

# RPG Cross-Site Evaluation and Technical Assistance:

First Annual Report



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Regional Partnership Grants  
and Cross-Site Evaluation

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## ACKNOWLEDGEMENTS

We wish to acknowledge the contributions of many people to this report and during the first year of the Regional Partnership Grants (RPG) National Cross-Site Evaluation and Evaluation-Related Technical Assistance project. First and foremost we thank Melissa Lim Brodowski, the contracting officer's representative for the evaluation. Her leadership, guidance, and patience have been appreciated by all the members of the evaluation team. Elaine Voces Stedt, federal project officer for the RPG program, has worked closely with Dr. Brodowski to provide candid feedback and help facilitate our working relationships with the RPG grantees and with Children and Family Futures, which provides program-related technical assistance (TA) to the grantees through the National Center for Substance Abuse and Child Welfare. At Children and Family Futures, Ken DeCerchio has generously taken time to review many of the cross-site evaluation proposals and products from the perspective of the first round of RPG grants, made in 2007. We thank him, along with Nancy Hansen, Linda Carpenter, and Jane Pfeifer of Children and Family Futures who, in the course of providing program-related TA to the grantees, worked closely and supportively with our staff members that were providing evaluation-related TA during year one of the 2012 RPG program.

We would especially like to express our appreciation to the RPG grantees and their evaluators, all of whom are identified in Chapter I. Partnerships selected for RPG receive the significant benefit of federal funding to help address their stated goals, but they also shoulder important responsibilities, including implementing evidence-based programs and practices, and meeting increasing federal expectations to collect, use, and report substantial amounts of data on their operations and child and family outcomes. We can only say that those of us at Mathematica, Walter R. McDonald & Associates, and Synergy Enterprises, Inc. have the utmost respect for those who *do* what we only study.

The authors look forward to working with all the people mentioned above and their organizations during the next several years of program implementation and evaluation. We thank our editing staff, Linda Heath, and Jane Nelson for help producing the report, and retain sole responsibility for any errors or omissions.

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## I. INTRODUCTION

Since 2006, Congress has authorized competitive grants to better coordinate services to families in which children are in or at risk of out-of-home placement due to a parent or caretaker's substance abuse. The Child and Family Services Improvement Act of 2006 (Public Law 109-288) provided funding over a five-year period to implement regional partnerships among child welfare, substance abuse treatment, and related organizations 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 methamphetamine or other substance abuse. With this funding, the Children's Bureau (CB) of the Administration on Children, Youth and Families—an office of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS)—established the Regional Partnership Grant (RPG) program.

The first round of RPG funding (RPG1), in 2007, offered two-, three-, or five-year grants of \$500,000 or \$1 million annually. Grants were made to 53 organizations in 29 states.<sup>1</sup> Grantees implemented a wide array of integrated programs responsive to the needs outlined in the legislation. RPG projects addressed five areas: (1) systems collaboration and improvements, (2) substance abuse treatment linkages and services, (3) services for children and youth, (4) support services for parents and families, and (5) expanded capacity to provide treatment and services to families. To monitor program outcomes as required in the legislation, CB established performance indicators that reflected the broad goals of the legislation and aligned with the diverse activities of the 53 regional partnerships. Grantees reported annually on the performance indicators that were the most relevant to their specific partnership goals and target populations.<sup>2</sup> To support grantees in achieving their program and performance goals, CB provided technical assistance (TA) to grantees through the National Center for Substance Abuse and Child Welfare (NCSACW).

### A. RPG2: The 2012 RPG Program

The Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34) reauthorized the RPG Program and extended funding through 2016. The 2012 RPG funding (RPG2) differs from the original 2007 RPG funding in several ways:

- When the RPG program was reauthorized, the legislation removed references to methamphetamine, including the requirement that gave additional weight to grant applications focused on methamphetamine use. It also required HHS to evaluate the grants and report on their effectiveness.
- CB required applicants to propose programs and services that are *trauma informed*.<sup>3</sup> In response to scientific findings that continue to emerge about the long-term neurological, behavioral, relational, and other impacts of maltreatment on children, ACF urged states

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<sup>1</sup> Forty-four of the grants had a duration of five years.

<sup>2</sup> Information on program implementation and grantee performance for RPG1 is available in two reports to Congress (U.S. Department of Health and Human Services, 2012 and 2013).

<sup>3</sup> Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities of trauma survivors that traditional service-delivery approaches may trigger or exacerbate, so that these services and programs can be more supportive and avoid retraumatizing participants (SAMHSA n.d.).

and child welfare systems to do more to attend to children's behavioral, emotional, and social functioning (Samuels, 2012; ACF, 2012a). One component of this process is addressing the impact of trauma and its effect on the overall functioning of children and youth.

- CB also required applicants to propose and implement specific, well-defined program services and activities that were *evidence based* or *evidence informed*. Since the first round of RPG funding, federal leaders and policymakers have increasingly emphasized evidence-based and evidence-informed practices in their budgeting and program decisions (Haskins & Baron, 2011).
- Reflecting the emphasis on evidence-based practices, CB established a cross-site evaluation to test innovative approaches and to develop and disseminate knowledge about what works to improve outcomes for affected children and youth. It also required grantees to use well-designed outcome evaluations and to contribute data to the cross-site evaluation.
- To support the expanded evaluation requirements, CB added evaluation-related TA to the programmatic TA provided to earlier grantees.

With the funding, CB offered new competitive grants up to \$1 million per year for five years.<sup>4</sup> On September 28, 2012, CB awarded RPG funding under the grant program to 17 partnerships in 15 states (Table I.1).<sup>5</sup> CB assigned federal project officers to groups of grantees reflecting the general focus of each grantees' planned program: child focused (five grantees), court focused (five grantees), and array of services (seven grantees).

## B. The RPG Cross-Site Evaluation and TA Project

Consistent with a growing emphasis on evidence-based programs and practices and their evaluation, the Child and Family Services Improvement and Innovation Act of 2011 requires HHS to evaluate the effectiveness of grants awarded under the legislation. To comply with these requirements and to contribute to the knowledge base in the fields of child welfare and substance abuse treatment, CB requires that RPG grantees conduct well-designed evaluations, furnish performance indicators and evaluation measures to support required reports to Congress, and participate in a national cross-site evaluation. In September 2012, CB awarded a contract to Mathematica Policy Research and its subcontractor Walter R. McDonald & Associates (WRMA), to assist grantees in designing and conducting rigorous evaluations, help select and collect performance indicators from grantees, and design and conduct a national cross-site evaluation.

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<sup>4</sup> HHS also offered existing grantees new grants of \$500,000 per year for up to two years to extend their programs. This report does not discuss those grants.

<sup>5</sup> The number of grantees was larger under the first round of RPG funding because for that round, total funding for the program was significantly higher.

**Table I.1: RPG Grantees and Evaluators, by Cluster**

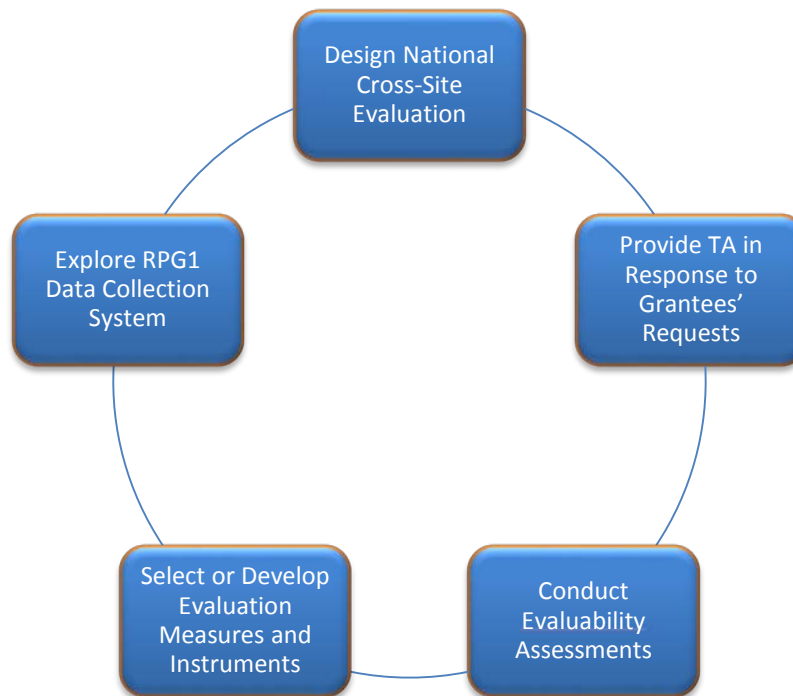
State	Grantee	Evaluator
<b>Child-Focused</b>		
California	Center Point, Inc.	Pima Prevention Partnership
Illinois	Children's Research Triangle	Children's Research Triangle
Oklahoma	Oklahoma Department of Mental Health and Substance Abuse Services	University of Kansas School of Social Welfare
Tennessee	Helen Ross McNabb Center	University of Tennessee, College of Social Work
Virginia	Rockingham Memorial Hospital	Maria Gilson deValpine
<b>Court-Focused</b>		
Georgia	Georgia State University Research Foundation	John Jay College of Criminal Justice
Iowa	Judicial Branch State of Iowa, State Court Administration	University of Kansas School of Social Welfare
Iowa	Northwest Iowa Mental Health Center dba Seasons Center	Iowa Center on Health Disparities
Nevada	State of Nevada	ODES Inc.
Pennsylvania	Health Federation of Philadelphia, Inc.	Wilder Research
<b>Array of Services</b>		
Kentucky	Department of Community Based Services	University of Louisville
Maine	Families and Children Together	University of Maine
Massachusetts	Commonwealth of Massachusetts	Advocates for Human Potential, Inc.
Missouri	Alternative Opportunities Inc.	Beverly Long, MSW, LCSW
Montana	The Center for Children and Families	The Center for Children and Families
Ohio	Summit County Children's Services	Human Services Research Institute
Tennessee	Tennessee Department of Mental Health & Substance Abuse Services	Centerstone Research Institute

As part of its contract, Mathematica is responsible for providing evaluation-related TA to the RPG grantees. This assistance is intended to support grantees in designing and conducting their own evaluations, providing needed data for the cross-site evaluation, and using evaluation and other data to manage and improve their programs, such as employing continuous quality improvement. Grantees also receive program-related TA from NCSACW, whose focus is supporting collaboration among the partners and successful implementation of the RPG projects. Mathematica and NCSACW coordinate their TA efforts, and both have assigned staff members to work one-on-one with grantees. These staff members are referred to as *cross-site evaluation liaisons* (CSL) and *program management liaisons* (PML), respectively.

### C. Purpose and Organization of the Report

One of Mathematica's responsibilities under the contract is to prepare annual reports that highlight the major activities and accomplishments of the reporting period and present the status and progress of the design and conduct of the cross-site evaluation. This is the first such report. It covers activities during the base year of the contract, from September 28, 2012, through September 27, 2013: "year one" of the RPG program.

Five main activities associated with the cross-site evaluation occurred in year one (Figure I.1): (1) design of the cross-site evaluation; (2) provision of evaluation-related TA to grantees in response to requests from the grantees, their evaluators, or their federal project officers; (3) assessments of the program plans and evaluation designs initially proposed by grantees in their applications; (4) selection or development of measures and instruments for use in the local and cross-site evaluations; and (5) exploration of a data collection system for obtaining data from grantees.

**Figure I.1: RPG Cross-Site Evaluation Year One Activities**

These activities were initiated early in the year, and each activity influenced, and was influenced by, the other four. Milestones and overall progress in each area are described in Chapters II through VI. Chapter VII discusses next steps and some possible implications of what occurred during year one for the remaining years of the project and for future similar projects.

## II. DESIGNING THE CROSS-SITE EVALUATION

Mathematica and WRMA began thinking about possible designs for the RPG cross-site evaluation as they developed their proposal in response to the request for proposals for the RPG2 cross-site evaluation, released in summer 2012. Our proposal suggested using mixed (qualitative and quantitative) methods to examine multiple aspects of the RPG program and grantee’s specific projects. It set forth a “modular” design with a core descriptive study examining partnerships, implementation, and outcomes for all grantees, and potential in-depth studies of selected grantees to examine topics to be decided, such as program impacts or fidelity to evidence-based models.

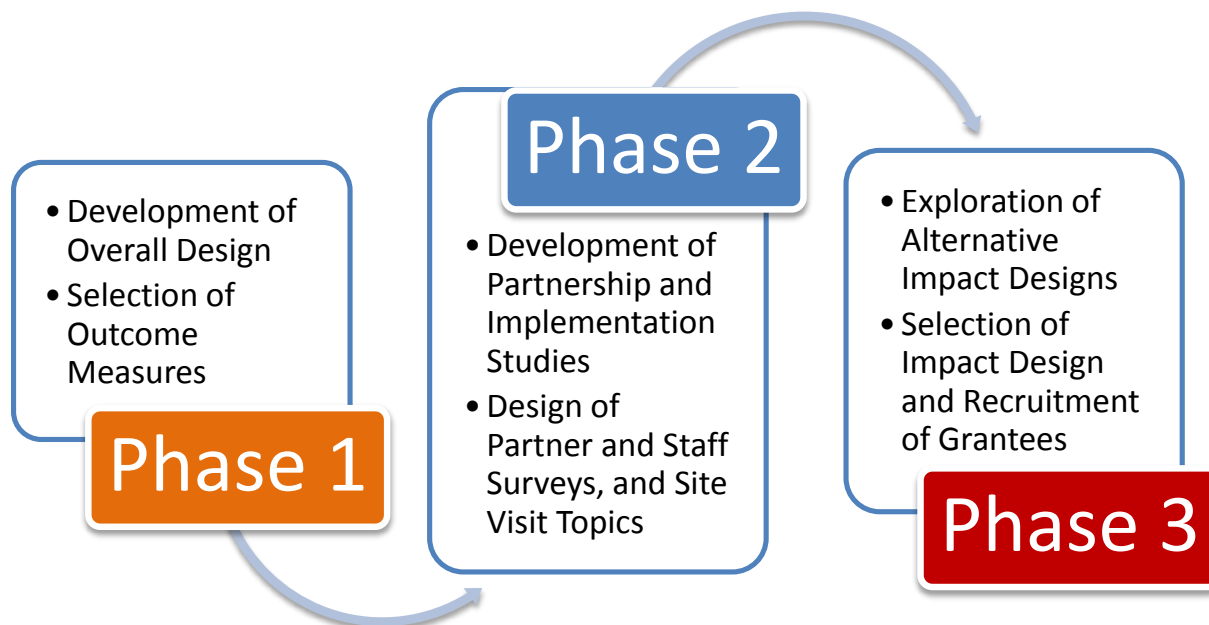
Work on the actual design began in October 2012 with the review of information on programs, evaluation designs, and proposed measures provided in grantees’ RPG applications. For instance, the review, along with initial communications with grantees, identified over 50 programs or services that would be offered to RPG participants across all grantees combined. It showed that some grantees planned to design and conduct randomized controlled trials of their programs, whereas others expected to use quasi-experimental or other designs. These and other variations across the 17 grantees had to be considered in developing the design and approach for the cross-site evaluation. As planned, the design process continued through the first year in collaboration with CB, the grantees, and their evaluators.

The final cross-site evaluation design is detailed in a design report (Strong et al., 2014). The report describes criteria guiding elements of the design, how and when data will be collected, analytic methods, and planned reporting. This chapter describes how the design was developed and how stakeholders were involved. It then provides a short summary of the design and considers potential implications of this process and of the design itself for RPG2, or for future projects CB may undertake.

### A. The Design Process and Participants

As described in the request for proposal for the RPG cross-site evaluation, CB wanted the final design for the cross-site evaluation to be developed in a participatory way. This was done through an iterative process that comprised three overlapping phases (Figure II.1).

**Figure II.1: RPG Cross-Site Evaluation Design Phases**



Multiple stakeholders participated in the design process. Grantee teams, including RPG project directors, internal or external evaluators, and other key staff heard presentations and asked questions about cross-site evaluation elements and recommendations during the RPG kickoff and annual meetings, and during webinars. They could participate in work groups to discuss elements of the evaluation during conference calls organized by Mathematica. Staff from NCSACW gave us input based on their experience during RPG1 and their substantive expertise in the fields of child welfare, substance abuse treatment, and family treatment courts. NCSACW's special focus on collaboration across these three sectors informed elements of the evaluation as well as items in our data collection instruments. Mathematica/WRMA also consulted with experts and grantees with specialized research knowledge in child and adult well-being, child welfare, substance abuse treatment, implementation science, and evaluation design. CB made the ultimate decisions on all design elements and instruments.

### Phase 1: Development of Overall Design and Selection of Outcome Measures

- ✦ **October–November 2012:** Cross-site evaluation staff from Mathematica and WRMA reviewed grantee applications and extracted information on program plans, evaluation designs, and proposed data and measures. We prepared a draft memo describing the proposed cross-site evaluation design.
- ✦ **December 2012:** We submitted the draft design memo to CB. It outlined an overall evaluation design based on our proposal but updated to reflect (1) grantees' actual plans and (2) priorities articulated by CB during our initial meetings with them. The memo proposed a conceptual framework to guide the evaluation design. It proposed research questions and subquestions, and data sources. The memo also described several potential in-depth studies that could be conducted as part of the evaluation. CB approved the approach and requested minor revisions to the memo.
- ✦ **January 2013:** Mathematica/WRMA revised the memo based on CB comments, then used the revised version as the basis for a presentation on the cross-site evaluation at the RPG grantee kickoff meeting held in Washington, DC. The presentation described the core descriptive study and up to three possible in-depth studies, including a program effectiveness/impact study. The cross-site evaluation team met with evaluators and grantees to discuss possible impact study designs.
- ✦ **February 2013:** Mathematica/WRMA reviewed the semiannual progress report templates used for RPG1 and proposed modifications for RPG2. We solicited input and review from CB and NCSACW. CB then provided the final template to grantees.
- ✦ **March–April 2013:** Mathematica/WRMA identified potential measures for five RPG outcome domains identified by RPG legislation and CB (child well-being, safety, and permanence; adult recovery from substance use dependence; and family functioning and stability), with input from experts.<sup>6</sup> We circulated a series of memos to grantees describing the criteria and process for selecting potential measures and data collection instruments, and conveying the initial recommendations approved by CB for child, adult, and family outcome data collection instruments. We then held work group teleconferences with grantees and

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<sup>6</sup> Experts included Dr. Cheryl Smithgall of Chapin Hall at the University of Chicago, Dr. Joseph Ryan at the University of Michigan, and Dr. Ira Chasnoff at Children's Research Triangle.



evaluators on the measures and instruments before and at the April RPG annual meeting in Washington, DC.

- ✦ **May 2013:** Based on feedback from grantees, we explored alternative instruments and ways to reduce the total number of data collection instruments while still adequately addressing the outcome domains. (The process of selecting instruments, and final recommendations, are described in more detail in Chapter V). After the review, we recommended changes to CB, including (1) reducing the number of instruments and (2) modifying the timing of follow-up data collection to reduce the number of repeat administrations. CB approved these recommendations.
- ✦ **June 2013:** Mathematica circulated a memo identifying the revised, approved set of outcome instruments and describing the change in follow-up data collection (this involved collecting follow-up data for the cross-site evaluation just once at program exit, rather than every six months). Mathematica/WRMA proposed to defray the costs of copyrighted instruments to grantees by purchasing licenses using cross-site evaluation funds, and received approval from CB to do so.<sup>7</sup>
- ✦ **July–September 2013:** Mathematica staff contacted publishers of copyrighted standardized instruments to explore their willingness to license them to Mathematica for use by RPG grantees. We also asked grantees to estimate the number of administrations needed for each instrument, to estimate how many administrations we should purchase from the publishers.

## Phase 2: Development of Implementation Study and Design of Staff and Partner Surveys

- ✦ **March 2013:** The cross-site evaluation team reviewed content, service settings, and target outcomes for 28 prominent evidence-based programs and practices (EBPs) being implemented by grantees, in order to develop topics and data elements for the cross-site implementation study.
- ✦ **May 2013:** Based on criteria to ensure that all grantees could be included, we recommended an initial subset of 12 EBPs (from the 51 programs being offered by grantees) for collection of detailed service data.<sup>8</sup> These were referred to as “focal EBPs.”
- ✦ **June–July 2013:** With input from internal and external experts in implementation science, the design team drafted a memo for CB review recommending data to be collected for the RPG cross-site implementation and partnership studies.<sup>9</sup> The memo listed the proposed focal EBPs and proposed to collect data from several sources. Grantees would provide information through their semiannual progress reports to CB. They would also enter enrollment and service data on RPG participants to a web-based data system to be developed for the cross-site evaluation by Mathematica. In addition, the cross-site evaluation would collect information through site visits and online surveys of frontline staff and partner agencies. After the memo was revised in response to CB comments, we circulated it to RPG grantees and

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<sup>7</sup> The purchase was made through an optional task for grantee support, which CB was able to fund during the second year of the cross-site evaluation.

<sup>8</sup> For instance, we wanted to ensure that all 17 grantees were implementing at least one of the selected EBPs.

<sup>9</sup> Experts were Dr. Allison Metz, at the National Implementation Research Network at the University of North Carolina, and Dr. Rosalind Keith, at Mathematica.

stakeholders. We also drafted survey instruments for frontline staff in focal EBPs and for RPG partner agencies, for review by CB and NCSACW.

- ✦ **August 2013:** To inform grantees about the emerging design of the implementation and partner studies, we conducted a webinar. We described the design, identified proposed data elements and their sources, and responded to questions. Afterward, Mathematica held a work-group conference call to obtain feedback from grantees and address additional questions grantees had. We then created a “Q and A” document on the implementation and partner studies to respond to all questions and feedback that had been received. The document was circulated via the RPG Listserv. Based on the feedback, we reduced number of focal EBPs from 12 to 10. We then revised the draft staff and partner surveys and the semiannual progress report templates.
- ✦ **September 2013:** Pilot testing for the staff and partner surveys began. We also began refining our proposed enrollment and service measures and designing the part of the RPG2 data collection system grantees would use to enroll RPG participants and provide service information for the cross-site evaluation. After review of our initial draft version by CB and NCSACW, we finalized templates for the semiannual progress reports for the remainder of the cross-site evaluation, which CB distributed to grantees.

### Phase 3: Exploration of Impact Study Design Scenarios and Recruitment of Grantees

- ✦ **April–May 2013:** Based on initial interest expressed by grantees and on their evaluation design plans, Mathematica drafted designs for two potential cross-site impact studies and submitted the designs to experts for review. We presented both designs, discussed their strengths and weaknesses, and obtained feedback and questions from grantees and evaluators at the RPG grantee annual meeting in Washington, DC. We received additional questions and feedback from grantees and other stakeholders via email and telephone after the meeting.
- ✦ **June–July 2013:** To reduce the data collection burden on grantees that would be participating in the impact study (or studies), we recommended that the cross-site evaluation request a reduced set of outcome data on comparison group members. After CB approved the recommendation, we circulated a memo to grantees and evaluators describing the data to be requested on comparison group members. We held one-on-one calls with grantees interested in participating in one or both of the possible impact studies, to discuss requirements and implications for their local evaluation designs and programs. Based on limited grantee interest and fit with their program and evaluation plans, we recommended dropping one of the alternatives, which CB approved.
- ✦ **August–September 2013:** We continued discussing participation in the remaining impact study with interested grantees as their local evaluation designs became more solidified, in order to identify grantees with evaluations that were a good fit for the study. We began drafting agreements on data provision and participation in research consortium for participating grantees.

The RPG cross-site evaluation design was finalized in September 2013, and Mathematica then submitted a draft Office of Management and Budget (OMB) package including all draft data collection instruments and burden estimates to CB. ACF filed the required 60-day notice, which appeared in the Federal Register on September 19. After closure of the 60-day notice period, Mathematica revised the

draft documents as requested by CB and provided a final OMB package to them. The required 30-day notice was published in the Federal Register on December 3.<sup>10</sup>

## B. A Summary of the RPG Cross-Site Evaluation Design

The cross-site evaluation is designed to address seven research questions (Table II.1). It does so through four studies: (1) an implementation study, (2) a partnership study, (3) an outcomes study, and (4) an impact study. All grantees will participate in the implementation, partner, and outcome studies. The outcome study is descriptive. It provides an opportunity to describe the changes that occur in children, adults, and families who participate in the 17 RPG projects, by collecting baseline participant-level data at enrollment in RPG, and follow-up data six months later. Grantees will obtain data on child well-being, safety, and permanence; adult recovery from substance use dependence; and family functioning and stability on all RPG participants, and will submit it to the cross-site evaluation.

**Table II.1. RPG Cross-Site Evaluation Research Questions and Study Components**

Research Question	Implementation Study	Partnership Study	Outcomes Study	Impact Study
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?		X		
2. Who were the target populations of the RPG projects? Did RPG projects reach their intended target populations?	X		X	
3. Which evidence-based programs (EBPs) did the RPG projects select? How well did they align with RPG projects' target populations and goals?	X			
4. What procedures, infrastructure, and supports were in place to facilitate implementation of the EBPs?	X			
5. How were the EBPs implemented? What services were provided? What were the characteristics of enrolled participants?	X		X	
6. To what extent were the RPG projects prepared to sustain their EBPs at the end of the grant period?	X	X		
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?			X	X

Each study relies on one or more of six sources of data (Table II.2). Mathematica will obtain data by Mathematica site visits and through online surveys of staff and partners. Grantees will provide data through semiannual progress reports, implementation data entered into a web-based data system, and standardized instruments and administrative records submitted through the system.

A subset of grantees will also participate in the impact study. These grantees are (1) forming comparison groups using random assignment or (2) collecting primary data from comparison group members that can be used to establish baseline equivalence between treatment and comparison

<sup>10</sup> OMB clearance was received on March 18, 2014.

**Table II.2. RPG Cross-Site Evaluation Data Sources**

Data Source	Implementation Study	Partnership Study	Outcomes Study	Impact Study
Grantees' semiannual progress reports	X	X		
Online survey of frontline staff and supervisors implementing 10 focal EBPs* and providing direct services to children, adults, and families	X			
Site visits to each grantee	X	X		
RPG enrollment, exit, and demographic data from all grantees; additional data on service provision for 10 focal EBPs from grantees via the web-based Enrollment and Services Log	X		X	X
Online survey of lead staff of grantee and partner agencies playing active RPG project roles		X		
Standardized instruments and child welfare, foster care, and adult substance abuse treatment data from RPG grantees via the Outcome and Impact Study Information System			X	X

\* Focal EBPs (evidence-based programs and practices) are the subset of the 51 total EBPs being implemented across all grantees for which detailed service data will be collected.

groups. They are also using evaluation designs that provide a clear contrast between services received by their treatment groups and those received by comparison groups. Mathematica will estimate impacts for each participating grantee and will pool data across sites as appropriate, to examine changes in outcomes among RPG enrollees compared to those for comparison group members.

An alternative approach for estimating impacts also considered was a regression discontinuity design (RDD). Participation in the RDD study would have required grantees to administer an initial assessment that could be used to determine the intensity of RPG services that participants would receive. For example, programs would administer the Addiction Severity Index or a similar instrument that produces continuous scores. They would establish a cutoff score in advance, which would be used to assign participants to less-intensive and more-intensive treatments or program services. The cross-site evaluation would then compare outcomes between members of the less-intensive and more-intensive groups with scores close to the cutoff point.<sup>11</sup>

The RDD design had several advantages. For instance, it did not require random assignment, and all study participants could have received RPG services, albeit at different levels of intensity. No external comparison group would be needed by grantees adopting this design. However, there were two disadvantages that led to dropping this alternative. First was the need for large sample sizes, because RDD studies use data only on sample members with scores clustered around the cutoff point. That is, only a portion of RPG participants could be included in the analysis. A more difficult limitation, however, was reluctance on the part of some grantees or providers to use the assessment score to place people into services.

<sup>11</sup> For more information on RDD, see, for example, Imbens, G., and T. Lemieux (2008): "Regression Discontinuity Designs: A Guide to Practice." *Journal of Econometrics*, vol. 142, no. 2: pp. 615–635.

### III. EVALUATION TECHNICAL ASSISTANCE

To support the evaluation requirements for RPG2, CB made providing evaluation-related TA a major responsibility for the cross-site evaluation contractor. To provide evaluation TA, Mathematica assigned six cross-site liaisons (CSLs) to work directly with the grantees. Each CSL was a researcher or senior researcher at Mathematica with one or more of three qualifications: (1) specialized training in assessing program evaluation designs, (2) experience evaluating programs serving children and families, and (3) experience providing training or TA to federal grantees. CSLs worked with two or three grantees each. CSLs coordinated their activities with liaisons from NCSACW who provided program-related TA to the grantees. Mathematica and WRMA also provided group training and TA and peer-learning opportunities through several webinars and during sessions at two RPG grantee conferences held during the year. This chapter describes these activities.

#### A. Providing Evaluation TA

During the first year of the contract, CSLs learned about grantees' local evaluation plans by reviewing their grant applications and other documents and meeting with them in person at grantee meetings or via conference calls. They provided TA on a range of evaluation topics.

##### 1. RPG Initial Calls and In-Person Meetings

Two in-person grantee meetings—a kickoff and a first annual meeting—were scheduled for the first year of the 2012 RPG program. Prior to the RPG kickoff meeting to be held in January 2013, four CB staff members who served as federal project officers (FPOs) for the RPG grantees scheduled initial, introductory conference calls with their grantees. Grantee project directors and evaluators, plus other key staff members or project leaders that grantees invited, joined the call along with the FPOs, CSLs, and NCSACWs PMLs. FPOs then scheduled brief meetings to be held at the kickoff with each grantee at breakfast, lunch, or between-meeting sessions. CSLs and PMLs joined these meetings to get acquainted with each other, the FPOs, and their grantees. Similar meetings were held at the RPG annual meeting in April 2013. Both meetings were in Washington, DC.

##### 2. Monthly Calls

After the RPG kickoff meeting, FPOs, CSLs, and PMLs began regularly contacting grantees and local evaluators through calls held as often as once a month. During these calls, grantees provided updates on program and evaluation planning and implementation. FPOs, CSLs, and PMLs responded to programmatic and evaluation-related questions, including questions related to grantees involvement in the national cross-site evaluation. In addition to regularly scheduled calls, any party involved could request calls to address questions or follow up on questions. From February 2013, when regular calls began, through September 2013, CSLs participated in 102 calls with grantees (Table III.1), an average of 13 calls per month.<sup>12</sup> Although CSLs aimed to have telephone contact with all 17 RPG grantees each month, this was not always feasible (typically because of scheduling constraints) or necessary (typically because there were no agenda items or pressing issues).

The range of topics discussed during the calls included programmatic and evaluation-related topics. Commonly discussed evaluation topics included research design; study intake, enrollment, and consent; data collection, including working with state and county partners to gain access to state child welfare and substance abuse administrative data; preparing submissions to institutional review boards

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<sup>12</sup> In addition to the initial calls described in A.1 above.

and monitoring their status; data collection methods and plans; sample attrition and tracking sample members over time; and (to a lesser extent) analytic methods.

**Table III.1. Overview of Telephone Calls, February–September 2013**

	Number
Total Number of Monthly Telephone Calls with Grantees, February–September 2013 <sup>a</sup>	102
Average Number of Telephone Calls with Grantees per Month	13
Average Number of Grantees Participating in Calls Each Month	11
Total Number of Check-In Calls Among FPOs, CSLs, and PMLs, February–September 2013	37
Average Number of Check-In Calls Among FPOs, CSLs, and PMLs per Month	5

FPO = federal project officer; CSL = cross-site evaluation liaison; PML = program management liaison

<sup>a</sup>These regularly scheduled calls with grantees and their FPOs, CSLs, and PMLs were referred to as “monthly” calls because that was their intended frequency during the first year of the 2012 RPG program.

In addition to calls with grantees, FPOs, CSLs, and PMLs held 37 check-in calls to share status updates on grantees, plan agendas for upcoming monthly calls, and discuss emerging program or evaluation issues.

### 3. Requests for In-Depth Evaluation TA

In addition to responding to questions raised during meetings and calls with grantees, CSLs received 36 requests for more in-depth evaluation TA between February 1 (when we began providing formal TA) and September 30, 2013. “TA requests” have been defined for the project as requests that include or require (1) the provision of materials and tools (such as examples of consent forms or tools to calculate statistical power); (2) review of grantee or external reference documents; (3) provision of specialized TA by a member of the cross-site evaluation team other than the CSL, such as a survey researcher; or (4) expertise from someone outside the team, such as another expert at Mathematica. Requests were made by the RPG grantees or local evaluators, or sometimes by the FPOs.

Mathematica developed a SharePoint-based system to enter TA requests, track their status, and provide CB with reports of TA provided. In total, 10 of the 17 grantees (or FPOs on behalf of grantees) requested TA during year one (Table III.2). The topics addressed in TA requests are similar

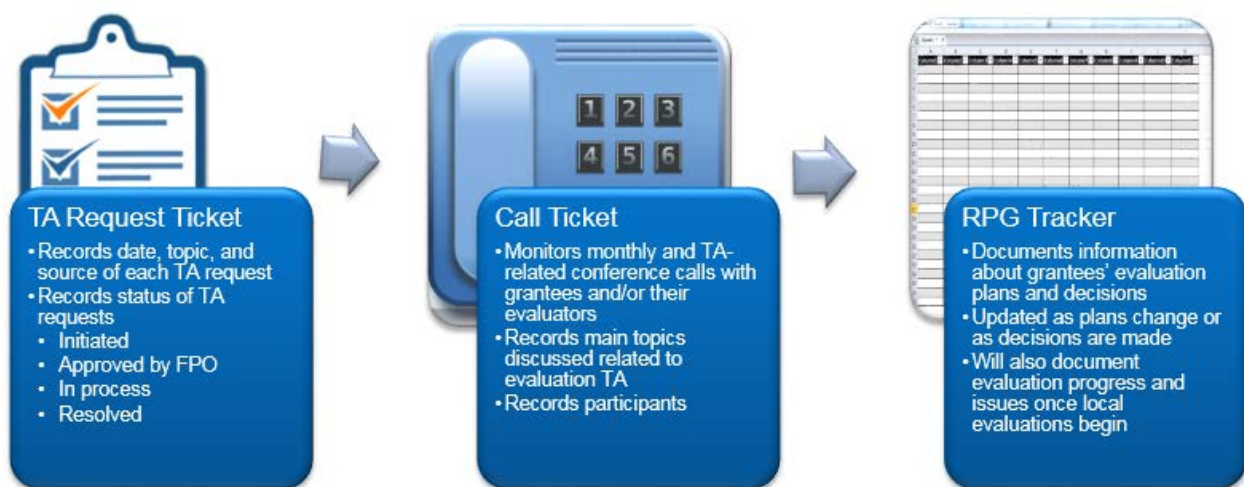
**Table III.2. Overview of TA Requests, February–September 2013**

	Number
Total Number of TA Requests	36
Number of Grantees (or FPOs on Behalf of Grantees) Requesting TA ( $n = 17$ )	10
Average Number of TA Requests per Grantee	2
Topics Addressed in TA Requests:	
Research Design	10
Consent Process	6
Intake and Enrollment Process	4
Institutional Review Board	4
Data Collection	3
Outcome Domains and Measures	3
Working with Stakeholders	2
Analytic Methods	2
Baseline Equivalence	1
Sample Retention	1

to issues discussed on calls, and reflect the early stage of the project, with nearly 30 percent (10 requests) focused on the research designs of the local evaluations. Other commonly addressed topics included the consent process (including developing consent forms and consenting families into the local and cross-site evaluations), intake and enrollment of families into RPG services and the local evaluation, and requests related to the submission of plans to local evaluators' institutional review boards.

CSLs also use the system to record evaluation topics that arise during monthly calls with grantees or the check-in calls FPOs, CSLs, and PMLs sometimes hold to discuss grantee-related issues. Finally, they document information about the grantees' evaluation plans and record decisions about evaluation designs, data collection, or other evaluation issues. CSLs update the latter information as grantees' evaluation plans evolve (Figure III.1).

**Figure III.1 Evaluation TA Tracking System**



## B. Coordinating Program and Evaluation TA

Grantees also receive program-related TA from NCSACW. NCSCAW's focus is supporting collaboration among the partners and successful implementation of the RPG projects. Like Mathematica, NCSACW assigned individual staff members referred to as PMLs to work one-on-one with grantees.

CB placed a strong emphasis on coordinating program- and evaluation-related TA. CB held a joint meeting with Mathematica/WRMA and NCSACW in early November 2012 to launch their work together. To facilitate collaboration and ensure federal oversight, CB instituted a communications protocol for its contractors and grantees that will be in effect throughout the project. The protocol requires CB approval of all TA requests and proposed responses from contractors. It also states that the grantee's FPO and both program and evaluation TA liaisons are to be included in all TA-related communications (such as emails responding to questions) with each grantee.

Along with taking a united approach to TA, the contractors collaborated in other ways during the first year of RPG2. Both worked with CB to plan the RPG kickoff and annual meetings. TA liaisons and other key project team members attended the conferences to meet with grantees and help conduct sessions for grantees and evaluators. Staff from NCSACW reviewed materials for the cross-site evaluation, including design documents and several data collection instruments, and provided

feedback on those materials and on training and evaluation materials and procedures developed by Mathematica/WRMA as well. They joined in work-group calls that Mathematica held to obtain grantee feedback on outcome evaluation domains and instruments, and on data collection plans. The contractors worked together to identify the full slate of EBPs grantees had proposed in their RPG applications, and NCSACW weighed in on the selection of a subset of the EBPs for an in-depth evidence review (Strong, Avellar, Francis, & Esposito, 2013).

### C. Group TA and Training, Peer Learning, and Informing Grantees

To complement the individualized support for grantees and local evaluators described in Section A, the cross-site team provided group-based TA, training, and peer learning. Group-based TA and training allowed the cross-site team to address common issues that multiple grantee teams encountered or to offer assistance on tasks that affect all grantees, such as data collection. Peer learning opportunities for grantees and local evaluators to capitalize on each other's experiences and knowledge were also held. This group-based support focused largely on research design and outcomes during year one (Table III.3). The focus of the activities, which reflect the ongoing planning for the local and cross-site evaluations, can be broadly categorized as follows:

- **Information on the cross-site evaluation.** Grantees and local evaluators were kept abreast of developments in and progress of the cross-site evaluation design. The initial webinars and meetings let the teams know what to expect from the cross-site evaluation, such as by providing a road map of activities and delivery dates, and describing the TA process. For example, in August the cross-site team held a webinar to present the designs of the implementation and partner studies.
- **Research design.** As discussed in previous chapters, a key goal of the local and cross-site evaluations is to estimate effects of the grantees' projects. Several of the initial activities, such as discussions of the evaluability assessments and breakout sessions for evaluators at the kickoff, were designed to emphasize the need for research designs that could detect the causal impacts of the projects.
- **Outcome measures.** Selecting measures appropriate across all grantee projects that captured outcomes of interest to CB and other stakeholders was a key challenge for the first year. The cross-site team developed an initial set of measures to present to the grantees. These measures were discussed in the work-group calls, to allow grantees a chance to provide feedback. Revisions to the recommended measures were made based on these meetings.
- **Data collection.** Once the cross-site measures were selected, the team began developing materials for data collection. Several webinars in August and October covered data collection, including primary data, which the grantees will collect directly, and secondary data, which will come from administrative records. The last webinar of the calendar year provided an overview of the data collection system, to which grantees and local evaluators will submit all primary and secondary data.

Although the work-group calls provided grantees and local evaluators an opportunity to discuss issues and concerns directly with each other and cross-site team, other peer-learning activities were somewhat limited in the first year. This was at the request of the grantees during the kickoff meeting in January. They felt there were more pressing issues to address in the local and cross-site evaluations and asked that we not place another demand on their limited time.



**Table III.3. Group Presentations, TA and Training, and Peer Learning During 2013**

Date	Topic	Information Provided by Mathematica/WRMA
11/13/12	RPG kickoff webinar	Overview of grantees and cross-site evaluation approach
3/20/13	RPG webinar	Semiannual progress report, evaluability assessment, process for selecting measures, and substudy options
1/23/13–1/25/13 (Grantee Kickoff)	Plenary session(s)	First overview of cross-site evaluation Next steps
	Evaluator breakouts	
4/11/13	Adult recovery work-group call	Compiled questions and feedback, along with written questions, and provided FAQ 6/3/2013
4/12/13	Family functioning work-group call	
4/16/13	Child well-being work-group call	
4/23/13–4/25/13 (Annual Meeting)	Plenary session(s)	Overview of cross-site evaluation Next steps
	Work-group breakouts on safety and permanency	
	Evaluator breakouts:	Impact study designs Other potential contributions RPG local evaluations can make Use of administrative data Interests for peer learning General Q and A
8/2/13	Webinar on cross-site implementation and partner study design	
8/22/13	Outcome data collection training webinar	Distributed slides and training manual to RPG Listserv prior to webinar Disseminated Q and A and updated training manual to Listserv on 9/18/13
10/2/13	Administrative records: safety domain	
10/23/13	Administrative records: permanency domain	
12/17/13	Overview of the RPG data collection system	

#### D. Other Roles Performed by the CSLs

In addition to providing TA, CSLs acted as conduits for requests and information between grantees, local evaluators, and the cross-site evaluation team members who were designing the evaluation and selecting measures and instruments. In this role, CSLs fielded questions from the grantees and evaluators about various aspects of the cross-site evaluation, including follow-up questions after webinars or other communications on implementation and partners studies, the data collection system, and the safety and permanency domain administrative data requirements. The CSLs coordinated with cross-site evaluation team members to develop responses to questions and then shared those responses with the grantees. In some cases, these questions were used by cross-site evaluation team members designing the evaluation and selecting measures and instruments to develop documents answering frequently asked questions. CSLs also responded to questions from grantees about the semiannual progress report templates and requirements.

CSLs worked with grantees and their evaluators to assess their interest in and suitability for the cross-site evaluation impact study. CSLs coordinated with members of the cross-site evaluation team designing the study to provide information about the substantive focus of the projects; the feasibility of conducting rigorous designs, including a regression discontinuity design study, given the program

design and assessment process; and the interest of grantees with relevant evaluation designs in participating in an impact study.

The CSLs coordinated information requests from the cross-site evaluation team to the grantees. These included information requests about the number and types of copyrighted instruments needed by the cross-site evaluation team to purchase the instruments and about grantees' focal EBPs to inform the design of the implementation study.

Finally, CSLs reviewed grantees' proposed local evaluation designs to assess their feasibility and the level of evidence of RPG program effectiveness they could provide if they were implemented well. We discuss this process in detail in the next chapter.

## IV. EVALUABILITY ASSESSMENTS

As part of their original grant proposals, applicants for the Regional Partnership Grants were asked to propose services or practices to improve family functioning and stability, such as increasing parenting capacities and addressing adult recovery, and improve child well-being for the families they planned to serve. Services and practices needed to be trauma informed and evidence based or evidence informed and be appropriate for the population. The funding opportunity announcement (FOA) noted that few interventions appropriate for this target population have demonstrated effectiveness at increasing parenting capacities and improving child well-being. To help build a stronger evidence base for these types of services, the FOA included requirements for grantees to evaluate their grant-funded services and participate in the national cross-site evaluation.

Local evaluations and the national cross-site evaluation offer the potential to measure the effects of services designed to address substance use disorders and increase parenting capacity and to improve children's well-being. However, many child welfare agencies and their community-based partner agencies lacked experience evaluating programs using designs that could measure causal impacts of the programs on children and families. The FOA requested grantees include on their team an independent evaluator who could design a "rigorous and appropriate" evaluation strategy consistent with the goals of the proposed project. Nevertheless, many grantees and local evaluators still encountered challenges in developing a suitably rigorous detailed evaluation plan. To examine the initial and evolving elements of each design and identify any gaps, assess the feasibility of implementing the proposed design, and describe the level of evidence it could produce if successfully carried out, each grantee's CSL conducted an extensive review process. This chapter describes that review and its results.

### A. Evaluation Requirements

The FOA required that grantees propose a local evaluation plan to assess impacts of the programs on service delivery and on family and child well-being, permanency, and safety. Applicants were required to propose a rigorous evaluation design adhering to four guidelines (Figure IV.1). Applicants were not precluded from proposing other designs, but if they did so, they were asked to show that their design was the most rigorous possible in the context of their proposed RPG project. Grantees' applications included evaluation designs that used random assignment or quasi-experimental comparison groups along with other methods.

In addition to the requirements for local evaluation designs, the FOA noted that the grantees would need to participate fully in a related national evaluation effort. This national evaluation was not described in the FOA because it was to be designed by the cross-site evaluation contractor, which had not yet been selected. However, grantees were informed that participation in the cross-site evaluation would require greater effort than typical for discretionary grants and would entail the use of multiple data sources collected and reported by grantees. The FOA did not indicate what proportion of grant funds should be set aside for evaluation.

**Figure IV.1. Guidelines for RPG Local Evaluation Designs**

The design should be rigorous, including an appropriate comparison group for determining the influence of the project services, interventions, and activities on outcomes.

The comparison group and the program group should be assigned at random or matched on key characteristics.

The design should include groups of sufficient size, based on a power analysis of the anticipated sample sizes of the intervention and comparison groups, that demonstrates the ability to detect anticipated program impacts.

Comparison group designs using a contemporaneous rather than a historical comparison group were strongly preferred

Source: Funding Opportunity Announcement (ACF, 2012c)

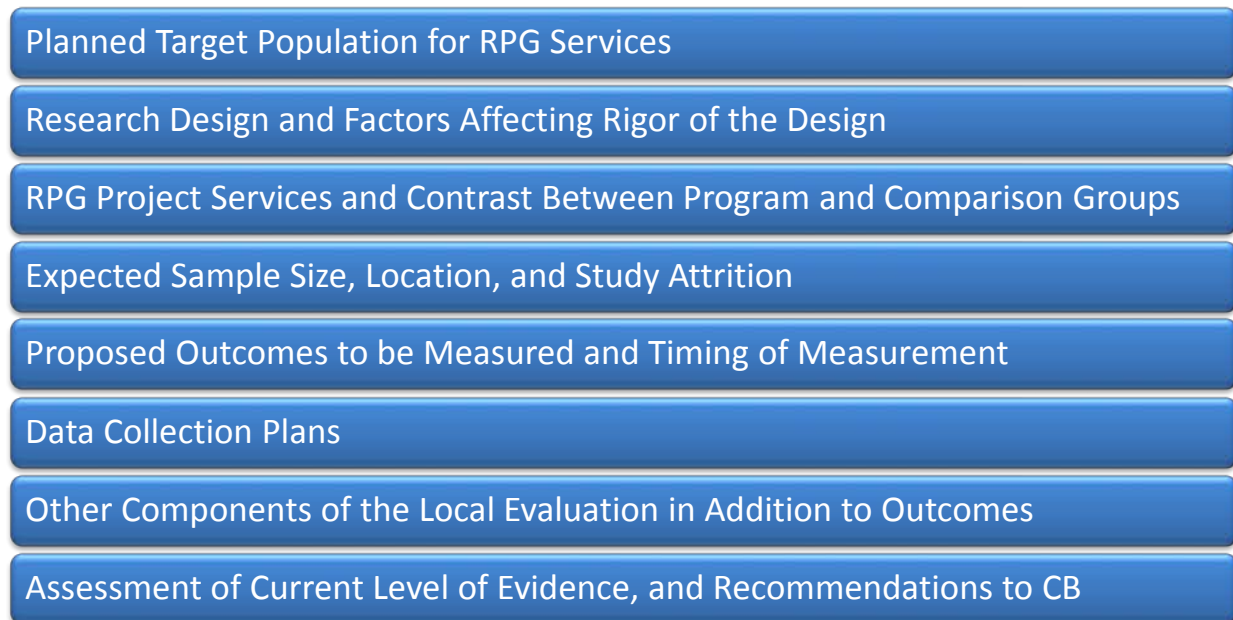
Details about the national cross-site evaluation requirements emerged during the first year of the grant period (Chapter II), but this pace lagged behind the schedule most grantees were prepared to meet. Ten grantees had received RPG1 grants in 2007, and many of them were continuing the programs, with slight enhancements, that they had developed in the first grant period. These grantees were ready to serve new families with a fully developed package of services within the first few months after receiving the new RPG grant. Other grantees, new to the RPG program or operating in new locations, needed six months or more to train staff and pilot their intake and service processes. This longer preparatory period more closely coincided with the time required for Mathematica/WRMA and CB to develop plans for the national evaluation and for the specific outcome measures to be reported by grantees, although some grantees indicated that their planning efforts were delayed by the lack of information on measures and cross-site evaluation requirements.

## **B. The Evaluability Assessment**

The program and local evaluation plans described in many of the grantees' applications were brief, and some grantees were still planning specifics of their programs and/or evaluations in the initial months of the grant—though others had already formulated detailed plans. When CSLs met with grantees at the RPG grantee kickoff meeting and during initial monthly calls, they explored grantees' proposed evaluation plans. During these conversations, CSLs helped grantees flesh out more detailed evaluation designs and plans as needed; responded to questions from grantees, their evaluators, or their FPO about proposed or potential designs; or offered suggestions to bring some designs into closer alignment with goals articulated in the FOA. After the kickoff meeting, CSLs began the more formal evaluability assessment using a template developed by Mathematica and approved by CB, along with offering continued advice and assistance to address design difficulties or take advantage of opportunities to implement more-rigorous designs.

The evaluability assessment was a structured review of the local evaluation designs. It covered eight topics intended to inform CB's assessment of the grantees' readiness to implement their evaluation plans and of the level of evidence each evaluation could generate (Figure IV.2). The template summarized this information for each local evaluation design. Based on the completed assessments and written responses from the grantees, CB planned to approve the plans as presented or require additional steps to improve rigor or participate more fully in the cross-site evaluation.

**Figure IV.2. Topics Covered by Evaluability Assessments**



For example, the template called for a description of services to be offered to RPG and comparison families to clarify the differences in service packages, which would yield any impacts on family and child outcomes. The template also called for information on the expected sample sizes for each group and other details that could influence the number of families in the study at the follow-up data collection point, when impacts of services would be measured. In a final summative section, the template called for an assessment of the rigor of the design, identification of challenges that might undermine the design or implementation of the evaluation, and recommendations for any actions that could improve the strength of the design or its implementation. It also called for a description of the contributions that the local evaluation, if implemented well, could make to evidence about RPG programs.

The initial evaluation designs proposed by the grantees shared important design challenges that required discussion and support to address the following issues:

- ***Specifying target populations.*** The focus of RPG programs is intended to be families in the child welfare system with children at risk of removal because of parental or caretaker substance use disorders. Some grantees needed to clarify eligibility criteria, assessment tools, and processes that would systematically identify families with these characteristics. CSLs reviewed plans for referring families to RPG programs and program enrollment processes to identify instances when the families entering the RPG programs were not consistent with the intended RPG target population. When these instances occurred, CSLs and PMLs suggested new partnerships with agencies that could refer appropriate families

and suggested modifications of the program eligibility criteria or processes to increase the number of families from the intended target group.

- ***Method for forming a comparison group.*** Some grantees had to revisit their plans for forming a comparison group, for example, when a site that was going to provide a comparison group backed out or if plans made during the application stage were not fully developed. In addition, some grantees considered using random assignment to form their comparison groups when they had originally proposed other strategies. CSLs discussed the advantages of random assignment as a technique for allocating scarce program slots and providing the most powerful evidence of program impacts. To identify opportunities for random assignment, CSLs asked about the number of families eligible for services and the number of families the program could serve. For grantees pursuing matched comparison group designs, CSLs discussed proposed and potential alternative comparison groups. They also discussed strategies for collecting similar baseline information and using eligibility criteria for the comparison group that would make that group as similar as possible to the RPG program group.
- ***Ensuring that comparison groups are comparable at the outset.*** Some grantees proposed comparison groups generated by their refusal to participate in the RPG services, families not eligible for RPG, or families in the child welfare system in a different geographic location whose RPG eligibility could not be ascertained. CSLs discussed the ways these groups might not be comparable to families receiving RPG services, and possible strategies for identifying more-comparable groups. Some grantees planned to identify a comparison group using only administrative data from the child welfare system. CSLs discussed the types of information that should be used for matching comparison to RPG families to obtain a comparison group that would be as similar as possible to the program group. For example, CSLs discussed whether administrative data could go beyond parent demographics to also capture behavioral or mental health assessment information.
- ***Ensuring sufficient sample size to detect impacts of RPG.*** Grantees needed to estimate the number of families available for follow-up data collection, considering how many families they expected to identify as eligible for RPG and for the comparison group over time and the expected level of attrition from the study over time. The size of the follow-up sample available by the end of the study period would affect the power of the study to detect the impacts of RPG services on families and children. CSLs discussed the possible attrition from the study and ways to minimize it through incentives, collection of contact information at baseline, and other techniques. CSLs also helped some grantees conduct power analyses to estimate the sample size needed to detect impacts of the RPG program.
- ***Data collection approaches.*** Measuring impacts of RPG services required grantees to go beyond outcomes that can be measured using only child welfare administrative data (safety and permanency outcomes). Grantees also needed to collect primary data from adults about adult recovery, family functioning, and child well-being outcomes. CSLs discussed strategies for collecting data on the comparison group when program staff might not have much contact with the families through service provision. CSLs also discussed the importance of collecting data through a similar process for both the program and comparison groups so that differences between the groups could be attributed to the RPG services and not be confounded by differences in data collection approaches. CSLs also discussed strategies for collecting data on children who were in foster care at baseline or

follow-up so that this population would not be systematically omitted from child well-being impact estimates.

Several additional challenges made it difficult for grantees to adopt more-rigorous evaluation designs and meet some of the other recommendations for stronger designs.

**Budget parameters.** The FOA required grantees to collaborate with the cross-site evaluation, but because the details of the cross-site evaluation had not yet been determined, grant applicants had difficulty budgeting adequately for this activity. As a result, grant budgets were set based on the initial research designs proposed by the grantees (for example, specifying the size of participant groups, the number and types of measures to be used, the frequency of data collection, and how the data would be collected). In considering ideas to improve local evaluation designs and collect common outcome measures for the cross-site evaluation, the grantees had to work within those budget parameters. In some cases, this restrained their ability to make design enhancements such as expanding baseline data collection to the comparison group to improve the comparability of the matched comparison group or collecting data on more outcomes than they had planned.

**Random assignment.** The FOA required grantees to include an evaluation plan in their applications, but some grantees and their proposed evaluators had little experience designing or conducting randomized controlled trials or strong comparison group designs. Some grantees were not able to consider conducting a randomized controlled trial because it was controversial for their partner agencies or local institutional review boards. Randomized controlled trials need to be developed carefully for child welfare interventions because research involving children must meet special requirements and because research involving children who are wards of the state or other institutions require additional considerations.<sup>13</sup> RPG grantees who developed randomized controlled trial designs gave special consideration to the issue of services for children. For example, Ohio's Summit County Children Services designed a study that provided child trauma screening and services if indicated to children in both the treatment and control groups. This service was new for families served by the child welfare agency, representing a service enhancement for all study participants. Families in the treatment group then received assistance from a family service coordinator and participated in the Strengthening Families program. The control group received referrals to all other services as usual.

**Ensuring equivalence of comparison groups.** Three grantees proposed randomized controlled designs in their initial applications, whereas most of the other grantees proposed comparison group designs. Ensuring that a comparison group is substantially equivalent to the treatment group is challenging, and many different issues undermined the equivalence of the comparison groups proposed by these grantees. For example, some proposed comparison groups were drawn from families who were eligible for services but refused to participate. Other proposed comparison groups were drawn from child welfare administrative data in another region of the state, limiting the information that could identify similar families and limiting the outcome measures that could be compared. The CSLs, PMLs, and FPOs worked collaboratively with the grantees to identify ways they could strengthen their designs, and some grantees were able to move forward with some of

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<sup>13</sup> See U.S. Department of Health and Human Services, Office of Human Research Protection, "Research with Children—FAQs." Available at: [<http://answers.hhs.gov/ohrp/categories/1570>]. Special requirements for involving children in research include narrowing the scope for research exempted from institutional review board review; the requirement to obtain parental permission as well as child assent to participation; and specified categories for approvable research based on the level of risks to child participants, direct benefits, and other features of the research. Additional conditions for children who are wards of the state include fewer categories for approvable research based on the level of risks and benefits to the child participants and appointment of an advocate to act in the best interests of the child.

these ideas. Four grantees that originally proposed comparison group designs developed plans for randomized controlled designs. Five other grantees developed stronger matched comparison group designs. A small number of grantees were not able to develop plans for more than a descriptive study, such as a pre-post comparison of participants who participated in the RPG project. By the end of the first year, evaluation plans were still up in the air for a few grantees.

**Common measures.** The FOA also required grantees to develop a plan for measuring outcomes and collecting data as part of the application, which the grantees did. However, to facilitate the cross-site evaluation and ensure the use of reliable and valid measures by grantees, CB asked grantees to collect, to the extent possible, a set of common outcome measures identified for the cross-site evaluation. To collect the common measures for the national cross-site evaluation and to keep their measurement plan within time and budget constraints, some grantees had to abandon some or even all of the measures they had proposed. The cost to grantees of the national cross-site evaluation measures was moderated to some degree because the cross-site evaluation team planned to obtain licenses and pay administration fees for measures that were copyrighted.

### C. Expected Contributions of Local Evaluations to the Research Evidence

The grantees' designs for local outcome evaluations will contribute to the evidence base on the effects of coordinated services and EBPs to support parents with substance use disorders and their children at risk of placement in out-of-home care. As noted earlier, the evidence base is thin for many of these EBPs and approaches, so the local evaluations have the potential to make an important contribution to improving support for families involved with the child welfare system when parents have substance use disorders. The local evaluation designs were rated as "strong," "promising," "limited," or "descriptive," depending on whether they included an equivalent group of families for comparison with the families receiving RPG services (Table IV.1). The most rigorous research designs, rated as "strong," can provide credible, unbiased estimates of the effects of the service contrast being evaluated. These designs use random assignment to RPG services or to a control group that receives a different level of services.

**Table IV.1. RPG Local Evaluation Designs: Ratings of Level of Evidence**

Level of Evidence Rating	Description of Rating
Strong	Provides credible, unbiased effects of the contrast evaluated, if well implemented. Reserved for randomized controlled trials or regression discontinuity designs.
Promising	Provide suggestive (rather than definitive) information on the effects of the contrast evaluated, if well implemented. Reserved for matched comparison group studies in which primary data will be collected at baseline and follow-up for both program and comparison group members.
Limited	Provides limited information on the effects of the contrast evaluated, if well implemented. Applies to studies for which the comparison group will be selected based solely on administrative data.
Descriptive	Cannot isolate program effects from other factors, but can provide useful information on participant outcomes or other aspects of the program and partnerships. May lack a comparison group or have a comparison group that is not likely to be similar to the program group at baseline.



Seven grantees developed strong local evaluation designs based on random assignment that will estimate the effects of RPG enhanced services on family functioning, adult recovery, child well-being, safety, and permanency (Table IV.2). One grantee will estimate the impacts of service coordination (Seasons Center), another will estimate the impacts of service coordination and an evidence-based program (Summit County Children Services), and another will estimate the impacts of several evidence-based programs (Center for Children and Families). Many of the grantees using random assignment designs are offering some enhanced services to both the program and the control group so that all families in this vulnerable population receive some additional services. The focus of the evaluation is on the effects of the *difference* in the services offered to the program group compared with the control group. If implemented well, these local evaluations will provide evidence on the impacts of the particular combination of EBPs and coordinated services offered in each site on family functioning, adult recovery, child well-being, safety, and permanency.

**Table IV.2. Description of RPG Local Evaluations**

Grantee	State	Level of Evidence <sup>a</sup>	Description
Northwest Iowa Mental Health Center/Seasons Center for Behavioral Health	IA	Strong	Using a random assignment design, the local evaluation will measure the impacts of the use of a care coordination team in conjunction with Seasons Center's services. Both the program and control groups will receive referrals to four evidence-based practices to address child and adult trauma and parent-child relationships, psychological testing, and substance use counseling, all provided by Seasons Center. The program group will have services coordinated by the care coordination team, which consists of the support care coordinator, psychologist/director of clinical services, clinical supervisor, and substance abuse supervisor. A control group will receive referrals to these services without the use of the care coordination team.
The Center for Children and Families	MT	Strong	Using a random assignment design, the local evaluation will measure the impacts of Family Treatment Matters, an outpatient substance abuse treatment program for families with children under 13 years of age. Services include intensive outpatient services for six months, aftercare for six months, and relapse prevention services for six months. The program includes intensive counseling and several evidence-based programs to improve family functioning and well-being. A control group will receive referrals to other substance abuse treatment programs in the community and psychiatric services.
Nevada Division of Child and Family Services	NV	Strong	Using a random assignment design, the local evaluation will measure the impacts of enhanced, on-site, coordinated supportive services for mothers and their children under 8 years of age in a residential substance abuse treatment facility. Services include trauma-focused cognitive behavioral therapy, one-on-one counseling with a focus on trauma, the Nurturing Skills for Families program, one-on-one employment readiness and job training, specialized assessments and referrals for children, and 90 days of transitional services after leaving the facility. A control group in the substance abuse treatment facility will receive referrals to many of the same types of services, but offered on a group basis outside the facility.
Summit County Children Services	OH	Strong	Using a random assignment design, the local evaluation will measure the impacts of providing families with a service coordinator to support substance use treatment and child welfare services; the Strengthening Families program; and other supportive services as needed, including public-health outreach professionals, a Recovery Coach, child mentoring, and child tutoring. Both the program and control group will receive an in-home alcohol and other drug assessment and trauma treatment for children as needed. A control group will be referred to community-based substance use treatment.

Grantee	State	Level of Evidence <sup>a</sup>	Description
			An additional treatment group will receive all of the program group services and be engaged with a family drug treatment court.
Oklahoma Department of Mental Health and Substance Abuse Services	OK	Strong	This grantee will conduct two studies (the other study, categorized as “descriptive,” is described below). One study will use a random assignment design to measure the impacts of offering Solution-Focused Brief Therapy, a “strengths-based” counseling intervention to support recovery from substance use disorders. The control group will receive substance use treatment offered by another agency in the community.
Health Federation of Philadelphia, Inc.	PA	Strong	Using a random assignment design, the local evaluation will measure the impacts of Child-Parent Psychotherapy for parents with substance use disorders and their children under 5 years of age who have been placed outside the home. Services will include weekly, supervised visits for up to one year between parents and their children in out-of-home placements; the visits include sessions focusing on the parent-child relationship and trauma. Families in both the program and control groups will also receive the standard services offered by the Achieving Reunification Center, including case management, mental health services for parents and children, placement in substance-use treatment services, job readiness and search services, parenting education, support for GED preparation, housing assistance, and psycho-educational group support.
Helen Ross McNabb Center	TN	Strong	This grantee will conduct two studies (the other study, categorized as “descriptive,” is described below). One study will use a random assignment design to measure the impacts of assistance from a designated housing facilitator who helps families obtain safe and sober housing. A control group will not have access to the housing facilitator’s services. Both groups will receive intensive outpatient services or in-home substance use treatment services using Family Behavior Therapy, early intervention, family assessment, and integrated health care.
Center Point, Inc.	CA	Promising	The local evaluation will measure the possible impacts of residential substance use treatment in the Center Point facility, with on-site parenting/family strengthening curricula, Head Start and other child development services, employment preparation services, and case management, and post-discharge home visits. Program and control groups will be based on the facility in which the family receives services. A comparison group will receive substance use treatment in a different facility. Families may be referred to a particular facility based on their child’s out-of-home placement location or availability of openings. In addition, mothers in the Center Point facility must be pregnant or have a child under 6 years of age, be involved with child welfare, and have custody or be seeking reunification.
Children’s Research Triangle	IL	Promising	The local evaluation will measure the potential impacts of participation in SOS Children’s Villages, an alternative foster care system in which children are assigned to a family support specialist who links children and families to coordinated, integrated services that include (as needed) trauma treatment, parenting/family strengthening curricula, or child-caregiver therapy, all delivered by an integrated team of clinicians. Parents have access to outpatient substance use treatment services. The program and comparison groups are formed based on the services the families are referred to. The comparison group children will receive traditional out-of-home placements and may receive similar interventions, but without the coordinated family support specialist, case manager, or clinical team.
Kentucky Department of	KY	Promising	The local evaluation will measure the potential impacts of the Sobriety Treatment and Recovery Teams (START) program for families with young children who are new to the child welfare system. Services

Grantee	State	Level of Evidence <sup>a</sup>	Description
Community-Based Services			include in-home case management support by a specially trained child protective services worker and from a family mentor who is a specialist in peer support for long-term addiction recovery. Families also have access to wraparound services, including substance use treatment, mental health, and trauma services. A matched comparison group of families eligible for the program when the program is at capacity will receive referrals to similar services, but without the in-home coordination and support for participating in those services.
Commonwealth of Massachusetts	MA	Promising	The local evaluation will measure the possible impacts of coordinated, in-home services delivered through weekly or more-frequent visits from a family recovery specialist who provides in-home substance use treatment; provides evidence-based parenting/family strengthening and child trauma programs; manages the case; coordinates screenings, assessments, and community-based services; coordinates with the child welfare case manager; and helps the family transition to community-based services. Families eligible for services in two child welfare offices will be offered RPG services. Families eligible for services in two other child welfare offices will be recruited into the comparison group. The comparison group will receive referrals to existing, outside-the-home, community-based services in these areas from a child welfare case worker.
Alternative Opportunities, Inc.	MO	Promising	The local evaluation will measure the possible impacts of family group conferencing, specialized case management, recovery coaches, and a customized plan for parenting/family strengthening, trauma treatment, and substance use treatment, with referrals to health care, transportation, housing, and child care support. A comparison group (drawn from adjacent judicial circuits) will receive case management and access to similar supportive services and substance use treatment but not customized intervention. The grantee is exploring collecting primary data at baseline and follow-up from the comparison group.
Judicial Branch, State of Iowa	IA	Limited	The local evaluation will measure the possible impacts of parenting/family strengthening curricula and assessment for trauma and referral to trauma treatment as needed. The comparison group will be drawn from child welfare administrative data and will receive services as usual.
Families and Children Together	ME	Limited	The local evaluation will measure the possible impacts of support from a Navigator, who will assess family needs and refer them to parenting/family strengthening curricula and/or substance use screening services as appropriate. Navigators will also help families build formal and informal supports and reduce barriers to accessing services. Program group families also have access to financial assistance for transportation and child care and, in Year 2, a peer mentoring program. Comparison group families will be drawn from child welfare administrative data and will receive services as usual.
Helen Ross McNabb Center (formerly Child and Family Tennessee)	TN	Limited	This grantee will conduct two studies (the other study, categorized as "strong," is described above). This study will measure the potential impacts of intensive outpatient or in-home substance use treatment services compared with residential substance use treatment services. Most families in the residential program are required to enroll by the judicial system or by the child welfare agency.
Tennessee Department of Mental Health and Substance Abuse Services	TN	Limited	The local evaluation will measure the possible impacts of the Therapeutic Intervention, Education, and Skills (TIES) program for families with children under 18 years of age at risk of out-of-home placement due to parental substance use. Services include in-home, intensive family preservation services based on the Homebuilders model and Seeking Safety for families with a history of trauma. A comparison group will receive services as usual and will be drawn from

Grantee	State	Level of Evidence <sup>a</sup>	Description
			administrative data augmented by a screening tool that captures risk factors prior to referral to services.
Georgia State University Research Foundation, Inc.	GA	Descriptive	The local evaluation will measure the change over time for families receiving evidence-based parenting/family strengthening and parent and child trauma treatment services for families involved in adult criminal drug court. Although a matched comparison group will be used for the local evaluation (from those involved with adult criminal drug court in an adjacent county), the comparison group is drawn from a different population than the program group, and it will not be administered any of the cross-site instruments that are needed to assess the equivalence of groups at baseline.
Oklahoma Department of Mental Health and Substance Abuse Services	OK	Descriptive	This grantee will conduct two studies (the other study, categorized as “strong,” is described above). One will measure the outcomes associated with receiving the Strengthening Families Program, a highly structured family skills training program that includes components for parents, children, and both together. The comparison group will receive a traditional parenting program mandated for families with child welfare involvement. Families will select which treatment they want to receive.
Rockingham Memorial Hospital	VA	Descriptive	The local evaluation will measure the outcomes associated with receiving an individualized program of services from substance abuse specialists, which may include parenting/family strengthening programs, referrals to additional substance use treatment and/or parent training provided by a home visitor. The comparison group services are still being determined.

Note: There are 19 designs for 17 grantees because the Oklahoma Department of Mental Health and Substance Abuse Services and the Helen Ross McNabb Center proposed to implement two evaluation designs.

<sup>a</sup>Table IV.1 provides more information on ratings for the level of evidence.

Five grantees will use promising designs to estimate the potential impacts of RPG services on families and children. These designs use a matched comparison group in which primary data on family functioning, adult substance use, and child well-being will be collected for both program and comparison group members, and the groups come from similar populations. For example, the Kentucky Department of Community-Based Services will estimate the potential impacts of in-home case management and support for families. Comparison families will not receive the in-home support, but both program and comparison groups will be referred to substance use treatment, mental health, and trauma services. Comparison group families will be identified as families determined eligible for services when the program is at capacity; thus, they come from the same population, and the grantee will collect the same outcome data on both groups at baseline and follow-up. If implemented well, these local evaluations will provide estimates of the potential impacts of the combination of EBPs and coordinated services and support offered in each site on family functioning, adult recovery, child well-being, safety, and permanency.

Four grantees will conduct evaluations that provide limited information on the effects of the enhanced RPG services provided to the program group. These evaluations will collect primary data on the program group but will only collect administrative data on both the program and comparison groups at baseline, which limits the information available to ensure that families are similar at baseline. For example, information on adult substance use disorders, child well-being, and family functioning will only be available for the program group, not for the comparison group.

Three grantees will conduct descriptive studies that do not include a comparison group or will include a program and a comparison group drawn from different populations with limited data available from which to assess the differences between these groups. For example, Georgia State University Research Foundation will not collect any of the cross-site measures from a comparison group. The local evaluation will be able to describe how families changed between enrollment and exit but will not be able to disentangle the effects of the treatment from other changes over time.

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## V. SELECTING MEASURES AND INSTRUMENTS

The Child and Family Services Improvement and Innovation Act of 2011 that reauthorized RPG required HHS both to evaluate RPG and to report on grantee performance.

- For the evaluation, HHS is to analyze whether the grants have been successful in (1) addressing the needs of families with methamphetamine or other substance abuse problems who come to the attention of the child welfare system, and (2) achieving the goals of child safety, permanence, and family stability. In other words, Congress wants to know whether RPG programs have been effective.
- In reporting performance, HHS is to analyze whether the regional partnerships awarded RPG grants have achieved the goals and outcomes specified in their grant applications and whether they have met performance indicators established for the program. Thus, Congress also holds grantees accountable for, first, setting achievable goals in their applications, and second, making good-faith efforts to serve their target populations and address their specified goals.

Selecting measures and instruments that could best fill both evaluation and performance measurement needs was thus an important objective for Mathematica/WRMA during the first year of the contract. This chapter describes how the cross-site evaluation team approached CB's request to align measures and data sources to fulfill evaluation and performance monitoring requirements (Section A). It describes measures and data sources initially proposed by grantees in their RPG grant applications (Section B). In Section C, it describes the conceptual framework the evaluation team developed as a foundation for selecting measures. Section D describes how Mathematica/WRMA identified recommended outcome instruments for use in the cross-site evaluation, and lists the standardized instruments CB selected for use. Section E presents the full slate of measures to be used in the cross-site evaluation and as performance indicators.

### A. Aligning Evaluation and Performance Measures

To avoid overburdening grantees—who needed to provide data for both the evaluation and performance reporting, and to collect data for their local evaluations—the statement of work released for the RPG cross-site evaluation specified that, to the extent practicable, the primary data collected for the evaluation should use the instruments used to measure the performance indicators (ACF, 2012b). Instead, after examining the performance indicators developed for RPG1, discussing performance measures with grantees and other stakeholders at the RPG grantee kickoff meeting, and reviewing literature on the intersection between evaluation and performance measurement, we gave the evaluation design and selection of evaluation measures priority over choosing performance measures.

We gave priority to evaluation for three reasons. First, performance measures seldom reflect a unified theory of change—or if they do, they assume the theory is correct and will lead to intended outcomes (Hatry, 2013).<sup>14</sup> As one result, they typically provide little information on factors that contribute to the success of programs (Hunter & Nielsen, 2013). Identifying such factors is one aim of evaluation and is necessary for improving programs and strategies. Second, performance measures may not establish whether programs or providers are “effective”—even when performance indicators

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<sup>14</sup> These factors reflect the general literature on performance measurement and evaluation, and are not presented here as criticisms of the RPG1 performance indicators.

are adjusted to reflect differences in target populations or other factors. For example, Fortsen and Schochet (2011) compared regression-adjusted performance ratings to evaluation findings for Job Corps centers; although the adjusting the indicators did change the performance rankings of the centers, they still did not identify those with effective programs as measured by an impact evaluation. Finally, whereas face validity (transparency and relevance) is the “practical, operational norm” for selecting performance indicators (McDavide & Hawthorn, 2006), evaluators emphasize the use of tested instruments with validity and reliability established through research (Hatry, 2013; Hunter & Nielsen, 2013). Overall, we felt that it was more likely that measures selected or developed for evaluation could serve as performance indicators than the reverse.

To develop measures, we worked in stages through the first year of the 2012 RPG program. First, we reviewed grantee-proposed indicators. Next, we developed a conceptual framework for RPG that could encompass the logic of the diverse types of partnerships, target populations, approaches, EBPs, and services chosen by the 17 grantees. This framework helped identify common inputs, outputs, and outcomes to be measured in order to assess the RPG program as a whole, across grantees. We then worked with CB, the grantees, and several experts to select valid, reliable measures of the key child, adult, and family outcomes of importance to Congress and CB. We developed implementation measures based on emerging frameworks from implementation science, with additional expert input. We identified key partnership outcomes and selected measures from prior instruments to assess them.

## B. Grantee-Proposed Indicators and Measures

The RPG2 funding announcement provided a draft set of performance indicators for the program but did not specify a required set of indicators. Instead, grantees were to propose indicators consistent with the focus and goals of their proposed projects. To meet evaluation and performance measurement requirements, RPG applicants were asked to identify proximal (short-term) and distal (long-term) program outcomes, propose other performance indicators, and select measurement tools they would use for both. Applications were evaluated in part for their selection of appropriate indicators, inclusion of social/emotional or appropriate developmental well-being indicators for adults and children, and demonstration of capacity to collect and track them. The FOA also noted that a national evaluation would also use the data collected and reported by grantees.

Applicants did not always clearly distinguish between program outcome measures and performance indicators or identify whether indicators they proposed were for use in their local evaluations, as performance measurement, or both. However, this was not inconsistent with the FOA. In general, the government and grantees assumed that some or all of the performance indicators would also be used for local process and outcome evaluations and for the cross-site evaluation.

The evaluation team’s review of successful applications showed that between 21 and 30 outcomes or indicators were proposed in total across all grantees, depending on how they were defined and categorized.

- When the indicators were sorted into the four categories used for indicators in RPG1, there were 9 child or youth-focused indicators; 7 adult-focused indicators; 3 family-focused indicators; and 2 partnership or service capacity indicators proposed, for a total of 21 proposed indicators.
- Based on the descriptions provided in the applications, 30 distinct indicators were proposed. These could be grouped into six categories: (1) child proximal (5 indicators), (2) adult or family proximal (6 indicators), (3) child or adult well-being distal (7 indicators), (4)



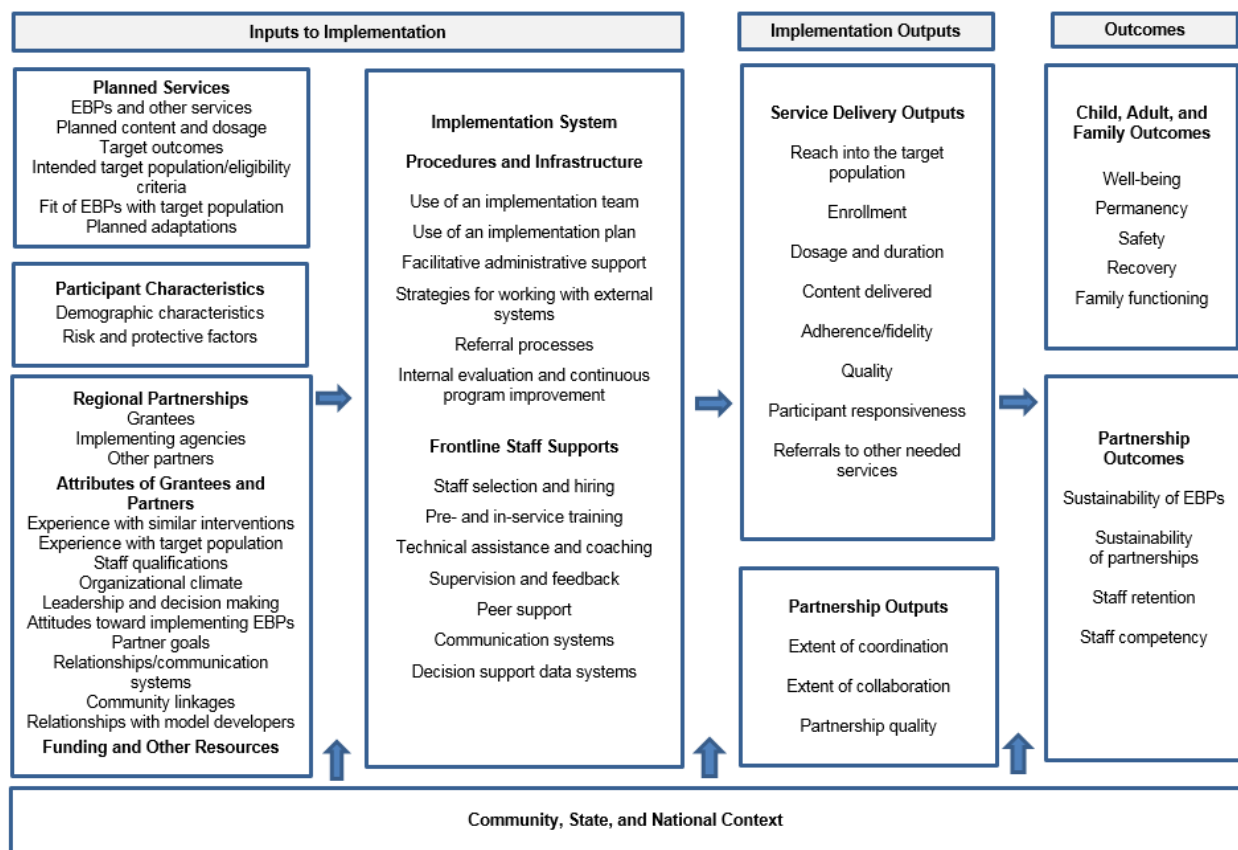
child permanency distal (4 indicators), (5) child safety distal (3 indicators), and (6) system change or collaboration (5 indicators).

In total, grantees identified 59 screening or assessment instruments or tools they proposed to use to collect indicator data—in addition to other sources such as administrative child welfare or substance abuse treatment records. Those that were developed by third parties and used in prior studies or programs outside states or agencies participating in RPG, and that have defined scoring or analysis methods, we refer to as “standardized instruments.”

### C. The RPG Conceptual Framework

To design the cross-site evaluation and support the selection and development of measures, Mathematica first developed a framework that helped identify the underlying logic or path of action for the RPG grants as structured by CB. This “conceptual framework” illustrated how the 17 RPG programs would implement and support EBPs (a new focus for the RPG2 grants compared to RPG1) to improve child, adult, and family outcomes (Figure V.1). This framework described and drew connections between inputs to implementation; implementation outputs; and outcomes for children, adults, and families and the partnerships themselves. It suggested the concepts or “constructs” to be measured as part of the evaluation, using data from the sources described in Chapter II.

**Figure V.1. Conceptual Framework for the RPG Cross-Site Evaluation**



EBPs = evidence-based programs and practices

**Inputs to implementation** include the services and EBPs grantees plan to implement, the characteristics of participants that enroll in RPG programs, the members of regional partnerships and their attributes, and the implementation systems developed to facilitate service delivery, such as

implementation teams or supervision and support for those who work directly with RPG participants. The products of the implementation system are service delivery and partnership outputs.

**Service delivery outputs** are accomplishments such as the levels of enrollment in RPG programs and individual EBPs, the duration of services and the “dosage” received by participants, and participants’ responses to services. The cross-site evaluation implementation study will document the extent to which RPG programs develop procedures, infrastructure, and staff supports that the research literature has shown to be associated with quality implementation.

**Partnership outputs** are the extent of coordination and collaboration among the grantee and its partners, as well as the partners’ perceptions of partnership quality. The partnership study will document these outputs.

**Context.** Both program effectiveness and grantee performance are, to an extent, influenced by factors beyond the control of the RPG grantees and their partners, making it important to consider these contextual factors. Aspects of community context that will be captured in the cross-site evaluation 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 programs and outcomes for program participants.

## D. Selecting Standardized Instruments for Measuring Outcomes

Ensuring child safety and permanence are paramount considerations for RPG. Therefore, these were essential outcomes to measure for evaluation and performance. However, grantees also need to address multiple aspects of child well-being. CB defined child well-being as encompassing four basic constructs: (1) cognitive functioning, (2) physical health and development, (3) behavioral emotional functioning, and (4) social functioning (ACF, 2012c). For the RPG grant program, CB required grantees to give increased attention to strategies for improving children’s social and emotional well-being. In addition, CB has emphasized the importance of addressing the effects of abuse, neglect, and trauma on children’s neurological development, behavioral problems, relational competence, and mental health (ACF, 2012a).

RPG is also intended to improve family functioning and stability. Based on CB’s priorities for RPG as described in the grant announcement and cross-site evaluation request for proposals, we identified four key constructs in the family functioning domain: (1) primary caregiver depression, (2) primary caregiver stress, (3) primary caregiver parenting skills, and (4) family stability. Finally, because RPG focuses on families in which children are at risk due to substance misuse by adults, the cross-site evaluation also needed to measure adult recovery. With this information, the cross-site evaluation team sought appropriate data collection instruments that could provide measures for the cross-site evaluation—measures that could also be used by grantees in their local evaluations and be used to describe grantee performance for Congress.

### 1. Selection Process and Criteria

After extracting a list of the proposed measures from grantee applications and identifying the specific outcome domains of interest to CB, Mathematica reviewed and assessed proposed instruments and other instruments that were widely used in the field. As described in a series of memos to the grantees, Mathematica developed multiple criteria for selecting a set of instruments to recommend to measure outcomes for the cross-site evaluation:

- Evidence of strong psychometric properties—reliable and valid
- Demonstrated sensitivity to similar interventions
- Demonstrated evidence of use with similar populations
- Appropriateness for families and children from diverse cultural, racial, ethnic, and linguistic backgrounds
- For child well-being and parenting measures:
  - Age range covered by the measure
  - Appropriateness for children who have experienced trauma

We also included criteria as to the practicality of the instruments. For example, we eliminated direct observation and child assessment instruments that required extensive training and in-field reliability checks, because of the difficulty and cost of administration. These criteria were as follows:

- Ease of administration—could be used by grantee or evaluator staff after minimal training
- Cost of administration

We also took into consideration what measures grantees proposed and what had been used in the first round of RPG grants:

- Proposed by RPG2 grantees and/or evidence of use by grantees in RPG1

Finally, we considered the time necessary to complete the instruments—though we recognized that the range of outcomes sought for the RPG program, and the plans many grantees already made for extensive assessment of child and adult needs and progress, implied that grantees and their clients would need to spend significant time completing the instruments:

- Burden on respondents

**Child well-being.** Mathematica recommended a set of instruments that together focused on the basic constructs of child well-being as defined by CB, with an emphasis on measures of children’s social, emotional, and adaptive functioning. Most of the proposed instruments measured more than one of these constructs. The instruments also addressed a range of developmental issues related to trauma, such as executive function and sensory processing.

**Family functioning and stability.** Based on CB’s priorities for RPG as described in the grant announcement and cross-site evaluation request for proposals, we recommended that all grantees use a common set of instruments to measure four key constructs in the family functioning domain: (1) primary caregiver depression, (2) primary caregiver stress, (3) primary caregiver parenting skills, and (4) family stability.

**Recovery.** Mathematica recommended measuring three key recovery constructs: (1) alcohol/substance abuse severity, (2) treatment participation, and (3) drug-related behavior. To measure these constructs, we recommended that all grantees use one standardized data collection instrument and obtain administrative data from records states collected for the Treatment Episode Data Set.

**Child Safety and Permanence.** No standardized instruments were recommended for use in these outcome domains. Rather, we recommended that grantees obtain administrative data collected by state child welfare agencies for the National Child Abuse and Neglect Data System and the Adoption and Foster Care Analysis and Reporting System.

In April 2013, the cross-site evaluation team circulated memos to the grantees describing our preliminary recommendations for measures in the five outcome domains. We then hosted a series of conference calls with grantee work groups by phone and during the April 2013 RPG annual meeting to discuss the recommendations. We also received emails from grantees with additional comments. We reviewed the comments, examined additional potential measures, and consulted with CB about the comments, then made changes to the initial recommendations.

- In response to grantee concerns about the burden of administration time on staff and respondents, we eliminated two of three proposed baseline-only instruments from our recommendation.
- To further address grantee concerns about burden and the qualifications of staff necessary to administer the recommended recovery instrument, we recommended a shorter, self-report version.
- To further reduce administration time, we restricted use of one child well-being instrument to one subscale.
- Some grantees noted that we were not recommending an instrument to measure adult trauma symptoms and felt this was an important gap in our measurement plan. We examined several possible instruments that collect information on adult trauma symptoms and selected one to add to our recommendations.

We recorded all comments and responded to them in an appendix to the memo summarizing the final recommendations to CB, which we circulated to grantees in early June 2013.

## 2. Recommended Instruments

At the conclusion of the process, CB approved a final slate of standardized instruments for grantees to administer (Table V.1). Use of these instruments did not preclude grantees from administering additional instruments in their client assessments or local evaluations. From a practical standpoint, however, all grantees were mindful of the cost and time involved for program or research staff as well as clients to complete multiple instruments. They needed to carefully consider the combination of instruments that made the most sense under their local circumstances. On a case-by-case basis, CB approved requests from some grantees to exclude one or more of the recommended instruments.

**Table V.1. Standardized Instruments Selected for the Cross-Site Evaluation**

Standardized Instrument	Number of Grantees Using
<b>Child Well-Being Domain</b>	
Trauma Symptom Checklist for Young Children	15
Behavior Rating of Executive Function (Preschool or Older)	14
Child Behavior Checklist (Preschool and School Age)	16
Infant-Toddler Sensory Profile	14
Socialization Subscale, Vineland Adaptive Behavior Scales	14
<b>Family Functioning Domain</b>	
Adult-Adolescent Parenting Inventory	15
Center for Epidemiologic Studies Depression Scale	14
Parenting Stress Index	15
<b>Recovery Domain</b>	
Addiction Severity Index	14
Trauma Symptom Checklist-40	14

## E. Collaboration and Implementation Constructs

Although outcomes are critical to measure, they are not the sole focus for evaluation or performance. A principal purpose for RPG is to improve services for children and parents involved in both the child welfare and substance abuse treatment systems by facilitating collaboration and better coordination among child welfare, substance abuse, and other child and family service providers through partnerships. CB also asked applicants for RPG grants to design interventions that could be as effective as possible by using evidence-based or evidence-informed programs and practices. Therefore, partnership and implementation studies are also part of the cross-site evaluation, and they will include collection of data for constructs developed for evaluation.

Specific constructs were defined for the elements in the conceptual framework, such as (1) inputs to implementation of both partnerships and EBPs, (2) partnership outputs, and (3) service outputs. These constructs, when combined with data from the child, adult, and family outcome instruments and data described in Section C and with outcomes from the partnership study (namely, the extent to which the partnerships are prepared to sustain the EBPs and the partnerships themselves at the end of the grant period, the extent to which partners who deliver services through RPG retain frontline staff, and staff members' perceived competency in their roles as service providers), comprise the full slate of measures for the cross-site evaluation (Table V.2).

The cross-site evaluation will collect data for these constructs from multiple sources, as discussed in Chapter II. Some will be collected during evaluation site visits, and others from surveys administered to grantees and their partners and to front-line staff who provide EBPs to RPG participants. Grantees will also provide data as part of their semiannual reports, and through a web-based system developed to collect enrollment and service data (described in the next chapter).

**Table V.2. Cross-Site Evaluation Partnership and Implementation Study Constructs**

Construct	Components of Construct	Cross-Site Study	Evaluation Study
<b>Collaboration</b>			
Number and types of partner organizations Partnership quality Extent of service coordination		Partnership study	
<b>Target Population and Families Served</b>			
Enrollment	Number of planned enrollments Number of enrollments Length of enrollment Reason for exit	Implementation study	
Demographic characteristics of RPG families	Age Gender Race/ethnicity Primary home language Highest education level Income level and sources Employment status (for adults) Relationship status (for adults) Current residence		
<b>Services Provided</b>			
Enrollment in individual EBPs and services	Number of planned enrollments Number of enrollments Duration of enrollment	Implementation study	
Service contacts	Session duration Topics covered during session and length of time Activities completed during the session Referrals made during the session Individual and group supervision		
Fidelity to evidence-based models			
Staff qualifications, training, and support	Length of time with organization, working with target population, and working on similar interventions Education and relevant experience Attitudes about implementing EBPs Pre- and in-service training Technical assistance and coaching Individual and group supervision Extent of collaboration among partners		
<b>Partnership Outcomes</b>			
Sustainability	Sustainability of partnership Sustainability of EBPs	Partnership study	
Staff retention	Removals from the family of origin Placements Type of placement		
Staff competency			

EBPs = evidence-based programs and practices.

## VI. OBTAINING DATA FROM THE GRANTEES

To contribute evidence on effective programs and meet accountability requirements, federal grantees face increasing expectations to provide data for performance measurement and evaluation. The legislation authorizing the RPG program required HHS to establish a set of performance indicators to assess outcomes of the grants, and RPG1 grantees were expected to provide data for performance measures. In RPG1, grantees submitted most of the data elements needed to construct their selected indicators through a web-based data system developed for the project. They also submitted some of the performance data with their semiannual progress reports.

Responding to the legislation reauthorizing RPG, the FOA for the 2012 RPG grants included a mandate for grantees to collect data for their local evaluations and provide data for the cross-site evaluation as well as for performance measurement. The statement of work for the cross-site evaluation requested that the contractor use an approach similar to that used in RPG1 for collecting performance indicator data. In fact, the statement of work specified that the cross-site evaluation contractor should obtain the RPG1 data collection system from the prior contractor and modify it as needed for use in RPG2. The purpose of this was (1) to maximize the value of investments made in developing the system during RPG1 and in training and supporting grantees to use that system, by continuing its use rather than building a new system from scratch; and (2) to ensure continuity for RPG2 grantees that had also received funding during RPG1.

Transferring the RPG1 data system would require the physical transfer of all of the system's components, including archived data and hosting accounts, from the previous contractor's environment to the WRMA environment—where it would then be housed, updated, and operated for RPG2. Despite efforts by all parties, not all elements of the RPG1 system could be transferred. In addition, key features of the emerging cross-site evaluation design did not lend themselves well to the system used in the first round of the grants. This chapter summarizes the process of exploring the RPG1 data system (Section A). It identifies the main reasons the planned adaptation of the RPG1 system was not workable. Data collection needs for RPG2 are described in Section B, and progress in designing and developing an alternative approach is discussed in Section C.

### A. Exploring the RPG1 Data Collection System

RPG1 used an electronic data system to collect performance indicator data from grantees. This system was developed, hosted, and maintained by the Center for Children and Family Futures (CCFF) and its subcontractor ICF International (ICFI). The system contained detailed client-level data uploaded by grantees during the first round of the RPG grants, from which the contractor computed performance indicators that were used in annual reports to Congress. Some strengths of the system were that each grantee could access its own data and that the cross-site performance measures could be aggregated at various levels.

Many technical aspects of the RPG1 data system were described in the statement of work for the cross-site evaluation. For example, the system used Microsoft SQL Server and was programmed in Adobe ColdFusion. It comprised several components, including the performance management data collection system, reporting functionalities, and archival data storage. The system held qualitative and quantitative data on 23 performance indicators calculated from more than 150 data elements at the case level, and customized data collection requirements for each grantee.

As a first step toward potentially transferring the system to the RPG2 cross-site evaluation team, WRMA reviewed the RPG1 system from a technical and functional perspective. The review was a collaborative effort between WRMA, Mathematica, CCFF/ICFI, and CB. First, WRMA requested all existing information and documentation on the system. In early October 2012, WRMA received a CD with a data dictionary, SPSS syntax files, and other documents related to technical assistance and system support that had been shared with the RPG1 grantees. CCFF/ICF then demonstrated the functionality of the RPG1 system to the evaluation team via webinar. CCFF/ICF also provided Mathematica and WRMA staff with user accounts so they could access the system independently.

The CD and online demonstration of the system provided good information on the overall functionalities of the system. Afterward, WRMA compiled remaining questions regarding hardware, software, the database structure, and other elements of the system, and CCFF/ICF provided another CD with most of the needed information. Then in December 2012, WRMA and ICFI staff members met in person to address the remaining questions. In January 2013 CCFF/ICFI provided several remaining files to CB for WRMA. However, at that point all participants in the review process realized that several required system components could not be provided to the cross-site evaluation team, because they were part of the overarching Collaborative Project Management (CPM) system that CCFF/ICFI operated under their contract with CB and therefore might be proprietary.

This led Mathematica and WRMA to conclude that the system was not transferrable. Even with the components and information CCFF/ICFI had provided, we would have needed to rebuild the remaining components of the system, a difficult and possibly costly process. At the same time, it was becoming clear that, due to differences in the type of data likely to be collected through the system for the 2012 RPG cross-site evaluation, modifications to the system would have been substantial.

## **B. The Needs for RPG2**

While WRMA was exploring the RPG1 system, the evaluation team developed the cross-site evaluation as discussed in Chapter II and selected measures, discussed in chapter V. Two main differences between the RPG1 performance measures and the RPG2 cross-site evaluation measures complicated plans to adapt the RPG1 data system for use in RPG2: the use of a larger number of standardized instruments for the RPG2 outcomes evaluation, and the need for more detailed enrollment and service data for the RPG2 implementation study.

### **1. Standardized Instruments**

To minimize grantee burden, RPG1 mainly relied on administrative records typically collected by states for other federal data and outcome monitoring systems, for calculating performance measures (CCFF, Planning and Learning Technologies, and Macro International, Inc., 2011). Five indicators, however, were instead measured by standardized tools and instruments (Table VI.1). (By “standardized instruments” we mean multiple-question data collection instruments developed by third parties and used in prior programs or studies with defined scales, scoring, or other analysis instructions provided by the author or publisher.) These indicators were (1) improved child well-being, (2) adult mental health status, (3) parenting, (4) family functioning and relationships, and (5) risk/protective factors.<sup>15</sup> Each grantee using the indicator was expected to select an instrument and submit data from at least two administrations of the instrument: one at baseline and a second at a time appropriate for

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<sup>15</sup> Grantees also submitted demographic and basic client information.



each grantee's program design. Regardless of when data were collected, grantees stored the information and submitted it twice per year in batch uploads, through which multiple instruments or scores could be uploaded at once. Rather than submitting all data from the selected instrument, grantees submitted scores.

**Table VI.1. RPG1 Performance Measures for Which Standardized Instruments Were Required**

Measure	Alternative Instruments*
Improved child well-being	Child Behavior Checklist, North Carolina Family Assessment Scale (NCFAS) child well-being subscales; or Ages and Stages Questionnaire
(Adult) Mental health status	Addiction Severity Index (ASI); Beck Depression Inventory; or Global Appraisal of Individual Needs
Parenting	NCFAS Parental capabilities subscale; Parenting Stress Index (PSI); Adult-Adolescent Parenting Inventory
Family relationships and functioning	NCFAS Family interactions subscale; Strengthening Families Program
Risk/protective factors	NCFAS (overall or subscales such as environment, family safety, social/community life); PSI; ASI; or Structured Decision Making Risk Assessment

Source: Regional Partnership Grantee Performance Measurement and Data System Data Dictionary, April 2011.

\*Some RPG1 grantees may have used other instruments, with the approval of their FPO.

RPG1 grantees selected which performance indicators to report based on their planned target populations and the nature of their interventions. For example, approximately 29 grantees submitted indicators of child well-being. Of these grantees, approximately 15 used a version of the Ages and Stages Questionnaire; 7 used the Child Behavior Checklist; and 7 grantees used the North Carolina Family Assessment Scale. (U.S. Department of Health and Human Services, 2013).

In contrast to the RPG1 performance measures, the RPG cross-site evaluation uses a larger number of standardized instruments and asks grantees to administer all of them to program group members (see Chapter V). Grantees are asked to submit all items from each instrument, rather than summary scores.<sup>16</sup> Adding new instruments and item-level data would have required substantial reprogramming and/or new programming of the RPG1 system.

## 2. Implementation Data

In both rounds of RPG funding, grantees report on their implementation experiences through the semiannual progress reports to CB. In addition, RPG1 collected person-level data for six performance measures focused on implementation: (1) children connected to supportive services, (2) adults connected to supportive services, (3) adult access to substance abuse treatment, (4) adult retention in substance abuse treatment, (5) coordinated case management, and (6) substance abuse education and training for foster care parents and other substitute caregivers. Some were submitted through the RPG1 data system, whereas others were attached to the semiannual progress report.

With its focus on grantees' use of evidence-based interventions, the RPG2 cross-site evaluation requires different types of implementation data than were used for RPG1. RPG2 will collect person-

<sup>16</sup> Grantees are asked to submit all items so that Mathematica/WRMA can calculate scores, ensuring that all calculations are consistent.

level service data on individual elements of each RPG project, such as enrollment in RPG and in each EBP, and services received by participants enrolled in the focal EBPs. For example, the detailed service data on the focal EBPs will help measure duration and dosage, two core elements of fidelity, topics not addressed in RPG1. Requiring grantees to collect and store detailed data elements within or in addition to their planned case management databases for batch uploading was not a promising method for collecting this type of data; instead, a system allowing ongoing, real-time data entry would be more convenient to grantees and would ensure better data quality. This type of data entry was not compatible with the RPG1 system.

### **C. The RPG2 Data Collection System**

Based on these considerations, CB gave the go-ahead to Mathematica/WRMA in May 2013 to pursue an alternative to using the RPG1 data system. Ultimately, we decided that two different components were needed for the system: one for twice-yearly batch uploads of outcome data from standardized instruments and administrative data by a data or information systems staff member, and a second system for anytime entry of registration and service data by RPG program staff. Design of the linked systems began in July 2013 and continued into the second year of the grant program. The system and these activities will be described in the next annual report.

## VII. NEXT STEPS (AND FOOD FOR THOUGHT)

Partnerships selected for RPG have the significant benefit of federal funding to help address their stated goals, but they also have important responsibilities. These include (1) implementing evidence-based programs and practices; and (2) meeting increasing federal expectations to collect, use, and report substantial amounts of data on their operations and child and family outcomes. Although these general responsibilities were described in the FOA for the 2012 grants, details were not available when grantees engaged their initial partners and developed their applications and budgets. Therefore, grantees had to adapt their plans—sometimes to a great extent—during year one of RPG2 as the activities described in this report unfolded.

CB supports a large amount of program and evaluation TA for the regional partnerships, recognizing the importance of the partnerships' efforts for the well-being of children and families, as well as their many responsibilities under the grant. Liaisons employed by CFF and Mathematica provided ongoing, on-call, one-on-one TA. Both companies and their partners also conduct group training, TA, and peer learning opportunities throughout the year. This assistance, along with guidance provided by CB and the FPOs working with each grantee, combined with the efforts of the grantees and their partners to accomplish a substantial amount of work during year one.

In addition to the evaluation-related work described in this report, grantees achieved other milestones. By September 2013, the end of the full first year of the 2012 RPG grants, 15 of the 17 partnerships had enrolled participants. In all, these grantees had enrolled 1,879 people—65 percent of them children—in RPG programs. These and other accomplishments will be described in annual reports to Congress. In this final chapter, we briefly outline next steps for the cross-site evaluation during year two of the 2012 grants (Section A) and suggest possible implications of the evaluability assessment conducted for RPG for future grant programs (Section B).

### A. Next Steps for the RPG Cross-site Evaluation and TA Project

Five main activities associated with the cross-site evaluation occurred in year one (Figure I.1): (1) design of the cross-site evaluation; (2) provision of evaluation-related TA to grantees in response to requests from the grantees, their evaluators, or their FPOs; (3) assessments of the program plans and evaluation designs initially proposed by grantees in their applications; (4) selection or development of measures and instruments for use in the local and cross-site evaluations; and (5) exploration of a data collection system for obtaining data from grantees.

In year two, Mathematica/WRMA and a second subcontractor, Synergy Enterprises, Inc., will build on these activities and focus on five new areas:

1. Engaging a subset of grantees in the impact study of the cross-site evaluation
2. Continuing monthly program calls with grantees and other stakeholders to monitor progress on local evaluations
3. Designing and developing the RPG data collection system
4. Providing standardized instruments to grantees
5. Obtaining OMB clearance and initiating data collection from grantees

The next annual report will describe progress in these areas.

## B. Food for Thought

The evaluability assessment process was a defining aspect of RPG2. It yielded important benefits and a few drawbacks. For CB, the process yielded a larger number of grantees with strong and promising research designs, which can produce evidence on the effectiveness of RPG programs for families and children. For grantees, the process required more time and attention to the research designs than the program services during the first year, but the stronger research designs might yield findings that will bolster the case for funding the innovative services beyond the grant period.

- ✚ Local evaluators received assistance in developing stronger designs and TA with specific evaluation design questions. However, they also were asked many questions about evaluation designs that they thought had been approved with the award of the grant. Many grantees had to give up some control over measures selection, because the cross-site evaluation measurement protocol was long, and many grantees did not want to further increase the data collection costs and burden on families.
- ✚ The cross-site evaluation team benefitted from stronger local evaluations and common measures of family functioning, recovery, and child well-being that can be merged to build a stronger cross-site evaluation to inform the field about effective and promising strategies to support families and children. Working with local grantees and evaluators ensured that the local research designs were more grounded in the program service environment and that measures were more appropriate to the population than might have occurred if the design had been developed independently.

Future grant programs could preserve the benefits of this process and reduce the drawbacks by modifying the timing of these activities so that grantees can plan their local evaluation designs within known parameters of a cross-site evaluation and before budgets for implementing the evaluation are set. One strategy is to allow a two-year planning period, during which grantees would plan services and the evaluation design while the cross-site evaluation team works with them to design strong local and cross-site evaluations. Two years are needed to accommodate time for planning and for writing a design report or a grant proposal for implementation funding. In fact, CB has structured a new grant program in this way, and will report about its experiences with this approach in 2015.<sup>17</sup>

The result of conducting the evaluability assessments may be enhanced evidence about the effectiveness of interventions to address parental substance use disorders and promote children's social-emotional well-being, if evaluations can be implemented as planned. Toward this end, the CSLs will work with the grantees as they implement their local evaluations to provide support and quality assurance via the TA system so that the planned evaluations will be executed well, ensuring that their expected contributions will be realized.

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<sup>17</sup> The grant program is called "Grants to Assist Youth/Young Adults with Child Welfare Involvement at Risk of Homelessness."

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