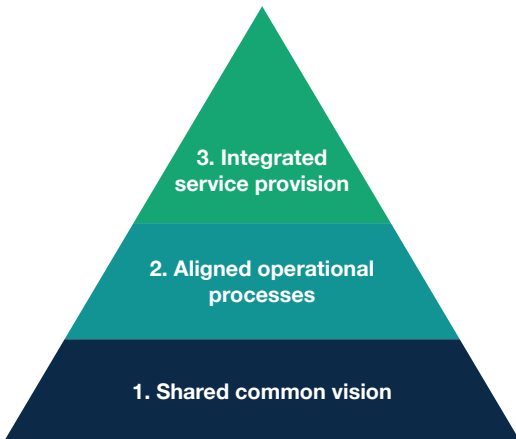# Emerging Findings from the 2012-2017 National Cross-Site Evaluation of the Regional Partnership Grant (RPG) Program

The RPG program supports partnerships between child welfare agencies, substance use disorder treatment providers, and other systems to address the needs of children who are in, or at risk of, out-of-home placement due to a parent or caretaker's substance use disorder.

Since RPG began in 2007, the Children's Bureau has awarded over 100 grants in 6 cohorts. In 2012, the Children's Bureau awarded 17 "RPG2" grants in 15 states and began a national evaluation of the program. RPG2 partnerships enrolled 11,416 people from October 2012 to April 2017: A subset participated in a national cross-site evaluation conducted by Mathematica. What follows is a summary of findings from the RPG2 evaluation.

3,772 Adults + **4,854 Children** from **2,887 Families**
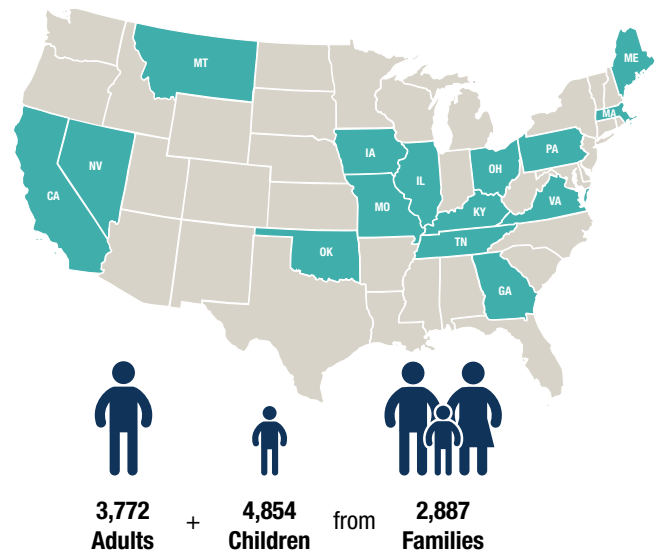
RPG strengthened provider collaborations

3. Integrated service provision

2. Aligned operational processes
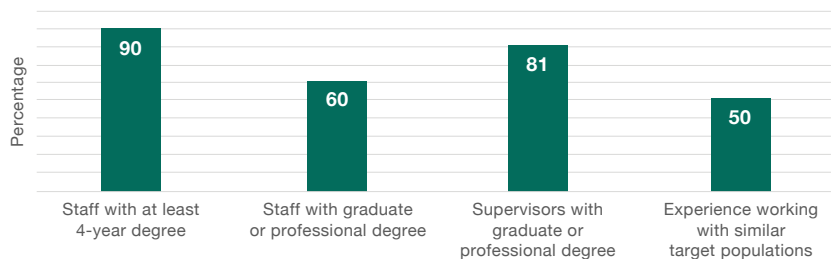
1. Shared common vision

Over time these partnerships improved their communication, increased their abilities to collaborate, developed common goals, and built trust and relationships. Along with developing a common vision, many aligned their operational processes for serving families, and some seeking it achieved integrated service provision.

Partnerships had best practices for evidence-based programs in place or partially in place

Each partnership developed its unique RPG project, combining one or more evidence-based or evidence-informed programs and practices focused on family strengthening or parenting, reducing trauma, child–caregiver therapy, adult therapy or counseling, or family treatment drug court with other services such as recovery coaches, peer mentors, or navigators.

Type of best implementation practice	Number of partnerships		
	In place	Partially in place	Not in place
Staff selection and hiring	9	8	0
Training	11	6	0
Coaching	9	8	0
Data systems to support decision making	13	4	0
Administrative infrastructure	14	3	0

Staff were well-qualified

|	Percentage
Staff with at least 4-year degree	90
Staff with graduate or professional degree	60
Supervisors with graduate or professional degree	81
Experience working with similar target populations	50

The cross-site evaluation compared adult and child outcomes at baseline and program completion
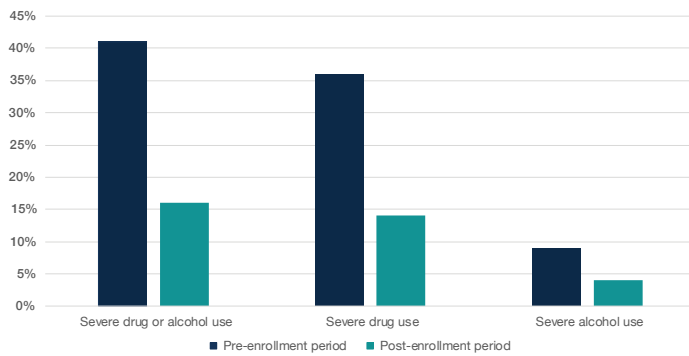
Adults

The majority of adults followed for the evaluation received substance use disorder (SUD) treatment prior to, during, or within a year after RPG (approximately 70 percent of families had at least one adult in SUD treatment over this time).
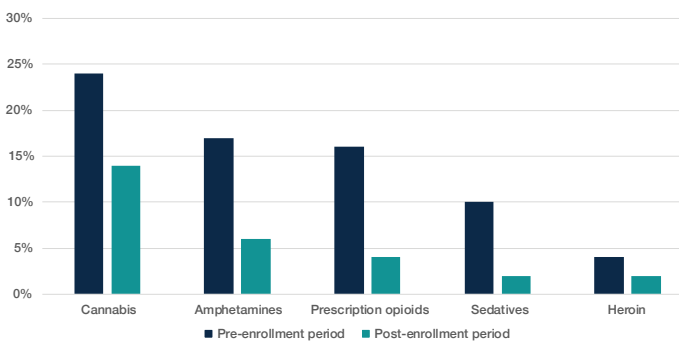
SUD treatment enrollment and completion increased following RPG2 enrollment
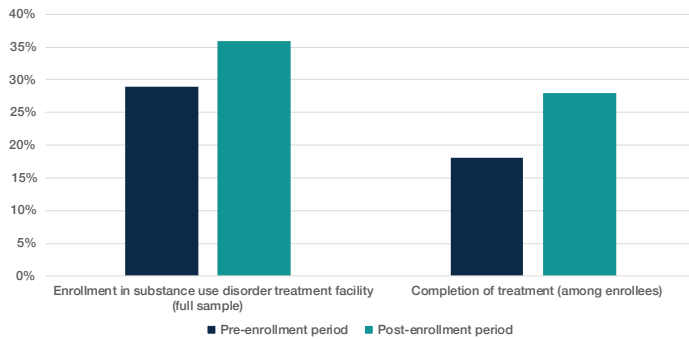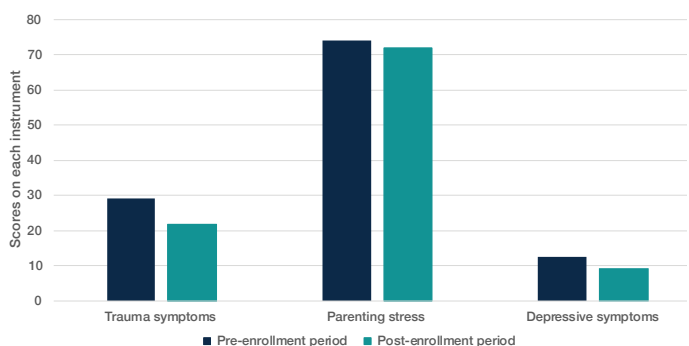

High-severity substance use declined

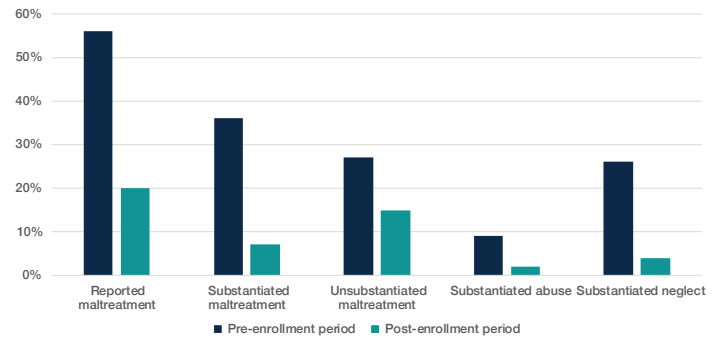### There were reductions in use of all substances measured
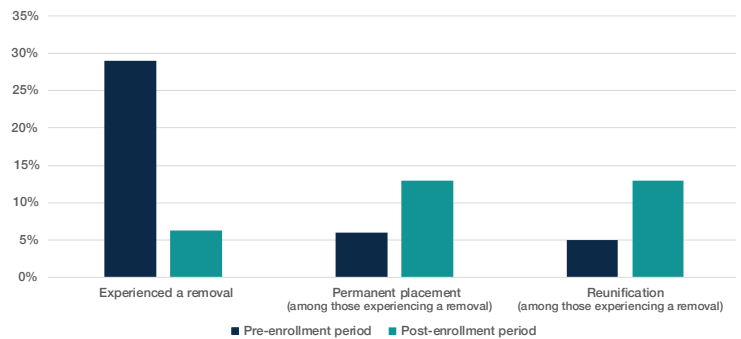

Mental health improved

Children

Mathematica's cross-site evaluation showed that child safety and permanency–two critical RPG outcomes–improved.
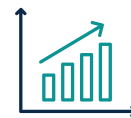
Maltreatment decreased

Fewer removals from the home occurred, and there was increased permanency and reunification among children who experienced a removal

With one exception, child well-being outcomes improved or remained stable

Improved
- Behavior problems
- Socialization

Stable
- Executive functioning

For the cross-site evaluation, partnerships collected four measures of child well-being at RPG enrollment and exit. Sensory processing (measured among children younger than 36 months), which is the way the nervous system receives messages from the senses and turns them into responses, declined. The three other measures of well-being improved (reduced behavioral problems and improved socialization skills), or remained stable (executive functioning).

Opioid users had greater needs but also improved significantly

At RPG enrollment, 20 percent of adults had used opioids within the past 30 days. Among these opioid users, the majority (63 percent) solely used prescription opioids, rather than heroin, methadone, or a combination of multiple opioids.

- Opioid users had greater needs than adults who did not use opioids. For instance:
  - 49 percent of opioid users were severely depressed, compared to 36 percent of other adults.
  - Opioid users expressed more parenting attitudes that placed children at risk for maltreatment.
  - Opioid users also used other drugs, including marijuana, amphetamines, and sedatives.
- At the time adults exited the RPG program, opioid use decreased significantly.
  - 79 percent of opioid users had recently used prescription drugs at program entry, but that number dropped to 14 percent at program exit.
  - Heroin use dropped from 20 to 8 percent.
- Nearly half of opioid users were severely depressed at program entry. That dropped to 28 percent at program exit.

Opioid use decreased by 14%

Heroin use decreased from 20% to 8%

Incidence of severe depression decreased by 28%

RPG emphasized provision of evidence-based services

By design, each RPG partnership chose a package of services to meet the needs of its target population—there is no single "RPG model." Combined, the partnerships offered over 50 different evidence-based and evidence-informed programs and practices, of 6 types. Each family was enrolled in RPG for 6 months on average, and 75 percent of enrolled families received at least one such evidence-based program or practice.

Enrollment in evidence-based programs or practices

Type of evidence-based program or practice	Number of partnerships (out of 17) enrolling families in program or practice of this type[a]	Percentage of all RPG families enrolled in at least one program or practice of this type[b]
Family strengthening	14	48
Therapy or counseling	11	23
Substance use disorder treatment and/or education	8	22
Child–caregiver therapy	7	10
Response to trauma	3	2
Family treatment drug court	1	2

Source: RPG Enrollment and Service Log data from January 1, 2014, to July 14, 2017.
[a] Calculated as the number of projects with at least one family enrolled in this type of program or practice.
[b] Sums to more than 100 percent because some families enrolled in more than one program or practice.

These pre-post evaluation findings suggest that programs and services provided by RPG2 partnerships led to improvements in adult recovery from substance use and improved family functioning. Those changes in turn improved child safety and permanency, though child well-being changes might take longer to observe. Later cohorts of RPG partnerships were also able to provide data from comparison groups who did not receive RPG services. Analysis of these data will provide opportunities to shed more light on the effectiveness of RPG projects.

Dori Sneddon, PhD, Child Welfare Program Specialist
Office on Child Abuse and Neglect, Children's Bureau/ACYF/ACF/HHS
Mary E. Switzer Building, 330 C Street, SW Washington, DC 20201

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