



REPORT

DRAFT REPORT

National Cross-Site Evaluation and Evaluation-Related Technical Assistance

RPG4 First Annual Report

December 14, 2018

Alyson Burnett
Julieta Lugo-Gil
Sarah Avellar

Submitted to:

Children's Bureau Administration for Children, Youth, and Families
Administration for Children and Families
U.S. Department of Health and Human Services
330 C Street, S.W.
Washington, D.C. 20202
Project Officer: Dori Sneddon
Contract Number: HHSP233201500035/HHSP23337026T

Submitted by:

Mathematica Policy Research
1100 1st Street, NE
12th Floor
Washington, DC 20002-4221
Telephone: (202) 484-9220
Facsimile: (202) 863-1763
Project Director: Sarah Avellar
Reference Number: 50543.C2.T10.104.000

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

CONTENTS

I	INTRODUCTION.....	1
	A. RPG cohorts	1
	B. The RPG4 projects	2
	C. Highlights in Year 1	5
	D. Next steps.....	6
II	DESIGNING THE CROSS-SITE EVALUATION.....	7
	A. The design process and timeline.....	7
	B. A summary of the RPG cross-site evaluation design	9
III	PREPARING FOR DATA COLLECTION.....	15
	A. Revisions to the cross-site evaluation measures	15
	B. The RPG4 data collection system	18
	C. Research and data collection approvals	18
	D. Summary of progress made and next steps.....	19
IV	CONDUCTING EVALUABILITY ASSESSMENTS	21
	A. The evaluability assessments.....	21
	B. Expected contributions of local evaluations	23
V	PROVIDING EVALUATION TECHNICAL ASSISTANCE.....	33
	A. Online and in-person meetings.....	33
	B. Ongoing evaluation technical assistance	35
	C. Technical assistance tools.....	36
	REFERENCES.....	37

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

TABLES

I.1	Overview of RPG cohorts.....	2
I.2	RPG4 projects.....	3
II.1	RPG cross-site evaluation data sources by research question topic	11
II.2	Constructs and measures for the outcomes and impact studies.....	13
IV.1	Impact design ratings.....	23
IV.2	Summary of planned local evaluations	25
V.1	Online and in-person group meetings with RPG4 projects held by Mathematica	34
V.2	Evaluation technical assistance calls, December 2017–September 2018	35
V.3	Topics discussed during technical assistance calls, December 2017–September 2018	36

FIGURES

II.1	Timeline of major cross-site evaluation design activities in the first year of RPG4	7
II.2	RPG conceptual framework	10

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

I. INTRODUCTION

To address parental substance use issues as a key factor in many cases of child abuse or neglect, Congress has authorized competitive grants, called Regional Partnership Grants (RPGs), since 2006. Through interagency collaboration and integration of programs, RPGs provide projects 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 RPG program was first authorized by the Child and Family Services Improvement Act of 2006 (Pub. L. 109–288) and reauthorized by the Child and Family Services Improvement and Innovation Act of 2011 (Pub. L. 112–34). With this authorization and funding, 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 five rounds of RPGs.

The authorizing legislation also requires HHS to evaluate the RPG projects, including services provided and whether RPG has been successful in addressing the families' needs. To meet these requirements, CB has collected or will collect performance data from all funded RPGs and, starting with the second cohort of RPGs, HHS has also conducted a cross-site evaluation for all the RPG projects within each cohort. To support the RPG projects and their partners in developing, implementing, and evaluating their projects, HHS has contracted with two technical assistance (TA) providers: (1) the Center for Children and Families Futures, Inc. (CFF), for program-related TA;¹ and (2) Mathematica Policy Research, for evaluation TA. Mathematica is also conducting the cross-site evaluation for current cohorts of grantees.

In this report, we describe the major activities and accomplishments during the first year of Mathematica's current cross-site evaluation and evaluation TA contract (October 2017—when a new cohort of projects were funded—through September 2018) for the fourth cohort, referred to in this report as RPG4. In the remainder of this chapter, we provide a brief history of the RPG cohorts, information on the RPG4 projects, a summary of highlights from the first year of the contract, and a description of next steps for the second year and beyond. In subsequent chapters, we describe Mathematica's major activities for Year 1, which include (1) designing the cross-site evaluation, (2) preparing for data collection, (3) conducting evaluability assessments, and (4) providing evaluation TA to RPG projects.

A. RPG cohorts

Through September 2018, HHS has awarded five cohorts of RPGs, two of which have ended their periods of performance (Table I.1).² The first cohort of 53 partnerships was funded in September 2007 and the second cohort of 17 partnerships in September 2012. HHS funded a third cohort of 4 five-year RPGs in September 2014 and a fourth cohort of 17 five-year RPGs in

¹ This work is part of the Center for Children and Families Futures' contract 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.

² The 2011 reauthorizing legislation also allowed HHS to offer round 1 partnerships continuation grants of \$500,000 per year for up to two years to extend their projects from the first round of funding.

September 2017. HHS recently funded its fifth cohort of 10 RPGs in September 2018, with a three-year grant period.

Table I.1. Overview of RPG cohorts

RPG cohort	Grant period	Number of projects	Evaluation activities
RPG1	2007–2012	53 projects located in 29 states, including 6 projects serving American Indian/Alaska Native populations	Collection of performance indicator data Execution of local performance evaluations
RPG2	2012–2017	17 projects in 15 states	Execution of local outcome evaluations, and participation in a cross-site evaluation with four study components: partnerships, implementation, outcomes, and impacts
RPG3	2014–2019	4 projects in 4 states	Execution of local outcome and impact evaluations and participation in RPG2 cross-site evaluation
RPG4	2017–2022	17 projects in 17 states, including 2 projects serving American Indian/Alaska Native populations	Execution of local outcome and implementation evaluations and participation in a cross-site evaluation
RPG5	2018–2021	10 projects in 8 states	Execution of local outcome and implementation evaluations and participation in a cross-site evaluation

Source: Strong et al. 2014.

Each cohort has submitted data on serving and meeting the needs of families with substance use issues that are involved (or at risk of involvement) with child welfare. In the first cohort, project teams conducted local performance evaluations and provided data used to create performance indicators and track progress. In the second and third cohorts, project teams were required to conduct their own local evaluations answering specific questions about their projects and to participate in a national cross-site evaluation that examined the partnerships, implementation of evidence-based programs and practices, and changes in families' outcomes over time. The fourth and fifth cohorts are also required to conduct local evaluations and participate in a cross-site evaluation.

B. The RPG4 projects

In RPG4, CB awarded grants to 17 partnerships in 17 states. Each grant provides funding of approximately \$3 million across five years. The goal of the RPG4 grants is similar to that of previous cohorts: improving the well-being, permanency, and safety of children who are in or at-risk of out-of-home placements because of caregivers' substance use issues. As shown in Table I.2, RPG4 partnerships seek to achieve this goal through varied services and approaches to meet the needs of at-risk families in their communities.

Table I.2. RPG4 projects

Grantee organization and state	Organization type	Recipient of previous RPG	Target population and project focus
University of Alabama at Birmingham, Alabama	Public university	No	Target population: Pregnant and postpartum women who are drug involved Services: Pregnancy and Parenting Partners, Helping Women Recover and SafeCare, universal screening, assessment, prenatal/postpartum care, medication-assisted treatment, and recovery support services
Cook Inlet Tribal Council, Inc., Alaska	Tribal organization	RPG1	Target population: Alaska Native and American Indian children and youth in Anchorage in or at risk of out-of-home placement in which caregiver substance use is a factor Services: Team Decision Making Navigator to assist families; provide linkages to supportive services; expedite substance use assessment and treatment services; and provide needed trauma-informed, culturally informed parent skills and peer supports
Children and Families First Delaware, Delaware	Child and family services provider	No	Target population: Infants with prenatal substance exposure and their caregivers Services: A multidisciplinary team integrating Healthy Families America home visiting, Peer Recovery Coaching, and Nurturing Parenting family skills
Broward Behavioral Health Coalition, Inc., Florida	Behavioral health services provider	No	Target population: Children (0 to age 11) and their parents/caregivers who have factors indicative of substance abuse Services: An integrated continuum of care, combined with family engagement and peer support, Engaging Parents Care Coordination, Intensive Family Preservation Services, Continuing Care Parent Advocate (peer specialist), and Motivational Support Program (including substance abuse treatment)
Youth Network Council DBA Illinois Collaboration on Youth, Illinois	Child and family services provider	No	Target population: Families who have one or more family members with SUD and a child at risk of an out-of-home placement Services: Intact family services, parenting skills training, family therapy, housing assistance, specialized case management, trauma-informed cognitive behavioral therapy, and motivational interviewing
Volunteers of America Indiana, Indiana	Child and family services provider	No	Target population: Postpartum women (1) whose newborns test positive for drugs, (2) who have an open child welfare case, and (3) who receive a court order to participate in treatment Services: Wraparound services, case management, and residential SUD treatment
Northwest Iowa Mental Health Center dba Seasons Center, Iowa	Behavioral health services provider	RPG2	Target population: Parents with substance use disorders (SUDs) that have children (birth through age 21) who are in or at risk of being placed in an out-of-home placement Services: Trauma-informed system of treatment, support, and recovery including parent-child interactive therapy, trauma-informed cognitive behavioral therapy, and attachment based family therapy

Grantee organization and state	Organization type	Recipient of previous RPG	Target population and project focus
University of Kansas Center for Research, Inc., Kansas	Public university	RPG3	<p>Target population: Native American children (0 to age 18) at risk of or in out-of-home placement because of parental substance abuse</p> <p>Services: Culturally adapted version of the Strengthening Families Program</p>
Mountain Comprehensive Care Center, Kentucky	Behavioral health services provider	No	<p>Target population: Parents with SUD and a child under age 18 who is in out-of-home care or at risk of being placed in out-of-home care</p> <p>Services: Three-phases of intensive SUD treatment: (1) intensive treatment, (2) early recovery services, and (3) maintenance and continuing care</p>
Preferred Family Healthcare, Inc., Missouri	Behavioral health services provider	RPG2	<p>Target population: Families with children (birth to age 18) who are at risk of or in out-of-home care due to substance use by their parent(s)/caretaker(s)</p> <p>Services: Trauma-informed wraparound services including case management, peer recovery mentors, in-home SUD and co-occurring mental health treatment, and parenting classes</p>
The Ohio State University, Ohio	Public university	No	<p>Target population: Families involved with the child welfare system because of parental SUD</p> <p>Services: Family drug treatment court, medication-assisted treatment, peer recovery support, parenting skills training, and support for kinship providers</p>
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	State substance use services agency	RPG1 and RPG2	<p>Target population: Substance-affected families with children (0 to age 5)</p> <p>Services: Attachment and Biobehavioral Catch-Up and dissemination of best and evidence-based practices on substance-exposed newborns and fetal alcohol spectrum disorder through training to child welfare, health care professionals, and certified SUD treatment providers statewide</p>
Helen Ross McNabb Center, Tennessee	Behavioral health services provider	RPG1 and RPG2	<p>Target population: Parents affected by SUD with children (prenatal to age 5) who are in or at risk of being placed in state custody because of risk factors associated with parental SUD</p> <p>Services: Early intervention and family assessment, specialized infant mental health and court services, family-focused treatment in structured living and blended outpatient/in-home modalities, and aftercare</p>
Lund Family Center, Inc., Vermont	Child and family services provider	RPG1	<p>Target population: Families at high risk for child maltreatment with one parent or caregiver struggling with substance use and at least one child under age six at risk of out-of-home placement</p> <p>Services: Home-based services, including case management; connection and support for SUD treatment and recovery services; family therapy; McGill Action Planning; and Attachment, Regulation, and Competency clinical care</p>

Grantee organization and state	Organization type	Recipient of previous RPG	Target population and project focus
Catholic Charities of Spokane, Washington	Child and family services provider	No	Target population: Families in Spokane County and American Indian and Alaska Native families in Northeast Washington State and surrounding tribal lands Services: Wraparound services, including SUD treatment, housing, motivational interviewing, cognitive behavioral therapy, and parent-child interactive therapy
Pretera Center for Mental Health Services, Inc., West Virginia	Behavioral health services provider	No	Target population: Children (up to age 12) and their families who are involved with the child welfare system because of parental substance use Services: In-home wraparound, case management services and supports; screening and assessment; clinical behavioral health/substance use services; recovery coaching; and cross-system training and information sharing
Meta House, Inc., Wisconsin	SUD treatment provider	No	Target population: Women with SUD who are involved with or at risk of involvement with the child welfare system Services: Sober recovery housing, outpatient treatment, child and family services, and recovery support services

As with RPG2 and RPG3, the RPG4 funding requires that grantees conduct local evaluations and participate in a cross-site evaluation conducted by Mathematica and its subcontractor, Walter R. McDonald & Associates (WRMA). As it did for these earlier cohorts, Mathematica is providing evaluation TA to assist RPG4 projects in designing and conducting their local evaluations and providing data for the cross-site evaluation. Additionally, the evaluation TA and cross-site evaluation activities in RPG4 incorporate the lessons learned from the earlier cohorts to improve the quality of the local evaluation designs, data collection efforts, and the TA offered to RPG projects. By building on the experiences from previous cohorts, our aim is to more successfully conduct rigorous evaluations for the RPG4 projects. These enhancements implemented in RPG4 will be highlighted throughout the report.

The RPG5 cohort was awarded shortly before the writing of this report. Work has not yet begun with that cohort, but information on them will be forthcoming in subsequent reports.

C. Highlights in Year 1

The first year of work under the RPG4 cross-site evaluation and TA contract was very active. Mathematica assessed local evaluation designs and provided evaluation technical assistance. We developed the cross-site evaluation plans, designed a new data collection system, and began documenting our data security and collection plans. Our plans for the cross-site evaluation include several enhancements to the data collection efforts of the previous cross-site evaluation, which we hope will better suit the needs of the RPG4 cohort and meet CB's goals. These enhancements include the following:

- Expanding the scope of the service and enrollment data grantees submit to include all core RPG services

- Reducing the number of standardized instruments CB required grantees to use for collecting outcomes data
- Collecting more detailed data about the quality of collaboration between child welfare and SUD treatment agencies during site visits
- Fielding an improvement and sustainability survey to gather information on RPG4 projects' continuous quality improvement efforts, and plans for sustaining their services once RPG funding ends
- Collecting more in-depth information about the quality of collaboration between child welfare and SUD treatment agencies during site visits

We discuss each of these enhancements in greater detail in Chapters II and III.

D. Next steps

Mathematica and WRMA will build on the activities conducted in Year 1 of RPG4 and focus on the following new areas for Year 2:

- Securing clearance from OMB
- Receiving an ATO for RPG-EDS and launching the system for project teams to use to collect and report data
- Distributing standardized instruments to grantees
- Initiating data collection from grantees
- Continuing monthly program calls with grantees to monitor progress on local evaluations and responding to evaluation-related questions and concerns as they arise
- Developing and distributing TA tools to support grantees in their continuous quality-improvement efforts and in tracking sample members
- Collecting SAPRs from grantees in October 2018 and April 2019 and reviewing, extracting, and summarizing the information from those SAPRs
- Beginning work with the 10 RPG5 project teams, including providing evaluation TA and preparing them for the cross-site evaluation

The next annual report will describe progress in these areas.

II. DESIGNING THE CROSS-SITE EVALUATION

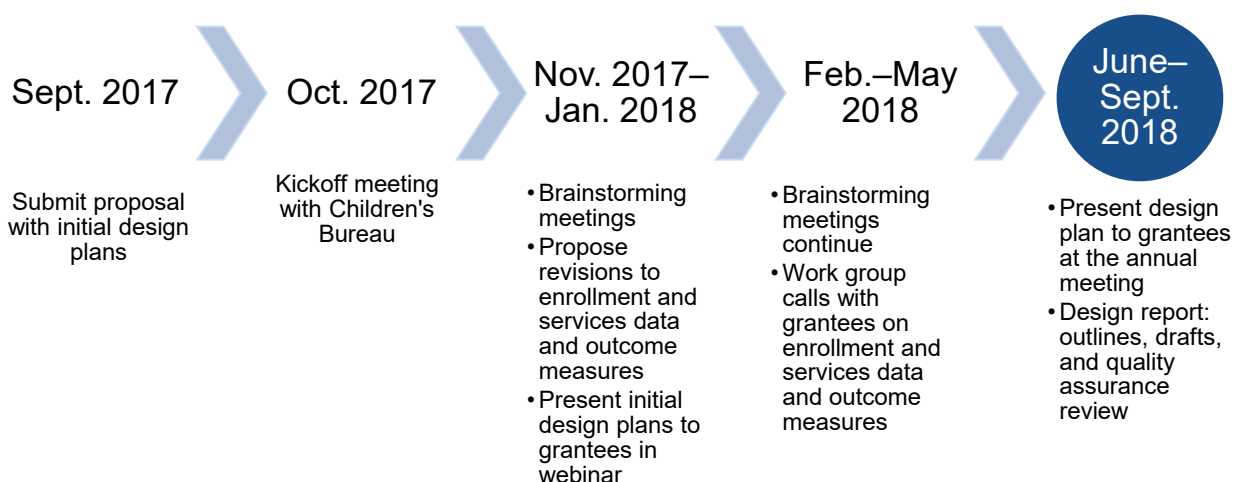
The Child and Family Services Improvement and Innovation Act of 2011 (Pub. L. 112–34) requires that CB evaluate the services and activities provided with RPG funds. To address the legislation’s goals and to contribute knowledge to the fields of child welfare and substance use disorder (SUD) treatment programming, CB is requiring and supporting a cross-site evaluation of RPG4.

During the first year of RPG4, the Mathematica team worked with CB to design an evaluation to both build on what is being learned from RPG2 and RPG3 and expand to new areas. The design process is crucial to aligning the research questions with CB’s goals for the evaluation; identifying and developing the proposed data sources to answer those research questions; and collecting data to help CB and other stakeholders support, operate and improve services. In this chapter, we describe the process to design the evaluation and then briefly describe the elements of the design. More information on the RP4 cross-site evaluation design will be available in the design report (D’Angelo et al. forthcoming).

A. The design process and timeline

The design process took about a year, with brainstorming, planning, gathering feedback, revising, and developing materials. Figure II.1 provides a timeline of the major activities in the design process, from the initial design plans Mathematica presented to CB in September 2017 to the production of the design report.

Figure II.1. Timeline of major cross-site evaluation design activities in the first year of RPG4



Upon being awarded the contract, Mathematica met with CB for a kickoff meeting to learn more about their priorities for the contract. CB wanted to continue using many aspects of the RPG2/3 cross-site evaluation because of its focus on key areas of interest and for continuity across cohorts. Similar to the earlier evaluation, the RPG4 cross-site evaluation analysis will

describe projects' partnerships and measure the extent of their collaboration, describe who the partnerships intend to and actually serve in their projects, and measure the change over time in participating families' outcomes in the following five domains:

- **Child well-being:** Following CB's feedback, Mathematica defined this domain to include child behavior and sensory processing.
- **Family functioning:** Based on CB's priorities, Mathematica defined this domain to include two key concepts: (1) primary caregiver depressive symptoms and (2) primary caregiver parenting attitudes.
- **Adult recovery:** Also based on CB priorities, Mathematica has focused on three key areas for this domain: (1) substance use severity, (2) substance use disorder treatment participation, and (3) trauma symptoms.
- **Permanency:** This domain focuses on the removals from family of origin, placements, type of placements, and discharges experienced by the children in the families participating in RPG services.
- **Safety:** Outcomes in this domain refer to allegations of maltreatment and the dispositions on those allegations for the children in the families participating in RPG services.

CB also requested four priority changes to the RPG2/3 cross-site evaluation design:

1. Expand data collection beyond evidence-based programs and practices. The RPG2/3 cross-site evaluation focused on projects' implementation of evidence-based programs and practices, which all RPG projects were required to offer. However, the RPG projects could and did also offer other types of services (such as housing assistance, peer recovery support, specialized case management, or motivational interviewing), which will be captured in the RPG4 cross-site evaluation.
2. Collect data on more case members than in RPG2 and RPG3. To ease burden on participants and RPG projects, the previous cross-site evaluation collected data on one child in each RPG case and between one and three adults, depending on the adult's relationship to and care of the child and his or her substance use issues.³ RPG4 projects will continue using self-administered data collection instruments to collect data on a limited number of case members, but it will also obtain administrative data on safety, permanence, and recovery on all case members.
3. Reduce the number of standardized instruments that RPG projects are required to use in data collection. All projects will collect data on outcomes of adult RPG participants using self-administered standardized instruments.⁴ Fewer standardized instruments will be used to

³ An "RPG case" refers to the family, household, or group of people enrolling in RPG services as a unit. This includes, at a minimum, a focal child and one adult. It should also include any other people who may receive RPG services in relation to those key case members.

⁴ A standardized measure or test is one that requires all respondents or test takers to answer the same questions, or a selection of questions from common set or bank of questions, in the same way and is scored in a standard or consistent manner, which makes it possible to compare the relative performance of individuals or groups (adapted from the Glossary of Education Reform at <http://www.edglossary.org/standardized-test/>).

collect data on child well-being, adult and family functioning, and adult substance use at baseline (enrollment in RPG) and at a follow-up point. That is, the cross-site evaluation will address the same domains as the RPG2/3 cross-site evaluation, but it will use fewer instruments and thus collect fewer measures across all domains.

4. Learn more about the quality of partnership collaboration. The RPG2/3 cross-site evaluation examined the composition and roles of each project's partners, as well as the extent and quality of their collaboration. The RPG4 cross-site evaluation will go deeper in exploring the collaboration between child welfare and SUD treatment agencies, adding to the research base about how these particular agencies collaborate and integrate services to address the needs of the RPG target population.

To incorporate these changes into the design, the Mathematica team worked together and with CB and RPG4 projects. In response to CB's feedback from the kickoff meeting, the cross-site evaluation's team began a series of brainstorming and planning meetings through the fall and winter of 2017–2018 to discuss the changes they planned to make to the design originally proposed. These meetings included discussions about the conceptual framework for the evaluation, research questions, and data sources.

At the same time that the cross-site evaluation's team conducted those brainstorming meetings, project staff responsible for data collection activities began meeting with CB and holding group calls with RPG4 projects to solicit feedback on proposed changes to the sources of enrollment, services, and outcomes data. We discuss the changes to data sources that resulted from CB's and RPG4 projects' feedback in more detail in the next chapter.

By spring 2018, the cross-site evaluation's team began outlining and drafting chapters of the design report. This report details all aspects of the cross-site evaluation design, including the research questions, data sources, planned analyses, and limitations (D'Angelo et al. forthcoming). The design might continue evolving as we incorporate additional feedback to the draft design report from CB and the RPG4 projects, once it is issued.

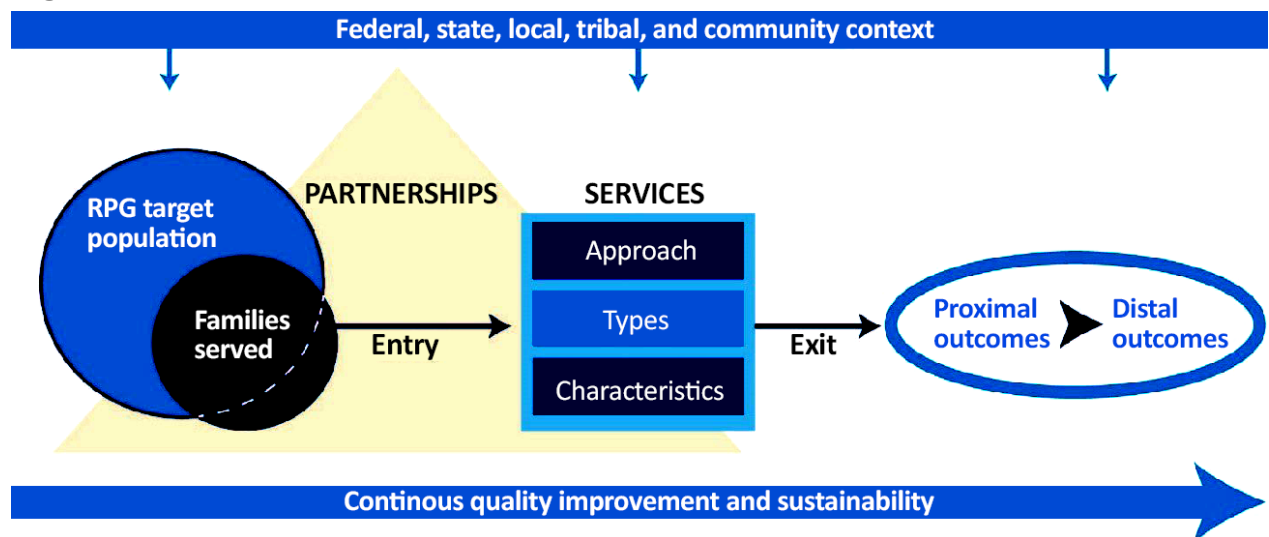
B. A summary of the RPG cross-site evaluation design

Conceptual framework. We developed a conceptual framework to guide the cross-site evaluation (Figure II.2). The framework links the main components of RPG. The cross-site evaluation seeks to describe these components by addressing a set of research questions that guide the evaluation.

- Each RPG project has a defined **Services**: the children and families who are eligible to receive services. Some eligible families will *not* receive services for a number of reasons, such as RPG project capacity, families' disinterest in services, or lack of referral partnerships to connect eligible families RPG projects. Additionally, depending on the success of referral and recruitment plans, RPG projects might serve other families who are not part of their target population.
- Partnerships, an integral component of the grants, are a key focus of this cross-site evaluation. The partners collaborate to identify and recruit the target population and to provide services. The framework thus shows the role partners play.

- The evaluation will examine in depth RPG projects' approaches to service provision (such as individualized or packaged sets of services); types of services (such as support groups, therapy or counseling, parent training or home visiting, or medication-assisted treatment); and characteristics of the services provided (for example, the type, dosage, or duration).
- The services then affect proximal (short-term) and distal (long-term) outcomes families attain.
- RPG projects operate within and are affected by federal, state, local, tribal, and community contexts.
- The blue arrow at the base of the framework depicts continuous quality improvement and sustainability planning that project teams should conduct throughout the grant to strengthen their services and prepare for sustaining their services and partnerships after the grants end.

Figure II.2. RPG conceptual framework



Source: D'Angelo et al. forthcoming.

Research questions. The cross-site evaluation will address research questions in six topic areas that pertain to all elements in the conceptual framework:

1. **Partnerships.** Which partners were involved in each RPG project and how did they work together? How much progress did RPG4 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?
2. **Families served.** What referral sources did RPG projects use? What were the characteristics of families who enrolled in RPG? To what extent did RPG projects reach their target populations?
3. **Services.** What core services—services defined by the partnership as fundamental to its RPG project—were provided and to whom? Were core services that families received different than 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?

4. **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?
5. **Outcomes.** What were the well-being, permanency, safety, recovery, and family-functioning outcomes of children and adults who enrolled in RPG projects?
6. **Impacts.** What were the impacts of RPG projects on the well-being, permanency, safety, recovery, and family-functioning outcomes of children and adults who enrolled in RPG?

To answer these questions, the cross-site evaluation will draw on multiple data sources (Table II.1). These sources include surveys, semiannual progress reports (SAPRs) on grant performance, site visits, and data collected directly by RPG4 projects from and about families served by their projects.

Table II.1. RPG cross-site evaluation data sources by research question topic

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 phone interviews	✓		✓	✓		
Enrollment and service data		✓	✓			
Outcomes data (standardized data and administrative records)		✓			✓	✓

Data sources. Mathematica will use multiple 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 grantees submit to

CB twice per year as a condition of their grants (SAPRs), and relevant memoranda of understanding or data-sharing agreements grantees might establish as part of operating their projects.

- **Partner survey.** We will administer an online survey to representatives of each grantee and each of their partner agency in year 4 to collect information about communication and service coordination among partners.
- **Improvement and sustainability survey.** We will administer an online 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 phone interviews to collect information from each project on its planning process for RPG, goal setting collaboration among RPG partners, implementation plans, 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.** To document participant characteristics and their enrollment in, and receipt of, RPG services, all project teams will provide data on enrollment of and services provided to families in RPG. These 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 when they enter and exit RPG and submit it to the cross-site evaluation.⁵ They will also obtain administrative child welfare and SUD treatment data on participants from the Comprehensive Child Welfare Information System and local treatment providers or the state agency responsible for the Treatment Episode Data Set, respectively, for submission to the cross-site evaluation. 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 are shown in Table II.2.

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 also collect the same or similar outcome data from a comparison group that does not receive the RPG services of interest and provide it to the cross-site evaluation (see Chapter IV for more information on the local evaluations).

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

Table II.2. Constructs and measures for the outcomes and impact studies

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

^aFor the purpose of the cross-site evaluation, project teams will collect data about a single focal child in each family for child well-being measures, even when there are multiple children in the household, to limit burden associated with data collection.

^bThe recovery domain adult is the adult with an active substance use issue or in recovery.

^cThe family functioning adult is the adult living with the child who spends the most time taking care of the child—from the focal child's family of origin. In many cases, the family functioning adult will be the child's biological or adoptive parent.

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

III. PREPARING FOR DATA COLLECTION

As part of planning the cross-site evaluation, Mathematica prepared for multiple types of data collection. The team developed and revised measures for the cross-site evaluation, including measures of enrollment and services, outcomes, project improvement and sustainability, and project implementation and operations. We also created a new data collection system for our enrollment and services and outcomes data. Finally, we prepared to support CB in securing two necessary approvals for data collection: Office of Management and Budget (OMB) clearance and authority to operate (ATO). In this chapter, we describe all these activities.

A. Revisions to the cross-site evaluation measures

CB suggested a set of updates to the RPG2 and RPG3 cross-site evaluation to match their priorities and meet the needs of the RPG4 cohort. These updates included expanding the scope of the service and enrollment data to include more services and case members, reducing the number of required standardized instruments to collect outcomes data, and increasing the depth of information collected on the quality of partnership collaboration. Additionally, Mathematica proposed to conduct an improvement and sustainability survey for the RPG4 cohort to provide information on project teams' continuous quality improvement efforts during the grant and plans to sustain their services once funding ends. Much of the planning for data collection that occurred in the first contract year focused on implementing these updates. We describe changes to each data source in this section.

Enrollment and services data. Each project team in the RPG2 cohort provided data on the evidence-based practices (EBPs) that they were offering to RPG families. For all EBPs, project teams recorded start and end dates, the service provider, and the case members who enrolled. They all provided additional data on select "focal EBPs." Mathematica selected 10 focal EBPs from all the EBPs that were being implemented; each RPG2 project was implementing at least one of those 10 EBPs. For focal EBPs, project teams recorded a log of each session of the EBPs that included length, location, provider, attendees, activities, topics discussed, and alignment with the provider's plans. When RPG3 projects were integrated into the cross-site evaluation, they had already selected their EBPs and were therefore not required to offer or provide data on a focal EBP.

In RPG4, we plan to collect data on all core services that RPG projects provide. Core services are those defined by the project team as comprising its main RPG project. They include, at a minimum, all services funded by the grant, and they might also include in-kind services provided by partners. Project teams often offer multiple services, with varying levels of evidence about their effectiveness. Therefore, collecting data on all services, instead of only on EBPs, will provide a more complete picture of case members' experiences in RPG and the services offered through the grant. Examples of services that are typically part of projects' core services but are not captured as part of an EBP include case management and navigation.

We have proposed to collect a record for each core service encounter with any case member. The core service data will include the session's date, length, provider, attendees, location, broad topics covered, and participant engagement during each session. To reduce data collection

burden, we plan to drop some of the more detailed information about activities and plans, which was collected for focal EBPS in the previous cross-site evaluation.

To reflect the target populations of the RPG4 projects and the needs of the RPG4 cross-site evaluation, Mathematica also changed the enrollment and demographics data we plan to collect. For example, because several RPG4 projects are serving pregnant mothers, we added information to be entered after the birth, such as the infant's birth weight and whether the infant was diagnosed with neonatal abstinence syndrome or fetal alcohol syndrome disorder. Also, because one of the research questions for the RPG4 cross-site evaluation looks at referral sources, we will collect data on the type of referring agency and whether it is an internal (referred by another program within the provider agency) or external (referred by a different agency) referral.

Once the study team developed its proposed changes to the enrollment and service data, they solicited feedback from CB and RPG4 projects. A key challenge for the cross-site evaluation was developing service categories that reflected all 17 of the RPG4 projects. As allowed under terms of the RPG funding opportunity announcement, each project team proposed a distinct approach that would meet the overall RPG objective, meet local needs, and capitalize on the grantees' and partners' strengths and resources. These projects typically involve multiple services and, often, multiple service providers.

The study team asked for RPG4 projects' input on the proposed enrollment and service data in multiple ways. The study team held two work group meetings: the first was held in February 2018 for four projects with experience collecting enrollment and services data from participating in earlier RPG cohorts, and the second was held in March 2018 for the remaining projects. After making changes to the data collection template based on the feedback from the two meetings, the study team asked five projects to review the services data categories in April and consider how their services would fit in the proposed categories. We selected the five projects to reflect diverse approaches to services and whether they had previous RPG experience. Two of the projects had prior RPG experience and the other three did not. Each of the five projects provided feedback to the study team in one-on-one calls. The final approach incorporated the feedback we received from the projects and CB.

Outcome measures. The cross-site evaluation for RPG2 and RPG3 included 10 standardized instruments to assess outcomes across CB's five domains of interest: child well-being, safety, permanency, adult recovery, and family functioning. For the RPG4 cross-site evaluation, the study team worked with CB to select a subset of RPG2 and RPG3 instruments. The selection process had five goals: (1) reduce the burden on RPG projects and participants by reducing the number of instruments, (2) align instruments with measures proposed by RPG projects to the extent possible, (3) provide coverage for the wide age span of children in RPG projects by including adequate measures for birth to 18 years, (4) select measures appropriate for target populations and services grantees proposed in their applications, and (5) cover the domains of interest to CB.

To reach the final recommendations to CB for the standardized instruments for the RPG4 cross-site evaluation, the study team sought feedback by using the same approach as with the changes to the enrollment and services data, meeting with CB and hosting a grantee work group

via conference call for RPG4 projects. In response to the feedback, the study team examined the Global Assessment of Individual Needs–Initial (Dennis et al. 2006) as an alternate outcome measure to replace the Addiction Severity Index (ASI), the recovery outcome measure in use during RPG2 and RPG3. We asked RPG4 projects for their feedback and preferences about this change via email. We compiled the feedback and discussed it with CB, who decided to continue using the ASI based on all feedback. Therefore, all instruments selected for RPG4 were used in RPG2 and RPG3. The measures CB selected for RPG4 are listed in Table II.2.

Once the measures were confirmed, the study team prepared for administration by revising the English and Spanish versions of the standardized instruments, updating a manual with instructions for administration (D’Angelo et al. 2015), and initiating new license agreements for the copyrighted instruments.

The RPG2 and RPG3 cross-site evaluations also included administrative data on children’s safety and permanency and adults’ recovery. For RPG4, there will be two changes. First, based on CB’s request to collect data on more case members, we proposed asking project teams to obtain administrative data on all members of each RPG case rather than just the focal child and the adult in recovery, as had been done in RPG2 and RPG3. Second, we proposed collecting additional data about an adult’s substance use when they entered SUD treatment, including the type of substance used and frequency of use. Before making these changes, CB wanted to understand how they would increase the burden on the RPG4 projects and suggested that we hold calls with four RPG4 projects to solicit their feedback. We worked with CB to select RPG4 projects to participate in the calls that were also part of RPG2 or RPG3 and had a diverse set of experiences with obtaining administrative data. The selected RPG4 projects agreed that these changes would not substantially increase the data collection burden. In contrast, CB did not want to collect standardized instruments on more case members because it would significantly increase burden on RPG4 projects and participants.

Improvement and sustainability survey. To better understand how projects monitor and improve their programs and how and to what extent they plan for continuation of services beyond the RPG period, the study team created a new survey for the RPG4 evaluation.⁶ To do so, the study team identified topics to include and then selected relevant constructs from other surveys. Where possible we identified existing items or scales that could be adapted for the survey. The sources used were the Guide to Developing, Implementing and Assessing an Innovation (Permanency Innovations Initiative Training and Technical Assistance Project 2016), the Program Sustainability Assessment Tool v2 (Calhoun et al. 2014), the RPG SAPR template, and the RPG2/RPG3 partnership survey. The team rewrote existing items from these sources and created new items as needed. We will pretest the survey in Year 2 and revise accordingly.

Site visits. To collect more in-depth information about the quality of collaboration across partnerships, particularly for child welfare and SUD treatment agencies, we will revise the topics to be addressed during site visits and the protocols used to guide site visit interviews. To prepare for this change, we will engage experts to weigh in on the topics and questions. In the summer of 2018, we proposed to CB and received approval of a set of experts in cross-systems

⁶ The RPG4 cross-site evaluation will not include a staff survey used in RPG2 and RPG3 because it focused on EBPs. Therefore, the number of surveys that staff and partners will be asked to complete remains the same.

collaboration, particularly those with experience collaborating across the child welfare and substance use treatment systems or conducting related research. During the coming year we plan to meet with each expert in person or on the phone to solicit his or her advice and feedback on how to best collect partnership information during the site visits.

Semiannual progress reports. The SAPRs provide information on planned services, changes from previous plans, leadership engagement, successes, and challenges during the past six months that affect the RPG projects. The team made minor changes to the previous SAPR form so that all the questions and tables were relevant to RPG4 before sending to grantees for completion. Grantees submitted their first SAPRs in April 2018 and, following the submission, Mathematica reviewed them and made plans for extracting and summarizing the data. This process will be followed for every six-month submission.

B. The RPG4 data collection system

In RPG2 and RPG3, RPG projects submitted data to the cross-site evaluation through two different web-based systems. One system collected real-time enrollment and services data from RPG projects, and a separate system operated twice per year for grantees or their evaluators to upload data from standardized instruments and administrative sources. However, RPG4 projects will submit both types of data into a unified system, called the RPG evaluation data system (RPG-EDS).

In the first year of the contract, Mathematica worked closely with its subcontractor WRMA (which will host and operate the system) to develop the new data system. In early 2018, Mathematica and WRMA began developing requirements for the system, including details on how users would upload the data into the system and specifications for each data element, such as the variable name, definition, acceptable values, type of data (character or numeric), and whether the element was required. As WRMA began implementing the requirements, Mathematica and WRMA met regularly to discuss issues that came up in the development process, such as an approach for entering a group-based service provided to people across multiple cases. We also completed several rounds of review and testing, which helped to identify programming bugs to be corrected. WRMA incorporated these changes into RPG-EDS development.

C. Research and data collection approvals

To comply with the Paperwork Reduction Act of 1995, we coordinated with CB to begin the process for Office of Management and Budget clearance for the RPG4 cross-site evaluation. Over the summer, we met with the OMB contact within CB to discuss any new requirements for the OMB package and drafted all the OMB components (30-day and 60-day Federal Registry Notices including burden estimates, Supporting Statements Parts A and B, and draft data collection instruments). We submitted the draft OMB package to CB for review by the end of the contract period in September.

In response to the Administration for Children and Families (ACF) giving higher priority to data security and prevention of potential breeches, the RPG4 cross-site evaluation team (including staff from Mathematica, WRMA, and CB) is in the process of securing an ATO from ACF for the RPG-EDS. The ATO is the chief information officer's official decision to authorize

operation of the RPG-EDS and accept any risks of its operations based on agreed-upon security controls (National Institute of Standards and Technology 2018).

Securing an ATO requires the project team to participate in up to seven reviews, during which a technical review board assesses the functionality and security of RPG-EDS. During each review, the RPG4 cross-site evaluation team prepares required documentation and gives a formal presentation to the technical review board, which asks questions and provides feedback and action items. At the close of the review, the review board members state whether they approve, do not approve, or conditionally approve the plans for RPG-EDS. The team must receive approval from each review before continuing to the subsequent review.

By the end of the first contract year, the RPG4 cross-site evaluation team had completed the first two gate reviews and prepared documentation for the third review. In general, the content of the reviews progresses from most general to most specific. The first review provided a general overview of the RPG4 cross-site evaluation and the necessity of the RPG-EDS to achieve the evaluation's goals. The second review detailed the requirements needed to develop the system, including the type of data that will be collected for the cross-site evaluation and the reasons for collecting it. For the third review, the team documented the design of RPG-EDS, including initial security information. To prepare for the reviews, the RPG4 cross-site evaluation team convened regularly with members of the Office of the Chief Information Officer in integrated project team meetings to discuss requirements and receive feedback on system and security decisions.

D. Summary of progress made and next steps

In the first contract year, Mathematica in collaboration with WRMA, CB, and RPG project staff reached the following milestones in preparing for data collection:

- Revised the enrollment and services measures
- Selected outcome measures to be used for the cross-site evaluation
- Developed an improvement and sustainability survey
- Identified a set of experts to consult on the plans for the site visits
- Revised and collected the first round of SAPRs in April 2018
- Worked closely with WRMA to build RPG-EDS
- Drafted the OMB package
- Completed two of seven gate reviews required for the ATO

Looking ahead, Mathematica will continue to work closely with WRMA to finalize RPG-EDS, move through the review stages for OMB and ATO approval, finalize the improvement and sustainability survey, and meet with experts to solicit feedback on the site visit plans. RPG projects will upload enrollment and services data to RPG-EDS on an ongoing basis beginning in February 2019, and they will upload outcomes data twice each year beginning in April 2019. The partner and sustainability surveys will occur in spring 2020 with site visits in fall 2020.

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

IV. CONDUCTING EVALUABILITY ASSESSMENTS

As with previous cohorts, CB requires each RPG4 partnership to work with an evaluator (either internal or a third-party) to evaluate their project. These project-specific evaluations are referred to in this report as local evaluations, to distinguish them from the national cross-site evaluation. As specified in the funding opportunity announcement, each partnership 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 issues (Administration for Children and Families 2017a, 2017b). The partnerships must also evaluate project implementation to produce knowledge that will help interpret the findings from the local impact evaluations and inform the field and future RPG projects.

RPG4 projects described preliminary plans for their local evaluations in their grant proposals and, once selected as grantees, they had 150 days to fully plan their local evaluations. Unique to the RPG4 cohort, this planning period allowed RPG projects to refine their local evaluation plans and obtain Institutional Review Board (IRB) approvals to conduct the proposed research before beginning program and evaluation operations.

During the planning period for the local evaluations, Mathematica staff conducted an evaluability assessment. This assessment consisted of a structured review of each project's local evaluation plan, focusing particularly on the methods partnerships proposed to estimate the impacts of the project. The assessments highlighted the strengths and challenges of the impact design and assessed the possible rigor of the findings if the evaluation is well executed. Additionally, the evaluability assessments were intended to help CB and Mathematica staff prepare ongoing TA activities and tools. Finally, the assessments were intended to inform the cross-site evaluation team on which RPG4 projects will likely be able to contribute to the examination of impacts of RPG projects on the well-being, permanency, safety, recovery, and family-functioning outcomes of RPG participants. In this chapter, we first describe the evaluability assessments; next, we explain the assessment criteria; and finally, we provide an overview of the local evaluation designs and their expected contributions to the evidence base.

A. The evaluability assessments

Mathematica staff providing one-on-one TA to grantees and local evaluators, called cross-site liaisons (CSLs), began preparing for the evaluability assessments by reviewing the plans outlined in the grant applications and holding discussion calls with the RPG4 projects. During initial calls with RPG4 projects, CSLs gathered information about the local evaluation plans, using a discussion guide that covered:

- Planned target population for RPG services
- Research design and factors affecting rigor of the design
- RPG project services and contrast in the services received by families in the program and comparison groups
- Expected sample size, location, and study attrition

- Proposed outcomes to be measured and timing of measurement
- Planned procedures for recruitment, determining eligibility, enrollment, and obtaining consent to participate in the study
- Data collection plans

The calls also provided opportunities for the RPG4 projects (in particular the grantees and local evaluators) and CSLs to discuss how to address design difficulties.

Once the CSLs had gathered sufficient information about the evaluation plans, they drafted an evaluability assessment for each RPG4 project to be first shared with CB and then with the project. Each assessment succinctly described the evaluation plan as it stood at the end of the planning period and rated the rigor of the evaluation design. It also had a detailed list of concerns, if any, about the evaluation design and recommendations on ways to address weaknesses in the design. CSLs also shared concerns and recommendations in the ongoing phone conversations with the grantees and their partners, but the evaluability assessment documented the most pressing issues from those conversations to help project teams prioritize them and identify steps to address them.

The evaluability assessment focused on the projects' proposed designs for their local impact evaluations. In assessing the strength of these designs, CSLs considered the extent to which the evaluations could provide credible evidence on program effectiveness. To measure impacts or effects of the project, an evaluation needs to include a treatment group that receives the services of interest and a comparison group that does not. The comparison group represents what would have happened to the treatment group if they had not received the services. RPG project teams might form treatment groups using a random process, for a randomized-controlled trial (RCT), or a non-random process, such as self-selection or staff assignment, for a quasi-experimental design (QED).

The strength of both designs comes from the similarity of the treatment and comparison groups at baseline before the services begin, known as baseline equivalence. If the treatment and comparison groups are similar at the study's onset, then subsequent differences in outcomes are likely attributable to the differences in services they received. With RCTs, random assignment creates two groups that are equivalent on all characteristics, on average. However, factors such as attrition from the study or missing data can weaken the design. For example, in a RCT, losing study participants (attrition) creates differences in the characteristics of the treatment and control groups, thereby weakening the design. With QEDs, equivalence between both groups can be established by including observable variables that researchers can measure in the analysis of data. Because the groups may still be different on characteristics that were not measured, such as the motivation to stay in the program or obtain similar services, QEDs are less rigorous than RCTs.

In assessing the strength of these designs, the CSLs considered the level of evidence on project effectiveness that the evaluations could provide if the evaluation is well implemented. An evaluation study is considered to be well implemented if there are no issues that can introduce differences between the treatment and the comparison groups after the groups are formed (such as high attrition from the study or reassignment of study participants from one group to the other)

and if they demonstrate baseline equivalence of the treatment and comparison groups. The assessment also considered factors that could interfere with the ability of the evaluation designs to detect project effects. These included whether the project teams would collect primary data directly from families served or obtain only secondary, administrative data collected by child welfare and SUD treatment agencies. Table IV.1 describes each possible design rating for the local impact evaluations.

Table IV.1. Impact design ratings

Impact evaluation design rating	Description	Applicable designs
Strong	If the evaluation is implemented well, the design will provide credible, unbiased effects of the contrasts being evaluated.	Well-conceived RCTs
Promising	If the evaluation is implemented well, the design will provide suggestive information on the effects of the contrasts being evaluated.	An RCT with likely issues (such as high attrition) or QED with substantial primary baseline data collection, which could be used to establish equivalence on many factors
Limited	If the evaluation is implemented well, the design will provide limited information on the effects of the contrasts being evaluated.	A QED that relied solely on administrative data to establish baseline equivalence
Descriptive	The design cannot isolate treatment effects from other factors, but it can provide useful information on participant outcomes or other aspects of the RPG project and partnerships.	An RCT or QED design in which baseline equivalence seemed unlikely or a design that did not include a comparison group

Note: QED = quasi-experimental design; RCT = randomized controlled trial.

The rigor of the impact design has implications for RPG4 projects' local evaluations and the cross-site evaluation. The cross-site evaluation impact analysis is based solely on data provided to the cross-site evaluation by the RPG projects. The cross-site impact analysis will aggregate and analyze the treatment and comparison group data from projects that successfully complete local impact evaluations with sufficient rigor. To increase confidence that the results capture project effects—and not other factors, such as families' readiness for change or their receipt of other services in the community—this cross-site analysis will be restricted to the local evaluations that are able to implement designs with a rating of strong or promising as intended. That is, the cross-site analysis will only include data from RCTs or QEDs that successfully establish baseline equivalence on the analytic sample (the final sample on which program impacts will be estimated).

B. Expected contributions of local evaluations

As of the end of the planning period, 4 partnerships planned to evaluate impacts using an RCT, 11 planned to use a QED, and 2 planned to conduct both an RCT and QED (for 19 impact evaluations in total; see Table IV.2). All RPG projects planned to assess implementation. The 6 RCTs received a strong rating. Of the 13 proposed QEDs, 7 received a promising rating, 4 received a limited rating, and 2 received a descriptive rating.

The QEDs with a promising rating intend to assess comparison families directly using standardized instruments. Because of that, they are more likely to be able to establish baseline equivalence and estimate the effects of the services being tested than the QEDs with a limited rating. The four QEDs with a limited rating intend to only obtain administrative data on the comparison group. Because these RPG projects will have data on the comparison group only on a limited number of variables, they will be unable to fully compare the treatment and comparison groups to show baseline equivalence.

The two QEDs with a descriptive rating will not be able to sufficiently assess baseline equivalence to be included in the cross-site impact evaluation. One project had established detailed eligibility and screening criteria for the program group but because they would only have access to administrative data for the comparison group, they would not be able to assess whether the control group met the same criteria. The second project is planning to build the comparison group using a matching strategy based on only a few variables—so the evaluation will be unable to sufficiently demonstrate that the groups are similar.

In addition to variations in their rigor, the focus of each local impact evaluation is different. Some local evaluations will assess the impact of one service, such as enhanced case management, and others will assess the impact of an array of combined services. The local evaluations will reflect variations in their target populations, partnering agencies, experiences, and available resources. Table IV.2 summarizes the local evaluation designs.

Table IV.2. Summary of planned local evaluations

Grantee organization and state	Impact evaluation design		Treatment and comparison group services	Impact evaluation sample size	Data sources	Other local evaluation components
	RCT	QED				
University of Alabama at Birmingham, Alabama		✓	<p>Treatment group: Members of the treatment group will receive coordinated prenatal care and treatment for SUD. This service model will include group prenatal care at a central clinic, case management from a peer recovery mentor, and intensive outpatient or residential treatment for SUD. Following childbirth, mothers will continue to be eligible for peer mentoring, in-home trauma services, and group postnatal care.</p> <p>Comparison group: The members of the comparison group will receive business-as-usual health care and whatever community services they may access on their own.</p>	<p>Treatment group: 265 families</p> <p>Comparison group: 124 families</p> <p>Total: 389 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Separate implementation and partnership studies</p>
Cook Inlet Tribal Council, Inc., Alaska		✓	<p>Treatment group: Families will receive an enhanced version of the Team Decision Making (TDM) model: the Team Decision Making Enhancements for Strong Native Families, which adds a family navigator and evidence-informed parenting classes. The family navigator helps support the family through pre- and post-TDM meetings to increase engagement in the process, provides support during child placement changes and reunification, and helps the family navigate referrals and service linkages.</p> <p>Comparison group: Members of the comparison group will receive the standard TDM model.</p>	<p>Treatment group: 160 families</p> <p>Comparison group: 132 families</p> <p>Total: 292 families</p>	<p>Direct assessments (program group only)</p> <p>Administrative records</p>	<p>Implementation study (including some examination of partnerships)</p>
Children and Families First Delaware, Delaware	✓		<p>Treatment group: Families will receive home visits from a nurse via the Healthy Families of America model. They will also be assigned a peer recovery coach who will work with the nurse conducting the home visits, forming a coordinated team. The peer recovery coach will help with case management and facilitating substance use disorder treatment. Lastly, women in the program group will receive the Nurturing Parenting Program, a group-based parenting skills model. They will have access to services for up to three years after the birth of their baby. All women enrolled in the study will have access to MAT.</p> <p>Comparison group: Members of the comparison group will receive business-as-usual services through one of two MAT providers. These services include access to either a peer recovery coach or care coordinator, as well as potential referrals to other community-based services.</p>	<p>Treatment group: 40 families</p> <p>Comparison group: 40 families</p> <p>Total: 80 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Separate implementation and partnership studies</p>

Grantee organization and state	Impact evaluation design		Treatment and comparison group services	Impact evaluation sample size	Data sources	Other local evaluation components
	RCT	QED				
Broward Behavioral Health Coalition, Florida	✓		<p>Treatment group: Members of the treatment group will receive the Engaging Parents Program and assignment to a continuing care parent advocate (peer specialist) in combination with two treatment-as-usual services—Intensive Family Preservation Services (IFPS) and the Motivational Support Program (including substance abuse treatment).</p> <p>Comparison group: Members of the comparison group will receive the treatment-as-usual services, which include IFPS and the Motivational Support Program (including substance abuse treatment).</p>	<p>Treatment group: 144 families</p> <p>Comparison group: 144 families</p> <p>Total: 288 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Separate implementation and partnership studies</p>
Youth Network Council DBA Illinois Collaboration on Youth, Illinois		✓	<p>Treatment group: Families will receive Intact Family Services (IFS), which is treatment-as-usual, plus specialized case management from a trained recovery coordinator for up to 18 months.</p> <p>Comparison group: Members of the comparison group will receive IFS (treatment-as-usual) for 6 to 12 months.</p>	<p>Treatment group: 240 families</p> <p>Comparison group: 240 families</p> <p>Total: 480 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Separate implementation and partnership studies</p>
Volunteers of Indiana, Indiana		✓	<p>Treatment group: Members of the treatment group will live in the Fresh Start residential treatment facility, work with a family advocate who will represent them in court hearings, and work with a family coach who will provide wraparound case management services. The program consists of three phases. During Phase 1, mothers will reside at the Fresh Start facility and focus on acute stabilization of withdrawal symptoms. During Phase 2, mothers will continue to reside at the Fresh Start facility and receive group and individual counseling focused on short- and long-term recovery. Finally, during Phase 3, mothers will transition to independent living and continue to receive home visits from their family coach.</p> <p>Comparison group: Members of the comparison group will have access to the Fresh Start residential treatment program (which does not include a family coach or home visits following residential treatment), one of Volunteers of Indiana’s outpatient treatment programs, or another program in the community.</p>	<p>Treatment group: 252 families</p> <p>Comparison group: 252 families</p> <p>Total: 504 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Implementation study</p>

Grantee organization and state	Impact evaluation design		Treatment and comparison group services	Impact evaluation sample size	Data sources	Other local evaluation components
	RCT	QED				
Northwest Iowa Mental Health Center DBA Seasons Center, Iowa	✓		<p>Treatment group: Members of the treatment group will receive a referral to one or more of six planned available program models, which primarily focus on children in the families. They will also be assigned a trauma-informed care (TIC) coordinator, who will schedule appointments, conduct assessments, and refer them to other services in the community.</p> <p>Comparison group: Members of the comparison group will receive Season’s business-as-usual services. These may include outpatient behavioral health or counseling services but will not include any program models being offered as part of the RPG project or assignment to a TIC coordinator.</p>	<p>Treatment group: 270 families</p> <p>Comparison group: 100 families</p> <p>Total: 370 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Separate implementation and partnership studies</p>
University of Kansas Center for Research, Inc., Kansas	✓		<p>Treatment group: Members of the program group will receive a culturally adapted version of the Strengthening Families Program, a group-based program designed for high-risk families that combines parent training, social skills training for children, and opportunities for families to practice the skills they are learning.</p> <p>Comparison group: Comparison group members will receive business-as-usual services, which may include aftercare, family preservation, and family or community services.</p>	<p>Treatment group: 225 families</p> <p>Comparison group: 225 families</p> <p>Total: 450 families</p>	<p>Direct assessments (program group only)</p> <p>Administrative records</p>	<p>Separate implementation and partnership studies</p>
Mountain Comprehensive Care Center, Kentucky	✓		<p>Treatment group: Members of the treatment group will receive IOP substance abuse treatment delivered by a team of providers, including a clinician, peer support specialist, and family case manager. RPG services consist of an initial orientation and intensive care in three stages moving from (1) intensive substance abuse treatment; (2) to early recovery services; (3) to maintenance, featuring integrated mental health care, trauma-informed care, case management, peer/recovery supports, and parenting and life skills training; and, finally, continuing care.</p> <p>Comparison group: Members of the comparison group will reside in an adjacent and demographically similar county and receive typical outpatient substance abuse treatment.</p>	<p>Treatment group: 320 families</p> <p>Comparison group: 320 families</p> <p>Total: 640 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Implementation study (including some examination of partnerships)</p>

Grantee organization and state	Impact evaluation design		Treatment and comparison group services	Impact evaluation sample size	Data sources	Other local evaluation components
	RCT	QED				
Preferred Family Healthcare, Inc., Missouri	✓		<p>Treatment group: All members of the treatment group will receive a set of core Services: trauma-informed enhanced case management from a family advocate; services of a peer recovery mentor; in-home treatment of substance use disorders as needed (offered only in rural areas); the Nurturing Program for Parents in Substance Abuse Treatment and Recovery; and primary and basic behavioral health care. About half of the treatment group will also receive Living in Balance (LIB) from their family advocate in addition to the core services. The other half of the treatment group will receive Helping Men Recover/Helping Women Recover from their family advocate in addition to the core services.</p> <p>Comparison group: Comparison group members will receive the same set of core services as the treatment group but will not receive LIB or Helping Men Recover/Helping Women Recover.</p>	<p>Treatment group: 192 families Comparison group: 96 families Total: 288 families</p>	<p>Direct assessments Administrative records</p>	<p>Implementation study (including some examination of partnerships)</p>
The Ohio State University, Ohio		✓	<p>Treatment group: Members of the treatment group will participate in family drug treatment court, have access to MAT, and be connected with a certified peer recovery supporter. In cases where children have been removed and placed with kinship care providers, those caregivers will receive parenting classes and certain financial supports.</p> <p>Comparison group: The evaluation will have two comparison groups. One will receive Ohio Sobriety, Treatment and Reducing Trauma (START) services, including pairing participants with a peer recovery supporter who will provide intensive case management and referral to drug treatment providers. Children in Ohio START will receive trauma counseling as needed. The second comparison group will receive business-as-usual services, which will primarily consist of meetings with a caseworker and referrals to other services. These families may also receive services focused on substance abuse, such as inpatient or outpatient treatment or substance abuse counseling, and some may be paired with a peer recovery supporter (this service is now covered by Medicaid).</p>	<p>Treatment group: 250 families Comparison group: 500 families (plus 100 convenience sample from START) Total: 850 families</p>	<p>Direct assessments (not including convenience START sample) Administrative records</p>	<p>Implementation study (including some examination of partnerships)</p>

Grantee organization and state	Impact evaluation design		Treatment and comparison group services	Impact evaluation sample size	Data sources	Other local evaluation components
	RCT	QED				
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	✓		<p>Treatment group: Members of the treatment group will receive Attachment and Biobehavioral Catch-Up, a home-visiting program designed to address caregiver-child attachment and regulatory problems in young children.</p> <p>Comparison group: Members of the comparison group will receive business-as-usual services from community partners and child welfare agencies.</p>	<p>Treatment group: 315 families</p> <p>Comparison group: 315 families</p> <p>Total: 630 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Implementation study (including some examination of partnerships)</p>
Helen Ross McNabb Center, Tennessee	✓	✓	<p>QED treatment group: Members of the QED treatment group will receive Great Starts, which includes family-centered SUD treatment services offered via residential treatment and IOP treatment. Great Starts also includes several program models depending on family needs. These models include Seeking Safety, Hazelden Co-Occurring Disorders Program, dialectical behavioral therapy, and eye movement desensitization and reprocessing. Family and individual therapy are offered based on family needs using the Nurturing Parenting Program, family behavior therapy, and child parent psychotherapy.</p> <p>QED comparison group: Members of the QED's comparison group will receive business-as-usual adult-centered IOP and residential services from the grantee, both of which will finish before the program group services.</p> <p>RCT treatment group: Members of the RCT treatment group will receive Healthy Families of America services, a model for providing in-home aftercare services. Families participating in the RCT will have already completed either Great Starts or another of the RPG services (Safe Baby Court). That is, the families who completed Great Starts will also have participated in the QED.</p> <p>RCT comparison group: Members of the RCT comparison group will receive Seeking Safety during in-home visits from the grantee, an alternative traditional aftercare program offered in the same county.</p>	<p>QED treatment group: 200 families</p> <p>QED comparison group: 100 families</p> <p>RCT treatment group: 45 families</p> <p>RCT comparison group: 60 families</p> <p>Total: 405 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Implementation study (including some examination of partnerships)</p>

Grantee organization and state	Impact evaluation design		Treatment and comparison group services	Impact evaluation sample size	Data sources	Other local evaluation components
	RCT	QED				
Lund Family Center, Inc., Vermont	✓	✓	<p>Treatment group: Members of the treatment group for both the RCT and QED will receive regular home visits from a two-person family recovery team, including a family engagement specialist and a licensed clinician. The team will construct a detailed action plan after an intensive assessment process and use it to structure home visits. The family engagement specialist will act as a caseworker and service coordinator, and the clinician will deliver the Attachment, Regulation, and Competency model.</p> <p>Comparison group: Members of the comparison group will receive business-as-usual services that include periodic check-ins from Department of Children and Families caseworkers and referrals to other service providers in the area.</p>	<p>QED treatment group: 140 families</p> <p>QED comparison group: 140 families</p> <p>RCT treatment group: 220 families</p> <p>RCT comparison group: 220 families</p> <p>Total: 720 families</p>	<p>Direct assessments (not including QED comparison group, and more limited for RCT comparison group)</p> <p>Administrative records</p>	<p>Implementation study (including some examination of partnerships)</p>
Catholic Charities of Spokane, Washington		✓	<p>Treatment group: Members of the treatment group will receive the Rising Strong program, a residential housing program designed to improve outcomes for families affected by alcohol and substance use. Services include case management and service coordination, support groups and workshops on personal development and life skills, therapy and counseling, financial planning, medical care, employment training, children’s and adults’ education, parenting programs, family activities, transportation, and financial or material supports. The set of services each family will receive will depend on that family’s particular needs.</p> <p>Comparison group: Members of the comparison group will have access to business-as-usual services from existing providers in their counties and communities. These services typically do not include intensive substance abuse treatment for parents or provision of additional program models.</p>	<p>Treatment group: 150 families</p> <p>Comparison group: 150 families</p> <p>Total: 300 families</p>	<p>Direct assessments (program group only)</p> <p>Administrative records</p>	<p>Implementation study</p>

Grantee organization and state	Impact evaluation design		Treatment and comparison group services	Impact evaluation sample size	Data sources	Other local evaluation components
	RCT	QED				
Prestera Center for Mental Health Services, Inc., West Virginia		✓	<p>Treatment group: Members of the treatment group will receive wraparound services, including case management, the Seeking Safety program (in an in-home setting), motivational interviewing, and EcoSystemic Structural Therapy. A care coordinator will provide wraparound services, possibly with assistance from a family aide/therapist or a peer recovery coach.</p> <p>Comparison group: Members of the comparison group will live in a West Virginia county not served by the RPG and receive treatment-as-usual services.</p>	<p>Treatment group: 200 families</p> <p>Comparison group: 75 families</p> <p>Total: 275 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Separate implementation and partnership studies</p>
Meta House, Inc., Wisconsin		✓	<p>Treatment group: Members of the treatment group will receive supportive recovery housing and services for up to 12 months, including an apartment in the recovery housing community, outpatient SUD treatment and mental health services, and in-home parenting and therapy services. Women will also have access to a peer recovery support specialist and case management.</p> <p>Comparison group: Members of the comparison group will be drawn from the population of Meta House clients receiving business-as-usual outpatient SUD services and mental health services. These are the same SUD and mental health services received by women in the program group, but women in the comparison group will receive these services for approximately 4 months (on average).</p>	<p>Treatment group: 72 families</p> <p>Comparison group: 72 families</p> <p>Total: 144 families</p>	<p>Direct assessments</p> <p>Administrative records</p>	<p>Implementation study (including some examination of partnerships)</p>

Source: Evaluability assessments.

Note: IOP = intensive outpatient; MAT = medication-assisted treatment; QED = quasi-experimental design; RCT = randomized controlled trial; RPG = Regional Partnership Grants; SUD = substance use disorder.

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

V. PROVIDING EVALUATION TECHNICAL ASSISTANCE

To support RPG4 projects with their local evaluations and the cross-site evaluation, CB contracted with Mathematica to provide TA on evaluation design and operations. Mathematica assigned a cross-site liaison to each RPG project. The four CSLs each have a master's or doctorate degree, evaluation expertise, and prior evaluation TA experience in RPG or similar projects. To provide evaluation TA, the CSLs work closely with the programmatic TA providers, the change liaisons from CFF. Together, the cross-site liaisons and the change liaisons conduct joint TA calls with RPG4 projects and coordinate online and in-person meetings with complementary content.

This chapter describes the evaluation TA activities Mathematica conducted in the first year of RPG4. Activities included presenting and facilitating discussions at in-person and online meetings, holding regularly scheduled calls, responding to ad-hoc requests, and developing tools to support RPG4 projects.

A. Online and in-person meetings

Mathematica, CFF, and CB coordinated and produced a series of online and in-person group meetings in the first year of the contract, including an orientation webinar, a kickoff webinar series, and an in-person annual meeting (Table V.1). The first events led by Mathematica sought to orient RPG4 projects to the cross-site evaluation and the evaluation TA process, and later events provided specific guidance on issues such as options for local evaluation designs, target populations, data collection procedures, and evaluation monitoring. We designed the events to convey useful information to project teams for designing and conducting their evaluations and facilitate peer learning. For example, the annual meeting sessions included discussions both within and across RPG4 projects, as well as presentations from RPG3 projects on their experiences and lessons learned from their evaluations. During this same time period, CFF led online and in-person group meetings providing program-related TA.⁷

⁷ CFF's program-related TA activities are beyond the scope of the current report.

Table V.1. Online and in-person group meetings with RPG4 projects held by Mathematica

Date	Type	Title	Topics
11/07/2017	Webinar	The RPG4 Cross-Site Evaluation and Evaluation Technical Assistance: An Introduction (Part of the RPG4 orientation webinar)	Introduction to the Mathematica team; brief overview of cross-site evaluation and evaluation technical assistance process
RPG4 virtual kickoff series⁸			
02/15/2018	Webinar	Overview of the RPG Round 4 Cross-Site Evaluation	Background of the cross-site evaluation, including its components and data-reporting systems
03/08/2018	Webinar	Evaluation Planning: Best Practices and Lessons from Earlier Rounds of RPG	Purpose of an impact evaluation; design options for local evaluations; tips for addressing difficult issues; the evaluability assessment process
03/22/2018	Webinar	Data Collection Planning: Strategies for Success	Importance of data quality; planning for data collection; grantee plans
RPG annual meeting			
06/28/2018	Small group discussion	Applying cross-site evaluation interim findings locally	Cross-site evaluation findings and local applications
06/28/2018	Presentation and panel	Early implementation challenges, lessons, and steps forward	RPG3 presentations of key lessons learned related to target populations, services, engagement, and staff/partner turnover with discussion
06/28/2018	Presentation	Using Data to Support Program Success	Joint presentation with staff from National Center for Substance Abuse and Child Welfare on using data for monitoring and continuous quality improvement
06/28/2018	Presentation and panel	How to get administrative data: Tips and lessons learned	Introduction to the administrative data elements; RPG3 experiences collecting administrative data
06/29/2018	Presentation	The RPG4 cross-site evaluation: An Overview	Modifications to and details about the cross-site evaluation design
06/29/2018	Breakout discussion	Starting up: Putting your evaluation plans into action	Local evaluation designs; engaging program staff and partners; best practices for data collection; evaluation monitoring

Note: The kickoff series also included the virtual work group meetings described in Chapter III. The webinars and in-person presentations given solely by National Center for Substance Abuse and Child Welfare at the kickoff and annual meetings are not included in the table.

⁸ CB had planned to hold an in-person kickoff meeting for grantees, but the meeting was cancelled because of a government shutdown.

B. Ongoing evaluation technical assistance

RPG4 CSLs provide ongoing evaluation TA through regularly scheduled phone calls and by responding to project teams' evaluation-related questions and concerns. During monthly calls, representatives of each RPG project (usually the grantee and local evaluator staff) meet with their TA team consisting of a CSL, the federal project officer (FPO) for their grant, and the designated CL. During the calls, RPG project staff provide an update on program and evaluation planning and implementation from the past month, ask questions, solicit input, and voice concerns. The TA teams (CSL, FPO, and CL) also meet regularly to develop coordinated agendas for the monthly calls, debrief on issues that arise, and discuss action items. In addition, any party can request a meeting with a CSL to discuss evaluation issues or questions in greater detail. From December 2017 when monthly calls began, through September 2018, CSLs participated in 220 calls with RPG4 projects, an average of 18 calls per month (Table V.2) or about one per RPG project.

Table V.2. Evaluation technical assistance calls, December 2017–September 2018

	Monthly TA	TA team check-ins	CL initiated	FPO initiated	RPG project initiated	All
Total calls	146	36	15	12	11	220
Average calls per month	12	3	1	1	1	18

Source: Cross-site liaison call log, December 2017–September 2018.

Note: CL = change liaison, 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.

RPG project staff and TA teams discussed a wide range of programmatic and evaluation-related topics. To track the issues discussed during the calls and common themes across projects, the CSLs keep a detailed log of each call in a SharePoint-based system. Each call record includes the call type, RPG4 project, date, call participants, main issues discussed, and a summary of the discussion. As shown in Table V.3, as project teams planned and, in some cases, started their evaluations, the most common evaluation topics discussed were about the intake, study consent, and enrollment processes (107 calls); administrative data (67); IRB requirements (63); treatment and comparison group formation (62); and data collected by RPG4 projects (58).

In addition to tracking the calls described above, Mathematica also tracked specific TA requested by the RPG4 project. “TA requests” are defined as those that include at least one of the following:

- Provision of materials and tools (such as examples of consent forms or tools to calculate statistical power)
- Review of documents
- Provision of specialized TA by a member of the cross-site evaluation team other than the CSL (such as survey researcher, technical expert, or consultant)
- Provision of specialized TA requiring by an expert outside the cross-site evaluation team

These requests can be made through email or during a TA call but require a greater level of assistance from Mathematica. For this reason, CSLs record and track these requests in a formalized system. For each request made, the CSL opens a help desk ticket that lists the RPG4 project, date of request, mode of request (call or email), and topic, and describes the specific request and the planned response. Once the CSL has fulfilled the request, he or she changes the status of the entry and indicates the date by which the request was fulfilled, thus closing the help desk ticket. By the end of the first contract year, the CSLs had opened eight help desk tickets and resolved seven of them. The topics of the help desk tickets included data collection and measures, IRB requirements, and research design.

Table V.3. Topics discussed during technical assistance calls, December 2017–September 2018

Topic	Number of calls discussing topic
Intake/study consent/enrollment processes	107
Administrative data	67
Institutional Review Board	63
Treatment and comparison group formation	62
Grantee-collected data	58
Implementation	53
Staff	47
Sample size	44
Random assignment	30
Outcomes	20
Tracking sample members	18
Baseline equivalence	11
Consent	7
Crossovers/contamination	5
Sample attrition	4
Systems-level or collaboration outcomes	4
Fidelity	3
Analysis methods/technical questions	2

Source: Cross-site liaison call log, December 2017–September 2018.

Note: Multiple topics were discussed during calls; therefore, the total number of topics will not equal the number of calls during the same time span.

C. Technical assistance tools

Mathematica produces TA information and tools that RPG projects can use over the course of their evaluation. Mathematica began planning and developing an initial set of TA tools in the summer of 2018. The initial tools provide guidance on two topics: continuous quality improvement and tracking sample members. The continuous quality improvement toolkit will include a brief that explains a continuous quality improvement process, also known as Learn, Innovate, Improve (LI²; Derr et al. 2017); a brief about using service and other data in the Learn phase of LI²; and a tip sheet with dos and don'ts related to using data for innovation. For the toolkit on tracking sample members (to support follow-up data collection for the local and cross-site evaluations), Mathematica is planning a brief on how to track sample members with accompanying Excel worksheets that demonstrate the process and can be tailored for each project's use. This work will further evolve during the next contract year (October 2018–September 2019).

REFERENCES

- Administration for Children and Families. “Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse.” HHS-2017-ACF-ACYF-CU-1229. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, 2017a.
- Administration for Children and Families. “Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse in American Indian/Alaska Native Communities.” HHS-2017-ACF-ACYF-CU-1230. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, 2017b.
- Calhoun A., A. Mainor, S. Moreland-Russell, R.C. Maier, L. Brossart, and D.A. Luke. “Using the Program Sustainability Assessment Tool to Assess and Plan for Sustainability.” *Preventing Chronic Disease*, vol. 11, 2014. doi: <http://dx.doi.org/10.5888/pcd11.130185>.
- D’Angelo, A.V., D.A. Strong, D.B. Shapiro, S.A. Avellar, R. Cole, and D. Paulsell. “Data Collection Manual for the RPG National Cross-Site Outcomes Evaluation: Instrument Guide for the Child Well-Being, Family Functioning, and Recovery Domains.” Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, May 2015. Contract No. HHSP23320095642WC. Available from Mathematica Policy Research, Princeton, NJ.
- D’Angelo, A., J. Henke, R. Bess, Y. Xue, S. Avellar, A. Burnett, C.J. Johnson, and A. De Mond. “Regional Partnership Grants Cross-Site Design Report.” Washington, DC: Mathematica Policy Research, forthcoming.
- Derr, M., A. Person, & J. McCay. “Learn, Innovate, Improve (LI²): Enhancing Programs and Improving Lives.” Washington DC: U.S. Department of Health and Human Services, Office of Planning, Research, and Evaluation, December 2017.
- Dennis, M.L., Y.F. Chan, and R.R. Funk. “Development and Validation of the GAIN Short Screener (GSS) for Psychopathology and Crime/Violence Among Adolescents and Adults.” *American Journal on Addictions*, vol. 15, 2006, pp. 80–91.
- National Institute of Standards and Technology. “Computer Security Resource Center Glossary.” Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology, 2018. Available at <https://csrc.nist.gov/glossary>. Accessed November 14, 2018.
- Permanency Innovations Initiative Training and Technical Assistance Project. “Guide to Developing, Implementing, and Assessing an Innovation.” Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, 2016.
- Strong, D.A., D. Paulsell, R. Cole, S.A. Avellar, A.V. D’Angelo, J. Henke, and R.E. Keith. “Regional Partnership Grant Program Cross-Site Evaluation Design Report. Princeton, NJ: Mathematica Policy Research, May 2014.

www.mathematica-mpr.com

**Improving public well-being by conducting high quality,
objective research and data collection**

PRINCETON, NJ ■ ANN ARBOR, MI ■ CAMBRIDGE, MA ■ CHICAGO, IL ■ OAKLAND, CA ■
SEATTLE, WA ■ TUCSON, AZ ■ WASHINGTON, DC ■ WOODLAWN, MD



Mathematica® is a registered trademark
of Mathematica Policy Research, Inc.