis could affect grantees' projects and evaluations.
-  **Conducted study of grantees' experiences during the public health crisis.** Mathematica designed and implemented a qualitative study to help quickly learn about the experiences of grantees during the public health crisis. Mathematica completed interviews with project directors from 16 RPG projects (9 projects from RPG4/5 and 7 projects from RPG6) in September 2020. This study provided timely information about topics such as how projects met the increased needs of project participants and adapted to address challenges with recruitment, enrollment, and service delivery. The study also provided insights on how these adaptations could affect the local and cross-site evaluations, including use of virtual data collection and smaller sample sizes.

VI. Evaluation TA

To support 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, and the federal project officer (FPO), who form a TA team working with each RPG project. Together, they (1) hold standing, monthly TA calls with project teams; (2) conduct regular TA team meetings to develop coordinated agendas for the monthly calls, debrief on issues, and discuss action items; (3) develop complementary content for in-person and online presentations and training sessions; and (4) develop written TA materials. Mathematica also staffs a help desk to support grantees in collecting data for the cross-site evaluation.

A. Regular 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. From October 2019 through September 2020, CSLs participated in 250 telephone calls with RPG4 projects, 175 calls with RPG5 projects, and 158 calls with RPG6 projects. The average was 49 calls per month across projects, or about 16 per RPG project for the year (Table VI.1).

RPG project staff and TA teams discussed a wide range of programmatic and evaluation-related topics. The most common TA topics were project implementation (169 calls); grantee-collected data (151); intake, study consent, and enrollment processes (149); administrative data (127); staffing (106); sample size (95); and treatment and comparison group formation (77) (Table VI.2).

In addition to these monthly 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 2019 through September 2020, the CSLs fielded nine such requests. The topics included data collection, outcomes, contamination, research design, cross-site evaluation, and comparison group validity.

Table VI.1. Number of evaluation TA calls, October 2019–September 2020

	Monthly TA	TA team check-ins	Initiated by FPO or TA provider	Initiated by RPG project team	All
Total calls	346	182	39	16	583
Average calls per month	29	15	3	1	49

Source: CSL call log, October 2019–September 2020.

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 2019–September 2020

Topic	Number of calls discussing topic
Implementation	169
Grantee-collected data	151
Intake/study consent/enrollment processes	149
Administrative data	127
Staff	106
Sample size	95
Formation of treatment and comparison groups	77
IRB	73
Tracking of sample members	73
Sample attrition	46
Consent	30
Random assignment	27
Outcomes	21
Baseline equivalence	13
Crossovers/contamination	10
Analysis methods/technical questions	9
Fidelity	7
Systems-level or collaboration outcomes	7

Source: CSL call log, October 2019–September 2020.

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

B. Presentations and trainings

During fiscal year 2020, Mathematica, CFF, and CB coordinated to produce an in-person kickoff meeting for the RPG6 cohort and an in-person annual meeting for the RPG4, RPG5, and RPG6 cohorts. At both meetings and through a series of training videos, Mathematica focused on supporting RPG4 and RPG5 grantees with their evaluation needs and preparing RPG6 projects for the cross-site evaluation and use of RPG-EDS (Table VI.3).⁴

- **RPG6 kickoff meeting (December 2019).** Presentations and activities led by Mathematica were designed to orient project teams to the cross-site evaluation and the evaluation TA process and to initiate TA to support local evaluations. TA topics covered (1) the common evaluation challenges that new grantees might encounter and how to plan to mitigate them, (2) factors for successful collaborative partnerships, and (3) data-informed decision making to support project success.
- **RPG annual conference (April 2020).** Over two and a half days, the RPG annual conference featured presentations and training sessions, peer learning, and project team time. Mathematica gave a plenary presentation on the RPG impact analysis pooled across three RPG3 grantees. The presentation described the research questions, the analysis samples and methods, the findings, and the

⁴ During the RPG6 kickoff meeting and annual conference, CFF also led TA-related presentations or activities. This report does not describe those presentations and activities because CFF’s project-related TA is beyond this report’s scope.

implications for RPG projects and evaluations. Mathematica introduced new grantees to the RPG-EDS system and explained the procedures for collecting data for the cross-site evaluation. For returning grantees, we highlighted new RPG-EDS features and provided one-on-one support to answer any questions about the data system. Mathematica and CFF also facilitated peer learning, such as small-group discussions in which project staff described project and evaluation challenges and strategies, including assessing the low rate of referrals and measuring fidelity to project models. During team time, project teams met individually; CSLs and change liaisons circulated to listen and offer guidance.

- RPG-EDS and CSE training series (June–September 2020).** Leading up to the launch of the RPG6 cross-site evaluation and the RPG6 cohort’s use of RPG-EDS, Mathematica provided trainings from June 1, 2020, through September 3, 2020, on the cross-site evaluation, including collecting and reporting data. For these trainings, Mathematica scheduled dates on which to release each prerecorded webinar from the RPG4 and RPG5 trainings onto a virtual platform, enabling the grantees to watch the recordings at their convenience. Mathematica then held a virtual Q&A session about 10 days after each release.

Table VI.3. In-person group meetings and webinars with RPG4, RPG5, and RPG6 projects held by Mathematica

Purpose and format	Number of events
Cross-site evaluation training	
Webinars	7
Presentations at meetings or annual conference	5
Group TA	
Facilitated discussions at meetings	12
Presentations at meetings or annual conference	2
Peer learning call	1

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

C. TA tools

Mathematica produces written TA information and tools for RPG project teams throughout the course of their evaluations. In 2020, Mathematica developed and shared with grantees tip sheets on responding to a crisis and documenting project and community changes. Mathematica also developed and shared a brief on small sample sizes due to lower-than-planned enrollment. The information complemented our TA activities, such as our webinar on responding to the public health emergency, as described in the previous section.

D. Help desk for cross-site evaluation data collection

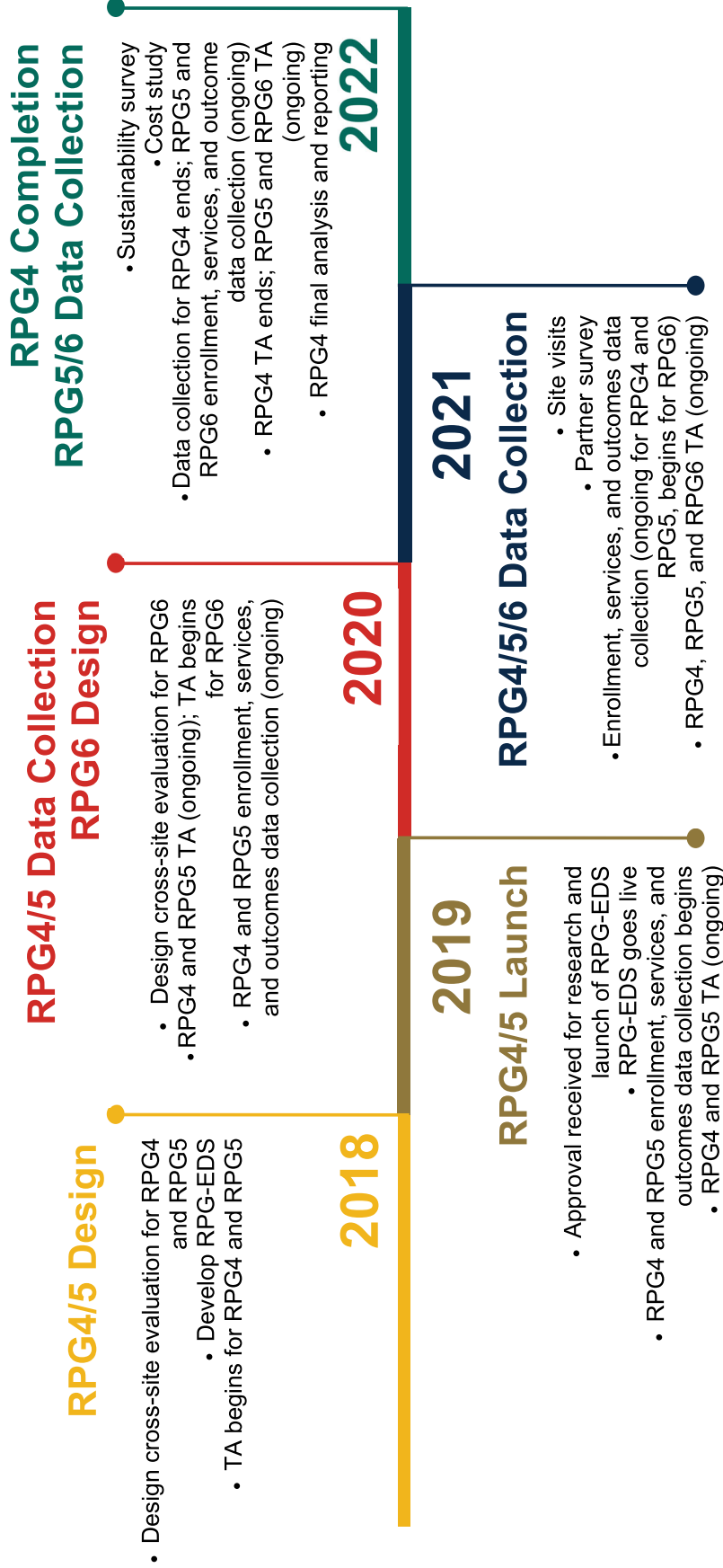
The help desk for cross-site evaluation data collection receives detailed questions about specific data issues. RPG project teams may submit questions through a designated TA mailbox or toll-free telephone number or through their CSLs. Over the year, the help desk received about 370 questions. Questions covered a range of topics, such as standardized instruments, administrative data, entry of enrollment and services data into RPG-EDS, IRB 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—the ongoing TA and data collection for RPG4 and RPG5 plus the design and launch of the cross-site evaluation for RPG6—and has several more in the upcoming years (Figure VII.1). Although the public health emergency delayed our plans to conduct the partnership survey and site visits during fiscal year 2020, we plan to conduct these and other key activities next year. Specifically, during October 2020 through September 2021, 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.
- Field the partnership survey, which is the main data source for understanding and documenting the partners involved in RPG projects and the degree to which they worked together. Mathematica will also continue to extract partnership data from projects' semiannual progress reports, which teams submit twice a year to CB.
- Conduct virtual site visits (scheduled for summer 2021), which will enable a better understanding of grantees' operations, staffing, and partnerships.
- Complete qualitative analysis and document findings from interviews with grantees to learn how the public health crisis has affected RPG projects.
- Begin planning for the cost study (scheduled for winter 2022) to provide information about the costs of delivering evidence-based programs.

Figure VII.1. Cross-site evaluation milestones



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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	Impact evaluation design	Comparison services
<p>University of Alabama at Birmingham, Comprehensive Addiction in Pregnancy Program (CAPP), AL</p>	<p>Pregnant and postpartum women who are drug involved</p>	<p>CAPP's coordinated prenatal care and postnatal SUD treatment, including group prenatal care and postnatal care, case management, peer mentoring, an intensive outpatient program (IOP) or residential SUD treatment, and SafeCare home visiting</p>	<p>QED</p>	<p>Business-as-usual community prenatal and postnatal health care and community behavioral health services</p>
<p>Cook Inlet Tribal Council, Inc., AK</p>	<p>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</p>	<p>Team Decision Making model enhanced with a family navigator for child welfare case management and parenting classes</p>	<p>QED</p>	<p>Business-as-usual Team Decision Making and recovery services</p>
<p>Children and Families First Delaware, DE</p>	<p>Pregnant women seeking medication-assisted treatment (MAT)</p>	<p>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</p>	<p>RCT</p>	<p>Business-as-usual services from two MAT providers, including a recovery peer or care coordinator</p>
<p>Broward Behavioral Health Coalition, Inc., FL</p>	<p>Families with children ages 0 through 11 referred to child welfare, with parental substance use indicator</p>	<p>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</p>	<p>RCT</p>	<p>Business-as-usual child welfare case management and community behavioral health services</p>
<p>Youth Network Council DBA Illinois Collaboration on Youth, IL</p>	<p>Families referred by child welfare to divert an out-of-home placement, with parental SUD indicated</p>	<p>Intact Family Services enhanced with a recovery coordinator for specialized case management</p>	<p>QED</p>	<p>Business-as-usual Intact Family Services</p>

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Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
Volunteers of America Indiana, IN (VOAIN)	Postpartum women whose newborns tested positive for drugs and who have an open child welfare case and a court order to participate in drug treatment	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	QED	VOAIN's business-as-usual residential and after-care 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 out-of-home care because of parental substance abuse and whose case plan goal is reunification or guardianship	Adaptation of the Strengthening Families Program for Native American families (parent training and child social skills training)	QED	Business-as-usual parental substance use, child welfare, and community services
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 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

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
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
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	<p>QED: Family-centered residential treatment (for women only) and IOP services (for women or men) for SUD through Helen Ross McNabb Center</p> <p>RCT: Healthy Families America home visiting model for after-care services for families that complete the family-centered residential treatment, IOP, or Safe Baby Court</p>	QED and RCT	<p>QED: Helen Ross McNabb Center's business-as-usual, adult-centered residential programs and IOPs</p> <p>RCT: Business-as-usual after-care home visiting model, Seeking Safety</p>
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 made up 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, employment training, children and adult education, parenting programs, family activities, transportation, and financial or material supports	QED	Business-as-usual community services for SUD treatment, housing, and family support services

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison 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, eco-systemic 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
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 and 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	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

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
<p>Judiciary Courts for the State, IA</p>	<p>Families with children in or at risk of out-of-home placement because of parental substance use</p>	<p>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</p>	<p>RCT</p>	<p>Assessments and treatment planning through CFATCs and business-as-usual services in the community</p>
<p>Northwest Iowa Mental Health Seasons Center, IA</p>	<p>Families with children ages 0 through 17 in or at risk of out-of-home placement because of parental substance use</p>	<p>Season 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</p>	<p>QED</p>	<p>Season Center’s business-as-usual behavioral health services</p>
<p>Institute for Health and Recovery, MA</p>	<p>Families with open child welfare cases at imminent risk of removal because of parental substance use</p>	<p>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; and/or motivational interviewing program models</p>	<p>QED</p>	<p>Business-as-usual community behavioral health services</p>
<p>Preferred Family Healthcare, Inc., MO</p>	<p>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</p>	<p>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)</p>	<p>RCT</p>	<p>Preferred Family Healthcare’s business-as-usual behavioral health services</p>

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
Montefiore Medical Center, NY	Pregnant or postpartum women at least 16 weeks' gestation and are 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
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 life skills services, 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 17 who are at risk of maltreatment or neglect because of parental substance use	In-home family therapy 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 intensive outpatient program
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

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Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
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.
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

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
<p>Oklahoma Department of Mental Health and Substance Abuse Services, OK</p>	<p>Women and infants in Oklahoma County who are substance affected and are at risk of removal</p>	<p>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.</p>	<p>RCT and QED</p>	<p>RCT: STARs program QED: Business-as-usual services from the Children’s Hospital at Oklahoma University Medicine</p>
<p>Prestera Center for Mental Health Services, Inc., WV</p>	<p>Families with children ages 0 through 12 that are involved with child welfare because of parental substance use</p>	<p>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.</p>	<p>QED</p>	<p>Business-as-usual child welfare services</p>

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

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	✓			✓		
Site visits and telephone interviews	✓		✓	✓		
Enrollment and service data		✓	✓			
Outcomes data (standardized data and administrative records)		✓			✓	✓

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.** We will administer a survey to representatives of each grantee and each grantee’s partner agency in summer 2021 to collect information about communication and service coordination between partners.
- **Improvement and sustainability survey.** We will administer a survey to grantees and select partners in 2022. 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.** We will conduct site visits and telephone interviews to collect information from each project team on its 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.
- **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.⁵ They will also obtain two types of

⁵ RPG projects can or will also use these data for their local evaluations.

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.

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	
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		
Family functioning		
Depressive symptoms	Center for Epidemiologic Studies Depression Scale	
Parenting attitudes	Adult-Adolescent Parenting Inventory	FFA ^c

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

^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.

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