RPG Regional Partnership Grants

Mathematica
Progress Together

Regional Partnership Grant Rounds 4 and 5 Cross-Site Evaluation Year 2 Annual Report

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Introduction

To address parental substance use issues as a key factor in many cases of child abuse or neglect (Box 1), Congress has authorized competitive Regional Partnership Grants (RPG) since 2006. Through interagency collaboration and integration of programs, RPG-funded projects are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children in or at risk of out-of-home placement as a result of a parent's or caretaker's substance abuse. The Children's Bureau (CB) of the Administration on Children, Youth and Families within the U.S. Department of Health and Human Services (HHS) has awarded six rounds of RPGs as of 2019.[1] In addition to serving their communities, grantees are required to collect and report performance data, conduct local evaluations of their projects, and participate in a cross-site evaluation for all the RPG projects within each cohort of grantees.

Box 1. Cause for concern

Since 2013, the number of children in foster care has increased each year, reversing a nearly decade-long trend of declining numbers of children in care (U.S. Department of Health and Human Services 2019). Substance use disorder, specifically the abuse of opioids, is the leading contributor to the increasing number of children entering foster care (Radel et al. 2018). In addition, higher rates of drug overdose deaths and drug-related hospitalizations are linked to higher child welfare caseloads (Radel et al. 2018). Higher rates of serious drug-related issues may 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.

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

In this report, we describe the major annual activities and accomplishments in the cross-site evaluation and TA from October 2018 through September 2019. The period was the second year of Mathematica's current cross-site evaluation and evaluation TA contract for the fourth cohort, referred to in this report as RPG4, and for the first year of the fifth cohort, referred to as RPG5. (RPG6 was awarded in September 2019 and will be included in future reports.) We start with a brief history of the RPG cohorts and information on the RPG4 and RPG5 projects. We then provide an overview of the RPG cross-site evaluation, a summary of highlights from the past year of the contract, support provided to RPG projects during this period, and a description of next steps.

Brief History of RPG and Snapshot of the Current Cohorts

From 2007 through 2019, CB awarded six cohorts of RPGs, three of which are active (Figure 1).[3] The period of performance is typically five years, though one of the six cohorts (RPG5) has a three-year

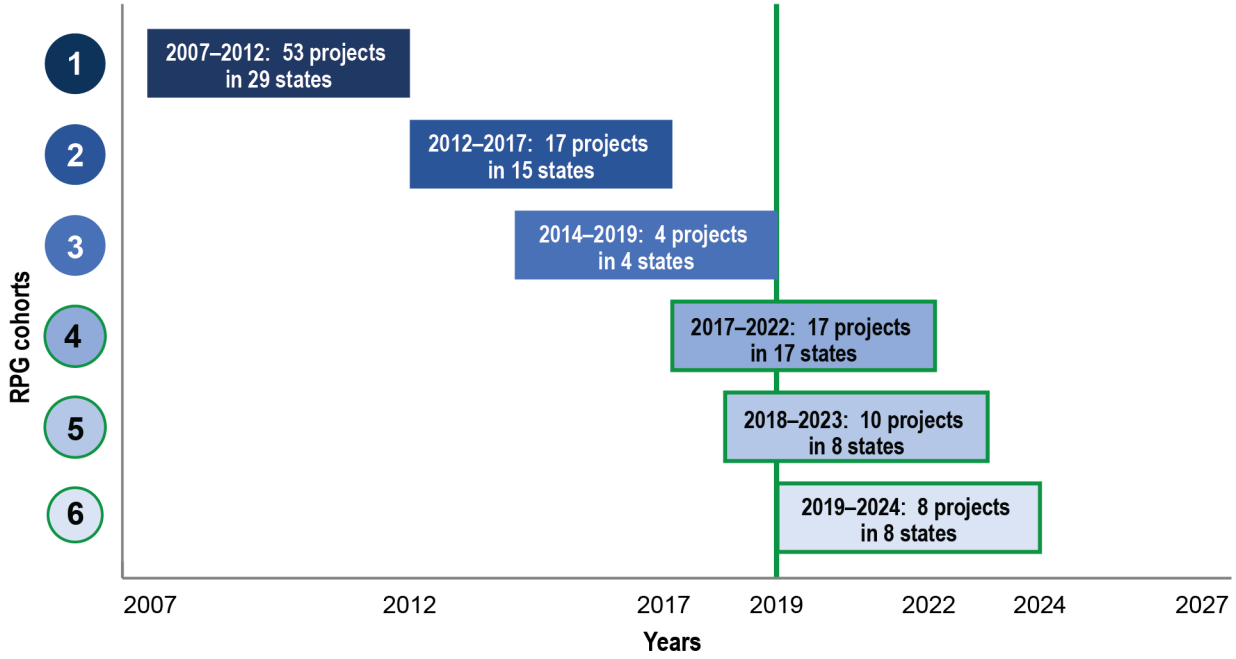
[1] The RPG program was first authorized by the Child and Family Services Improvement Act of 2006 (P. L. 109–288) and reauthorized by the Child and Family Services Improvement and Innovation Act of 2011 (P. L. 112–34).

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

[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.

period of performance. Cohorts range in size from 4 projects (RPG3) to 53 projects (RPG1). The three active cohorts (RPG4 through RPG6) account for 35 projects.

Figure 1. Overview of 6 RPG cohorts



The RPG4 and RPG5 cohorts, the focus of this annual report, are led by a range of organizations (Table 1). Of the 27 projects in RPG4 and RPG5, most are led by behavioral health service providers that offer both substance use treatment and mental health care (8 grantees). Other projects are led by family support service providers (five grantees) and substance use treatment providers (four grantees). Three projects are led by organizations that oversee the child welfare system or the behavioral health system. Others are two hospitals, two universities, an Indian/Native American tribally designated organization, a court, and a youth advocacy association. More information on the projects, such as target populations and services, appears in Appendix A.

Table 1. RPG4 and RPG5 grantees

Grantee organization and state	Organization type
RPG4	
University of Alabama at Birmingham, Comprehensive Center for Addictions in Pregnancy, Alabama	Hospital or clinic
Cook Inlet Tribal Council, Inc., Alaska	Indian/Native American tribally designated organization
Children and Families First Delaware, Delaware	Family support service provider
Broward Behavioral Health Coalition, Inc., Florida	Behavioral health service provider (network managing entity)
Youth Network Council DBA Illinois Collaboration on Youth, Illinois	Youth advocacy association

Grantee organization and state	Organization type
Volunteers of America Indiana, Indiana	Substance use treatment provider
Northwest Iowa Mental Health Center DBA Seasons Center, Iowa	Behavioral health service provider
University of Kansas, School of Social Welfare, Center for Research, Inc., Kansas	University
Mountain Comprehensive Care Center, Kentucky	Behavioral health service provider
Preferred Family Healthcare, Inc., Missouri	Behavioral health service provider
The Ohio State University, College of Social Work, Ohio	University
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	State agency
Helen Ross McNabb Center, Tennessee	Substance use treatment provider
Lund Family Center, Inc., Vermont	Family support service provider
Catholic Charities of Spokane, Washington	Family support service provider
Prestera Center for Mental Health Services, Inc., West Virginia	Behavioral health service provider
Meta House, Inc., Wisconsin	Substance use treatment provider
RPG5	
Family Support Services of North Florida, Florida	Family support service provider
Citrus Health Network DBA Citrus Family Care Network, Florida	Child welfare agency (network managing entity)
Judiciary Courts for the State, Iowa	Court/judicial agency
Northwest Iowa Mental Health Seasons Center, Iowa	Behavioral health service provider
Centerstone of Illinois, Inc., Illinois	Behavioral health service provider
Institute for Health and Recovery, Massachusetts	Behavioral health service provider
Preferred Family Healthcare, Inc., Missouri	Behavioral health service provider
Montefiore Medical Center, New York	Hospital or clinic
Health Federation of Philadelphia, Pennsylvania	Family support service provider
Volunteers of America, Dakotas, South Dakota	Substance use treatment provider

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

DBA = doing business as.

RPG Cross-site Evaluation

The RPG authorizing legislation requires CB to evaluate the services and activities provided with RPG funds. To address the legislation's goals and contribute knowledge to the fields of child welfare and substance use disorder (SUD) treatment programming, CB requires and supports a cross-site evaluation of RPG4 and RPG5. Mathematica designed the cross-site evaluation, in collaboration with CB, to answer key questions of interest to CB and the broader field (see Box 2 for an overview of the cross-site evaluation; data sources and outcome measures appear in Appendices B and C). The evaluation complements evaluations of previous RPG cohorts (U.S. Department of Health and Human Services 2020; forthcoming-a; forthcoming-b).

The cross-site evaluation for RPG4 and RPG5 officially launched in June 2019. CB will release selected interim findings annually, with the final results available after the end of the grants.

Local Evaluations

As with previous cohorts, CB requires each RPG4 and RPG5 project team to work with an evaluator (either internal or a third-party) to evaluate its project. The local evaluations will also contribute data to the national cross-site evaluation, for example, on project impacts. Grantee project teams, with their evaluator, must plan and conduct an evaluation that assesses the effectiveness of activities and services on the well-being, permanency, and safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's substance use (Administration for Children and Families 2017a; 2017b). They must also evaluate project implementation to help interpret the findings from the local impact evaluations and inform the field and future RPG projects.

All 27 project teams planned an impact study to measure effects of the project. An impact study must include a treatment group that receives the services of interest and a comparison group that does not those services. The comparison group represents what would have happened to people in the treatment group if they had not received the services. RPG project teams could form treatment groups by using a random process for a randomized-controlled trial (RCT) or a nonrandom process, such as self-selection or staff assignment, for a quasi-experimental design (QED). A total of 10 grantees plan to conduct an RCT, 14 plan to conduct a QED, and 3 plan to use both an RCT and QED. More information is available in Appendix A.

Box 2. Overview of the cross-site evaluation

Through the cross-site evaluation of RPG4 and RPG5 projects, CB seeks a better understanding of the partnerships that form the basis of each project: who was served, how they were served, partnership outcomes, and project impacts. The cross-site evaluation will address the following research questions:

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

Families served. What referral sources did RPG projects use? What are the characteristics of families that enrolled in RPG? To what extent did RPG projects reach their target populations?

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

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

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

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

Milestones

- **Kicked off RPG5.** CB announced recipients of cohort 5 grants, with a kickoff meeting held in January 2019 for all RPG5 project teams, federal staff, and TA providers in Washington, D.C. During the kickoff, TA providers presented information and materials to the teams, including an overview of expectations for the cross-site evaluation and common implementation and data collection challenges and strategies.

- **Obtained approvals to begin evaluations and started enrolling and serving families.** As of September 2019, all but 1 RPG5 project had obtained the Institutional Review Board (IRB) approvals required to seek consent from the families to enroll them in their local evaluations and the cross-site evaluation. All but 1 RPG4 project and 7 of the 10 RPG5 projects had started enrolling families and providing them with RPG services.

- **Finalized RPG Evaluation Data System (RPG-EDS).** Mathematica and its subcontractor, Walter R. McDonald & Associates (WRMA), developed a web-based data collection system, RPG-EDS, for the current RPG cohorts. Development began in early 2018 and was completed in mid-2019. Project staff members can directly enter cross-site evaluation data into RPG-EDS, such as client characteristics and the grant-funded services provided to clients. They can also export data from the system for their own uses, such as program improvement or local evaluations.

- **Received research and security permissions to begin cross-site evaluation.** To protect evaluation participants' safety, privacy, and security, Mathematica acquired several approvals. First, to comply with the Paperwork Reduction Act of 1995, Mathematica coordinated with CB for Office of Management and Budget (OMB) clearance for the RPG4/5 cross-site evaluation. We received OMB approval in May 2019. Second, the team worked with HHS to receive authority to operate (ATO) for RPG-EDS. The ATO is designed to assess data security and mitigate risk of potential breaches. The ATO is the chief information officer's (CIO) official decision to authorize operation of the RPG-EDS and accept any risks of its operations based on designated security controls. The CIO approved the ATO in June 2019.

- **Launched cross-site evaluation.** Once we obtained all research and security permissions, we officially kicked off the cross-site evaluation in June 2019. Once launched, CB expected project staff to seek consent from eligible individuals who want to both enroll in RPG services and participate in the cross-site evaluation. Before the official launch date, grantees could choose to enroll families into the cross-site evaluation but were not required to do so. Project teams will collect data from the consented participants and enter it in RPG-EDS. As of September 2019, 584 individuals were enrolled in the cross-site evaluation.

Evaluation Support

To support RPG4 and RPG5 projects with the design and execution of their local evaluations and participation in the cross-site evaluation, CB contracted with Mathematica to provide TA on evaluation design and operations. Mathematica assigned a cross-site liaison (CSL) to each RPG project. For each grant, the CSLs work closely with the programmatic TA providers, the change liaisons (CL) from CFF, and the federal project officer (FPO). Together, they (1) jointly hold standing, monthly TA calls with project teams; (2) conduct regular TA team meetings to develop coordinated agendas for the monthly calls, debrief on issues that arise, and discuss action items; (3) develop complementary content for in-

person and online presentations and training sessions; and (4) develop written TA materials. Mathematica also staffs a help desk to support grantees in collecting data for the cross-site evaluation.

Regular TA telephone meetings

The monthly telephone calls are the main source of TA for RPG projects. During the calls, RPG project staff (usually representatives from the grantee and local evaluator) provide an update on program and evaluation planning and implementation from the past month, ask questions, solicit input, and voice concerns. From October 2018 through September 2019, CSLs participated in 240 telephone calls with RPG4 projects and 173 calls with RPG5 projects. The average was 34 calls per month across projects or about 15 per RPG project for the year (Table 2). RPG project staff and TA teams discussed a wide range of programmatic and evaluation-related topics. As project teams planned and, in most cases, began enrolling clients into services and evaluations, the most common TA topics were the intake, study consent, and enrollment processes (121 calls); project implementation (109); sample size (100); administrative data (98); IRB requirements (90); data collected by RPG projects (80); staffing (80); and treatment and comparison group formation (54) (Table 3).

In addition to participating in standing, monthly TA telephone calls, project teams may request additional assistance that might include specialized TA by their CSL or another member of the cross-site evaluation team (such as a survey expert) or requests for materials and tools (such as examples of consent forms or tools to calculate statistical power). From October 2018 through September 2019, the CSLs fielded 24 such requests. The topics included research design, random assignment, administrative data, and the consent processes.

Table 2. Number of evaluation technical assistance calls, October 2018–September 2019

	Monthly TA	TA team check-ins	Initiated by FPO or TA provider	Initiated by RPG project team	All
Total calls	255	115	33	10	413
Average calls per month	21	10	4	1	34

Source: Cross-site liaison call log, October 2018–September 2019.

Note: FPO = federal project officer, RPG = Regional Partnership Grant, TA = technical assistance.

TA teams consist of a change liaison, a federal project officer, and a cross-site liaison.

Table 3. Topics discussed during technical assistance calls, October 2018–September 2019

Topic	Number of calls discussing topic
Intake/study consent/enrollment processes	121
Implementation	109
Sample size	100
Administrative data	98
Institutional Review Board	90
Grantee-collected data	80
Staff	80
Treatment and comparison group formation	54

Topic	Number of calls discussing topic
Tracking sample members	37
Random assignment	28
Baseline equivalence	26
Sample attrition	23
Consent	21
Systems-level or collaboration outcomes	12
Outcomes	9
Crossovers/contamination	5
Fidelity	5
Analysis methods/technical questions	3

Source: Cross-site liaison call log, October 2018–September 2019.

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

Presentations and trainings

During fiscal year 2019, Mathematica, CFF, and CB coordinated to produce an in-person kickoff for the RPG5 cohort and an in-person annual meeting for the RPG4 and RPG5 cohorts. At these meetings and through a webinar series, Mathematica focused on preparing projects for the upcoming launch of the cross-site evaluation and RPG-EDS (Table 4). [4] Mathematica also held a work group meeting with the grantees that aimed to serve tribal populations.

- **RPG5 kickoff (January 2019).** Presentations and activities led by Mathematica sought to orient projects to the cross-site evaluation and the evaluation TA process and to initiate TA to support local evaluations. TA topics focused on the common evaluation challenges that new grantees might encounter and how to plan to mitigate them.
- **RPG annual conference (April 2019).** The 2.5-day conference included presentations and training sessions, peer learning, and project team time. Mathematica introduced grantees to the new RPG-EDS system and explained procedures for collecting data for the cross-site evaluation. An example of peer learning was Mathematica- and CFF-facilitated small-group discussions during which project staff described program and evaluation challenges and strategies, such as using data for program monitoring and decision making. During team time, project teams meet individually; CSLs and CLs circulated to listen and offer guidance.6F
- **RPG-EDS and CSE training series (February 2019 to June 2019).** Leading up to the launches of the cross-site evaluation and RPG-EDS, Mathematica provided a three-part webinar series on collecting enrollment, services, and outcomes data and a four-part webinar series with step-by-step instructions for adding the data to RPG-EDS. WRMA, Mathematica's partner for the development of RPG-EDS, co-created and presented some of the content.
- **Work group meeting for projects serving American Indian/Alaska Native (AI/AN) populations (September 2019).** For the first time, Mathematica held an in-person work group meeting with projects that serve AI/AN families to discuss evaluation approaches that are inclusive of and

[4] During the RPG5 kickoff and the annual conference, CFF also led presentations or activities in program-related TA; this report does not describe those presentations and activities because CFF's program-related TA activities are beyond this report's scope.

appropriate for tribal populations. Representatives of all five projects that aim to serve AI/AN families attended, along with lead staff from CFF. Tribal research experts from Kaufmann & Associates Incorporated participated.

Table 4. In-person group meetings and webinars with RPG4 and RPG5 projects held by Mathematica

Purpose and format	Number of events
Cross-site evaluation training	
Webinars	8
Presentations at meetings or annual conference	5
Group technical assistance	
Facilitated discussions at meetings	6
Presentations at annual conference or meeting	4

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

Technical assistance tools

Mathematica produces written TA information and tools for use by RPG projects throughout the course of their evaluations. During fiscal year 2019, Mathematica and CFF co-created an enrollment and retention tracking tool to support project-level monitoring. The tool, which included a table in Excel and Word, was designed to help grantees track the number of participants referred, enrolled, and retained in their services and evaluations. The tool prompted the projects to track monthly, cumulatively, and month-over-month. Project teams were encouraged to update the table monthly and present it to their TA team ahead of regular TA telephone calls to facilitate conversations on enrollment and retention progress.

Help desk for cross-site evaluation data collection

The cross-site evaluation data collection help desk receives questions related to data collection, RPG-EDS, IRBs, and other data issues. RPG project teams may submit questions through a designated TA mailbox, a designated TA toll-free telephone number, or through their CSLs. Over the year, the help desk received about 200 questions. Because of the rollout of the cross-site evaluation and RPG-EDS, most questions were related to the RPG-EDS system and data for the cross-site evaluation.

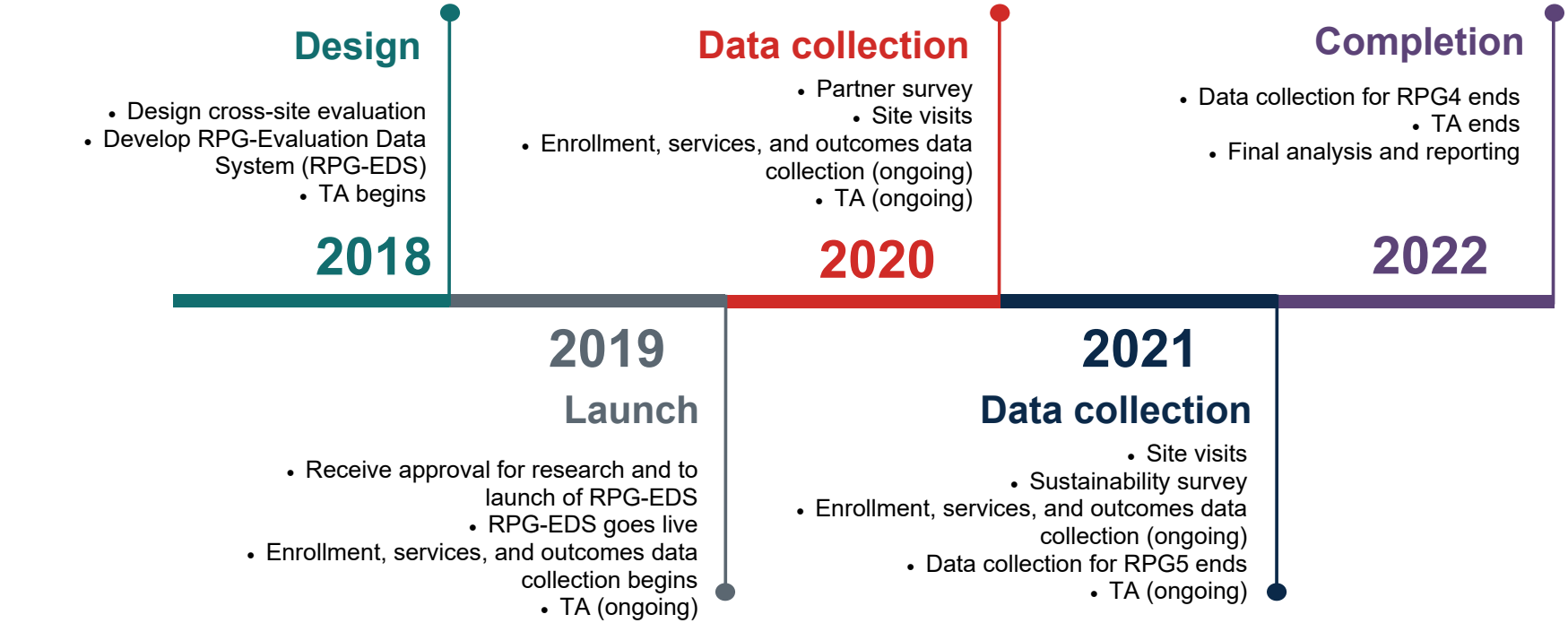
Next Steps

The cross-site evaluation has passed two major milestones—the design and the launch of the cross-site evaluation—and has several more in the upcoming years (Figure 2). During the next year (October 2019 through September 2020), Mathematica will:

- Continue supporting project data collection through the help desk and webinars.
- Continue monthly calls with project teams to monitor and support their progress on local evaluations and cross-site data collection and respond to their evaluation-related questions and concerns.
- Develop and distribute TA tools to address common evaluation challenges.

- Field the partnership survey, which is the main data source for understanding and documenting the partners involved in RPG projects and the degree to which they worked together. In addition, Mathematica will continue to extract partnership data from projects' semiannual progress reports, which teams submit twice a year to CB.
- Begin planning for implementation site visits (scheduled for fall 2020), which will allow for a better understanding of grantees' operations, staffing, and partnerships.

Figure 2. Cross-site evaluation milestones



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Appendix A

RPG4 and RPG5 Grantees and their Local Evaluations

Table A.1. RPG4 and RPG5 grantees and their local evaluations

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
RPG4				
University of Alabama at Birmingham, Comprehensive Center for Addictions in Pregnancy (CCAP), AL	Pregnant and postpartum women who are drug involved	CCAP's coordinated prenatal care and SUD treatment, including group prenatal care, case management from a recovery peer, and an intensive outpatient program (IOP) or residential SUD treatment; postnatal services, such as peer mentoring, in-home trauma services, and group postnatal care	QED	Business-as-usual community prenatal and postnatal health care and community behavioral health services
Cook Inlet Tribal Council, Inc., AK	Alaska Native and American Indian families whose children are in or at risk of out-of-home placement, with caregiver substance use a factor	Team Decision Making (TDM) model enhanced with a family navigator for child welfare case management and parenting classes	QED	Business-as-usual TDM
Children and Families First Delaware, DE	Pregnant women seeking medication- assisted treatment (MAT)	Healthy Families America home visiting model enhanced with a coordinated team of a nurse home visitor and a recovery peer, Nurturing Parenting Program, and access to MAT	RCT	Business-as-usual services from two MAT providers, including either a recovery peer or care coordinator
Broward Behavioral Health Coalition, Inc., FL	Families with children ages 0 through 11 referred to child welfare with parental substance use indicator	Child welfare case management enhanced with a coordinated team of case manager and peer, Cognitive Behavioral Therapy, Functional Family Therapy, Wellness Recovery Action Plan, and coordination for behavioral health services	RCT	Business-as-usual child welfare case management and community behavioral health services
Youth Network Council DBA Illinois Collaboration on Youth, IL	Families referred by child welfare to divert an out-of-home placement, with parental SUD indicated	Intact Family Services (IFS) enhanced with a recovery coordinator for specialized case management	QED	Business-as-usual IFS

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
Volunteers of America Indiana, IN (VOAIN)	Postpartum women whose newborns test positive for drugs, have an open child welfare case, and a court order to participate in drug treatment	VOAIN's usual residential treatment services, enhanced with a family advocate to represent families in court hearings, and a family coach for wraparound case management and after-care home visits	QED	VOAIN's business-as-usual residential and after-care services
Northwest Iowa Mental Health Center DBA Seasons Center, IA	Families with children ages prenatal through 21, who are in or at risk of out-of-home placement because of parental substance use	Seasons Center's usual behavioral health services enhanced with a trauma-informed care coordinator to schedule appointments, conduct assessments, and make referrals, including to child-focused programs	QED	Season Center's business-as-usual behavioral health services
University of Kansas, School of Social Welfare, Center for Research, Inc., KS	Native American families with children ages 0 through 18 who are in out-of-home care because of parental substance abuse and whose case plan goal is reunification or guardianship	Adaptation of the Strengthening Families Program for Native American families (parent training and child social skills training)	QED	Business-as-usual child welfare and community services
Mountain Comprehensive Care Center, KY	Families with children ages 0 through 18 in or at risk of out-of-home care and parental SUD	IOP for SUD treatment that includes integrated mental health care, trauma-informed care, case management, recovery peer supports, parenting and life skills training, and continuing care (services during early recovery and maintenance stages)	QED	Business-as-usual outpatient SUD treatment, usually consisting of weekly counseling and no auxiliary services
Preferred Family Healthcare, Inc., MO	Families with children ages 0 through 18 in or at risk of out-of-home care because of parental substance use	Signs of Safety program, child welfare's integrated framework for child intervention services, enhanced with a family advocate providing either the Living in Balance relapse prevention program or Helping Men Recover/Helping Women Recover trauma education program	RCT	Business-as-usual Signs of Safety program

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
The Ohio State University, College of Social Work, OH	Families with open child welfare cases because of parental substance use	Participation in family drug treatment court and access to MAT and a recovery peer; may receive parenting classes and financial supports for kinship caregivers	QED	Two comparison groups: (1) Ohio Sobriety, Treatment and Reducing Trauma program, which includes a recovery peer and, for children, trauma counseling; (2) business-as-usual services, including usual caseworker meetings and referrals
Oklahoma Department of Mental Health and Substance Abuse Services, OK	Families with children ages 0 through 5 in or at risk of child welfare involvement and with parental substance use concern	Attachment Biobehavioral Catch-up home visiting program model	RCT	Business-as-usual services from community partners and child welfare agencies
Helen Ross McNabb Center, TN	Pregnant or parenting families with children ages 0 through 5 in or at risk of out-of-home placement because of parental substance use	QED: Family-centered residential treatment (for women only) and IOP services (for women or men) for SUD through Helen Ross McNabb Center RCT: Healthy Families America home visiting model for after-care services for families that complete the family-centered residential, IOP, or Safe Baby Court	QED, RCT	QED: Helen Ross McNabb Center's business-as-usual, adult-centered residential and IOP programs RCT: Business-as-usual after-care home visiting model, Seeking Safety
Lund Family Center, Inc., VT	Families with children under age 6 and at risk of out-of-home placement, with an open child welfare case and identified parental substance use	RCT and QED: Home visits from a two-person team comprised of a family engagement specialist for casework/service coordination and a clinician who implements the Attachment, Regulation, and Competency model	RCT, QED	RCT and QED: Business-as-usual child welfare services, including periodic caseworker check-ins and referrals
Catholic Charities of Spokane, WA	Families with children in or at risk of out-of-home placement and a parent with a current addiction, including American Indian and Alaska Native families in tribal lands around Spokane County	Family-centered housing program for SUD treatment, including case management and service coordination, support groups and workshops, counseling, employment training, children and adult education, parenting programs, family activities, transportation, and financial or material supports	QED	Business-as-usual community services for SUD treatment, housing, and family support services

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
Prestera Center for Mental Health Services, Inc., WV	Families with children ages 0 through 12 that are child welfare-involved because of parental substance use	Wraparound services from a care coordinator, peer recovery coach, and/or a family therapist, with services including the Seeking Safety home visiting model, Eco-Systemic Structural Family Therapy, and Motivational Interviewing	QED	Business-as-usual child welfare services
Meta House, Inc., WI	Women with SUD whose children are in or at risk of child welfare involvement, with parental rights that have not been terminated	Supportive recovery housing with in-home parenting skills, extended IOP services, and access to a recovery peer and a child welfare case manager, plus Meta House's usual outpatient SUD treatment and mental health services	QED	Meta House's business-as-usual outpatient SUD and mental health services
RPG5				
Family Support Services of North Florida, FL	Families with children ages 0 through 5 at home and an open child welfare investigation because of parental substance use	RCT: A voluntary, nonjudicial diversion program (called FAST) enhanced with home visits from a parent educator/advocate and a health care coordinator; standard FAST includes child welfare case management, counseling, mental health services, SUD treatment services, and the Nurturing Parenting Program QED: Either standard FAST or enhanced FAST services	RCT, QED	RCT: Standard FAST QED: Business-as-usual dependency system services
Citrus Health Network DBA Citrus Family Care Network, FL	Families with children ages 0 through 17 in out-of-home care and with parental substance use indication and a case plan goal of reunification	Child welfare case management services enhanced with a peer who has lived experience with child welfare and substance use	RCT	Business-as-usual child welfare case management services
Centerstone of Illinois, Inc., IL	Families with children in or at risk of out-of-home placement because of parental substance use	Centerstone's usual behavioral health services enhanced with the Strengthening Families program	RCT	Centerstone's business-as-usual behavioral health services plus Nurturing Parenting Program and trauma-focused cognitive behavioral therapy

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
Judiciary Courts for the State, IA	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 CFATCs and business-as-usual services in the community
Northwest Iowa Mental Health Seasons Center, IA	Families with children ages 0 through 17 in or at risk of out-of-home placement because of parental substance use	Season Center's usual behavioral health services enhanced with Seeking Safety home visiting and/or Child Adult Relationship Enhancement home visiting	QED	Season Center's business-as-usual behavioral health services
Institute for Health and Recovery, MA	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; and/or Motivational Interviewing program models	QED	Business-as-usual community behavioral health services
Preferred Family Healthcare, Inc., MO	Families with children in or at imminent risk of out-of-home care because of parental substance use with a case plan goal of reunification	Two program groups: both receive Preferred Family Healthcare's usual behavioral health services enhanced with a family advocate for outreach/advocacy, individualized service planning, plus either the Helping Men Recover/Helping Women Recover trauma education program (treatment group 1) or the Living in Balance relapse prevention program (treatment group 2)	RCT	Preferred Family Healthcare's business-as-usual behavioral health services
Montefiore Medical Center, NY	Pregnant or postpartum women at least 16 weeks' gestation at risk for or with identified substance use	Motivational Enhancement, Incredible Years group-based parenting skills program, and Contingency Management, plus case management and usual community prenatal care and SUD treatment	RCT	Business-as-usual community prenatal care and SUD treatment services

Grantee organization	Target population	RPG services	Impact evaluation design	Comparison services
Health Federation of Philadelphia, PA	Families with a pregnant mother or with children ages 0 through 5 in or at risk of out-of-home placement because of parental substance use	Child-parent psychotherapy integrated with Mothering from the Inside Out, plus residential or outpatient SUD treatment	RCT	Child-parent psychotherapy plus residential or outpatient SUD treatment
Volunteers of America-Dakotas, SD	Pregnant or parenting women whose children are in or at risk of out-of-home placement because of parental substance use	Volunteers of America's usual residential SUD treatment program for mothers or mothers-to-be (whose children up to age 8 may reside with their mothers), enhanced with Nurturing Parenting Program, Integrated Dual Disorders Treatment Recovery life skills services, children's mental health treatment and play therapy, cultural activities, and after-care services	QED	Similar residential SUD treatment program and after-care services at a separate, nearby facility but where mothers do not reside with their children, and the facility is open to adult women and men

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

Appendix B

Data Sources for the Cross-site Evaluation

Table B.1. Data sources for the cross-site evaluation

Data source	Cross-site evaluation research question topic					
	Partner-ships	Families served	Services	Improvement and sustain-ability	Outcomes	Impacts
Project documents: Grantee applications, semiannual progress reports, memoranda of understanding	✓	✓	✓	✓		
Partner survey	✓					
Improvement and sustainability survey	✓			✓		
Site visits and telephone interviews	✓		✓	✓		
Enrollment and service data		✓	✓			
Outcomes data (standardized data and administrative records)		✓			✓	✓

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

- **Document review.** We will review documents that describe project activities and structures. These documents include grant applications, semiannual progress reports (SAPR) that project teams submit to CB twice per year as a condition of their grants, and relevant memoranda of understanding or data-sharing agreements grantees might establish as part of operating their projects.
- **Partner survey.** We will administer a survey to representatives of each grantee and each grantee's partner agency in year 4 to collect information about communication and service coordination among partners.
- **Improvement and sustainability survey.** We will administer a survey to grantees and select partners in year 4 to collect information about supports within the partnership that can help improve and sustain RPG services, such as use of data for continuous service improvement and resources needed and available after grant funding ends.
- **Site visits and key informant interviews.** We will conduct site visits and telephone interviews to collect information from each project on its planning process for RPG, the goal-setting collaboration among RPG partners, implementation plans, the service selection process, referral processes to and from RPG services, staffing roles and perceptions, internal evaluation and continuous quality improvement, and the potential for sustaining RPG services.
- **Enrollment and services data.** All project teams will provide data on participants' characteristics and enrollment in and receipt of RPG services. The data include demographic information on family members, dates of entry into and exit from RPG services, and information on RPG service dosage.

- **Outcomes data.** Grantees or their evaluators will collect data from families as they enter and exit RPG and will then submit the data to the cross-site evaluation.[5] They will also obtain two types of administrative data on participants for submission to the cross-site evaluation: child welfare data from the Comprehensive Child Welfare Information System and SUD treatment data from local treatment providers or the state agency responsible for the Treatment Episode Data Set. The analysis of these data will measure outcomes in five domains: (1) child well-being, (2) safety, (3) permanency, (4) adult recovery, and (5) family functioning. The constructs that will be measured and their sources appear in Appendix C. Projects that are conducting impact studies (that is, studies that seek 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.

[5] 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

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

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

[a] For the purpose of the cross-site evaluation, project teams will collect data on a single focal child in each family for child well-being measures, even when a household includes more than one child, thereby limiting the burden associated with data collection.

[b] The recovery domain adult is the adult with an active substance use issue or in recovery.

[c] The family functioning adult is the adult living with the child who spends the most time taking care of the child and is from the focal child's family of origin. In many cases, the family functioning adult will be the child's biological or adoptive parent.

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