Regional Partnership Grant Cross-Site Evaluation: Annual Report, October 2022–September 2023

February 2024

Betsy Keating, Angela D'Angelo, and Juliette Henke

Submitted to:

Children's Bureau
Administration on Children, Youth, and Families
Administration for Children and Families
U.S. Department of Health and Human Services
330 C Street, SW
Washington, DC 20202
Project Officer: Tara Mainero
Contract Numbers: 47QRAA18D00BQ/75ACF121F80035, HHSP233201500035I/75P00119F37046, and 47QRAA18D00BQ/140D0422F0989

Submitted by:

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

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

Contents

I. Introduction 1

II. Brief History of RPG and Snapshot of the Current Cohorts 3

III. RPG Cross-Site Evaluation 6

IV. Local Evaluations 8

V. Evaluation TA 9

A. Regular TA meetings 9

B. Group TA through presentations and trainings 11

C. TA tools 12

D. Help desk for cross-site evaluation data collection 12

VI. Milestones and Major Activities During the Reporting Period 14

VII. Major Activities Planned for the Next Period 16

References 18

Appendix A RPG5, RPG6, and RPG7 Grant Recipients and Their Local Evaluations A.1

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

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

Tables

I.1. Grant year for each RPG cohort across fiscal years 2
II.1. RPG5, RPG6, and RPG7 grant recipients 4
V.1. Number of evaluation TA calls, October 2022–September 2023 10
V.2. Topics discussed during evaluation TA calls, October 2022–September 2023 10
V.3. Group TA with RPG5, RPG6, and RPG7 projects held by Mathematica 12
A.1. RPG5, RPG6, and RPG7 grant recipients and their local evaluations A.2
B.1. Data sources for the cross-site evaluation, by research question topic B.2
C.1. Constructs and measures for the outcomes and impact studies C.2

Figures

II.1. Overview of RPG cohorts, highlighting the active cohorts in 2021–2022 3
VII.1. Past and upcoming cross-site evaluation milestones 17

I. Introduction

Caregiver substance misuse is a key factor in many cases of child abuse and neglect (Box I.1). To address this issue, Congress has authorized competitive Regional Partnership Grants (RPG) since 2006. Using interagency collaboration and program integration, RPG-funded projects are designed to increase the well-being of, improve the permanency outcomes for, and enhance the safety of children who are in or at risk of out-of-home placement because of a parent or caretaker's substance use.

The Children's Bureau (CB) of the Administration on Children, Youth, and Families (ACYF) at the U.S. Department of Health and Human Services (HHS) has awarded seven rounds of RPGs as of 2022.[1] In addition to serving their communities, grant recipients must collect and report performance data, conduct local evaluations of their projects, and participate in a cross-site evaluation of all RPG projects within each cohort of grant recipients.

Box I.1. Cause for concern

Substance use disorder, specifically the misuse of opioids, is a leading contributor to children entering foster care (Radel et al. 2018). In addition, higher rates of drug overdose deaths and drug-related hospitalizations correspond to higher child welfare caseloads (Radel et al. 2018). Higher rates of serious substance use–related issues might make it more difficult for child welfare systems to support and strengthen families, keep children at home, or return them quickly from out-of-home care.

The experiences of families from historically marginalized racial and ethnic groups involved with child welfare or experiencing parental substance use differ systematically from those of White families. In 2021, Black children comprised 22 percent of the children in foster care, despite making up only about 14 percent of the U.S. child population (Annie E. Casey Foundation 2023). American Indian or Alaska Native children were similarly overrepresented in foster care (Annie E. Casey Foundation 2023). Conversely, White children made up about half the U.S. child population but only 43 percent of the children in foster care (Annie E. Casey Foundation 2023). Black and American Indian or Alaska Native children are more likely to face negative outcomes in the child welfare system than White children, including higher rates of removal from their homes, longer stays in out-of-home placements, and lower rates of reunification (Child Welfare Information Gateway 2021).

At the same time, racial and ethnic disparities exist in the opioid overdose death rates. In 2021, the American Indian or Alaska Native and Black populations had the highest overdose death rates per 100,000 people (56.6 and 44.2, respectively) compared to 36.8 for the White population (Spencer et al. 2022). Lack of access to treatment contributes to this disparity (Substance Abuse and Mental Health Services Administration 2020). Although the factors leading to these disparities are complex and varied, poverty, systemic racism, and conscious and unconscious biases all play a role (National Center on Substance Abuse and Child Welfare n.d.; Child Welfare Information Gateway 2021).

[1] The Child and Family Services Improvement Act of 2006 (P.L. 109–288) authorized the RPG project, and the Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112–34) reauthorized it.

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

This report describes the major annual activities and accomplishments related to the cross-site evaluation and evaluation-related TA across three RPG cohorts from October 2022 through September 2023. As shown in Table I.1, this period was the fifth and final year of Mathematica's cross-site evaluation and evaluation TA for the fifth cohort (RPG5), the fourth year for the sixth cohort (RPG6), and the first year for the seventh cohort (RPG7).

This report focuses on RPG5, RPG6, and RPG7 projects. We start with a brief history of the RPG cohorts and information on their projects. We then describe the RPG cross-site evaluation, the evaluation TA and support provided to RPG projects during this period, highlights from the past year of the contract, and next steps.

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

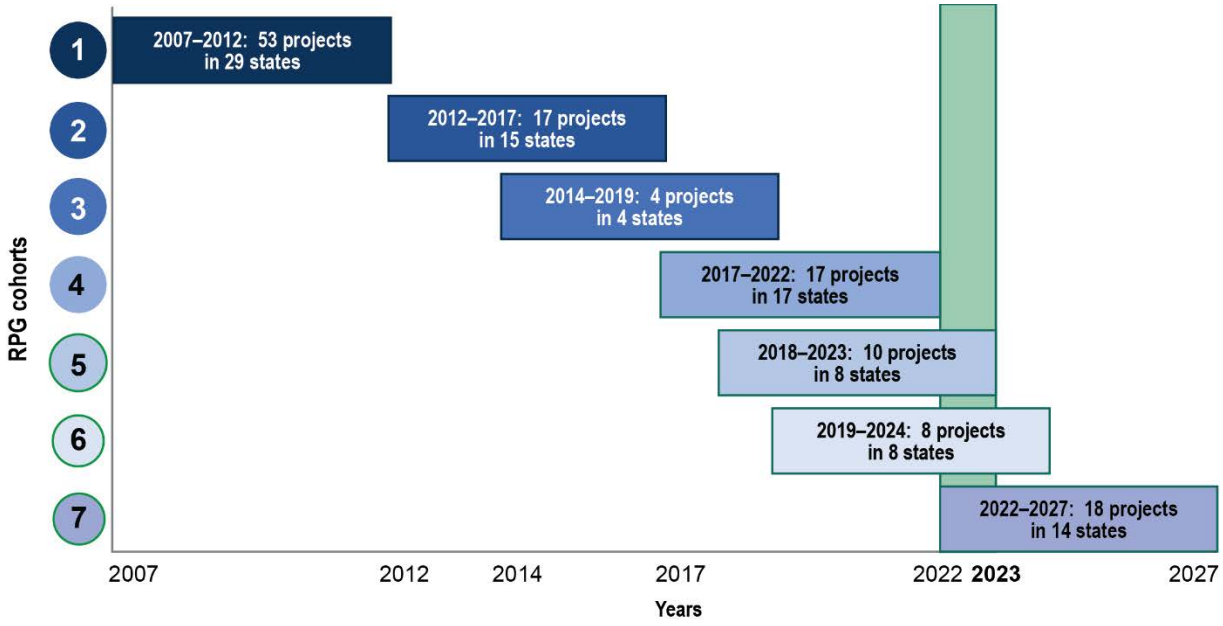
	Fiscal year (October–September)				
Grant cohort	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
RPG5	Grant Year 1	Grant Year 2	Grant Year 3	Grant Year 4	Grant Year 5
RPG6		Grant Year 1	Grant Year 2	Grant Year 3	Grant Year 4
RPG7					Grant Year 1

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

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

From 2007 through 2022, CB awarded seven cohorts of RPGs, three of which participated actively in the cross-site evaluation in 2022–2023 (Figure II.1), the focus of this report.[3] The period of performance for RPG projects is typically five years. Cohorts range in size from four to 53 projects, based on the size of the awards. The three cohorts featured in this report (RPG5 through RPG7) account for 36 projects.

Figure II.1. Overview of RPG cohorts, highlighting the active cohorts in 2022–2023



A range of organizations lead the RPG5, RPG6, and RPG7 projects (Table II.1). The following is a breakdown of the types of organizations that are leading the 36 projects in the three cohorts:

- Service providers that offer both substance use treatment and mental health care (we refer to these as behavioral health service providers) lead 12 projects.
- Providers of family support services (five projects, one of which is led by a Tribal organization), substance use treatment services (two projects), and child welfare services (one project) lead other projects.
- State agencies lead seven projects, including agencies that oversee the state's behavioral health system (three projects), the state's judicial system (three projects), and the state's child welfare agency (one project).
- Contracted service providers lead three projects, including two projects led by a managing entity of child welfare services and one project led by a managing entity of behavioral health service providers.

[3] The 2011 reauthorizing legislation also allowed HHS to offer continuation grants of $500,000 to Round 1 partnerships for up to two years to extend their projects from the first round of funding. In 2021, nine of the 10 Round 5 grant recipients received grant supplements to extend their projects for two additional years. One Round 5 grant recipient did not apply for the supplemental award. This grant recipient is included in all discussions of Round 5 projects throughout the report.

- University hospitals or clinics (three projects), youth advocacy associations (two projects), and a university (one project) lead other projects.

Across the cohorts, eight organizations are leading projects in multiple rounds. More information on the projects, such as their populations of interest and services, is available in Appendix A.

Table II.1. RPG5, RPG6, and RPG7 grant recipients

Grant recipient organization and state	Organization type
RPG5	
Family Support Services of North Florida, Florida	Contracted entity to oversee child welfare service providers
Citrus Health Network, dba Citrus Family Care Network, Florida	Contracted entity to oversee child welfare service providers
Centerstone of Illinois Inc., Illinois	Behavioral health service provider
Judiciary Courts for the State, Iowa	Court or judicial agency
Northwest Iowa Mental Health Seasons Center, Iowa	Behavioral health service provider
Institute for Health and Recovery, Massachusetts	Behavioral health service provider
Preferred Family Healthcare Inc., Missouri	Behavioral health service provider
Montefiore Medical Center, New York	University hospital or clinic
Health Federation of Philadelphia, Pennsylvania	Family support service provider
Volunteers of America–Dakotas, South Dakota	Substance use treatment provider
RPG6	
Colorado Judicial Department, State Court Administrator's Office, Colorado	Court or judicial agency
Georgia State University Research Foundation Inc., Georgia	University
Youth Network Council, dba Illinois Collaboration on Youth, Illinois	Youth advocacy association
Preferred Family Healthcare Inc., Missouri	Behavioral health service provider
Mary Hitchcock Memorial Hospital, dba Dartmouth-Hitchcock Medical Center, New Hampshire	University hospital or clinic
Acenda Inc., New Jersey	Behavioral health service provider
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	State mental health and substance use services agency
Prestera Center for Mental Health Services Inc., West Virginia	Behavioral health service provider
RPG7	
Cook Inlet Tribal Council Inc., Alaska	Family support service provider (Tribal organization)
State of Connecticut Department of Children and Families, Connecticut	State child welfare agency
Broward Behavioral Health Coalition Inc., Florida	Contracted entity to oversee the network of behavioral health services providers
Centerstone of Illinois Inc., Illinois	Behavioral health service provider
Youth Network Council, dba Illinois Collaboration on Youth, Illinois	Youth advocacy association
Judiciary Courts for the State, Iowa	Court or judicial agency
Florence Crittenton Home of Sioux City, Iowa	Family support service provider
Mountain Comprehensive Care Center, Kentucky	Behavioral health service provider

Grant recipient organization and state	Organization type
Volunteers of America Southeast Louisiana Inc., Louisiana	Substance use treatment provider
Preferred Family Healthcare Inc., Missouri	Behavioral health service provider
CPR of the Ozarks, Missouri	Family support service provider
Montefiore Medical Center, New York	University hospital or clinic
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	State mental health and substance use services agency
Health Federation of Philadelphia, Pennsylvania	Family support service provider
Helen Ross McNabb Center, Tennessee	Behavioral health service provider
Tennessee Department of Mental Health and Substance Abuse Services, Tennessee	State mental health and substance use services agency
Prestera Center for Mental Health Services Inc., West Virginia	Behavioral health service provider
Meta House Inc., Wisconsin	Substance use treatment provider

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

dba = doing business as.

III. RPG Cross-Site Evaluation

The RPG authorizing legislation requires CB to collect performance data and report on the services provided and activities conducted with RPG funds. To address the legislation's goals and contribute knowledge to the fields of child welfare and substance use disorder (SUD) treatment programming, CB requires and supports a cross-site evaluation. Mathematica designed the cross-site evaluation, in collaboration with CB, to answer key questions of interest to CB and the broader field (Box III.1 provides an overview of the cross-site evaluation; data sources and outcome measures appear in Appendices B and C). RPG projects share data on participants' characteristics, receipt of RPG services, and outcomes data collected at program entry and exit by using the RPG Evaluation Data System (RPG-EDS). This evaluation complements evaluations of previous RPG cohorts (HHS 2016, 2020, 2022, 2023).

The cross-site evaluation for RPG5 began in June 2019, when RPG-EDS was ready for RPG5 grant recipients' use.[4] The RPG6 cross-site evaluation began in September 2020, after a one-year planning period for the grant recipients. The RPG7 cross-site evaluation began as early as May 2023 for some grant recipients, after a six-month planning period. Other grant recipients in RPG7 did not begin the cross-site evaluation until October 2023, after a one-year planning period.

The RPG5 cross-site evaluation concluded in September 2023, while the RPG6 cross-site evaluation will conclude in September 2024. The final results for RPG5 and RPG6 will be available in the ninth Report to Congress. For RPG7, the final evaluation results will be available after the grants end. However, CB might release interim findings, when available, in the biannual Reports to Congress.

[4] Mathematica was required to obtain an Authority to Operate (ATO) for RPG-EDS, which is based on the system's protections to keep participant data private and secure. The ATO was required before grant recipients could access the system and begin entering data.

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

Through the cross-site evaluation of RPG5, RPG6, and RPG7, CB seeks to better understand the partnerships that form the basis of each project—including, who was served, how they were served, partnership outcomes, and project impacts. The cross-site evaluation addresses the following research questions:

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

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

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

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

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

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

IV. Local Evaluations

As with previous cohorts, CB requires each RPG5, RPG6, and RPG7 project team to work with an evaluator (either internal or third party) to evaluate its project. RPG project teams, with their evaluator, plan and conduct an evaluation that assesses the effectiveness of their activities and services. They also evaluate project implementation to help interpret the findings from the local impact evaluations and inform the field and future RPG projects.

Of the 36 grant recipients, 33 plan to examine the effects of the project by conducting an impact study. Impact studies measure whether a given program changes participant outcomes. Such studies include a treatment group, which receives the services of interest, and a comparison group, which does not receive those services. The comparison group represents what would have happened to people in the treatment group if they had not received the services. RPG project teams could form treatment groups by using a random process for a randomized controlled trial (RCT) or a nonrandom process, such as self-selection or staff assignment, for a quasi-experimental design (QED).

By using data collected directly from treatment and comparison groups, 12 grant recipients are conducting an RCT, 16 are conducting a QED, and 2 are conducting both an RCT and a QED. Four grant recipients are conducting a QED using administrative data to create a comparison group; two others are conducting a descriptive study only. More information is available in Appendix A.

The cross-site evaluation is designed to conduct an impact study for each cohort by pooling data across those grant recipients with RCT or QED evaluations, which collected data directly from treatment and comparison groups—see, for example, the impact study conducted on the RPG3 cohort (Cole et al. 2021).[5] Selected grant recipients will contribute data on both their program and comparison groups to the impact study.

[5] For RPG4, there was no pooled impact study for the cross-site evaluation due to small comparison group sizes and low response rates among the grant recipients conducting the impact studies. A pooled impact study for the cross-site evaluation cannot use data from grant recipients with a QED that uses administrative data to create a comparison group because those grant recipients do not share administrative data for comparison cases with the cross-site evaluation (because the individuals in the comparison cases have not provided consent to share their data with the cross-site evaluation).

V. Evaluation TA

To support RPG5, RPG6, and RPG7 projects with designing and executing their local evaluations and participating in the cross-site evaluation, CB contracted with Mathematica to provide TA on evaluation design and operations. Mathematica assigned a cross-site liaison (CSL) to each RPG project to work closely with the programmatic TA providers—that is, the change liaisons from CFF—and the federal project officers (FPOs). Together, they form a TA team that works with each RPG project.

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

Sections A through C below describe the TA team's regular meetings, group TA through presentations and trainings, and TA tools. Section D describes Mathematica's help desk support to grant recipients.

A. Regular TA meetings

Monthly, hour-long meetings between the grant recipient team and the TA team are the primary source of regular TA. Typically, representatives from the grant recipient and local evaluator attend these calls. Some projects also invite partner staff to attend. During the calls, RPG project staff provide updates on project and evaluation planning and implementation from the past month, ask questions, voice concerns, and solicit input. The TA team provides support and suggestions, as needed. The TA team for each RPG project holds a monthly check-in to prepare for the monthly TA call with the project team. Occasionally, a member of the TA team or the grant recipient requested another call outside of the monthly TA call to further discuss an issue or challenge.

Outside of the monthly calls, the CSLs also participated in several ongoing TA activities this year:

- **Intensive TA sessions.** As part of a pilot of intensive TA activities, CSLs led intensive TA calls with three RPG6 projects. During a series of 90-minute TA meetings, the CSLs and grant recipient focused on a particular challenge that the grant recipient was facing, such as lower than expected enrollment into the evaluation or difficulty collecting follow-up data from clients at program exit. The CSLs drew on Mathematica's Learn, Innovate, Improve (LI^2) framework and human-centered design activities to help RPG teams better understand the root causes of their challenges, brainstorm potential solutions to address them, and test these potential solutions, using data to assess how well the potential solution worked.
- **Site visits.** The change liaison led a virtual or in-person site visit to each RPG7 project. The CSLs participated in calls for planning these site visits and participated in some of the sessions at each site visit.
- **Evaluation working sessions.** The CSLs held evaluation working sessions with some RPG7 projects, which included in-depth discussions about evaluation design and planning issues.

Across the regular monthly TA calls, intensive TA, site visits, and evaluation working sessions, the CSLs completed 636 calls from October 2022 through September 2023, or about 18 calls per RPG project for the year. Specifically, CSLs participated in 131 calls about RPG5 projects, 141 calls about RPG6 projects, and 364 calls about RPG7 projects. The average was 53 calls per month across projects. Table V.1 provides the number of calls across each activity.

Table V.1. Number of evaluation TA calls, October 2022–September 2023

	Monthly TA	TA team check-ins	Call initiated by FPO or TA provider	Call initiated by RPG project team	Intensive TA	Site visit planning and site visit sessions	Evaluation working session	All
Total calls	319	226	29	13	11	29	9	636
Average calls per month	27	19	2	1	1	2	1	53

Source: CSL call log, October 2022–September 2023.

Note: TA teams consist of a change liaison, an FPO, and a CSL.

CSL = cross-site liaison; FPO = federal project officer; RPG = Regional Partnership Grant; TA = technical assistance.

RPG project staff and TA teams discussed a wide range of programmatic and evaluation-related topics on TA calls (Table V.2). The most common topics were the data that grant recipients collected (182 calls); intake, study consent, and enrollment processes (178 calls); program implementation (163 calls); formation of treatment and comparison groups (116 calls); administrative data (106 calls); staffing (93 calls); and sample size (75 calls).

Table V.2. Topics discussed during evaluation TA calls, October 2022–September 2023

Topic	Number of calls discussing topic
Data that grant recipient collected	182
Intake, study consent, and enrollment processes	178
Program implementation	163
Formation of treatment and comparison groups	116
Administrative data	106
Staffing	93
Sample size	75
Tracking of sample members	41
Institutional review board	41
Baseline equivalence	35
Outcomes	31
Analysis methods and technical questions	25
Sample attrition	22
Systems-level or collaboration outcomes	15
Consent	16
Random assignment	13
Fidelity	8
Crossovers and contamination	2
Cost studies	0

Source: CSL call log, October 2022–September 2023.

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

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

In addition to these TA calls, RPG project teams may request additional assistance, such as specialized TA by their CSL or another member of the cross-site evaluation team (for example, a survey expert). They may also request materials and tools, such as examples of consent forms or tools to calculate statistical power. From October 2022 through September 2023, the CSLs fielded four such requests on the following topics: (1) conducting power calculations, (2) using the Plan-Do-Study-Act framework for continuous quality improvement efforts, (3) potential ways to measure participants' reasons for choosing a treatment approach, and (4) potential measures for participants' level of engagement in services.

B. Group TA through presentations and trainings

During fiscal year 2023, Mathematica completed several presentations, facilitated peer learning, and held office hours (Table V.3). These activities addressed RPG project teams in larger groups than the individualized support provided through the regular TA meetings.

- **RPG7 kickoff meeting (February to March 2023).** Mathematica coordinated with CB and CFF to hold a two-day virtual kickoff meeting for the RPG7 cohort. Mathematica led a session that provided an overview of the cross-site evaluation, co-facilitated a session on the implementation plan template, facilitated grant recipients' presentations on their projects, and facilitated a breakout session for all local evaluators. Mathematica and CFF also participated in breakout sessions to support individual RPG project team's action planning.
- **RPG annual conference (May 2023).** CB, Mathematica, and CFF together held a virtual annual conference that included presentations and peer learning for the RPG5, RPG6, and RPG7 cohorts. At this conference, Mathematica focused on supporting RPG5, RPG6, and RPG7 grant recipients with their evaluation needs.[6] Mathematica staff presented a session on preliminary findings for the cross-site evaluation of RPG4 and RPG5 projects. Mathematica also facilitated four breakout sessions for grant recipients on topics such as using data for continuous quality improvement, building collaborative partnerships between program and evaluation staff to conduct evaluations, and incorporating participating families' perspectives into an evaluation.
- **Evaluation peer learning collaborative calls (November 2022 to September 2023).** Mathematica held seven evaluation peer learning calls. For six of these calls, we invited all RPG projects and their evaluators to attend. For the seventh call, we invited only the RPG7 projects and their evaluators. The calls covered topics such as using data to support evaluation monitoring and problem-solving; comparison group recruitment; analytic issues related to small sample sizes in impact evaluations; addressing challenges related to collecting child outcome data for the cross-site evaluation; and advancing equity through data analysis. At all seven sessions, Mathematica staff members presented information and then facilitated discussion and peer learning across the grant recipients.
- **Evaluation office hours (August to September 2023).** Mathematica invited all RPG teams to attend three one-hour sessions, during which Mathematica encouraged teams to ask questions about their analyses. The sessions did not have a formal agenda; the topics that grant recipients were most interested in drove the discussion. Although any RPG team was welcome to join these calls, we specifically geared them to RPG5 projects that were finalizing their analyses at the end of their grant period.

[6] During the annual conference, CFF also led programmatic TA-related presentations or activities. This report does not describe those presentations and activities because CFF's project-related TA is beyond this report's scope.

- **Q and A sessions on RPG-EDS and cross-site evaluation requirements (March to September 2023).** Mathematica held four one-hour Q and A sessions for RPG7 projects, where project teams could bring questions after watching training webinars focused on data collection and enrollment and services data entry into RPG-EDS. Two sessions were held in March 2023, when projects with six-month planning periods were preparing to begin implementation, and two sessions were held in September 2023, when projects with one-year planning periods were preparing to begin implementation. Mathematica invited all RPG7 projects to the September Q and A sessions (including those with planning periods shorter than 12 months), in case they had any questions for the cross-site team.

Table V.3. Group TA with RPG5, RPG6, and RPG7 projects held by Mathematica

Group TA activity	Number of events
Evaluation peer learning collaborative calls	7
Breakout discussions at RPG annual conference	4
Q and A sessions on RPG-EDS and cross-site evaluation requirements	4
Evaluation office hours	3
Presentation at RPG7 kickoff meeting	3
Breakout discussions at RPG7 kickoff meeting	1
Presentation at RPG annual conference	1

Note: We held all group TA events virtually. The table does not include webinars and in-person presentations delivered solely by CFF.

CFF = Center for Children and Family Futures; RPG = Regional Partnership Grant; RPG-EDS = RPG Evaluation Data System; TA = technical assistance.

C. TA tools

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

- **Provided data quality snapshots.** High-quality data are essential to the success of the cross-site and grant recipients' local evaluations. The cross-site team provided individualized data quality snapshots for each RPG5 and RPG6 project in every quarter of this fiscal year. The snapshots showed indicators of data quality in RPG-EDS, such as the prevalence of missing data from families at enrollment and whether grant recipients reported on all RPG services offered through the project. After sending the grant recipient's snapshot to the project team, the CSL discussed the data with the team to determine if there were issues and, if so, strategies to resolve them.
- **Released a TA brief on continuous quality improvement.** The cross-site team developed and released a brief that provided a detailed example on using LI^2 in continuous quality improvement efforts. The brief explained how RPG teams could use each phase of LI^2 to address the challenge of lower than expected referrals and enrollment into the treatment group.

D. Help desk for cross-site evaluation data collection

The help desk for the cross-site evaluation receives detailed questions about specific data collection issues. RPG project teams may submit questions through a designated help desk email, toll-free telephone

number, or their CSLs. Over the year, the help desk received about 305 questions. Questions covered a range of topics, such as outcome data collected through standardized instruments and administrative data, entry of enrollment and services data into RPG-EDS, and institutional review board concerns. The help desk team consulted with members of the cross-site team as needed and responded to each question.

VI. Milestones and Major Activities During the Reporting Period

In addition to the evaluation TA activities described in Chapter V, key milestones and major activities from October 2022 through September 2023 follow.

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

- **Released the seventh Report to Congress.** Mathematica released the seventh Report to Congress, which introduced the RPG5 and RPG6 projects. It also described the families enrolled in the RPG4, RPG5, and RPG6 projects as well as implementation progress and challenges faced by all three cohorts.

- **Concluded the cross-site evaluation for RPG5, continued the cross-site evaluation for RPG6, and began the cross-site evaluation for RPG7.** RPG5 grant recipients completed outcome data collection for the cross-site evaluation in April 2023. In all, 7,199 people (4,421 children and 2,778 adults) were enrolled in the RPG5 cross-site evaluation. All but one RPG6 project continued enrolling families and providing them with RPG services, while seven RPG7 projects began enrollment. As of September 2023, 2,148 people (1,231 children and 917 adults) had enrolled in the RPG6 cross-site evaluation, and 297 people (169 children and 128 adults) had enrolled in the RPG7 cross-site evaluation.

- **Collected and analyzed data from semi-structured interviews to learn about RPG6 projects' partnerships.** Partnerships are central to the mission and success of RPG. To describe the types and extent of interagency collaboration within RPG6 projects, we conducted site visits to interview key grant recipient staff and project partners. Seven site visits were virtual; one site visit took place in person. The interviews focused on partnerships with child welfare providers and substance use treatment providers as central partners in the RPG project. The team began analyzing data from the interviews and will summarize the findings in the ninth Report to Congress, which will include the final cross-site evaluation findings for RPG5 and RPG6 and initial findings for RPG7.

- **Conducted a sustainability survey.** To better understand RPG6 projects' plans for sustaining RPG services, we administered an online survey to representatives of each RPG6 grant recipient and their partner agencies in summer 2023. The survey also collected information about the extent to which RPG projects used data for continual service improvement. The results will be included in the ninth Report to Congress.

- **Revised the eighth Report to Congress.** In response to feedback from HHS, Mathematica updated the draft eighth Report to Congress to prepare the report for eventual public release.

- **Analyzed data from semiannual progress reports and RPG-EDS data for the ninth Report to Congress.** Mathematica analyzed data provided by the RPG projects through RPG-EDS and semiannual progress reports. These findings will be synthesized in the ninth Report to Congress.

- **Renewed Authority to Operate (ATO) for RPG-EDS website.** Working closely with ACF staff, Mathematica obtained a three-year renewal for an ATO of the RPG-EDS website.

Providing support to grant recipients on their evaluation activities

- **Reviewed the RPG7 projects' implementation and evaluation plans and completed evaluability assessments.** During their planning period, all RPG7 projects completed an implementation and evaluation plan. The CSL, change liaison, and federal project officer from CB reviewed each grant recipient's plan and provided feedback. In addition, Mathematica completed evaluability assessments of RPG7 projects' local evaluation plans, which described the strengths, challenges, and potential rigor of the proposed methods for estimating the impacts of the projects. As of September 2023, we had shared drafts of 15 evaluability assessments with CB and 13 of these with the respective RPG teams.
- **Onboarded the RPG7 projects to the cross-site evaluation.** We worked with all RPG7 projects to complete memoranda of understanding to use the standardized instruments to collect outcomes data. As CB approved their implementation and evaluation plans, the Mathematica team added RPG7 projects to RPG-EDS. Mathematica also provided prerecorded trainings and offered Q and A hours to train RPG7 projects on data collection and the data system. Eight RPG7 projects began collecting enrollment and services data and began entering this data into RPG-EDS by the end of September 2023.
- **Held annual evaluation status meeting with CB and completed evaluation status summaries for grant recipients.** In November 2022, the cross-site evaluation team and CB held the third annual evaluation status meeting, during which Mathematica and CB staff reflected on each grant recipient's local evaluation successes and challenges and considered implications for the cross-site evaluation. The meeting also covered lessons learned from the RPG4 cohort, which ended in September 2022. After the meeting, Mathematica developed an evaluation summary for each RPG5 and RPG6 project, which described the conclusions from that meeting, including areas and strategies for improvement. Mathematica shared the evaluation summary with each RPG5 and RPG6 project team.
- **Continued to share quarterly evaluation updates.** Mathematica shared quarterly evaluation updates with CB for each RPG5 and RPG6 project. The updates summarized the most pressing challenges faced by each RPG project for their evaluation, such as low enrollment into the evaluation or low response rates on follow-up data collection. The updates also described steps the RPG team took to address the challenges and future steps to guide TA. Mathematica also continued to update a quarterly dashboard for CB, which summarizes challenges across all RPG5 and RPG6 projects. This tool helps CB better understand the prevalence of challenges across RPG projects.

Piloting new activities for the cross-site evaluation

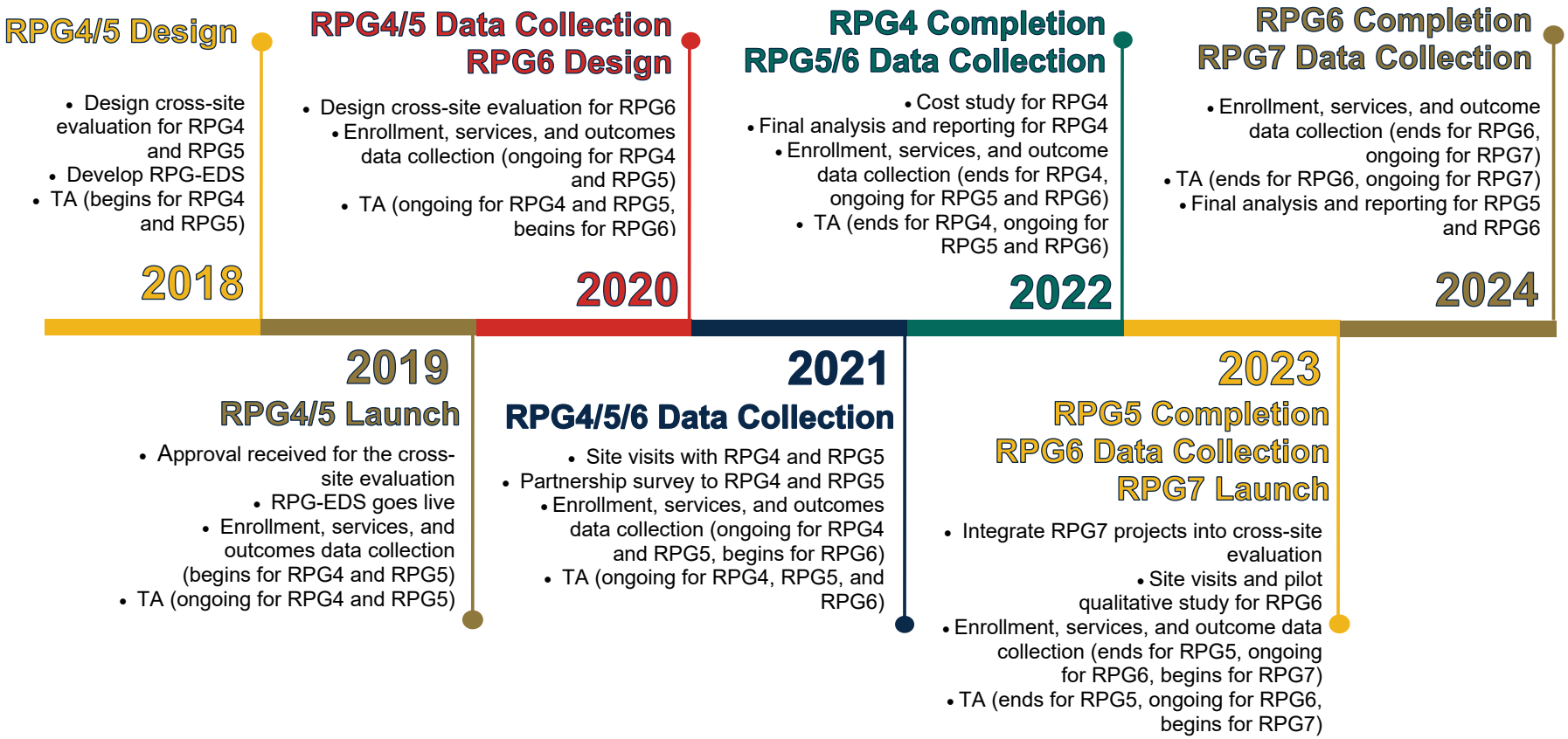
- **Conducted a qualitative pilot study of participants enrolled in RPG6 services.** The cross-site evaluation incorporated participants' voices to provide a firsthand perspective on the services offered by RPG projects and delved deeper into the multifaceted lives of participants. Mathematica piloted two qualitative data collection activities: (1) focus groups to learn about participants' experiences in the RPG project and (2) in-depth interviews to learn about important life experiences and turning points that led to participants' enrollment in the project. The team began analyzing data from both activities. The results will be included in the ninth Report to Congress.
- **Piloted new measures of participants' engagement in RPG services.** On RPG7, Mathematica developed new measures to assess participants' level of engagement in RPG services. Two RPG7 projects piloted the measures and provided feedback. Mathematica then updated the RPG-EDS system to include the new measures for all RPG7 projects.

VII. Major Activities Planned for the Next Period

The cross-site evaluation has passed several major milestones—such as completing the cross-site evaluation for RPG5—and has several more in the upcoming year (Figure VII.1). We plan to conduct several key activities from October 2023 through September 2024, including the following:

- Collect enrollment, services, and outcome data with the remaining 10 RPG7 grant recipients
- Conclude cross-site evaluation data collection with RPG6 grant recipients
- Continue supporting project data collection through the help desk, webinars, and data quality snapshots
- Develop enhancement to simplify the process for RPG7 projects to upload safety and permanency administrative data to RPG-EDS
- Develop and launch RPG cross-site evaluation website to house resources and share evaluation findings
- Complete analysis of data from site visits, the sustainability survey, semiannual progress reports, the qualitative data pilot, and RPG-EDS data to draft the ninth Report to Congress
- Continue monthly calls with project teams to monitor and support their progress on local evaluations and cross-site data collection and respond to their evaluation-related questions and concerns
- Develop and distribute TA tools to address common evaluation challenges
- Conclude intensive TA pilot with RPG6 projects
- Continue holding evaluation peer learning collaborative calls

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



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

References

Annie E. Casey Foundation. "Kids Count Data Center: Children in Foster Care by Race and Hispanic Origin in the United States." April 2023. https://datacenter.kidscount.org/data/bar/6246-children-in-foster-care-by-race-and-hispanic-origin. Accessed December 5, 2023.

Child Welfare Information Gateway. "Child Welfare Practice to Address Racial Disproportionality and Disparity." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, 2021. https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/. Accessed January 5, 2023.

Cole, R., A. Burnett, and D. Strong. "The Impact of the Regional Partnership Grant Program on Adult Recovery and Well-Being, and Child Safety, Permanency, and Well-Being Outcomes." *Child Abuse & Neglect,* vol. 117, 2021.

National Center on Substance Abuse and Child Welfare. "Disproportionalities and Disparities in Child Welfare." n.d. https://ncsacw.acf.hhs.gov/files/cw-tutorial-supplement-equity.pdf. Accessed January 5, 2023.

Radel, L., M. Baldwin, G. Crouse, R. Ghertner, and A. Waters. "Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed-Methods Study." Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2018. https://bettercarenetwork.org/sites/default/files/SubstanceUseChildWelfareOverview.pdf. Accessed October 31, 2022.

Spencer, M.R., A.M. Miniño, and M. Warner. "Drug Overdose Deaths in the United States, 1999–2021." NCHS Data Brief, no. 457. Hyattsville, MD: National Center for Health Statistics, 2022.

Substance Abuse and Mental Health Services Administration. "The Opioid Crisis and the Black/African American Population: An Urgent Issue." Publication No. PEP20-05-02-001. Office of Behavioral Health Equity, Substance Abuse and Mental Health Services Administration, 2020.

U.S. Department of Health and Human Services. "2012 Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse: Third Report to Congress." Washington, DC: Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2016.

U.S. Department of Health and Human Services. "Emerging Findings from the 2012–2017 National Cross-Site Evaluation of the Regional Partnership Grant (RPG) Program." Washington, DC: Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, and Mathematica, 2020.

U.S. Department of Health and Human Services. "2014 and 2017 Regional Partnership Grants to Increase the Well-Being of and to Improve the Permanency Outcomes for Children Affected by Substance Abuse: Sixth Report to Congress." Washington, DC: Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2022.

U.S. Department of Health and Human Services. "Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse: Seventh Report to Congress." Washington, DC: Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, 2023.

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

Appendix A

RPG5, RPG6, and RPG7 Grant Recipients and Their Local Evaluations

Table A.1. RPG5, RPG6, and RPG7 grant recipients and their local evaluations

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

Grant recipient organization	Intended population	RPG services	Impact evaluation design	Comparison services
Institute for Health and Recovery, Massachusetts	Families with open child welfare cases at imminent risk of removal because of parental substance use	Institute for Health and Recovery's usual behavioral health services enhanced with home visits from a child-family clinician and recovery peer team, using Child-Parent Psychotherapy; Attachment, Self-Regulation, and Competency; Seeking Safety; and/or Motivational Interviewing program models	QED using administrative data only	Business-as-usual community behavioral health services
Preferred Family Healthcare Inc., Missouri	Families with children in or at imminent risk of out-of-home care because of parental substance use with a case plan goal of reunification	Two treatment groups: Both receive Preferred Family Healthcare's usual behavioral health services enhanced with a family advocate for outreach and advocacy, individualized service planning, and either the Helping Men Recover/Helping Women Recover trauma education program (Treatment Group 1) or the Living in Balance relapse prevention program (Treatment Group 2)	RCT	Preferred Family Healthcare's business-as-usual behavioral health services
Montefiore Medical Center, New York	Pregnant or postpartum women who are at least 16 weeks' gestation and are at risk for or have identified substance use	Motivational Enhancement Therapy, modified Incredible Years group-based parenting skills program, and contingency management plus case management and the usual community prenatal care and SUD treatment services	RCT	Business-as-usual community prenatal care and SUD treatment services
Health Federation of Philadelphia, Pennsylvania	Families with a pregnant mother or with children from birth through age 5 in or at risk of out-of-home placement because of parental substance use	Child-Parent Psychotherapy integrated with Mothering from the Inside Out	RCT	Child-Parent Psychotherapy plus residential or outpatient SUD treatment
Volunteers of America–Dakotas, South Dakota	Pregnant or parenting women whose children are in or at risk of out-of-home placement because of parental substance use	Volunteers of America's usual residential SUD treatment program for pregnant or parenting women (whose children up to age 8 may reside with their mothers), enhanced with the Nurturing Parenting Program, Integrated Dual Disorders Treatment Recovery Program, family coaches, children's mental health treatment and play therapy, cultural activities, and after-care services	QED	Similar residential SUD treatment program and after-care services at a separate, nearby facility but where mothers do not reside with their children and the facility is open to adult women and men

Grant recipient organization	Intended population	RPG services	Impact evaluation design	Comparison services
RPG6				
Colorado Judicial Department, State Court Administrator's Office, Colorado	Families involved in dependency and neglect court cases with children who are in or at risk of out-of-home placement because of parental substance use	Circle of Parents in Recovery, a voluntary, parent-led self-help support group for parents to share parenting and child development tips and techniques	QED using administrative data only	Business-as-usual services within the Dependency and Neglect System Reform court case management program; this program includes family treatment drug court principles for child welfare–involved families with SUD or co-occurring mental health issues
Georgia State University Research Foundation Inc., Georgia	Families referred to the courts by the Georgia Department of Family and Children's Services with substantiated maltreatment and suspected parental SUD, including families with children who have already been removed from the home	Cognitive Behavioral Interventions for Family Relationships, which focuses on strengthening clients' parenting and family relationships, in addition to the business-as-usual services offered by treatment group Family Treatment Courts	QED	Business-as-usual services offered by comparison group Family Treatment Courts
Youth Network Council, dba Illinois Collaboration on Youth, Illinois	Families referred by child welfare to divert an out-of-home placement, with parental SUD indicated	Intact Family Services enhanced with a recovery coordinator for specialized case management	QED	Business-as-usual Intact Family Services
Preferred Family Healthcare Inc., Missouri	Families with children in or at imminent risk of out-of-home care because of parental substance use, with a case plan goal of reunification	Two treatment groups: Both receive Preferred Family Healthcare's usual behavioral health services enhanced with a family advocate for outreach and advocacy, individualized service planning, and either the Helping Men Recover/Helping Women Recover trauma education program (Treatment Group 1) or the Living in Balance relapse prevention program (Treatment Group 2)	RCT	Preferred Family Healthcare's business-as-usual behavioral health services
Mary Hitchcock Memorial Hospital, dba Dartmouth-Hitchcock Medical Center, New Hampshire	Families with children from birth through age 17 who are in or at risk of out-of-home care because of parental substance use	Wraparound services from a care coordinator, including intensive case management, service coordination, and support groups or workshops	QED	Business-as-usual services from community partners and child welfare agencies

Grant recipient organization	Intended population	RPG services	Impact evaluation design	Comparison services
Acenda Inc., New Jersey	Families with children from birth through age 18 who are at risk of maltreatment or neglect because of parental substance use	In-home family therapy by a licensed social worker or counselor using Motivational Interviewing; Attachment, Regulation, and Competency; Seeking Safety; and peer support before or after SUD treatment	QED	Business-as-usual SUD treatment through outpatient or intensive outpatient level of care
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	Pregnant women with high-risk pregnancies who are substance affected and whose children are at risk of removal	RCT: High-risk pregnancy care with Substance Use Treatment and Access to Resources and Supports (STAR) clinic services plus a modified version of the Attachment Biobehavioral Catchup (ABC) home visiting model for parents with infants QED: High-risk pregnancy care with STAR clinic services (a social worker, peer support, and developmental pediatric consult); following delivery, usual pediatric services enhanced with developmental pediatric consultation and legal aid	RCT and QED	RCT: High-risk pregnancy care with STAR clinic services QED: Business-as-usual prenatal care available in the community
Prestera Center for Mental Health Services Inc., West Virginia	Families with children from birth through age 12 who are involved with child welfare because of parental substance use	Wraparound services from a care coordinator, peer recovery coach, and/or a family therapist, with services including Seeking Safety, eco-systemic structural family therapy, and Motivational Interviewing	QED using administrative data only	Business-as-usual child welfare, behavioral health, and SUD treatment services
RPG7				
Cook Inlet Tribal Council Inc., Alaska	Alaska Native and American Indian caregivers whose children are in or at risk of out-of-home placement and experiencing substance use	Nurturing Parenting for Families in Substance Use Disorder Treatment and Recovery, intensive case management, peer recovery support, family contact (visitation) support, and optional services including a trauma support group and community-based family cultural activities	Descriptive study	Not applicable

Grant recipient organization	Intended population	RPG services	Impact evaluation design	Comparison services
State of Connecticut Department of Children and Families, Connecticut	Pregnant or parenting adults with a child younger than age 6 who are in or at risk of out-of-home placement because of parental substance use	Multidimensional Family Therapy and Recovery (MDFT-R), an intensive, home-based outpatient behavioral health treatment approach that serves the family unit and incorporates components to treat parental substance use, co-occurring mental health problems, family functioning, and healthy relationships	RCT	Business-as-usual outpatient behavioral health treatment
Broward Behavioral Health Coalition Inc., Florida	Pregnant women using substances who are not currently involved with child welfare for the current pregnancy	Home visiting services, including prenatal and parenting education; stress management; care coordination; screenings for perinatal depression, intimate partner violence, tobacco use, substance use, and child development; an individualized plan of care; a family support plan; Broward Healthy Start Coalition Behavioral Health Program model from a peer and services specialist; and peer navigation approach which uses Motivational Interviewing to engage mothers in the recovery process and other needed services, including substance use treatment	QED	Business-as-usual home visiting and the Broward Healthy Start Coalition Behavioral Health Program from a peer and services specialist
Centerstone of Illinois Inc., Illinois	Families that have a child up to age 17 who is in or at risk of out-of-home care because of parental substance use	Nurturing Parenting Program for Families Involved in Substance Abuse Treatment and Recovery, a trauma-informed, evidence-based program that uses psychoeducational and cognitive behavioral approaches with parents and children, and trauma-informed Cognitive Behavioral Therapy for the family's children	RCT	Strengthening Families Program, an evidence-based program focused on family skill building, and trauma-informed Cognitive Behavioral Therapy for the family's children
Youth Network Council, dba Illinois Collaboration on Youth, Illinois	Families with children at risk of out-of-home care and an adult with SUD	Intact Family Services enhanced with a recovery coordinator for specialized case management	Descriptive study comparing White families and families of color that participate in RPG services	Not applicable

Grant recipient organization	Intended population	RPG services	Impact evaluation design	Comparison services
Florence Crittenton Home of Sioux City, Iowa	Children and youth ages 11 to 21 in out-of-home care due to parent or caregiver substance use and other behavioral health conditions	Emergency shelter housing and at least one of the following services: Attachment, Self-Regulation, and Competency (ARC); enhanced therapeutic supervised visits between children in congregate care and their families, kin, or foster families; Teaching Family Model; and cognitive behavioral therapy models	QED	Housing in supervised apartments living independently
Judiciary Courts for the State, Iowa	Families with children from birth through age 8 that have been affected prenatally or environmentally by substance exposure and are in or at risk of out-of-home care or in adoptive families	A new Family Resource Center (FRC) with several services, including (1) screening for the child (medical and developmental risks) and parent (behavioral health risks); (2) child comprehensive assessments and treatment plans (social, medical, and developmental history as well as medical exam and developmental or psychological assessment); (3) referrals and care coordination from a family navigator; and (4) tele-mentoring support for the clinicians to develop the child's treatment plan	RCT	All FRC services except tele-mentoring support for the clinicians
Mountain Comprehensive Care Center, Kentucky	Families with parent experiencing SUD and children from birth through age 18 in or at risk of out-of-home care	Intensive outpatient program for SUD treatment, including integrated mental health care, trauma-informed care, case management, recovery peer supports, parenting and life skills training, and continuing care (services during early recovery and maintenance stages)	QED	Business-as-usual SUD services, including residential, outpatient, and drug court programs
Volunteers of America Southeast Louisiana Inc., Louisiana	Pregnant or parenting women who have a child 12 years or younger that is at risk of out-of-home care due to parental substance use	Two groups: Both groups receive community-based, outpatient SUD services, care coordination, and peer support; one group also receives residential SUD and after-care services	QED	Business-as-usual residential SUD and after-care services offered by another service provider
CPR of the Ozarks, Missouri	Families who are pregnant or have children from birth to age 18 in or at risk of out-of-home care due to caregiver substance use or dual-diagnosis concerns	Family support specialist to guide family through services, including parent education, SUD treatment, anger management classes, and individual and family therapy; case management; comprehensive treatment planning; home visiting	QED	Business-as-usual basic treatment planning, parent education classes, anger management classes, drug testing, SUD assessment, SUD treatment, teen parenting classes, independence skills training for teens, individual therapy, and family therapy

Grant recipient organization	Intended population	RPG services	Impact evaluation design	Comparison services
Preferred Family Healthcare Inc., Missouri	Families with children at risk of out-of-home care because of parental substance use	Core services (trauma-informed, comprehensive, strength-based screening and assessment of needs; enhanced case management from a family peer advocate; parenting support; peer recovery mentoring; SUD treatment; Living in Balance and Helping Men/Women Recover evidence-based practices; financial and transportation assistance; and access to employment and job-training/skill-building services) and the Stress Management and Resiliency Training program	RCT	Core services (trauma-informed, comprehensive, strength-based screening and assessment of needs; enhanced case management from a family peer advocate; parenting support; peer recovery mentoring; SUD treatment; Living in Balance and Helping Men/Women Recover evidence-based practices; financial and transportation assistance; and access to employment and job-training/skill-building services)
Montefiore Medical Center, New York	Fathers with at least one child younger than age 18 who is not currently in out-of-home care but where someone in the family has or is at risk of a substance use disorder	Father-specific parenting education and employment training program, case management, Motivational Enhancement Therapy, and contingency management	RCT	Business-as-usual community and SUD treatment services
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	Pregnant and parenting families with a child up to 6 months old who is in or at risk of out-of-home placement due to parental substance use concern	Training and support for behavioral health treatment providers to build a collaborative cross-system implementation team that will (1) strengthen referral pathways and (2) launch services (Parent-Child Assistance Program, Family Care Plans, TeamBirth, and the AIM Maternal Safety Bundle)	QED	Business-as-usual services from behavioral health and substance use treatment providers and birthing hospitals
Health Federation of Philadelphia, Pennsylvania	Families with a pregnant mother or with children from birth through age 5 who live in a residential SUD treatment site and are involved or at risk of involvement with the child welfare system	Peer recovery services, Mothering from the Inside Out integrated with Child-Parent Psychotherapy, and residential SUD treatment	QED	Mothering from the Inside Out integrated with Child-Parent Psychotherapy and residential SUD treatment

Grant recipient organization	Intended population	RPG services	Impact evaluation design	Comparison services
Helen Ross McNabb Center, Tennessee	Pregnant or parenting families with children from birth through age 5 in or at risk of out-of-home care because of parental substance use	Prenatal plans of safe care and family-centered treatment using practices including Seeking Safety, Eye Movement Desensitization and Reprocessing, Nurturing Parenting Program, Circle of Security, and Child-Parent Psychotherapy	QED using administrative data only	Business-as-usual SUD treatment services
Tennessee Department of Mental Health and Substance Abuse Services, Tennessee	Families with children in or at risk of out-of-home care	HOMEBUILDERS, which provides intensive in-home family preservation services	QED	Business-as-usual family preservation services
Prestera Center for Mental Health Services Inc., West Virginia	Families with children from birth through age 12 who are involved with child welfare because of parental substance use	Wraparound services from a care coordinator, peer recovery coach, and/or a family therapist, with services including Seeking Safety, eco-systemic structural family therapy, and Motivational Interviewing	QED	Business-as-usual child welfare, behavioral health, and SUD treatment services
Meta House Inc., Wisconsin	Women with SUD whose children are in or at risk of child welfare involvement, with parental rights that have not been terminated	Recovery supportive housing program for women and their children, including peer recovery support, plus Meta House's usual outpatient SUD treatment program	QED	Meta House's business-as-usual outpatient SUD services

Note: This information reflects grant recipients' plans as of October 2023. The description of some grant recipients' intended populations or services may evolve over time as their plans change.

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

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

Appendix B

Data Sources for the Cross-Site Evaluation

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

Data source	Partnerships	Families served	Services	Improvement and sustain-ability	Outcomes	Impacts
Project documents (grant recipients' applications, semiannual progress reports, memoranda of understanding)	✓	✓	✓	✓		
Partnership survey[a]	✓					
Improvement and sustainability survey[b]	✓			✓		
Site visits and telephone interviews	✓		✓	✓		
Qualitative data from program participants[c]	✓	✓	✓			
Enrollment and service data		✓	✓			
Outcomes data (standardized data and administrative records)		✓			✓	✓

[a] The partnership survey was only administered to the RPG5 cohort. It was not administered to the RPG6 cohort, nor will it be administered to the RPG7 cohort.

[b] The improvement and sustainability survey was not administered to the RPG5 cohort. It was administered to the RPG6 cohort and will be administered to the RPG7 cohort.

[c] Collecting qualitative data from program participants began with the RPG6 cohort, so these data were not collected for the RPG5 cohort.

RPG = Regional Partnership Grants.

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

- **Document review.** We will review documents that describe project activities and structures. These documents will include grant applications and semiannual progress reports that project teams submit to the Children's Bureau as a condition of their grants.
- **Partnership survey (RPG5 only).** We administered a survey to representatives of each RPG5 grant recipient and their partner agencies in summer and fall 2021 to collect information about communication and service coordination between partners.
- **Improvement and sustainability survey.** We administered a survey to RPG6 grant recipients and their selected partners in summer 2023. This survey collected information about supports within the partnership that could improve and sustain RPG services, such as the use of data for continual service improvement and the resources needed and available after grant funding ends. We will administer the survey to RPG7 projects later in their grant period.
- **Site visits and key informant interviews.** For RPG5, we conducted virtual site visits and telephone interviews in summer 2021 to collect information from each project team on its planning process for RPG, goal-setting collaboration with partners, implementation plans, service selection process, referral processes to and from services, staffing roles and perceptions, internal evaluation and continuous quality improvement, and the potential for sustaining RPG services. For RPG6, we

conducted similar visits (one of which was in person) in winter and spring 2023. As part of the site visits, we also completed the pilot qualitative study with a subset of RPG6 grant recipients. For RPG7, we will conduct similar site visits and interviews later in their grant period.

- **Qualitative data from program participants (RPG6 and RPG7 only).** Adding program participants' perspectives and experiences through qualitative data collection will allow for a richer description and better understanding of the programs and services offered by grant recipients and the families they serve. Rather than the partnership survey, we conducted a pilot qualitative study with RPG6 grant recipients in winter and spring 2023. During the pilot, we collected qualitative data via in-depth interviews and focus groups with RPG clients. We will collect similar qualitative data for the RPG7 cohort later in their grant period.
- **Enrollment and services data.** All project teams will provide data on participants' characteristics and enrollment in and receipt of RPG services. The data will include demographic information on family members, dates of entry into and exit from RPG, and information on RPG services received.
- **Outcomes data.** Grant recipients or their evaluators will collect data from families as they enter and exit RPG for the cross-site evaluation.[7] They will also obtain two types of administrative data on participants for submission to the cross-site evaluation: (1) child welfare data from the state or local child welfare agency responsible for the Comprehensive Child Welfare Information System and (2) substance use disorder treatment data from local treatment providers or the state agency responsible for the Treatment Episode Data Set. The analysis of these data will measure outcomes in five domains: (1) child well-being, (2) safety, (3) permanency, (4) adult recovery, and (5) family functioning. The constructs that will be measured and their sources appear in Appendix C. Project teams conducting impact studies (studies intended to examine the effects of a program) as part of their local evaluations will collect the same or similar outcome data from a comparison group that does not receive the RPG services of interest and provide the data to the cross-site evaluation.

[7] RPG projects can or will also use these data for their local evaluations.

Appendix C

Constructs and Measures for the Outcomes and Impact Studies

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

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

[a] For the purpose of the cross-site evaluation, project teams will collect data on a single focal child in each family for child well-being measures, even when a household includes more than one child, thereby limiting the burden of data collection. Project teams will collect data on the focal child through the child well-being reporter, which is defined as the primary caregiver for the child.

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

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

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

Mathematica Inc.

Our employee-owners work nationwide and around the world.

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

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