RPG Regional Partnership Grants

Mathematica® Progress Together

Regional Partnership Grant Cross-Site Evaluation: Annual Report for October 2021 Through September 2022

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I. Introduction

Caregiver substance misuse is a key factor in many cases of child abuse or neglect (Box I.1). To address this issue, Congress has authorized competitive Regional Partnership Grants (RPG) since 2006. Using interagency collaboration and program integration, RPG-funded projects are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children in or at risk of out-of-home placement as a result of a parent's or caretaker's substance use. The Children's Bureau (CB) of the Administration on Children, Youth and Families, U.S. Department of Health and Human Services (HHS), has awarded seven rounds of RPGs as of 2022.[1] In addition to serving their communities, grantees must collect and report performance data, conduct local evaluations of their projects, and participate in a cross-site evaluation of all RPG projects within each cohort of grantees.

Box I.1. Cause for concern

The number of children in foster care increased each year from 2013 to 2018, with recent declines each year from 2019 to 2021 (HHS 2022a). Substance use disorder (SUD), 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.

Furthermore, 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. For instance, in 2020, Black children comprised 23 percent of the children in foster care, despite making up only about 14 percent of the U.S. child population (Annie E. Casey Foundation 2022). American Indian/Alaska Native children were similarly overrepresented in foster care (Annie E. Casey Foundation 2022). 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 2022). Black and American Indian/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, there are disparities in the opioid overdose death rate per 100,000 people by racial and ethnic groups; in 2020, the American Indian/Alaska Native and Black populations had the highest overdose death rates (42.5 and 35.8, respectively), compared to 33.1 for the White population (Hedegaard et al. 2021). Lack of access to treatment contributes to this disparity (Substance Abuse and Mental Health Services Administration [SAMHSA] 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 develop, implement, and evaluate their projects, CB has contracted with two technical assistance (TA) providers: (1) the Center for Children and Family Futures, Inc., (CFF) for project-related TA[2] and (2) Mathematica for evaluation TA. Mathematica is also conducting the cross-site evaluation for the current cohorts of grantees.

This report describes the major annual activities and accomplishments related to the cross-site evaluation and TA, across three RPG cohorts from October 2021 through September 2022. As shown in Table I.1, this period was the fifth and final year of Mathematica's cross-site evaluation and evaluation TA contract for the fourth cohort (referred to in this report as RPG4), the fourth year for the fifth cohort (referred to as RPG5), and the third year for the sixth cohort (referred to as RPG6). The seventh cohort (referred to as RPG7) began in October 2022 so is outside the scope of this report. This report focuses on RPG4, RPG5, and RPG6 projects; future reports will provide more details of how the RPG7 cohort contributed to the cross-site evaluation. We start with a brief history of the RPG cohorts and information on the RPG4, RPG5, and RPG6 projects. We then provide an overview of the RPG cross-site evaluation and describe highlights from the past year of the contract, support provided to RPG projects during this period, and next steps.

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

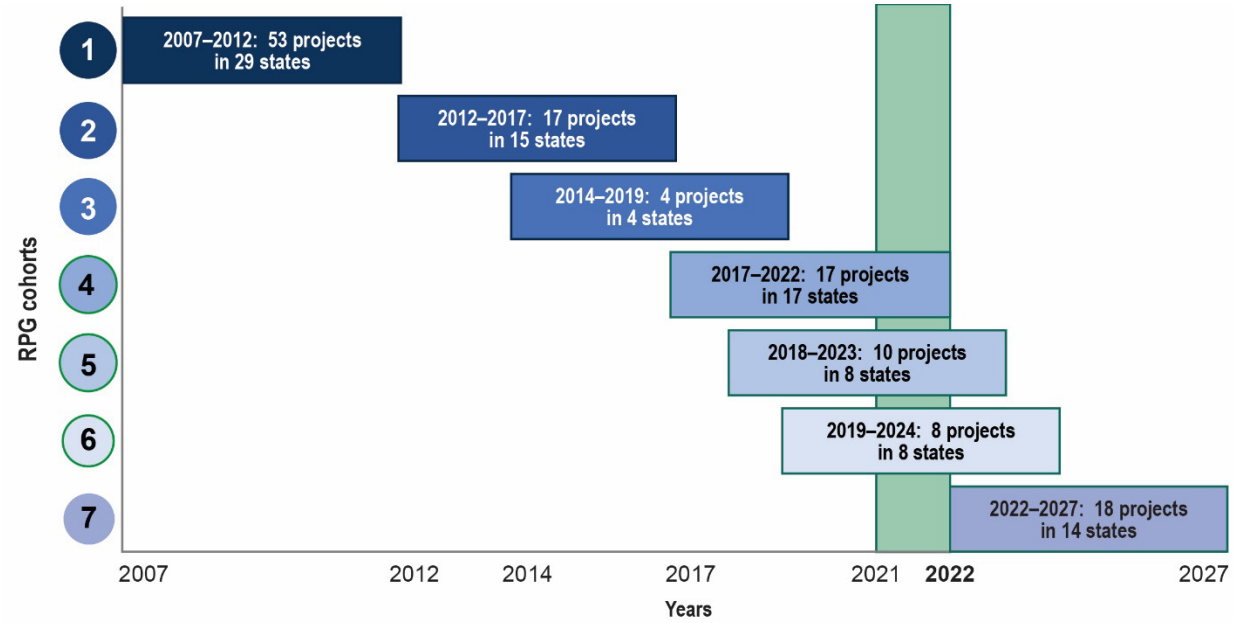
Grant cohort	Fiscal year (October–September)				
	2017–2018	2018–2019	2019–2020	2020-2021	2021-2022
RPG4	Grant Year 1	Grant Year 2	Grant Year 3	Grant Year 4	Grant Year 5
RPG5		Grant Year 1	Grant Year 2	Grant Year 3	Grant Year 4
RPG6			Grant Year 1	Grant Year 2	Grant Year 3

[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 SAMHSA and the Administration on Children, Youth, and Families.

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 2021–2022 (Figure II.1).[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 (RPG4 through RPG6) account for 35 projects.

Figure II.1. Overview of RPG cohorts, highlighting the active cohorts in 2021–2022



Note: The RPG7 cohort began in October 2022, so is outside the scope of this report, which covers October 2021 to September 2022. Future annual reports will provide more details on the RPG7 grantees.

A range of organizations lead the RPG4, RPG5, and RPG6 cohorts (Table II.1). Of the 35 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) and substance use treatment providers (three projects) lead other projects. Four projects are led by state agencies, including agencies that oversee the state's behavioral health system (two projects) and state's judicial system (two projects). Managing entities of 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. University hospitals or clinics (three projects), universities (three projects), and a youth advocacy association (two projects) lead other projects. More information on the projects, such as their populations of interest and services, is available in Appendix A.

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

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

Grantee organization and state	Organization type
RPG4	
University of Alabama at Birmingham, Comprehensive Center for Addictions in Pregnancy, Alabama	University hospital or clinic
Cook Inlet Tribal Council, Inc., Alaska	Family support service provider (Tribal organization)
Children and Families First Delaware, Delaware	Family support service provider
Broward Behavioral Health Coalition, Inc., Florida	Contracted entity to oversee the network of behavioral health services providers
Youth Network Council, dba Illinois Collaboration on Youth, Illinois	Youth advocacy association
Volunteers of America Indiana, Indiana	Substance use treatment provider
Northwest Iowa Mental Health Center, dba Seasons Center, Iowa	Behavioral health service provider
University of Kansas, School of Social Welfare, Center for Research, Inc., Kansas	University
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 mental health and substance use services agency
Helen Ross McNabb Center, Tennessee	Behavioral health services 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	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

Grantee organization and state	Organization type
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

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

dba = doing business as.

III. RPG Cross-Site Evaluation

The RPG-authorizing legislation requires CB to collect performance data and report on the services provided and activities conducted with RPG funds. To address the legislation's goals and contribute knowledge to the fields of child welfare and 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). The evaluation complements evaluations of previous RPG cohorts (HHS 2016, 2020, 2022b).

The cross-site evaluation for RPG4 and RPG5 began in June 2019, when the RPG Evaluation Data System (RPG-EDS) was ready for RPG4 and RPG5 grantees' use.[4] The RPG6 cross-site evaluation began in September 2020, after a one-year planning period for the grantees. The RPG4 cross-site evaluation concluded in September 2022 and its final results will be available in the eighth Report to Congress. For RPG5 and RPG6, the final evaluation results will be available after the grants end, but CB might release interim findings when available to include in biannual Reports to Congress.

[4] Mathematica was required to obtain an Authority to Operate (ATO) for RPG-EDS, which ensures participants' data collected for the cross-site evaluation are private and secure. The ATO was required before grantees could access the system and begin entering data.

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

Through the cross-site evaluation of RPG4, RPG5, and RPG6, 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 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 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 (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 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 RPG4, RPG5, and RPG6 project team to work with an evaluator (either internal or third party) to evaluate its project. Grantee project teams, with their evaluator, plan and conduct an evaluation that assesses the effectiveness of 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 35 grantees, 32 plan to examine the effects of the project by conducting an impact study. Impact studies measure whether changes in participant outcomes are attributable to a given program. 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). A total of 10 grantees are conducting an RCT, 13 are conducting a QED, two are conducting both an RCT and QED, seven are conducting a QED with administrative data only, and three are conducting an outcomes study only. More information is available in Appendix A. The cross-site evaluation is designed to conduct an impact study for each cohort, which will pool data across selected grantees (see, for example, the impact study conducted on the RPG3 cohort in Cole et al. 2021).[5] Grantees 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 grantees conducting impact studies. A pooled impact study for the cross-site evaluation cannot use data from grantees with a QED using administrative data only because administrative data for comparison cases in those studies are not shared with the cross-site evaluation.

V. Milestones and Major Activities During Reporting Period

Key milestones and major activities from October 2021 through September 2022 follow.

Analyzing and reporting data for cross-site evaluation

- **Released the sixth Report to Congress and RPG3 final report.** Mathematica released the sixth Report to Congress and the RPG3 final report. Both reports shared findings from the cross-site evaluation findings of RPG3. The sixth Report to Congress also shared information on the RPG4 projects and summarized the redesign for the national cross-site evaluation.
- **Concluded the cross-site evaluation for RPG4 and continued the cross-site evaluation for RPG5 and RPG6.** RPG4 grantees completed data collection for the cross-site evaluation in February 2022. In all, 3,733 people (2,120 children and 1,613 adults) were enrolled in the RPG4 cross-site evaluation. All RPG5 and all but one RPG6 projects continued enrolling families and providing them with RPG services. As of September 2022, 6,323 people (3,910 children and 2,413 adults) were enrolled in the RPG5 cross-site evaluation, and 1,401 people (794 children and 607 adults) were enrolled in the RPG6 cross-site evaluation.
- **Analyzed data from site visits, a partner survey, semiannual progress reports, and RPG-EDS data for the eighth Report to Congress.** Mathematica analyzed data collected by the cross-site evaluation team and provided by the RPG projects through RPG-EDS and synthesized the findings in the eighth Report to Congress. The eighth Report to Congress includes the final cross-site evaluation findings for RPG4 and the interim findings for RPG5 and RPG6.
- **Revised the seventh Report to Congress.** In response to feedback from HHS, Mathematica updated the draft seventh Report to Congress, preparing the report for eventual public release.
- **Conducted a cost study with RPG4 projects.** In spring 2022, Mathematica collected data on the costs of implementing two trauma-specific evidence-based practices: Seeking Safety and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Three RPG projects provided data on the costs of implementing Seeking Safety and one provided data on the costs of implementing TF-CBT. We summarized the findings in the eighth Report to Congress and in two companion cost study briefs.

Providing support to grantees on their evaluation activities

- **Continued to provide RPG grantees with data quality snapshots.** To assist grantees with identifying and resolving issues with data uploaded to RPG-EDS, Mathematica shared quarterly individualized data quality snapshot tools for each grantee, showing indicators of data quality in RPG-EDS.
- **Held annual evaluation status meeting with CB and completed evaluation status summaries for grantees.** The cross-site evaluation team and CB held the second annual evaluation status meeting, during which Mathematica and CB staff reflected on each grantee's local evaluation successes and challenges and considered implications for the cross-site evaluation. After the meeting, Mathematica developed an evaluation summary for

each grantee, describing the conclusions from that meeting, including areas and strategies for improvement. Mathematica shared the evaluation summary with each grantee.

- **Developed quarterly evaluation updates.** In June 2022, Mathematica developed quarterly evaluation updates for CB. The updates summarize the most pressing challenges faced by each grantee for their evaluation, such as low enrollment into the evaluation or low response rates on follow-up data collection. The updates also describe the steps the grantee has taken to address the challenges and future steps to guide TA. The Mathematica team also created a dashboard for CB summarizing challenges across all RPG5 and RPG6 grantees. This tool helps CB better understand the prevalence of challenges across all grantees.

- **Facilitated four evaluation learning collaborative sessions.** Mathematica invited RPG4, RPG5, and RPG6 projects to attend virtual evaluation peer learning sessions on topics such as the implications of the COVID-19 pandemic for evaluations, analytic issues related to small sample sizes in impact evaluations, and culturally responsive and equitable evaluations.

Piloting new activities for the cross-site evaluation

- **Began intensive TA pilot with RPG6 grantees.** Mathematica implemented an intensive TA pilot with two RPG6 projects. Using Mathematica's Learn, Innovate, Improve (LI^2) framework, the intensive TA focuses on helping grantee teams identify root causes of evaluation challenges (such as difficulty collecting follow-up data from clients at program exit), use data to identify potential strategies to address the challenges, and test those strategies.

- **Designed a qualitative pilot study of participants enrolled in RPG6 services.** CB approved the qualitative pilot study in March 2022 to replace the administration of the partnership survey to the RPG6 cohort. For the first time, the cross-site evaluation will incorporate participants' voices to provide a firsthand perspective on the services offered by RPG projects and delve deeper into the multifaceted lives of participants. Mathematica will pilot 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.

VI. Evaluation TA

To support RPG4, RPG5, and RPG6 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—the change liaisons from CFF—and the federal project officers (FPOs). Together, they form a TA team working with each RPG project. The TA team holds standing monthly TA calls with project teams and conducts regular meetings to develop coordinated agendas for the monthly calls, debrief the team on issues, and discuss action items. The TA team also develops complementary content for in-person and online presentations and training sessions and creates written TA materials. In addition to the TA team's activities, Mathematica staffs a help desk to support grantees in collecting data for the cross-site evaluation. Sections A through C describe the TA team's monthly TA calls, coordinated presentations and trainings, and TA tools, respectively. Section D describes Mathematica's help desk support to grantees.

A. Regular TA telephone meetings

The standing monthly telephone calls are the main source of TA for RPG projects. During the calls, RPG project staff (usually representatives from the grantee and local evaluator) provide an update on project and evaluation planning and implementation from the past month, ask questions, solicit input, and voice concerns. In addition to the monthly calls, CSLs participate in regular TA team check-ins and ad hoc evaluation calls initiated by the CSL, FPO, or RPG project teams. From October 2021 through September 2022, CSLs participated in 201 telephone calls with RPG4 projects, 147 calls with RPG5 projects, and 168 calls with RPG6 projects.[6] The average was 43 calls per month across projects, or about 15 per RPG project for the year (Table VI.1).

Table VI.1. Number of evaluation TA calls, October 2021–September 2022

	Monthly TA	TA team check-ins	Initiated by FPO or TA provider	Initiated by RPG project team	Intensive TA	All
Total calls	327	161	11	14	3	516
Average calls per month	27	13	1	1	0.25	43

Source: CSL call log, October 2021–September 2022.

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. The most common TA topics were grantee-collected data (205 calls); intake, study consent, and enrollment processes (139); administrative data (99); program implementation (95); staffing (90); sample size (69); and treatment and comparison group formation (39) (Table VI.2).

[6] The total number of calls for RPG6 includes three calls with RPG6 grantees held as part of the intensive TA efforts.

Table VI.2. Topics discussed during TA calls, October 2021–September 2022

Topic	Number of calls discussing topic
Grantee-collected data	205
Intake, study consent, and enrollment processes	139
Administrative data	99
Implementation	95
Staff	90
Sample size	69
Formation of treatment and comparison groups	39
Analysis methods and technical questions	30
Systems-level or collaboration outcomes	19
Tracking of sample members	16
Sample attrition	13
Baseline equivalence	12
IRB	10
Outcomes	9
Crossovers and contamination	6
Cost studies	6
Consent	4
Fidelity	3
Random assignment	1

Source: CSL call log, October 2021–September 2022.

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; IRB = institutional review board.

In addition to these monthly TA calls, RPG project teams may request additional assistance, such as specialized TA by their CSL or another member of the cross-site evaluation team (for example, a survey expert). They may also request materials and tools, such as examples of consent forms or tools to calculate statistical power. From October 2021 through September 2022, the CSLs fielded eight such requests on topics including propensity score matching analytic methods, client feedback surveys, collecting and analyzing qualitative data, and accounting for the COVID-19 pandemic in the local evaluation design.

B. Presentations and trainings

During fiscal year 2022, Mathematica completed several presentations and facilitated peer learning and office hour calls (Table VI.3).

- **RPG annual conference (May 2022).** Over two days, Mathematica, CFF, and CB coordinated to produce a virtual annual conference for the RPG4, RPG5, and RPG6 cohorts. The conference featured presentations and peer learning. At this conference, Mathematica focused on supporting RPG4, RPG5, RPG6 grantees with their evaluation needs.[7] Mathematica facilitated a presentation by Dr. Paul Elam on using culturally responsive and racially equitable tenets to guide engagement and

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

evaluations. Dr. Elam is the chief strategy officer for MPHI and a consultant and expert for CB's Capacity Building Center for States. Then, Mathematica participated in grantee-specific action planning sessions during which grantees discussed how their programs consider equity and inclusion and identify action steps for incorporating culturally responsive and racially equitable tenets into their work. Mathematica also facilitated five breakout sessions for grantees on topics such as using data to identify programmatic- or evaluation-related challenges, conducting a cost analysis as part of an evaluation, incorporating staff and participants' voices in an evaluation, and using data-driven findings to support sustainability.

- **Evaluation peer learning collaborative calls (March to September 2022).** Mathematica held four evaluation peer learning calls; we invited all RPG grantees and their evaluators to attend. The calls covered the following topics: the implications of the COVID-19 pandemic for evaluations, meeting the challenges of data collection, analytic issues related to small sample sizes in impact evaluations, and culturally responsive and equitable evaluations. At three sessions, Mathematica staff members presented information and then facilitated discussion and peer learning across the grantees. For the fourth session, Dr. Elam presented a follow-up to his session from the annual conference and provided grantees time to discuss a self-assessment tool to examine their own culturally responsive evaluation practices.
- **Evaluation office hours (August to September 2022).** 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; instead, the topics that grantees were most interested in drove the discussion. Although any RPG team was welcome to join these calls, they were specifically targeted to RPG4 projects that were finalizing their analyses at the end of their grant period.

Table VI.3. Group TA with RPG4, RPG5, and RPG6 projects held by Mathematica

Purpose and format of group TA	Number of events
Facilitated presentation at RPG annual conference	1
Breakout session discussions at RPG annual conference	5
Evaluation peer learning collaborative calls	4
Evaluation office hours	3

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, Inc.; 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 section.

- **Produced videos.** Mathematica produced three training videos for RPG-EDS in 2022. One video was on grantee and user management, which provided a step-by-step training of how to create new users and service providers in RPG-EDS. Two other videos featured how to use the service map to ensure high-quality data entry into RPG-EDS and how to enter service data for group sessions.
- **Continued providing the data quality snapshots.** High-quality data are essential to the success of the cross-site and grantees' local evaluations. The cross-site team provided individualized data quality

snapshots for each grantee in every quarter of this fiscal year. The snapshots showed indicators of data quality in RPG-EDS, such as the prevalence of the grantee's missing data from families at enrollment and whether grantees reported on all RPG core services offered through the project. After sending the grantee's snapshot to the project team, the grantee's CSL discussed the results with the team to determine if there were issues and, if so, strategies to resolve them.

- **Released a TA tip sheet on case closure.** The cross-site team developed and circulated a tip sheet on case closure in the RPG-EDS system.
- **Released two TA briefs on continuous quality improvement.** The cross-site team developed and released two briefs to assist grantees in conducting continuous quality improvement (CQI) activities. One brief highlighted how RPG grantees can use data from the cross-site evaluation to learn about their program implementation as part of CQI efforts. The other brief outlined how grantees could use LI^2 as a CQI framework to support their program implementation and evaluation.
- **Released two TA briefs on cost studies.** The cross-site team also released two briefs to assist grantees in conducting cost studies. One brief described a cost study framework and its application to assessing the costs of two evidence-based practices often used by RPG projects. The second brief presented a case study of the costs for using the Seeking Safety intervention.

D. Help desk for cross-site evaluation data collection

The help desk for cross-site evaluation data collection receives detailed questions about specific data issues. RPG project teams may submit questions through a designated help desk email or toll-free telephone number, or through their CSLs. Over the year, the help desk received about 447 questions. Questions covered a range of topics, such as standardized instruments, administrative data, entry of enrollment and services data into RPG-EDS, institutional review board concerns, and semiannual outcomes data uploads to RPG-EDS. The help desk team consulted with members of the cross-site team as needed and responded to each question.

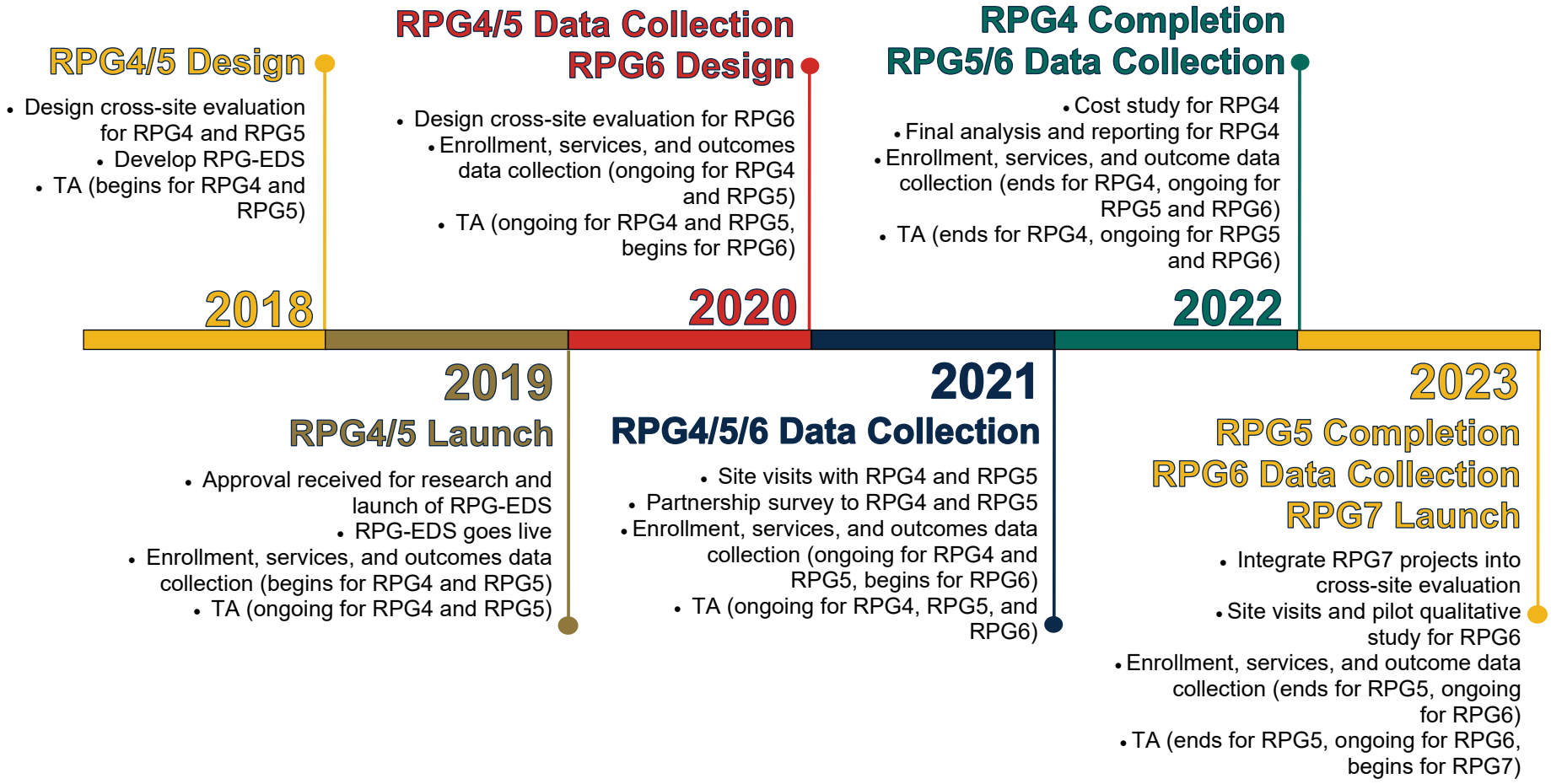
VII. Major Activities Planned for the Next Period

The cross-site evaluation has passed several major milestones—such as completing the cross-site evaluation for RPG4—and has several more in the upcoming years (Figure VII.1). We plan to conduct several key activities from October 2022 through September 2023, including:

- Integrate RPG7 projects to the cross-site evaluation and begin collecting data with RPG7 grantees that complete their planning period before September 2023[8]
- Renew the Authority to Operate for the RPG-EDS system
- Conclude cross-site evaluation data collection with RPG5 grantees
- Continue supporting project data collection through the help desk, webinars, and data quality snapshots
- 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
- Conduct data collection site visits with RPG6 projects for the partnership study
- Pilot a qualitative study with participants enrolled in RPG6 services
- Expand intensive TA offering to all RPG6 projects
- Continue holding evaluation peer learning collaborative calls

[8] RPG7 grantees will have a planning period of up to one year, and grantees work with CB to determine the exact length of their planning period.

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



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

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Appendix A

RPG4, RPG5, and RPG6 Grantees and Their Local Evaluations

Table A.1. RPG4, RPG5, and RPG6 grantees and their local evaluations

Grantee organization	Intended population	RPG services	Impact evaluation design	Comparison services
RPG4				
University of Alabama at Birmingham, Comprehensive Addiction in Pregnancy Program (CAPP), Alabama	Pregnant and postpartum women who are drug involved	CAPP's coordinated prenatal care and SUD treatment, including group prenatal and postnatal care, case management, peer mentoring, an intensive outpatient program (IOP) or residential SUD treatment, and SafeCare home visiting	QED	Business-as-usual community prenatal and postnatal health care and community behavioral health services
Cook Inlet Tribal Council, Inc., Alaska	Alaska Native and American Indian families whose children are in or at risk of out-of-home placement, with caregiver substance use as a factor	Team Decision Making model enhanced with a family navigator for child welfare case management and parenting classes	Outcomes study only	Outcomes study only
Children and Families First Delaware, Delaware	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 a recovery peer or care coordinator
Broward Behavioral Health Coalition, Inc., Florida	Families with children ages birth through 11 referred to child welfare, with parental substance use indicator	Child welfare case management enhanced with a coordinated team of a case manager and peer, cognitive behavioral therapy, functional family therapy, a wellness recovery action plan, and coordination for behavioral health services	RCT	Business-as-usual child welfare case management and community behavioral health services
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

Grantee organization	Intended population	RPG services	Impact evaluation design	Comparison services
Volunteers of America Indiana (VOAIN), Indiana	Postpartum women whose newborns tested positive for drugs and who have an open child welfare case	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	Outcomes study only	Outcomes study only
Northwest Iowa Mental Health Center, dba Seasons Center, Iowa	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., Kansas	Native American families with children ages birth through 18 who are in or at risk of out-of-home placement because of parental substance abuse and whose case plan goal is reunification or guardianship	Strengthening Families Program (parent training and child social skills training)	Outcomes study only	Outcomes study only
Mountain Comprehensive Care Center, Kentucky	Families with children ages birth through 18 in or at risk of out-of-home care and parental SUD	IOP for SUD treatment, including integrated mental health care, trauma-informed care, case management, recovery peer supports, parenting and life skills training, and continuing care (services during early recovery and maintenance stages)	QED	Business-as-usual outpatient SUD treatment, usually consisting of weekly counseling with no auxiliary services
Preferred Family Healthcare, Inc., Missouri	Families with children ages birth 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	Intended population	RPG services	Impact evaluation design	Comparison services
The Ohio State University, College of Social Work, Ohio	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 using administrative data only	Two comparison groups: (1) Ohio Sobriety, Treatment, and Reducing Trauma program, which includes a recovery peer and, for children, trauma counseling; and (2) business-as-usual services, including usual caseworker meetings and referrals
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	Families with children ages birth through 5 with or at risk of child welfare involvement and with parental substance use concern	Attachment Biobehavioral Catch-Up home visiting program model	QED using administrative data only	Business-as-usual services from community partners and child welfare agencies
Helen Ross McNabb Center, Tennessee	Pregnant or parenting families with children ages birth through 5 in or at risk of out-of-home placement because of parental substance use	Family-centered residential treatment (for women only) and IOP services (for women or men) for SUD through Helen Ross McNabb Center	QED	Helen Ross McNabb Center's business-as-usual, adult-centered residential programs and IOPs
Lund Family Center, Inc., Vermont	Families with children younger than 6 at risk of out-of-home placement or with a conditional custody order, with an open child welfare case, and with identified parental substance use	Home visits from a two-person team comprising a family engagement specialist for casework and service coordination and a clinician who implements the Attachment, Regulation, and Competency model	QED using administrative data only	Business-as-usual child welfare services, including periodic caseworker check-ins and referrals
Catholic Charities of Spokane, Washington	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, Washington	Family-centered housing program for SUD treatment, including case management and service coordination, support groups and workshops, counseling, parenting programs, family activities, transportation, and financial or material supports	QED using administrative data only	Business-as-usual community services for SUD treatment, housing, and family support services

Grantee organization	Intended population	RPG services	Impact evaluation design	Comparison services
Prestera Center for Mental Health Services, Inc., West Virginia	Families with children ages birth through 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 the Seeking Safety home visiting model, eco-systemic structural family therapy, and motivational interviewing	QED using administrative data only	Business-as-usual child welfare 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	Supportive recovery housing with in-home parenting skills services, extended IOP services, and access to a recovery peer and a child welfare case manager, plus Meta House's usual outpatient SUD treatment and mental health services	QED	Meta House's business-as-usual outpatient SUD and mental health services
RPG5				
Family Support Services of North Florida, Florida	Families with children ages birth 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 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 ages birth through 17 in out-of-home care and with parental substance use indication and a case plan goal of reunification	Child welfare case management services enhanced with a peer who has lived experience with child welfare and substance use; access to a peer-run parent support group after one-on-one peer support ends (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

Grantee organization	Intended population	RPG services	Impact evaluation design	Comparison services
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 ages birth 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 intensive family case management and Seeking Safety, Parents and Children Together, and/or Parenting Wisely in-home services	QED	Season Center's business-as-usual behavioral health 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	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 program groups: both receive Preferred Family Healthcare's usual behavioral health services enhanced with a family advocate for outreach and advocacy, individualized service planning, plus either the Helping Men Recover/Helping Women Recover trauma education program (Treatment Group 1) or the Living in Balance relapse prevention program (Treatment Group 2)	RCT	Preferred Family Healthcare's business-as-usual behavioral health services

Grantee organization	Intended population	RPG services	Impact evaluation design	Comparison services
Montefiore Medical Center, New York	Pregnant or postpartum women at least 16 weeks' gestation and are at risk for or have identified substance use	Motivational enhancement, modified Incredible Years group-based parenting skills program, and contingency management, plus case management and the usual community prenatal care and SUD treatment	RCT	Business-as-usual community prenatal care and SUD treatment services
Health Federation of Philadelphia, Pennsylvania	Families with a pregnant mother or with children ages birth 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, 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, 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
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

Grantee organization	Intended population	RPG services	Impact evaluation design	Comparison services
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 SUD, including families with children who have already been removed from the home	Besides the business-as-usual services offered by the intervention group Family Treatment Courts, these courts will provide the Cognitive Behavioral Interventions for Family Relationships, which focuses on strengthening clients' parenting and family relationships	QED	Business-as-usual services offered by the comparison group Family Treatment Courts
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 program groups: both receive Preferred Family Healthcare's usual behavioral health services enhanced with a family advocate for outreach and 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
Mary Hitchcock Memorial Hospital, dba Dartmouth-Hitchcock Medical Center, New Hampshire	Families with children ages birth through 17 who are in or at risk of out-of-home care because of parental substance use	Wraparound services from a care coordinator, including intensive case management, service coordination, and support groups or workshops	QED	Business-as-usual services from community partners and child welfare agencies
Acenda, Inc., New Jersey	Families with children ages birth through 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 interventions; Seeking Safety interventions; and peer support before or after SUD treatment	QED	Business-as-usual SUD treatment through outpatient or intensive outpatient level of care

Grantee organization	Intended population	RPG services	Impact evaluation design	Comparison services
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	Women with infants in Oklahoma County who are substance affected and whose children are at risk of removal	Substance Use Treatment and Access to Resources and Supports (STAR) services, which are prenatal SUD services, and the modified Attachment Biobehavioral Catchup (ABC) curriculum, which is an adapted curriculum from the ABC model that involves weekly home visits and includes one prenatal session, a second add-on session within one week of delivery, and 10 postpartum sessions	RCT and QED	RCT: STAR program QED: Business-as-usual services from the Children's Hospital at Oklahoma University Medicine, residential treatment facilities, and outpatient substance use treatment providers
Prestera Center for Mental Health Services, Inc., West Virginia	Families with children ages birth through 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 the Seeking Safety home visiting model, eco-systemic structural family therapy, and motivational interviewing	QED	Business-as-usual services child welfare agencies

Note: The description of some grantees' comparison 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.

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	Partner-ships	Families served	Services	Improvement and sustain-ability	Outcomes	Impacts
Project documents: grantees' applications, semiannual progress reports, memoranda of understanding	✓	✓	✓	✓		
Partnership survey[a]	✓					
Improvement and sustainability survey[b]	✓			✓		
Site visits and telephone interviews	✓		✓	✓		
Enrollment and service data		✓	✓			
Outcomes data (standardized data and administrative records)		✓			✓	✓

[a] The partnership survey will not be administered to the RPG6 cohort; instead, the cross-site team will collect qualitative data from RPG program participants through in-depth interviews and focus groups.

[b] The improvement and sustainability survey was not administered to the RPG4 and RPG5 cohorts. It will be only administered to the RPG6 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, semiannual progress reports project teams submit to the Children's Bureau twice a year as a condition of their grants, and relevant memoranda of understanding or data-sharing agreements grantees might establish as part of operating their projects.
- **Partnership survey.** We administered a survey to representatives of each RPG4 and RPG5 grantee and each grantee's partner agency in summer and fall 2021 to collect information about communication and service coordination between partners. Rather than the survey, we will conduct a pilot qualitative study with RPG6 grantees. The pilot will involve collecting qualitative data via in-depth interviews and focus groups with RPG clients. Adding clients' perspectives and experiences will allow for a richer description and better understanding of the programs and services offered by grantees and the families they serve. The pilot study will occur in the winter of 2023.
- **Improvement and sustainability survey.** We will administer a survey to RPG6 grantees and select partners in fall 2023. This survey will collect information about supports within the partnership that could improve and sustain RPG services, such as the use of data for continual service improvement and resources needed and available after grant funding ends.
- **Site visits and key informant interviews.** For RPG4 and RPG5, we conducted virtual site visits and telephone interviews to collect information from each project team on its planning process for RPG, the goal-setting collaboration between RPG partners, implementation plans, the service selection

process, referral processes to and from RPG services, staffing roles and perceptions, internal evaluation and continuous quality improvement, and the potential for sustaining RPG services. For RPG6, we will conduct similar site visits and interviews beginning in winter 2023. As part of the site visits, we will also complete the pilot qualitative study with a subset of RPG6 grantees.

- **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.[9] They will also obtain two types of administrative data on participants for submission to the cross-site evaluation: child welfare data from the state or local child welfare agency responsible for the Comprehensive Child Welfare Information System and 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.

[9] 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 and source	Case members on whom data are collected
Child well-being		
Child behavior	Child Behavior Checklist (preschool and school age)	Focal child[a]
Sensory processing	Infant-Toddler Sensory Profile	
Permanency		
Removals from family of origin	Administrative data (CCWIS)	All children
Placements		
Type of placements		
Discharge		
Safety		
Type of allegations	Administrative data (CCWIS)	All children
Disposition of allegations		
Adult recovery		
Substance use severity	Addiction Severity Index	RDA[b]
Parent trauma	Trauma Symptoms Checklist–40	
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	FFA[c]
Parenting attitudes	Adult-Adolescent Parenting Inventory	

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

[b] The RDA is the adult who has an active substance use issue or is in recovery.

[c] The FFA 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 FFA will be the child's biological or adoptive parent.

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

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