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Regional Partnership Grants Cross-Site Evaluation Design Report for Seventh Cohort of Grant Recipients

October 1, 2024

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I. Introduction

Substance use is a common risk factor for families' involvement in the child welfare system. In 2022, of the 558,899 children who experienced maltreatment,[1] 24 percent had a caregiver who misused drugs,[2] and about 15 percent had a caregiver who misused alcohol[3] (U.S. Department of Health and Human Services [HHS], 2024). Some children had more than one of these risk factors. More than 36,000 infants were referred to child protective services in 2022 for prenatal substance exposure and screened in for investigation (HHS, 2024).[4] In addition, higher rates of drug overdose deaths and drug-related hospitalizations correspond to higher child welfare caseloads (Radel et al., 2018). Higher rates of serious drug-related issues may make it more difficult for child welfare systems to support and strengthen families, keep children at home, or return them quickly from out-of-home care.

To address the needs of children affected by parental substance use, child welfare agencies and substance use treatment providers can benefit from working together. But continuing challenges impede collaboration between the two systems. Those challenges include competing timelines for achieving permanence for children and for parents' sobriety and recovery, as well as shortages of foster homes, substance use disorder services, and family-friendly treatment resources (Radel et al., 2018).

Since 2006, Congress has authorized the Children's Bureau (CB) within the Administration for Children and Families (ACF), HHS to fund discretionary grants for improving safety, well-being, and permanency outcomes for children who are at risk of or are in out-of-home placement because of caregivers' substance use issues. Based on this authorization, CB created the Regional Partnership Grants (RPG) program and funded seven cohorts of grant recipients as of 2024. To build knowledge of effective, collaborative services for children, youth, and families affected by substance use issues, CB established a cross-site evaluation of RPG projects in 2011.

This report describes the cross-site evaluation design for the seventh cohort of RPG projects (RPG7). The rest of this chapter is an overview of previous RPG cohorts and cross-site evaluations and the current cohort of RPG projects. It concludes with a summary of our design for the RPG7 cross-site evaluation, including a conceptual framework to guide the evaluation, research questions, data sources, and collection methods. Subsequent chapters describe our plans for data collection, analysis, and reporting in more detail:

- Chapter II describes our plans for assessing project partnerships and collaboration.
- Chapter III explains our proposed methods for gathering information about the characteristics of projects' focal populations and the populations they actually served.

[1] The state determined maltreatment was substantiated or indicated (that is, maltreatment could not be substantiated under state law or policy, but there was reason to suspect that at least one child may have been maltreated or was at risk of maltreatment) (HHS, 2024).

[2] The risk factor was categorized as "drug abuse," which was defined as "the compulsive use of drugs that is not of a temporary nature" (HHS, 2024). These results were limited to 39 states that reported data on "drug abuse" as a possible risk factor.

[3] The "alcohol abuse" risk factor, which was defined as "the compulsive use of alcohol that is not of a temporary nature," was reported by 33 states (HHS, 2024).

[4] Data on prenatal substance exposure were reported by 50 states.

- Chapter IV discusses our plans for collecting information on the types of services provided; assessing enrollment, participation, and dosage; and learning about the strategies projects used to engage participants.
- Chapter V describes how we will assess grant recipients' plans for improving and sustaining their projects beyond the life of the grant period.
- Chapter VI presents our plans for collecting and analyzing information on participants' outcomes.
- Chapter VII discusses our plans for assessing program impacts.
- Chapter VIII presents our plan for reporting findings and next steps.

A. Overview of RPG cohorts and cross-site evaluations

Over the last decade, Congress has authorized HHS to fund multiple cohorts of grant recipients, resulting in geographically different lead agencies and partnerships, each serving a unique focal population. The grants were first authorized in 2006 in the Child and Family Services Improvement Act (P.L. 109-288) and reauthorized first in 2011 and again in 2018 by the Bipartisan Budget Act of 2018 (Pub. L. 115-123). The legislation required HHS to evaluate the services and activities provided with RPG funds. As CB specified in the notice of funding opportunity, each project had to plan and conduct a rigorous evaluation to assess 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 (ACF, 2012, 2014, 2017a, 2017b, 2018, 2019, 2022). Table I.1 is an overview of RPG cohorts.[5] CB funded a mix of experienced and new grant recipients under RPG7 (Table I.2).

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	Project-reported performance data indicators
RPG2	2012–2017	17 projects in 15 states	Project-conducted local outcome evaluations and participation in a cross-site evaluation
RPG3	2014–2019	4 projects in 4 states	Project-conducted local outcome and impact evaluations and participation in a cross-site evaluation
RPG4	2017–2022	17 projects in 17 states, including 2 projects serving American Indian/Alaska Native populations	Project-conducted local outcome, impact, and implementation evaluations and participation in a cross-site evaluation
RPG5	2018–2023	10 projects in 8 states	Project-conducted local outcome, impact, and implementation evaluations and participation in a cross-site evaluation

[5] For more information about prior rounds of grants and evaluations see Strong et al. (2014) and D'Angelo et al. (2019).

Table I.1 (*continued*)

RPG cohort	Grant period	Number of projects	Evaluation activities
RPG6	2019–2024	8 projects in 8 states	Project-conducted local outcome, impact, and implementation evaluations and participation in a cross-site evaluation
RPG7	2022–2027	18 projects in 14 states	Project-conducted local outcome, impact and implementation evaluations and participation in a cross-site evaluation

Source: Strong et al. (2014) and D'Angelo et al. (2019).

The RPG7 cross-site evaluation team will conduct analyses that are the same as or similar to the ones in previous rounds of the cross-site evaluation. The team will also conduct new analyses to expand our knowledge. As in prior rounds, the cross-site evaluation analysis will describe projects' partnerships and their collaboration; describe who the project teams intend to and actually serve in their projects; and measure participating families' change over time on child well-being, safety and permanency, family functioning, and adult recovery. This will extend our understanding of the provided services across cohorts and reveal how project teams leveraged their partnerships to coordinate and integrate services to improve outcomes. The cross-site evaluation will also measure projects' core services, which include all services funded by the grant and may include in-kind services provided by partners. In addition, the cross-site evaluation will assess how projects plan to sustain their services and partnerships after the RPG period ends. Finally, this round's cross-site evaluation will include new analyses that focus on the experiences of participants enrolled in RPG services and their perspectives on those services.

Table I.2. RPG7 projects

Grant recipient organization and state	Organization type	Recipient of previous RPG	Focal population and project focus
Cook Inlet Tribal Council, Inc., Alaska	Family support service provider (Tribal organization)	RPG1, RPG4	**Focal population:** Alaska Native and American Indian caregivers experiencing substance use whose children are in or at risk of out-of-home placement **Services:** Nurturing Parenting for Families in Substance Use Disorder Treatment and Recovery, intensive case management, peer recovery support, family contact (visitation) support, and optional services including a trauma support group and community-based family activities

Table I.2 (*continued*)

Grant recipient organization and state	Organization type	Recipient of previous RPG	Focal population and project focus
State of Connecticut Department of Children and Families, Connecticut	State child welfare agency	No	**Focal population:** Pregnant or parenting adults with a child younger than age 6 who is in or at risk of out-of-home placement because of parental substance use **Services:** Multidimensional Family Therapy and Recovery (MDFT-R), an intensive, home-based outpatient behavioral health treatment approach that serves the family and incorporates components to address parental substance use, co-occurring mental health problems, family functioning, and healthy relationships
Broward Behavioral Health Coalition, Inc., Florida	Contracted entity that oversees a network of behavioral health services providers	RPG4	**Focal population:** Pregnant women using substances who are not involved with child welfare for the current pregnancy **Services:** Home visiting services, including prenatal and parenting education; stress management; care coordination; screenings for perinatal depression, intimate partner violence, tobacco use, substance use, and child development; an individualized plan of care; a family support plan; Broward Healthy Start Coalition Behavioral Health Program model from a peer and services specialist; and peer navigation approach that uses Motivational Interviewing to engage mothers in the recovery process and other needed services, including substance use treatment
Centerstone of Illinois Inc., Illinois	Behavioral health service provider	RPG5	**Focal population:** Families who have a child up to age 17 who is in or at risk of out-of-home care because of parental substance use **Services:** Nurturing Parenting Program for Families Involved in Substance Abuse Treatment and Recovery, a trauma-informed, evidence-based program that uses psychoeducational and cognitive behavioral approaches with parents and children, and trauma-informed Cognitive Behavioral Therapy for the family's children
Youth Network Council DBA Illinois Collaboration on Youth, Illinois	Youth advocacy association	RPG4, RPG6	**Focal population:** Families with children at risk of out-of-home care and an adult with SUD **Services:** Business-as-usual child welfare services enhanced with a recovery coordinator for specialized case management
Florence Crittenton Home of Sioux City, Iowa	Family support service provider	No	**Focal population:** Children and youth ages 11 to 21 in out-of-home care due to parent or caregiver substance use and other behavioral health conditions **Services:** Emergency shelter housing and at least one of the following services: Attachment, Self-Regulation, and Competency (ARC); enhanced therapeutic supervised visits between children in congregate care and their families, kin, or foster families; Teaching Family Model; and cognitive behavioral therapy models

Table I.2 (*continued*)

Grant recipient organization and state	Organization type	Recipient of previous RPG	Focal population and project focus
Judiciary Courts for the State, Iowa	Court or judicial agency	RPG5	**Focal population:** Families with children from birth through age 8 who have been affected prenatally or environmentally by substance exposure and are in or at risk of out-of-home care or in adoptive families **Services:** Family Resource Center with several services, including (1) screening for the child (medical and developmental risks) and parent (behavioral health risks); (2) comprehensive assessments and treatment plans for the child (social, medical, and developmental history and a medical exam and developmental or psychological assessment); (3) referrals and care coordination from a family navigator; and (4) tele-mentoring support for the clinicians to develop the child's treatment plan
Mountain Comprehensive Care Center, Kentucky	Behavioral health services provider	RPG4	**Focal population:** Families with parent experiencing SUD and children from birth through age 18 in or at risk of out-of-home care **Services:** Intensive outpatient program for SUD treatment, including integrated mental health care, trauma-informed care, case management, recovery peer supports, parenting and life skills training, and continuing care (services during early recovery and maintenance stages)
Volunteers of America Southeast Louisiana Inc., Louisiana	Substance use treatment provider	No	**Focal population:** Pregnant or parenting women who have a child age 12 or younger who is at risk of out-of-home care due to parental substance use **Services:** Community-based, outpatient SUD services, care coordination, and peer support; one group also receives residential SUD treatment and after-care services
CPR of the Ozarks, Missouri	Family support service provider	No	**Focal population:** Families who are expecting a baby or have children from birth to age 18 in or at risk of out-of-home care due to caregiver substance use or dual-diagnosis concerns **Services:** Family support specialist to guide family through services, including parent education, SUD treatment, anger management classes, and individual and family therapy; case management; comprehensive treatment planning; home visiting

Table I.2 (*continued*)

Grant recipient organization and state	Organization type	Recipient of previous RPG	Focal population and project focus
Preferred Family Healthcare, Inc., Missouri	Behavioral health services provider	RPG2, RPG4, RPG5, RPG6	**Focal population:** Families with children at risk of out-of-home care because of parental substance use **Services:** Core services (trauma-informed, comprehensive, strength-based screening and assessment of needs; enhanced case management from a family peer advocate; parenting support; peer recovery mentoring; SUD treatment; Living in Balance and Helping Men/Women Recover practices; financial and transportation assistance; and access to employment and job-training or skill-building services) and the Stress Management and Resiliency Training program
Montefiore Medical Center, New York	University hospital or clinic	RPG3, RPG5	**Focal population:** Fathers with at least one child younger than age 18 who is not currently in out-of-home care, but someone in the family has or is at risk of a substance use disorder **Services:** Father-specific parenting education and employment training program, case management, Motivational Enhancement Therapy, and contingency management
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	State mental health and substance use services agency	RPG1, RPG2, RPG4, RPG6	**Focal population:** Pregnant and parenting families with a child up to six months old who is in or at risk of out-of-home placement due to parental substance use concern **Services:** Training and support for behavioral health treatment providers to build a collaborative cross-system implementation team that will (1) strengthen referral pathways and (2) provide services (Parent-Child Assistance Program, Family Care Plans, TeamBirth, and the Alliance for Innovation on Maternal Health's Maternal Safety Bundles)
Health Federation of Philadelphia, Pennsylvania	Family support service provider	RPG5	**Focal population:** Families with a pregnant mother or with children from birth through age 5 who live in a residential SUD treatment site and are involved or at risk of involvement with the child welfare system **Services:** Peer recovery services, Mothering from the Inside Out integrated with Child-Parent Psychotherapy
Helen Ross McNabb Center, Tennessee	Behavioral health services provider	RPG1, RPG2, RPG4	**Focal population:** Pregnant or parenting families with children from birth through age 5 in or at risk of out-of-home care because of parental substance use **Services:** Prenatal plans of safe care and family-centered treatment using practices including Seeking Safety, Eye Movement Desensitization and Reprocessing, Nurturing Parenting Program, Circle of Security, and Child-Parent Psychotherapy

Table I.2 (*continued*)

Grant recipient organization and state	Organization type	Recipient of previous RPG	Focal population and project focus
Tennessee Department of Mental Health and Substance Abuse Services, Tennessee	State mental health and substance use services agency	RPG1, RPG2	**Focal population:** Families with children in or at risk of out-of-home care **Services:** HOMEBUILDERS, which provides intensive in-home family preservation services
Prestera Center for Mental Health Services, Inc., West Virginia	Behavioral health services provider	RPG4, RPG6	**Focal population:** Families with children from birth through age 12 who are involved with child welfare because of parental substance use **Services:** Wraparound services from a care coordinator, peer recovery coach, and/or a family therapist, with services including Seeking Safety, eco-systemic structural family therapy, and Motivational Interviewing
Meta House, Inc., Wisconsin	Substance use treatment provider	RPG4	**Focal population:** Women with SUD whose children are in or at risk of child welfare involvement, with parental rights that have not been terminated **Services:** Recovery supportive housing program for women and their children, including peer recovery support, plus Meta House's usual outpatient SUD treatment program

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

SUD = substance use disorder.

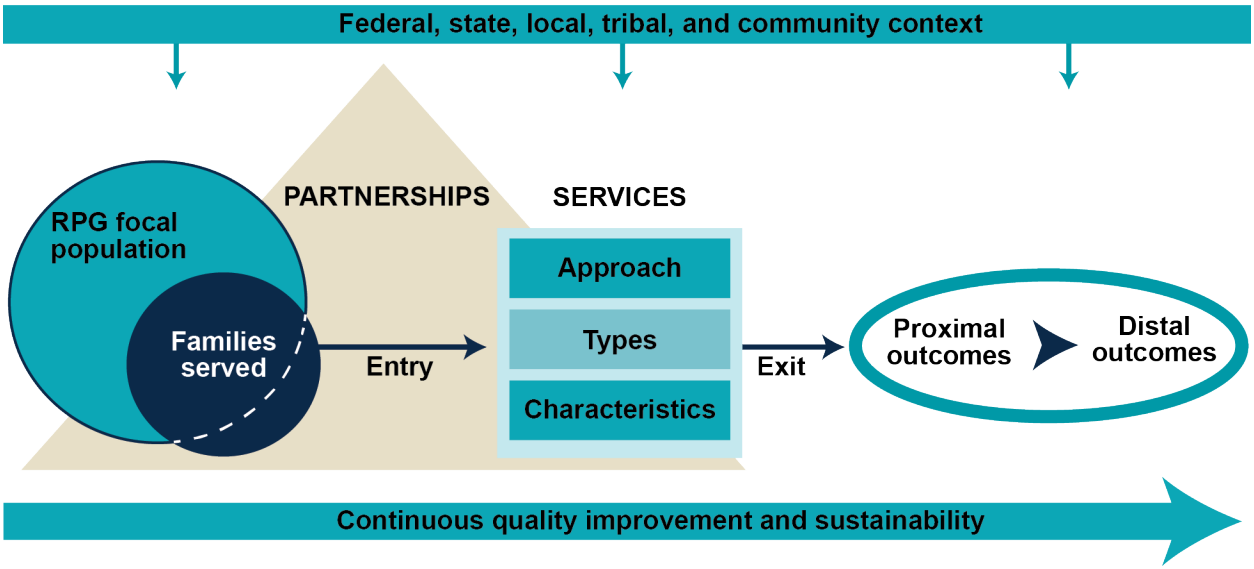
B. Conceptual framework and research questions

A conceptual framework guides the cross-site evaluation (Figure I.1). The top of the figure depicts the context RPG projects operate in. Federal, state, local, tribal, and community policies, needs, characteristics, and resources affect RPG projects. On the left side of the framework, the large circle represents each RPG project's defined focal population of children and families who are eligible to receive services. Some eligible families will not receive services for various reasons, including RPG project capacity, families' disinterest in services, or lack of referrals to connect eligible families with RPG services. In addition, some families who are not part of the focal population may receive services, as shown in a portion of the smaller dark blue circle.

Partnerships are a key focus of the cross-site evaluation, undergirding the focal population, families served, and the services provided as illustrated in the conceptual framework. The framework demonstrates how an RPG project's partnerships influence and are influenced by these other elements. The evaluation will also examine RPG projects' approaches to service provision (such as whether they provide individualized services or a packaged set); types of services (such as case management or service coordination, support group or workshop, therapy or counseling, parent training or home visiting, and 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. The blue arrow at the base of the framework depicts continuous quality improvement and sustainability planning that project teams should conduct throughout the project to strengthen their services and

prepare for sustaining their services and partnerships. Our cross-site evaluation seeks to understand all of these components by addressing the research questions in Table I.3.

Figure I.1. Conceptual framework



C. Data sources and collection methods

The cross-site evaluation will use multiple sources and methods to collect data on grant recipients' focal populations, partnerships, services, outcomes, impacts, and sustainability planning activities, as well as RPG program participants' experiences (Table I.3). Data sources include project documents, site visit interviews and phone interviews, interviews and focus groups with program participants, enrollment and service data, a sustainability survey, and measures of participant outcomes at baseline (project entry) and project exit.

To support projects in collecting consistent, complete, and high quality data for the local and cross-site evaluations, we will provide technical assistance and support in several ways. First, we will assign a cross-site evaluation liaison (CSL) to each project. The CSL will provide technical assistance and support for the evaluation throughout the grant period, from planning through execution. The cross-site evaluation team will also provide training webinars on how to administer standardized measures selected for the cross-site evaluation and how to obtain administrative data. To support grant recipients in collecting and submitting data on participant outcomes, we will also provide training materials, webinars, data dictionaries, and user guides.

In the rest of this section, we describe each data source in detail.

1. Project documents

We plan to review and extract information from project documents, including grant applications and semiannual progress reports (SAPRs). We may also conduct targeted reviews of additional documents such as organizational charts, forms, and other tools used by RPG projects to monitor project operations.

- **Grant applications.** Organizations submitted an application to CB for a discretionary grant award. In Year 1, we will review the applications of the 18 RPG7 projects to extract information about their initial plans for program implementation and evaluation, their partners, and their planned referral strategy.
- **SAPRs.** Federal discretionary grant recipients must report semiannually on their spending and progress during the grant period. These reports also provide information on grant recipients' planned adaptations of their projects, leadership engagement, successes, and challenges during the previous six months. We will extract data from these reports twice a year throughout the five-year grant period, focusing on information about changes in partners, partner successes and challenges, and sustainability plans and activities. Appendix A has the SAPR template.

2. Site visit interviews and phone interviews

To learn about the design and implementation of RPG projects and about interagency collaboration and partnerships, the cross-site evaluation team will conduct site visits or phone interviews with all 18 RPG projects in Year 4. The cross-site team intends to complete in-person site visits with half of the RPG projects and phone interviews with the other half. For the in-person visits, the team will complete up to eight interviews with staff including RPG project directors; leaders from behavioral or SUD treatment providers, child welfare agencies, and court partners (as applicable); and frontline staff. For the phone interviews, the cross-site evaluation will interview project directors and up to three key staff members or partners. In all cases, the site visit interviews, and phone interviews will focus on the RPG planning process, how and why particular services were selected, factors that facilitate or impede collaboration and implementation of RPG services, challenges experienced, and the potential for sustaining the partnerships and services after RPG funding ends. Appendix B has the topic guides for the site visit and phone interviews.

3. Interviews and focus groups with program participants

To better understand the experiences of RPG participants, the cross-site team will conduct up to 16 individual in-depth interviews (IDIs) and eight focus groups with RPG participants in Year 4. This data collection was piloted with two RPG6 projects and will be implemented across a subset of the RPG7 projects. The IDIs will focus on participants' experiences and circumstances, and their own interpretations of how these experiences and circumstances factored into their substance use and involvement with child welfare. There also will be questions about participants' perceptions of RPG7 services. The focus groups will cover participants' perceptions of RPG services and their recommendations for improvement. Each focus group will include five to six program participants. Appendix C has the topic guides for the in-depth interviews and focus groups.

4. Enrollment and service data

To document participant characteristics, enrollment levels, and services, all projects will provide data on demographic characteristics of family members, dates of entry into and exit from RPG services, and information on RPG service dosage. Staff will submit these data regularly into a management information system developed by the cross-site evaluation team. Appendix D lists the data elements collected via the enrollment form, case closure form, and service log for each service encounter.

5. Improvement and sustainability survey

To describe projects' use of data for continuous improvement and their sustainability planning activities, we will administer an online survey to grant recipients and select partners in Year 4. We will invite knowledgeable persons from grant recipient and partner organizations to complete the survey. The survey will collect information about supports within the partnership that can help improve and sustain RPG services, such as continuous use of data for service improvement, identification of a lead organization, and policies needed after grant funding ends. In addition, the survey will collect information about funding sources and resources needed after the end of the grant. Appendix E has the improvement and sustainability survey instrument.

6. Participant outcome measures at baseline and project exit

To measure participant outcomes, all projects will collect self-administered standardized measures[6] from adult RPG participants. These will include questions about child well-being, adult and family functioning, and adult substance use, and will be collected at baseline (project entry) and in a follow-up at project exit. Project teams will share the responses to these instruments with the cross-site evaluation team. Project teams will also obtain administrative records on a common set of data elements concerning child welfare and substance use disorder treatment before RPG enrollment and after service receipt. To obtain the data, project teams will develop agreements with state, county, or local child welfare and substance abuse treatment agencies. Appendix F has descriptions of approaches for preparing the data and constructing variables.

To make it easier for project teams and the cross-site evaluation team to share data, and to protect all parties and RPG participants, Mathematica will execute a memorandum of agreement (MOA) with each grant recipient. The MOAs will describe the expectations for data submitted to the cross-site evaluation and how Mathematica will protect the data. The MOA is also necessary to allow grant recipients to administer copyrighted instruments under Mathematica's license.

[6] 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 a common set or bank of questions, in the same manner 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/).

Table I.3. RPG7 research questions and data sources

Research question	Project documents	Improvement and sustainability survey	Site visit interviews and phone interviews	Interviews and focus groups with program participants	Enrollment and service data	Participant outcomes at baseline	Participant outcomes at project exit
Which partners were involved in each RPG project, and how did they work together?	✓		✓				
How did the child welfare and substance use treatment agencies work together to achieve RPG's goals?	✓		✓				
How do adult RPG program participants' past experiences and circumstances factor into their current involvement with the child welfare system?				✓			
How do adults enrolled in RPG projects describe their experiences participating in program services?				✓			
What referral sources did RPG projects use? Did referral sources change over time?	✓		✓		✓		
What are the characteristics of families who enrolled in RPG?	✓				✓	✓	
To what extent did RPG projects reach their focal populations?	✓				✓	✓	
What core services were provided and to whom?	✓			✓	✓	✓	
How engaged were participants with the services?				✓	✓		
Which agencies (grant recipients and their partners) provided services?	✓			✓	✓		
What were the reasons for exiting RPG?					✓		
Were core services that families received different from the services proposed in grant applications? If so, what led to the changes in planned services?	✓		✓		✓		

Table I.3 (*continued*)

Research question	Project documents	Improvement and sustainability survey	Site visit interviews and phone interviews	Interviews and focus groups with program participants	Enrollment and service data	Participant outcomes at baseline	Participant outcomes at project exit
What plans and activities did RPG projects undertake to maintain the implementation infrastructure and processes during and after the grant period?	✓	✓	✓				
How will RPG projects maintain the organizational infrastructure and processes after the grant period?	✓	✓	✓				
To what extent were RPG projects prepared to sustain services after the grant period?	✓	✓	✓				
How will RPG projects fund strategies and secure resources after the grant period?	✓	✓	✓				
How did the federal, state, and local context affect RPG projects and their efforts to sustain RPG services?	✓	✓	✓				
What were the well-being, permanency, safety, recovery, and family functioning outcomes for children and adults who enrolled in RPG projects?						✓	✓
What were the impacts of RPG projects on children and adults who enrolled in RPG?						✓	✓

II. RPG Partnerships

The partnerships formed through RPG are intended to improve services and outcomes for families involved with both child welfare and substance use treatment systems. Interagency collaboration between child welfare and substance use treatment agencies streamlines the services families receive and promotes positive outcomes for families involved in both systems (Smith & Mogro-Wilson, 2008). Better collaboration between child welfare agencies and substance use treatment providers, including sharing data and information, enables them to closely monitor families' access to needed resources and make more informed decisions about the family's case, such as decisions about reunification or relapse prevention or support (Green et al., 2008). In turn, families feel less overwhelmed by the conflicting demands of different agencies, and they receive more consistent messages from all service providers (Green et al., 2008).

Building on the lessons and findings from previous RPG cohorts, we will assess the collaboration and coordination of services the RPG7 partnerships provide for families from the perspectives of the RPG program's staff and partners and the participants enrolled in RPG services. We will examine the characteristics of the organizations serving as partners and the roles they play in each project. In addition, we will explore the interagency collaboration and coordination between child welfare and substance use treatment agencies. Advancing the collaboration and coordination of these two agencies is critical to the success of the RPG partnerships. However, the relationship between child welfare and substance use treatment providers has historically been tense because of factors such as competing agency priorities, conflicting timelines for recovery and permanency decisions, and limited data sharing between agencies (Green et al., 2008). Moreover, the agencies often see their "client" in different ways, with substance use treatment providers focused on the adult in treatment and child welfare agencies focused on the child.

We will also examine projects' collaboration with the courts, specifically family drug treatment courts or drug and alcohol courts, when courts are in the partnership. When family drug treatment courts, child welfare, and substance use treatment agencies work together, their joint efforts can address a family's needs more successfully (Gifford et al., 2014). Emerging research suggests that parental participation in a family drug court is associated with improved reunification rates (Mersky et al., 2023; Zhang et al., 2019; Gifford et al., 2014; Green et al., 2007; Grella et al., 2009).

This chapter describes the key research questions about partnerships along with the main data sources and analytic approaches we will use to answer them. We conclude with a discussion of key limitations to the partnership analysis.

A. Research questions and data sources

A key goal of the RPG grants is to build partnerships between child welfare providers, substance use treatment providers, and other key service providers such as the family drug treatment courts or mental health treatment providers (ACF, 2022).

To understand RPG7 partnerships, the cross-site evaluation will first describe the characteristics of the organizations that make up each partnership. Second, we will investigate how child welfare and substance use disorder treatment agencies worked together to advance the goals of RPG projects. Next, we will

report program participants' stories of how they came to be involved in RPG services. Finally, we will share program participants' perspectives on RPG program services and processes.

Table II.1 lists the research questions and data sources for the partnership study. We will use three main data sources for this analysis: (1) project documents, such as SAPRs; (2) site visit interviews and phone interviews with RPG project directors, managers, supervisors, frontline staff, and partners; and (3) interviews and focus groups with RPG program participants.

Table II.1. Research questions and data sources for partnership analysis

Research question	Project documents	Site visit interviews and phone interviews	Interviews and focus groups with program participants
1. Which partners were involved in each RPG project, and how did they work together?			
Who were the key partners in each project, and what were their roles? How many RPG7 projects included both the child welfare and SUD treatment agency as partners?	✓		
Were the partnerships in each RPG project based on new or existing relationships?	✓		
Did the partnerships change in size or composition over the course of the grant?	✓		
2. How did the child welfare and substance use treatment agencies work together to achieve RPG's goals?			
What formal or informal agreements were established for the child welfare and SUD treatment agency partnerships?	✓	✓	
Did the project include a partnership with the courts? If so, what was the relationship with the courts (such as a family drug treatment court partner)?	✓	✓	
How much progress did the two agencies make toward reconciling differing goals for RPG, competing agency priorities, and treatment and permanency timelines? What helped or impeded the progress?	✓	✓	✓
What, if any, changes in policies or procedures did the child welfare and SUD treatment agencies make to support the RPG project, such as sharing information or identifying and addressing challenges?	✓	✓	
How did the RPG, child welfare, and SUD treatment agencies identify and address challenges (internal or external to the RPG project)?		✓	
3. How do adult RPG program participants' past experiences and circumstances factor into their current involvement with the child welfare system?			
How do participants describe high, low, and turning points across their lives from childhood and adulthood, particularly around substance use issues or child welfare system involvement?			✓
How do participants adapt to difficult experiences, particularly involving substance use issues or involvement with the child welfare system?			✓

Table II.1 (*continued*)

Research question	Project documents	Site visit interviews and phone interviews	Interviews and focus groups with program participants
How have RPG services helped participants gain the skills or access the resources needed to cope with difficult life challenges more effectively?			✓
4. How do adults enrolled in RPG projects describe their experiences participating in program services?			
How do participants describe their interaction with the grant recipient's partners, such as child welfare agencies or substance use treatment providers?			✓
What are facilitators and challenges to participating in services?			✓
Do the services offered by RPG projects match participant needs? What improvements to RPG programs do participants recommend?			✓

1. Project documents

From the grant applications, we will extract information about the number and types of partners at the start of the grant and use the SAPRs to look at the grant recipient–reported changes to the partnerships (such as adding or removing partners). We will also use the SAPRs to examine the grant recipients' reports of the challenges and successes they faced in forming and maintaining their partnerships.

2. Site visit interviews and phone interviews

We will use data from the site visits and phone interviews on five topics about partnerships: (1) partnership composition and roles, (2) development of shared goals and service plans, (3) ways partners worked together to achieve goals, (4) facilitators and challenges to child welfare agencies and substance use treatment providers working together, (5) perceptions of progress toward interagency collaboration. Topics included within the broader area of partnership composition will be the RPG planning process, how and why partners were selected, and how the partnerships developed and changed. In addition, the interviews will cover collaboration between child welfare and SUD treatment agencies, including their role in RPG planning; their responsibilities for and views on the goals of RPG; their agency goals and priorities; and their progress on reconciling competing priorities, including any changes in policy or process within the agencies. We will include data on the process of building partnerships with family drug treatment courts or any grant recipient–reported impediments to adding courts as a partner.

3. In-depth interviews and focus groups with program participants

Through the in-depth interviews, we will understand the underlying conditions and circumstances that led participants to enroll in RPG services and learn about their experiences in those services. We will ask participants to reflect on their significant experiences and events across the lifespan – from childhood through adulthood. This will include participants' interpretations of how these experiences and events factored into their substance use and child welfare involvement and the skills they learned in the RPG program to cope with difficult life challenges.

The focus groups will shed more light on participant experiences in RPG services and reveal their recommendations for improving those services. We will learn RPG program participants' perceptions about the coordination between RPG project staff and partner organization staff. In the focus groups, we will ask program participants to describe (1) any RPG services (or similar services) provided by the grant recipient or partner organization and (2) any coordination between RPG project staff and partner staff that happens as part of the services.

B. Analysis

We will conduct a set of descriptive analyses to answer the partnership research questions. In this section, we describe our approach for answering each research question.

1. Which partners were involved in each RPG project, and how did they work together?

Using the grant applications, we will count the number of partners each project had at the start of the grant. Using the SAPR data, we will track how the number of partners changed over the course of the grant to report whether the size of the partnerships increased, decreased, or stayed the same over the course of the grant.

2. How did the child welfare and substance use treatment agencies work together to achieve RPG's goals?

We will analyze the site visit interviews and phone interviews and the focus group data to illustrate how child welfare and SUD treatment agencies worked together to advance RPG project goals.

For the site visit interviews and phone interviews, five topics will be included in the partnership analysis. We will code the site visit data based on the research questions and then examine the coded data from several related thematic codes at once to describe how the two partners work together. (Appendix F has more information on preparation of qualitative data.) For example, we will examine the process of goal setting for the RPG project by coding data by specific topics, such as partners' involvement in developing a shared vision and goal-setting for the project, involvement of partners in the planning process, and challenges encountered during the planning process; then we will document themes that emerge from the data. These themes might generate insight into the ways these two partners are critical to setting goals for the RPG project. We would conduct analytic coding on the remaining topics to build a story of how these partners did or did not work together across the RPG projects.

3. How do adult RPG program participants' past experiences and circumstances factor into their current involvement with the child welfare system?

We will use the data from the in-depth interviews to show how significant events and experiences, such as early exposure to substance use, are connected to participants' involvement in the child welfare system and enrollment in RPG services.

To analyze the in-depth interviews, the team will use deductive codes derived from the research questions, interview guide, and focus group protocol. The team will use an analysis matrix in Excel on the coded in-depth interview transcripts to generate summaries for each participant we interview. Using these summaries, the team will discover emergent subthemes and choose quotations to highlight the findings.

We will structure the findings around thematic areas in the interview protocol, highlighting topics such as experiences and circumstances across the life span (childhood, teenage years, and adulthood), significant events (includes highs, lows, and turning points), and perceptions of child welfare involvement and its relationship to substance use.

4. How do adults enrolled in RPG projects describe their experiences participating in program services?

We will rely on data from the in-depth interviews and focus groups to describe the participants' viewpoints on the services they received and areas they recommend for improvement.

The team will use a similar process to analyze focus groups, except thematic areas will be structured on the main topics outlined in the focus group protocol. Because the in-depth interview guide will include similar questions about participant experiences in RPG services, we will combine responses to those questions with the focus group responses for a more robust analysis of participant perspectives on RPG services.

C. Limitations

There are several limitations to the partnership analysis. First, we will collect the data from site visits, in-depth interviews, and focus groups only once during the grant period, when the projects are fully implemented. This will consequently be a snapshot of the partnerships at a specific time and may not reflect how partnerships continue to evolve and how they function at the end of the grant period. However, we will have data from the SAPRs to measure how partnerships continued to change and their successes and challenges through the end of the grant period as reported by the grant recipients. Second, only a subset of RPG participants will participate in in-depth interviews and focus groups; their experiences of the RPG partnerships will not be representative of all RPG participants.

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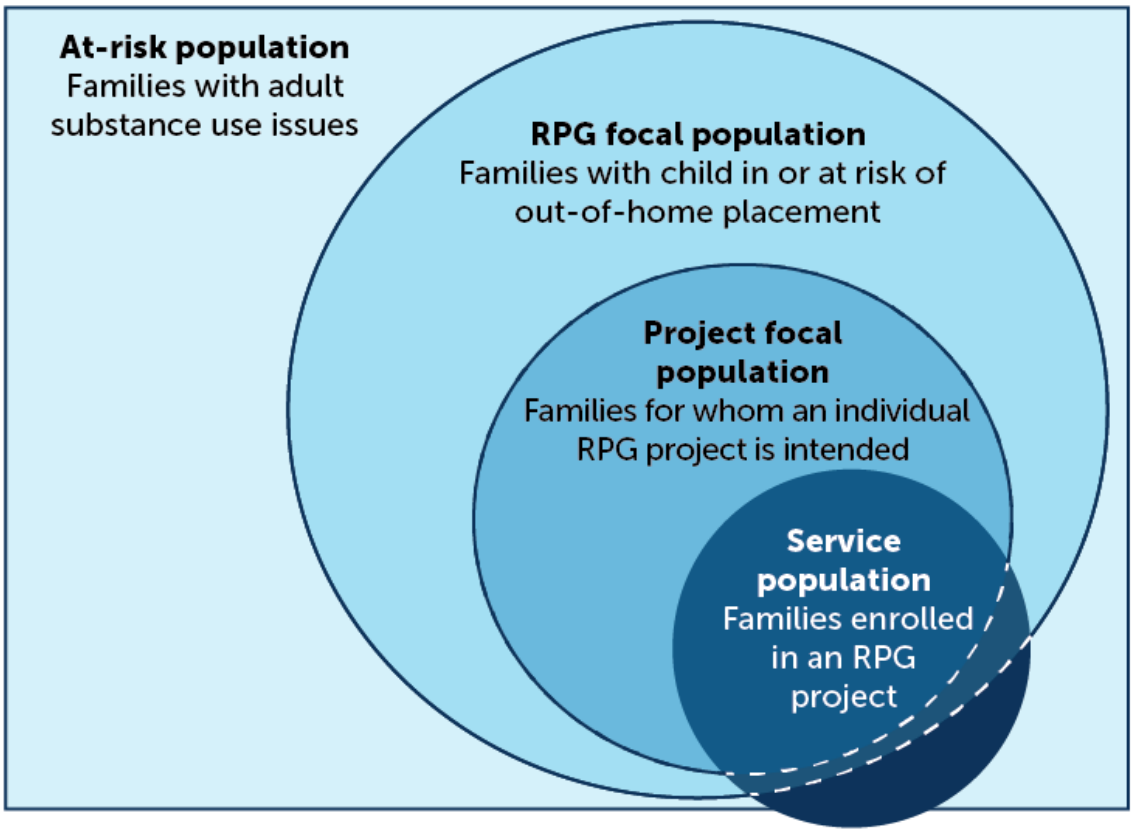
III. Families Served by RPG

The RPG program aims to serve families with children who are in or at risk of an out-of-home placement because of a parent's or caretaker's substance use. To effectively focus their resources, RPG project teams often define the population they intend to enroll more narrowly (Figure III.1). Project teams might select their focal populations in part by identifying groups in the community whose needs are not being met with existing services. For example, a project operating in a community with a high rate of infants exposed to substances may seek to serve families in which a mother has just given birth and the newborn tests positive for substance exposure.

Even though RPG projects have specific focal populations for enrollment, the actual characteristics of enrollees may not align with those of that population. This can occur because of intentional changes to the focal population during the grant period or because of drift from established eligibility criteria. For example, a project team might expand the focal population because it is not enrolling enough families. In other cases, projects may have referred families with somewhat different characteristics than their focal population, such as the age of the children. Over time, projects might decide to formalize these changes by expanding their focal population. Such changes might require project teams to add or change partners and referral sources to recruit the new focal population or provide additional services to meet their needs. Figure III.1 illustrates possible overlap between the population of families with adult substance use issues, the RPG focal population, focal populations for specific RPG projects, and families actually enrolled in RPG.

The cross-site evaluation is designed to understand how project teams defined and refined their focal populations over time, why projects made changes, and how closely the characteristics of focal populations aligned with the characteristics of enrolled families. If the enrolled families differ substantively from the focal RPG population, then projects may not be serving families most in need of RPG services. In particular, drift from the focal population can be problematic. The services offered through RPG might not be well suited to the population enrolled and may not fully meet their needs, potentially reducing the project's effectiveness for enrolled families.

Figure III.1. The RPG focal population, project focal population, and service population



This chapter describes our plans to examine characteristics of families served by RPG4, including alignment with the focal population. We describe the research questions, data sources, and analysis plans. The chapter concludes with a brief discussion of limitations of the data and analysis.

A. Research questions and data sources

Table III.1 lists the research questions for this analysis and the data sources we will use to answer each question. Data sources include enrollment and service data, project documents (applications and SAPRs), and participant outcome measures at baseline. (A detailed description is in Chapter I. Appendix F provides details on how data will be cleaned.)

Table III.1. Research questions and data sources

Research question	Enrollment and service data	Project documents	Participant outcome measures at baseline	Site visit interviews and phone interviews
1. What referral sources did RPG projects use? Did referral sources change over time?				
What proportion of enrolled cases were referred by partners (rather than the grant recipients)?	✓			
What types of agencies provided the most referrals?	✓			✓
2. What are the characteristics of families who enrolled in RPG?				
What were the focal populations of the RPG projects? Did they change over time? Why did they change?		✓		
How many families enrolled? Did RPG projects meet their enrollment goals?	✓	✓		
What were the characteristics of enrolled participants? Did the characteristics differ among enrolled families who did and did not receive services?	✓		✓	
3. To what extent did RPG projects reach their focal populations?				
Did the characteristics of the majority of enrolled families align with the projects' stated focal populations?	✓	✓	✓	
Did the majority of families receiving services align with the projects' stated focal populations?	✓	✓	✓	

1. Enrollment and service data

We will use enrollment and service data, including the number and characteristics of families, adults, and children enrolled in each RPG project. Characteristics include the referral source and demographic information for each individual (Table III.2). Project teams collect this information at enrollment from each individual in the family.[7]

Table III.2. Demographic data collected by type of person enrolled

Data element	Adults	Children
Sex	✓	✓
Date of birth	✓	✓
Race or ethnicity	✓	✓
Primary language spoken at home	✓	✓
Type of residence (such as private residence, treatment facility, group home, homeless or living in shelter)		✓
Child living in same residence as adults (such as biological mother or father, non-relative foster parent)		✓

[7] Appendix D contains each question and the possible response options.

Table III.2 (*continued*)

Data element	Adults	Children
Lived in same residence for 30 days		✓
Medicaid receipt		✓
Highest education level	✓	
Employment status	✓	
Income sources	✓	
Relationship status	✓	
Lives with romantic partner	✓	
Relationship to other family members	✓	✓

2. Project documents

We will review grant applications to extract data on planned referral sources, partners, and focal populations. We will review the SAPRs to extract information on changes to those plans over time along with information on the number of families served and projects' enrollment goals.[8]

3. Participant outcome measures at baseline

We will also use participant outcome measures at baseline to understand the characteristics of families when they enrolled in the project. Project teams will use a set of standardized instruments to collect and report information on children's well-being and adults' depressive symptoms, views on parenting, substance use, and prior substance use treatment (details in Chapter VI). Project teams will also provide administrative data on child maltreatment and neglect, on children's out-of-home placement before enrollment in RPG, and on adults' previous participation in state-funded treatment for substance use disorder.

4. Site visit interviews and phone interviews

We will collect information on referral processes into RPG during site visit interviews and phone interviews with project directors and partner staff. This will include information on established referral pathways, changes to those referral pathways and processes, and the volume of referrals from each source.

B. Analysis

1. What referral sources did RPG projects use? Did referral sources change over time?

As a first step, we will use grant applications, SAPRs, and interviews to compile information about each project's planned referral sources at the start of the project, changes over time, and the reasons for changes. We will then use enrollment and service data to calculate the proportion of all enrolled families

[8] We will report the number of families served in RPG according to both the enrollment and service data and project documents because these numbers may differ. The enrollment and service data will include only those who enrolled in the cross-site evaluation, whereas the project documents will reflect any individuals who enrolled in RPG services, including those who enrolled before the start of cross-site data collection and those who did not consent to being part of the cross-site evaluation.

who are referred from each type of agency[9] and the proportion of families referred to RPG from agencies other than the grant recipient organization.

2. What are the characteristics of families who enrolled in RPG?

We will describe each project's initial focal population and expected sample size for RPG in detail at the outset of the grant and report any intentional change over time. This description will include the ages of eligible children, risk factors identified by the project team, and any definitions of those risk factors. For example, if a project team indicates it will enroll families at risk for child welfare involvement, we will include information on how the team identified those "at risk" families. If applicable, we will also track how these definitions and enrollment goals change over time and the reasons for any intentional changes.

We will then analyze the detailed descriptions for (1) any common themes across projects' focal populations, (2) changes the projects made, and (3) reasons for those changes. We will also look for any relationships between the type of focal population and changes that were made. For example, projects working with substance-exposed infants may have made similar changes to their focal populations by refining the process for identifying adult substance use or infant substance exposure.

We will analyze enrollment information using project documents and data on enrollment and services. We will use project documents to compile expected and actual enrollment by project over the course of the grant period. We will use enrollment and service data to calculate the number of families enrolled in the cross-site evaluation. Projects may serve families after cross-site data collection ends, and not all families will consent to participate in the cross-site evaluation. Therefore, we will report numbers from project documents and cross-site enrollment and service data, but we will not draw comparisons between them.

Next, we will analyze the characteristics of families who consented to and were enrolled in the cross-site evaluation. To describe families enrolled in RPG, we will rely on both enrollment and service data and baseline measures of outcomes data. To document demographics of RPG case members at enrollment, we will use enrollment and service data to calculate means and proportions. We will report separately for adults and children the proportion of individuals in each demographic category. Table III.2 provides a detailed list of demographic data collected by type of individual. For example, we will calculate the proportion of adults by sex, race, ethnicity, and language spoken at home. From the baseline measures of outcomes data, we will calculate prevalence rates for events of maltreatment and removal from administrative data and scale scores from the standardized instruments. (More information on how these statistics are calculated is in Chapter VI.) For example, for the Center for Epidemiological Studies Depression (CESD)-Short Form, we will report the mean total score on depression symptoms along with the percentage with scores in the "severely depressed" category.

If appropriate, we will examine these demographic characteristics separately for families who enrolled in RPG but never received services. We will conduct t-tests and chi-square tests to investigate whether differences between these groups of enrolled families who did and did not receive at least one service are

[9] Types of referral agencies include child welfare agency (public or private), substance use treatment provider, mental or behavioral health provider, hospital or clinic, family support service agency, or Indian/Native American Tribally Designated Organization.

statistically significant. This will offer insight into whether families who pursue RPG services but never receive them are different in meaningful ways from those who do receive them.

3. To what extent did RPG projects reach their focal populations?

We will compare the detailed descriptions of projects' focal populations to the characteristics of enrolled families to assess how successful the projects were at reaching their focal population. If a project's focal population changes over the course of the grant, we will assess whether the enrollment and baseline measures of outcomes data align with those shifts. Depending on the timing of the changes, this may involve examining demographic characteristics of families enrolled before and after the estimated date of the change. If we find significant differences between enrolled families who did or did not receive services, we will also conduct these analyses on the sample of families actually served by RPG.

C. Limitations

Most data on participant characteristics at enrollment are limited to those who consent to participate in the cross-site evaluation; on prior RPG cohorts, not all families who received RPG services enrolled in the cross-site evaluation. Therefore, we will not have complete information on all participants in RPG if projects serve nonconsenting families, and that will limit some of our analyses.

We may not have baseline data for all families enrolled in the cross-site evaluation. We will only be able to analyze baseline characteristics of RPG families whom project teams were able to collect and report data on to the cross-site evaluation. These families may not be representative of all families served by RPG. For example, on RPG4, most projects were missing at least one of the administrative data sources and so did not have this information about families' baseline characteristics.

IV. RPG Services

Each project team proposed an approach to serving a specific focal population in its community that would meet overall grant objectives and build on the strengths and resources of the grant recipient organization and its partners. These projects are typically complex, involving multiple services and service providers. In addition, grant recipients and their partners have limited rigorous evidence to guide them on how to best serve families who are involved with child welfare because of caregiver substance use (for example, Strong et al. (2013); the Title IV-E Prevention Services Clearinghouse[10]).

As in previous RPG cohorts, there is no distinct RPG7 model for serving families. The varied profiles of the grant recipient organizations—including substance use treatment providers, child welfare agencies, and community service organizations—and the involvement of multiple systems result in many approaches to engaging and serving families. Moreover, some project teams build flexibility into their service plans to tailor services to the needs of each family, whereas others offer a specific service or set of services to all families.

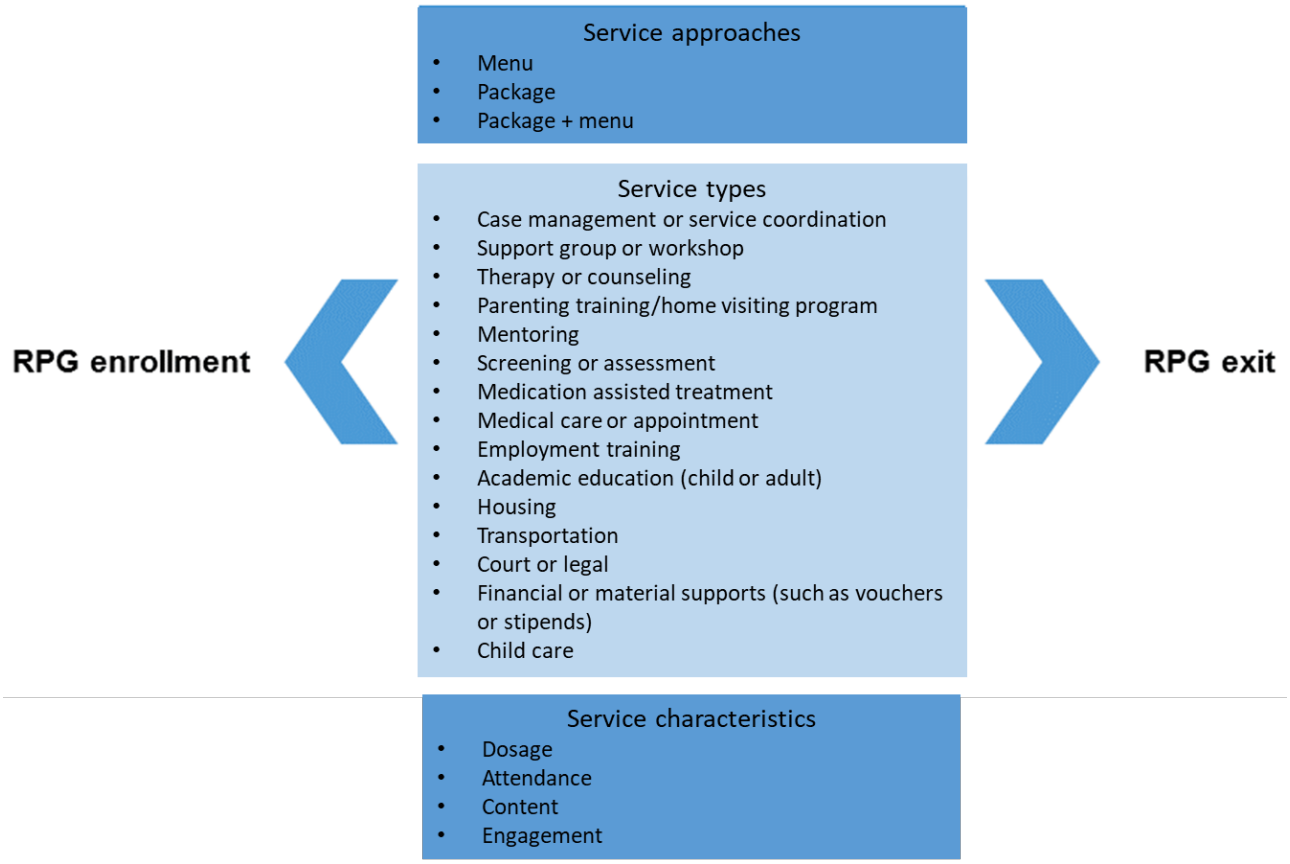
Figure IV.1 shows how families flow through RPG and details some of the ways the services they receive can vary. After they enroll into RPG, families may be offered a menu or choice of services, a defined package of services, or a combination of these two approaches. Other characteristics of the services affect families' experiences, such as how much of the program they receive, what the services focus on, who attends the program services, and how engaged they are in the material. Finally, regardless of the variation in the services, all families enrolled in RPG eventually exit the project.

Building on lessons from previous RPG cohorts, the cross-site evaluation will describe how RPG projects serve families. In particular, we will examine how grant funds are used, the type and dosage of services families receive, and how service provision varies in different contexts and communities. In RPG7, we will detail all core services provided to enrolled families. Core services are specified by project teams and include, at a minimum, all services funded by the grant. In some projects, they may also include in-kind services provided by grant recipients and partners that the project team considers fundamental to its RPG project. We will also examine how participant engagement varied across participants and services and how grant recipients and their partners collaborated to provide the services, both of which are keys to successful programmatic outcomes.

In the rest of this chapter, we will discuss the key research questions we will address, the primary data sources we will use to answer them, and plans for analysis. The chapter concludes with a brief discussion of limitations of the data and analysis.

[10] The Title IV-E Prevention Services Clearinghouse (https://preventionservices.acf.hhs.gov) assesses and rates the quality of the research evidence for programs and practices intended to support children and families and prevent out-of-home placements. The U.S. Department of Health and Human Services developed the clearinghouse in accordance with the Family First Prevention Services Act.

Figure IV.1. Service pathway



A. Research questions and data sources

The services analysis will use the following data sources: enrollment and service data (enrollment form, case closure form, and service log for each service encounter); project documents (grant applications, semiannual progress reports); and interviews and focus groups with program participants. (Each source is described in detail in Chapter I.) Table IV.1 lists the data sources for each research question and sub-question we will examine as part of the services analysis.

Table IV.1. Research questions and data sources for services analysis

Research question	Enrollment and service data	Project documents	Site visit interviews and phone interviews
1. What core services were provided and to whom?			
What types of services were provided (such as parenting education)?	✓	✓	
What specific program or practice models, if any, were used to provide services?	✓	✓	
What was the focus of services?	✓		
Which family members received services?	✓		
How long did families remain in each type of service, on average? In all RPG services?	✓		
What dosage of each type of service did families receive? On average, what was a family's total cumulative dosage of all RPG services?	✓		
How much did services vary by project approach or service domain (such as SUD treatment or family strengthening)?	✓		
2. How engaged were participants with the services?			
Which services had the highest levels of engagement?	✓		
3. Which agencies (grant recipients and their partners) provided services?			
Were services provided by a mix of grant recipient and partner staff?	✓	✓	
What types of services were provided by partners? How many staff from each partner provided services?	✓		
If there was variation in service provider agencies (grant recipients and their partners), are there patterns in a higher service dosage? Enrollments in RPG? Engagement? Rates of RPG completion?	✓		
4. What were the reasons for exiting RPG?			
What proportion of families exiting RPG completed RPG services?	✓		
What were the reasons why families did not complete RPG services?	✓		

1. Enrollment and service data

We will use data about service encounters between providers and families to examine the types and dosage of services families received. This includes information on each encounter's duration, location, participants (family members and providers), service type, service focus, and referrals provided (Table IV.2). We will also examine service providers' assessment of families' engagement during the encounter. (Appendix D lists all data elements collected on each service encounter.)

Table IV.2. Service type categories

Data element	Response options
Service type	• Case management or service coordination • Support group or workshop • Therapy or counseling • Parenting training or home visiting program • Mentoring • Screening or assessment • Medication assisted treatment • Medical care or appointment • Employment training • Academic education (child or adult) • Housing • Transportation • Court or legal • Financial or material supports (such as vouchers or stipends) • Child care • Other services
Service focus	• Parenting skills • Child care • Family activities • Parent-child visit facilitation • Adult SUD • Discharge or recovery planning • Youth SUD prevention • Medication assisted treatment • Personal development and life skills • Behavior management • Mental health treatment • Trauma processing • Family group decision making or planning • Safety planning • Financial planning • Employment training • Academic education (child or adult) • Health education • Medical care or appointment • Housing • Transportation • Financial or material supports (such as vouchers or stipends) • Needs assessment • Child developmental screening • Evaluation data collection • Dealing with family crisis • Court or legal • Referrals • Other

2. Project documents

We will review grant applications and SAPRs to extract data on the services that project teams planned to offer, mode of service delivery, and intended recipients. We will review SAPRs for additional information on service plans and to document changes to those plans over time, including how community context influenced project teams' implementation plans. Community influences might include the local economy; the local employment market; and local and state policies affecting children, adults, and families in the focal population.

B. Analysis

For all analyses in this chapter, we will pool data from all projects to calculate means and proportions. Additionally, for all analyses by service type (content and dosage), we will determine how best to aggregate the data based on the amount of data for each service type and patterns observed in the data.

1. What core services were provided and to whom?

Description of services. We will use the detailed data on each service encounter to calculate the proportion of families who received each type of service. We will then determine the most common areas of focus covered in services and the proportion of services attended by adults, children, or both. We will confirm that the actual services matched expected patterns in the areas covered with intended participants. For example, we would expect services focused on parenting training to focus on parenting, child care, family activities, and other related topics. In reality, the service focus may vary depending on whether the parent and child were able to attend together as planned.

From the service data, we will also analyze the specific programs or models RPG projects used in their services and which models were used most frequently, reflected by the proportion of families who received the model at least once. We will also report on the proportion of service encounters that did not use a specific model to understand the prevalence of noncurricular, supportive, and other services provided to RPG families.

Dosage and duration. To understand the amount of RPG services families received, we will calculate several measures of service dosage and duration. For each type of service, we will calculate the average number of hours RPG families received the service. We will also calculate a similar statistic for the total number of days families were enrolled in the RPG project (from enrollment to case exit, as shown in Figure IV.1). We will then use the length of each encounter for each family to estimate dosage at both the service level (within services) and family level (across services). First, we will use the length of each encounter (in minutes) a family had for each service type to calculate the average total number of minutes that families received a particular service (service-level dosage). We will then sum each family's service-level dosages to calculate an average total number of minutes in all RPG services (total cumulative dosage). We will also calculate the average number of minutes per encounter by type of service.

To explore additional patterns in service delivery, we will use latent class analysis (LCA) to determine which grant recipients used similar types of services to meet the needs of their focal population. LCA is an analytic method that identifies and categorizes clusters (classes) of similar cases using data that are observed as a series of categorical response values (Linzer and Lewis, 2011). The goal of LCA is to examine

patterns in the observed variables to determine whether a given data set contains only one group or several groups. Because RPG projects often provide many services, LCA helps us identify those that offer similar combinations of services. The cross-site evaluation team will use LCA to examine patterns of service delivery among RPG7 projects and to group projects that provided similar services to enrolled families. The approach for using LCA in the services analysis involves five steps.

2. How engaged were participants with the services?

To understand participants' response to services, we will use repeated measures of family members' engagement in services. After each encounter with a family, the service provider will indicate which signs of engagement and disengagement were displayed by those family members in attendance for that encounter. For example, signs of engagement include the family members arriving on time, staying focused during the interaction, and asking questions if needed. Signs of disengagement include the family members being distracted or upset about life events during the session, being tired or not feeling well, or not seeing the value in the session's content or activities. We will report common signs of engagement and disengagement along with the average number of response options selected for each question.

We will also investigate any patterns or trends in the data regarding the response options selected and their relationship to other demographic and implementation characteristics. We will begin by analyzing correlations between the response options and looking for patterns of engagement or disengagement, such as the same signs happening in the same service types or expressed by the same participants across services. We will also explore the possibility of using factor analysis if there is enough variation in the extent of engagement or disengagement. Factor analysis is a statistical method that condenses a large number of variables into a smaller number of unobserved factors that share commonality (Kline, 2014; Kline, 2013). We will use this approach to examine trends in engagement overall and by participant demographics and cumulative service dosage. These results will help us understand patterns such as whether certain groups of clients were more or less disengaged, and whether engagement or disengagement was linked to time spent in services. We will also explore similar analyses for each type of service to determine which services have higher levels of engagement on average and whether individuals vary in their own level of engagement by service type—that is, whether individuals were more engaged in one service compared to another.

3. Which agencies (grant recipients and their partners) provided services?

We will calculate the proportion of service encounters provided by either partner organizations or grant recipient staff. We will report these proportions, overall and by type of service, to explore whether certain services were more likely to be provided by a partner agency.

We will also determine whether projects provided services using only grant recipient staff, only partner staff, or a mixture of grant recipient and partner staff across the families enrolled in their project. If there is variation across projects, we will assess whether there are patterns in the mix of provider types and key service measures, such as engagement, dosage, length of enrollment, and completion of RPG services.

4. What proportion of families exited RPG?

By the time data collection ends for the cross-site evaluation, not all families will have exited their RPG project. We will therefore calculate the proportion of families who enrolled in RPG whose cases were closed by the end of cross-site data collection.

Of those families whose cases were closed, we will calculate the proportion who completed RPG services as defined by the project team and the proportion who did not complete RPG and the reasons why. We will report the latter in the order of occurrence of the main reason given by the project team, such as having moved out of the service area, declined further participation in the project, or transferred to another service provider.

C. Limitations

There are several limitations to the services analysis. First, the data only reflect the services families received, not the ones they declined. Second, data collection focuses only on core services as defined by each project team. Therefore, some services might not be captured in the data.

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V. Improvement and Sustainability

RPG projects are funded for five years, but community needs will remain and could change during and after the grant period. To maintain their projects in the short and long term, project teams may undertake two activities: (1) using data to continuously improve services and (2) planning for sustainability of RPG services and partnerships. Continuous quality improvement (CQI) is an approach that focuses on using data to define a problem, identifying possible strategies to address it, implementing the selected strategy, monitoring it to determine whether it addresses the problem, and revising as needed (Daily et al., 2018). Sustainability is the continued implementation of a service or program and the continued achievement of benefits for children and families after a defined period of time (Moore et al., 2017). As illustrated in the conceptual framework (Chapter I), CQI and sustainability planning should be ongoing throughout the life of the RPG project.

CQI and sustainability activities will allow RPG project teams to monitor and adjust service provision (such as population served, service dosage, and duration) and, as new data become available, make improvements to meet participants' needs and sustain services and partnerships to achieve desired outcomes. Recognizing the importance of ongoing services and interventions, CB requires project teams to develop sustainability plans that state which particular strategies and activities initiated under the grant should and can be sustained after the end of the project (ACF, 2022).

We will examine RPG projects' plans for using data and their actual use of data to improve services during the grant period and to sustain RPG services and CQI activities after the grant period. Our focus will be on understanding (1) the implementation infrastructure and processes—meaning the implementation teams and CQI processes necessary to support full and effective use of RPG services; (2) the organizational infrastructure and processes—that is, the lead agency and policies needed to support continued implementation; and (3) the strategies and resources needed to fund services. Although funding and resources are critical to sustaining services, the implementation and organizational infrastructure are just as critical so that staff are prepared to continuously improve and sustain services.

This chapter will first share the key research questions for the improvement and sustainability analysis and then describe the main data sources and analysis approach we will use to answer the questions.

A. Research questions and data sources

We plan to use three data sources to answer five research questions: (1) project documents (such as SAPRs); (2) a sustainability survey; and (3) site visit interviews and phone interviews with RPG project directors, managers, and partners (Table V.1).

Table V.1. Research questions and data sources for improvement and sustainability analysis

Research question	Project documents	Sustainability survey	Site visit interviews and phone interviews
1. What plans and activities did RPG projects undertake to maintain the implementation infrastructure and processes during and after the grant period?			
How did RPG projects identify leaders to manage implementation of RPG services and continuous quality improvement?	✓	✓	✓
How did RPG projects address challenges with referrals and participation?	✓	✓	✓
What processes did RPG projects use to collect, monitor, analyze, and report project performance data on engagement, participation, outcomes, and service quality?		✓	✓
What processes did RPG projects use to share data with partners, administrators, and frontline staff for purposes of feedback and decision making?		✓	✓
How did RPG projects identify leaders to manage sustained implementation of RPG services and continuous quality improvement?	✓	✓	✓
How will RPG projects maintain referral processes and address challenges with referrals and participation after the grant period?	✓	✓	✓
What processes did RPG projects put in place to collect, monitor, analyze, and report project performance data on engagement, participation, outcomes, and service quality after the grant period?		✓	✓
What processes did RPG projects put in place to share data with partners, administrators, and frontline staff for purposes of feedback and decision making after the grant period?		✓	✓
2. How will RPG projects maintain the organizational infrastructure and processes after the grant period?			
How did RPG projects determine the leadership or governance required to sustain RPG services?	✓	✓	✓
How involved were partners and other community members in the planning and decision making process for sustainability?		✓	✓
What processes were used to disseminate information about sustainability to partners, other community organizations, and community members?			✓
What steps did RPG projects take to secure ongoing relationships with program developers (if applicable)?	✓	✓	

Table V.1 (*continued*)

Research question	Project documents	Sustainability survey	Site visit interviews and phone interviews
3. To what extent were RPG projects prepared to sustain services after the grant period?			
What steps did RPG projects take to determine which RPG services to sustain?	✓	✓	✓
What steps did RPG projects take to address challenges that occurred during implementation? How have they integrated these lessons into plans for sustainability?		✓	✓
4. How will RPG projects fund strategies and secure resources after the grant period?			
How did RPG projects decide which personnel, technology, and other resources were necessary to carry out the sustained services?	✓	✓	✓
How did RPG projects identify funding sources and secure financing? Did they select a mix of state, local, federal, and/or private resources (direct and in-kind)?	✓	✓	✓
What plans did RPG projects put in place to find new organizations to work with the project post-grant period?	✓	✓	✓
5. How did the federal, state, and local context affect RPG projects and their efforts to sustain RPG services?			
How did the federal, state, and local policy climate related to child welfare impede or support efforts to sustain services?	✓	✓	✓
How did media reporting about child welfare or substance use affect efforts to sustain services?		✓	✓

B. Analysis

As noted, to address the five research questions, the improvement and sustainability analysis will use project documents—specifically, the SAPRs and written plans; the sustainability survey; and the site visit interviews and phone interviews with project directors, project managers, and program partners. We propose to use descriptive analysis to answer these questions (see Appendix F for a detailed description of our data preparation and analysis processes).

1. What plans and activities did RPG projects undertake to maintain the implementation infrastructure and processes during and after the grant period?

We will describe the implementation infrastructure and processes in place to improve and sustain services based on data from the project documents, the sustainability survey, and the site visit interviews and phone interviews. Analyses of the sustainability survey will include means and frequencies describing whether implementation processes, such as referral systems, were in place to monitor referrals during the grant period and if the projects planned to continue these processes after grant funding ended. We will extract information from SAPRs and sustainability plans (if available) to assess the agreements for referrals and processes to address challenges with referrals. Through thematic and analytic coding of the data from site visit interviews and phone interviews, we will report information on RPG projects' current CQI processes.

2. How will RPG projects maintain the organizational infrastructure and processes after the grant period?

By triangulating data from the project documents, the sustainability survey, and the site visit interviews and phone interviews, we will describe the organizational infrastructure and processes in place to sustain services. For example, this will include determining which RPG services projects intend to sustain and which lead agency will oversee these services after the grant ends. We will extract data from the SAPRs about the decision making processes in place to govern the sustained services. Through analysis of the site visit interview and phone interview data, we will examine how and why decisions were made about the lead agency and policies needed to support continued implementation. We will analyze responses to the sustainability survey and describe the organizational infrastructure planned for sustaining RPG projects, such as whether agreements are in place to sustain technical assistance from program developers or purveyors (as applicable).

3. To what extent were RPG projects prepared to sustain services after the grant period?

We will use data from the project documents, the sustainability survey, and the site visit interviews and phone interviews to describe how well prepared RPG projects were to sustain services, service improvement activities, and the partnership. This includes a summary of plans for using data for improvement after the grant period ends. This will also include analysis of the sustainability survey data to describe whether variables of interest—such as processes to collect, monitor, analyze, and report program performance data on engagement, participation, outcomes, and service quality—are in place, partially in place, or not in place during and after the grant period.

We will review documents, including the SAPRs and sustainability and/or implementation plans, to learn about the plans and actions RPG projects have engaged in to sustain services and improvement processes. Through site visit interviews and phone interviews, we will discuss plans for sustaining services and improvement processes. We will code these qualitative data for key themes about progress and challenges toward sustainability.

4. How will RPG projects fund strategies and secure resources after the grant period?

Funding to sustain RPG services can come from a number of sources, including federal, state, or local governments. We will analyze data from the sustainability survey and site visit interviews and phone interviews to assess the sources and amounts of funding for sustaining RPG services and infrastructure. For example, we will examine how grant recipients and partners will fund training to address future staff turnover and prepare new hires to deliver RPG services. This analysis will include in-kind services provided to support the sustained services.

5. How did the federal, state, and local context affect RPG projects and their efforts to sustain RPG services?

RPG projects are implemented in an ever-changing policy and community context. Our analysis of data from the sustainability survey and the site visit interviews and phone interviews will describe the implications of policy changes and community contexts at the federal, state, or local level for grant recipients' and partners' plans and actions for sustaining services.

C. Limitations

The planned improvement and sustainability analysis will shed light on grant recipients' current activities, progress, and future plans, but it has some limitations. First, survey and interview data collection will occur once during the grant period. Therefore, these data will reflect what CQI activities and sustainability plans were at one point in time and not how these activities and plans developed over time. We will use data from the SAPRs to assess how improvement activities and sustainability evolved. Second, the survey findings are descriptive and only include those partners who are identified by the grant recipient and who respond to the survey. This may lead to some nonresponse bias created by partners who do not respond. Triangulating findings from multiple sources of data, such as the site visit interviews and phone interview data and the project documents, can mitigate this concern.

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VI. Outcomes

The cross-site evaluation will examine whether the outcomes for children, adults, and families enrolled in the RPG projects improved over time. Families who are struggling with substance use and other issues when they enter RPG may change in multiple ways. The outcomes analysis will examine five domains of interest to Congress and the Children's Bureau: (1) child safety, (2) permanency, (3) child well-being, (4) adult recovery, and (5) family functioning (Box VI.1).

Box VI.1. Domains of outcomes for cross-site evaluation

1. **Child safety.** In 2022, child protective services agencies received more than 4.2 million referrals alleging maltreatment of approximately 7.5 million children (HHS, 2024). More than 2.1 million were investigated, and 558,000 children were determined to be victims of maltreatment (HHS, 2024). Of the substantiated claims, 74 percent of victims were neglected, 17 percent were physically abused, 11 percent were sexually abused, and 0.2 percent were sex trafficked (HHS, 2024). The negative impacts of these types of abuse are well documented (see Casanueva et al., 2012).
2. **Permanency.** Children who have been removed from their homes by child protective services must develop new attachment relationships with each placement. When these attachment relationships change, children may have difficulty adapting to the new arrangements (Bowlby, 1982). In addition, children who experience multiple moves are at risk for diminished academic outcomes, poor socioemotional health, and weak attachments (Gauthier et al., 2004) and may have a weaker capacity to regulate stress than children with consistent caregivers do (Dozier et al., 2002).
3. **Child well-being.** Children who have caregivers with substance use problems are at risk for maltreatment or involvement with child welfare. It is well established that the experience of maltreatment has comprehensive and long-lasting implications for children (Institute of Medicine & National Research Council of the National Academies, 2013). For instance, it has been found to be associated with diminished academic and cognitive performance (Crozier & Barth, 2005; Jaffee & Maikoich-Fong, 2011; Mills et al., 2011); poor social-emotional and behavioral adjustment (English et al., 2005; Font & Berger, 2015); and increases in risky behaviors and depression (Arata et al., 2005).
4. **Adult recovery.** RPG services are intended for families with caregivers who have substance use issues. In 2022, 24 percent of children who experienced maltreatment had a caregiver that misused drugs (HHS, 2024). Further, only one-fifth of parents whose child was involved with the child welfare system successfully completed substance abuse treatment, compared with about half of those seeking treatment in the general population (Brady & Ashley, 2005; Choi & Ryan, 2006).
5. **Family functioning.** Parents and other adult caregivers play a critical role in the development of the children they are responsible for. It is their role to ensure the health, safety, nurturing, and guidance necessary for children to grow and develop into adults. Parental mental health and parenting are linked to the risk of child maltreatment and poor child outcomes (Budd et al., 2006; Dubowitz et al., 2011; Sidebotham et al., 2001). ◢

This chapter describes our plan for answering the question "What were the well-being, permanency, safety, recovery, and family functioning outcomes for children and adults who enrolled in RPG projects?" We will examine how these outcomes change over time from project entry to exit. If feasible, we will examine outcomes for subgroups of families, such as families with previous child welfare involvement, different levels of severity of substance use, or different dosages and types of services received.

In the rest of this chapter, we provide an overview of data collection and describe the measures we plan to use. We also describe our plans for analyzing outcomes.

A. Data collection for cross-site evaluation of outcomes

To help ensure consistent data within and across projects, we have developed recommendations and guidelines for project teams on collecting outcomes data. These include when data should be collected and how to select the appropriate reporter for each measure. In addition, before the start of data collection, project teams and their evaluators will obtain institutional review board (IRB) approval for the data collection and develop a process for obtaining informed consent from members of the study sample. As part of the consent process, project teams will inform participants that their data will be shared with Mathematica/WRMA for research purposes and archived.

1. Data sources

The cross-site evaluation will use data collected by project teams and their local evaluators. To collect data, they will use self-administered standardized measures[11] and obtain administrative records from state and local child welfare and state substance abuse treatment agencies to assess child and family outcomes in the five domains of interest. Specific measures are described in detail in Section B. Table VI.1 provides an overview of the domains and constructs, measures, data sources, and timing for data collection.

Table VI.1. Information on constructs by domain

Construct	Measure/source	Focus of data collection	Reporter or data source	Timing
Child well-being[a]				
Child behavior	Child Behavior Checklist (Preschool and School Age)	Focal child	Primary caregiver (FFA or out-of-home caregiver)	Baseline and exit
Sensory processing	Infant-Toddler Sensory Profile	Focal child	Primary caregiver (FFA or out-of-home caregiver)	Baseline and exit
Permanency				
Removals from family of origin	Administrative data	All children	CCWIS	Lifetime
Placements	Administrative data	All children	CCWIS	Lifetime
Type of placements	Administrative data	All children	CCWIS	Lifetime
Discharge	Administrative data	All children	CCWIS	Lifetime
Safety				
Type of allegations	Administrative data	All children	CCWIS	Lifetime
Disposition of allegations	Administrative data	All children	CCWIS	Lifetime

[11] 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 a common set or bank of questions, in the same way. It is scored in a standard or consistent manner, making 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/.

Table VI.1 (*continued*)

Construct	Measure/source	Focus of data collection	Reporter or data source	Timing
Adult recovery				
Substance use severity	Addiction Severity Index	RDA	RDA	Baseline and exit
Parent trauma	Trauma Symptoms Checklist-40	RDA	RDA	Baseline and exit
Substance abuse services; primary, secondary, and tertiary substance abuse problem; for primary, secondary, and tertiary substances, frequency of use at admission	Administrative data	All adults	Local treatment providers or state agency responsible for TEDS data	From age 18 to present day
Type of discharge	Administrative data	All adults	Local treatment providers or state agency responsible for TEDS data	From age 18 to present day
Family functioning				
Depressive symptoms	Center for Epidemiologic Studies-Depression Scale	FFA	FFA	Baseline and exit
Parenting attitudes	Adult-Adolescent Parenting Inventory	FFA	FFA	Baseline and exit

[a] Each family will only complete one child well-being measure depending on child age.

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

2. Timing of data collection

To estimate change over time, data must be available for at least two time points. Project or local evaluator staff will administer standardized self-report measures to adults at project entry and project exit.

- **Baseline.** Project teams will administer age-appropriate standardized measures as soon as possible, but no later than one month after enrollment.
- **Project exit.** Project teams will administer age-appropriate standardized measures as close as possible to the family's exit date from RPG, up to two weeks before or after the exit date.[12] When families drop out of RPG before completing the program, project teams should collect the data as soon as they learn the family has dropped out. Projects will define dropout or disenrollment.

Project teams will also obtain and report lifetime administrative data—from birth to present day—for all children enrolled in RPG, and all available data for enrolled adults, from age 18 to the present day. When examining change in outcomes measured by administrative data, we will define baseline data as the 12-month period before RPG project entry and project exit data as the 12 months after project entry. Lifetime data for children and all available data for adults help capture rare or infrequent events (such as entry into

[12] If a child is no longer the appropriate age for an instrument at project exit, that data will not be collected, even if they were collected at baseline.

treatment services or a child being removed from the home) and provide additional context for describing participants' characteristics at project entry and interpreting the outcomes.

3. Selecting a focal child for measures of child well-being

For the cross-site evaluation, project teams will collect data on a single focal child in each family for standardized measures of child well-being, even when there are multiple children in the household. This limits the burden associated with data collection. (Project teams will obtain permanency and safety administrative data for all children in the family.) Because projects are offering different services and serving different populations, each project team is in the best position to define the focal child who is of greatest interest to the evaluation. For example, if selected children receive RPG services or live with a parent in residential treatment for substance use disorders, the project team may want to define the focal child as one of those children. To allow for flexibility in different project designs, each project team will develop a decision rule for selecting the focal child and apply the rule consistently to all enrolled families. For example, a rule might state that the focal child is always the youngest child in the family.

4. Reporters for standardized outcome measures

For each standardized measure, there is both a person who is reported on (the person of interest) and the person who is reporting (the reporter). For some measures, the reporter and the person of interest are the same (Table VI.1). Project teams will administer each measure to only one individual in the family. Analyses of child well-being, family functioning, and recovery will include information on as many as three persons of interest for each family:

- **The focal child.** The child on whom child well-being data will be reported, as determined by the project team.
- **The family functioning adult.** The adult living with the child who spends the most time taking care of the child and is from the focal child's family of origin. In many cases, the family functioning adult will be the child's biological or adoptive parent.
- **The recovery domain adult.** The adult with an active substance use issue or in recovery.

The following guidelines pertain to the reporters in each domain:

- **Child well-being.** The focal child's current primary caregiver—defined as the adult living with the child who spends the most time taking care of him or her and has been caring for the child for at least 30 days before data collection—will complete the standardized measures of child well-being. The reporter might be a biological parent; relative; or an out-of-home primary caregiver, such as a foster parent. At the time of data collection, if the child has been with the current caregiver for fewer than 30 days—for example, the child was placed into the person's care the previous week—the project team will not collect these data.
- **Family functioning.** Most RPG projects prefer to keep a child with his or her family of origin when it is safe to do so. Therefore, the family functioning measures will be administered to the focal child's biological or adoptive parent, even if the child has been removed from the home. If no biological or adoptive parent is available, the reporter will be the adult who has a goal of reunifying with the focal child.

- **Recovery.** The adult with a substance use issue will report on the standardized recovery measure. If there is no adult in recovery, the family functioning adult should complete the standardized measures in the recovery domain.

B. Measures for assessing child and family outcomes

In consultation with CB, we used the following criteria to select the standardized measures:

- Evidence of strong psychometric properties (measures that are reliable and valid)
- Demonstrated sensitivity to similar interventions
- Evidence of use with similar populations
- Appropriateness for a range of families and children
- Ease of administration (can be used by project teams after minimal training)
- Low burden on respondents
- Low cost of administration
- Evidence of use by project teams in prior RPG cohorts[13]

For child well-being and family functioning measures, we also sought measures that cover a wide age span and are appropriate for children who have experienced trauma.

1. Child well-being

Project teams will collect child well-being data about one focal child in each family using standardized measures of sensory processing and emotional and behavioral problems (Table VI.2). Each family will complete one child well-being measure depending on the focal child's age. If the focal child is younger than18 months at baseline, project teams will administer the age-appropriate form of the Infant-Toddler Sensory Profile (ITSP) at both baseline and project exit. If the focal child is 18 months or older at baseline, project teams will administer the age-appropriate form of the Child Behavior Checklist (CBCL). Project teams will not collect data from children through direct observations and child assessments, which would require extensive training and in-field reliability checks, because of the difficulty and cost of administration.

Sensory processing. Prenatal substance exposure poses serious risks for early development and can have adverse long-term effects on a range of outcomes from early childhood into adulthood (Behnke et al., 2013). Sensory processing—the way the brain takes the information from the senses and turns it into appropriate behavioral responses—can be affected by prenatal substance exposure (Chasnoff et al., 2010). Children who have difficulties processing sensory information or responding to the information through appropriate behaviors are considered to have sensory processing disorder. They often have difficulties performing everyday tasks, exhibit elevated emotional and behavioral problems, and exhibit lower levels of adaptive social behaviors (Ben-Sasson et al., 2009).

[13] D'Angelo et al. (2019) contains more information on the process for selecting the instruments used on the cross-site evaluation beginning with the RPG4 cohort.

CB chose to use the ITSP (Dunn, 1999, 2002) to examine sensory processing difficulties of infants and toddlers enrolled in RPG projects. The ITSP measures a child's sensory processing abilities and the effect of sensory processing on functional performance in a child's daily life. The profile is designed for children from birth to 36 months. It identifies children who are over- or under-responsive to stimuli, both of which indicate sensory processing difficulties that can be detrimental to children's well-being. These children are characterized as being high risk. Each item in this primary parent-report questionnaire describes children's responses to various sensory experiences. Together, the 58 items assess six types of processing: (1) general, (2) auditory, (3) visual, (4) tactile, (5) vestibular, and (6) oral sensory. Internal consistency has a wide range, with alpha coefficients from 0.17 to 0.83. Test-retest reliability ranged from 0.74 to 0.86. Validity is acceptable as measured against the Infant-Toddler Symptom Checklist (ITSC; DeGangi et al., 1995). The ITSP was normed on a sample of 589 children descent, with approximately 100 children in each six-month age span. This assessment is used widely with a range of populations and is appropriate for children enrolled in RPG projects because children who have experienced trauma can demonstrate sensory deficits.

Emotional and behavioral problems. As noted, difficulties in sensory processing can lead to emotional and behavioral problems. In addition, children's emotional and behavioral problems are also associated with caregiver substance use (Behnke et al., 2013), caregiver well-being, and parenting skills (Neece et al., 2012).

CB chose the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000, 2001) to measure emotional and behavioral problems in children ages 18 months and older. The CBCL measures are part of the Achenbach System of Empirically Based Assessment (ASEBA) and use information collected from parents to assess the behavior and emotional and social functioning of children. We will use two forms: (1) the preschool form assesses children ages 18 months to 5 years, and (2) the school-age form assesses children ages 6 to 17. Parents rate children on each item, indicating whether it is not true, somewhat or sometimes true, or very or often true, now or in the past six months. Both versions of the CBCL are widely used and have received an assessment rating of "A–Reliability and Validity Demonstrated" from the California Evidence-Based Clearinghouse for Child Welfare.

The 99 items in the preschool CBCL are organized into two broad groups of seven syndromes. The internalizing group includes subscales that assess whether the child is emotionally reactive, anxious or depressive, or withdrawn or has somatic complaints. The externalizing group includes subscales that assess whether the child has attention problems or exhibits aggressive behavior. A third set of items on the preschool version assesses whether the child has sleep problems. Scales were normed on a national sample of 700 children.

The school-age form provides information on 20 competencies covering children's activities, social relations, and school performance through 113 items that describe specific behavioral and emotional problems. The scales were normed on 1,753 children ages 6 to 18. The school-age normative sample represented the 48 contiguous states for socioeconomic status, ethnicity, region, and urban-suburban-rural residence.

The subscales for both the preschool and school-age forms demonstrated adequate psychometric properties, with the test-retest reliability estimates and Cronbach's alphas in the .80s and .90s for most of the subscales. The CBCL scores were also moderately to highly correlated with other measures of problems (Achenbach & Rescorla, 2000, 2001).

Table VI.2. Standardized measures of child well-being

Construct	Measure	Recommended age range for focal child	Administration time	Internal consistency reliability	Use in large-scale studies/ research with similar populations
Child sensory processing	Infant-Toddler Sensory Profile (ITSP; Dunn, 2002)	Birth to 17 months	15 minutes	0.17–0.83	RDSP
Child emotional and behavioral problems	Child Behavior Checklist (CBCL)–Preschool Form Child Behavior Checklist–School-Age Form (Achenbach & Rescorla, 2000, 2001)	18 to 60 months (CBCL-Preschool) 6 to 18 years (CBCL-School Age)	15 to 20 minutes	0.63–0.97	EHSREP; Three Cities; PHDCN; NSCAW

EHSREP = Early Head Start Research and Evaluation Project (Love et al., 2002); NSCAW = National Survey of Child and Adolescent Well-Being (Dowd et al., 2002); PHDCN = Project on Human Development in Chicago Neighborhoods (Earls et al., 1997); RDSP = Validation Study of the Sensory and Behavioral Criteria for Regulation Disorders of Sensory Processing (Pérez-Robles et al., 2012); Three Cities = Welfare, Children, and Families: A Three-City Study (Winston et al., 1999).

2. Child safety and permanency

State and local child welfare agencies will give the project teams administrative data on safety and permanency for all children enrolled in RPG. Project teams will aim to collect data on each child's history from birth to the present.

Safety. RPG projects aim to ensure the safety of children involved in the child welfare system. Administrative records on safety include information about whether a child is the subject of maltreatment reports and the type of allegation, such as physical abuse, neglect, and sexual abuse. Project teams will also obtain data on the disposition of allegations, including whether the alleged maltreatment was investigated and substantiated or unsubstantiated.[14]

Permanency. Permanency data provide information on whether a child has been removed from his or her home. For children who have been removed, data will also show whether they were in foster care and the type of placement. Furthermore, administrative records will provide information about whether children were reunified with their parents or placed in another permanent living situation such as adoption.

3. Adult recovery

Recovery from substance use is a process of change that permits individuals to make healthy choices and improve the quality of their life (Substance Abuse and Mental Health Services Administration, 2012). Supporting adult recovery can be an explicit or implicit goal of RPG projects. We will assess adult recovery using standardized measures (Table IV.3) and administrative data from state child welfare and substance

[14] Unsubstantiated means there was insufficient evidence to conclude that a child experienced maltreatment.

abuse treatment agencies. The administrative data will be similar to information that states report to the Treatment Episode Data Set (TEDS).[15] However, because TEDS data are de-identified, project teams will work with the state or local treatment agencies to collect the information.

Substance use severity. We will use the Addiction Severity Index, Self-Report Form (ASI-SR), a widely used tool in the addiction field, to measure the extent and severity of substance use by the recovery domain adults in RPG. The cross-site evaluation will include the 10 questions in the drug/alcohol use subscale.[16] Examples of questions include, "How many days have you used more than one substance (including alcohol) in the past 30 days?" and "In the past 30 days, how many days have you experienced drug problems?" Administration time for the ASI-SR drug/alcohol use items is 10 minutes.

Internal consistency reliability for the full ASI is generally acceptable across studies, ranging from a low of 0.44 (Luo et al., 2010) to a high of 0.89 (Leonhard et al., 2000). The drug/alcohol use subscale generally has higher reliability than the other subscales (Mäkelä, 2004). Concurrent and discriminative validities were demonstrated with respect to a number of other measures for both composite scores and severity ratings (McLellan et al., 1980). It also demonstrates good specificity and sensitivity.

The norming sample was made up of adults and represented a range of socioeconomic and marital statuses, living situations, and ethnicities; the participants abused a range of substances (McLellan et al., 1980). The ASI is widely used in clinical settings and by the Drug Evaluation Network System (DENS), a project that aims to gather clinical information on patients presenting for substance abuse treatment and on the treatment programs they attend (Carise et al., 1999). DENS has collected more than 38,000 ASIs from about 100 treatment programs in 20 states.

Table VI.3. Standardized measures of adult recovery

Construct	Measure	Administration time	Internal consistency reliability	Use in large-scale studies and research with similar populations
Substance use severity	Addiction Severity Index, Self-Report Form (ASI-SR) (McLellan et al., 1992), Drug/alcohol Use subscale	10 minutes	0.44–0.89[a]	None[b]
Parent trauma	Trauma Symptoms Checklist-40 (TSC-40; Briere & Runtz, 1989)	10 to 15 minutes	0.89–0.91	None[c]

[a] Alpha coefficients are for the full ASI only.

[b] The ASI-SR was used in a validation study with 316 veterans entering substance abuse treatment (Rosen et al., 2000). The study results suggest it is a useful alternative to the full ASI interview for measuring substance abuse treatment outcomes.

[c] The TSC-40 was used in a study of nearly 3,000 professional women and nearly 7,000 female college students (Elliott & Briere, 1992; Gold et al., 1994).

[15] See https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set.

[16] The full ASI-SR includes six subscales: (1) medical status, (2) employment/support status, (3) drug/alcohol use, (4) legal status, (5) family/social relationships, and (6) psychiatric status. To limit burden on participants, the cross-site evaluation will only include the drug/alcohol use subscale.

Treatment participation. Participation in publicly funded substance abuse treatment is another indicator of substance use issues. We will assess treatment participation using administrative data on treatment participation for all adults enrolled in RPG. Project teams will aim to collect administrative treatment records on adults from age 18 to the present from state substance abuse treatment agencies. Data elements will include date of first treatment service for a treatment episode; primary, secondary, and tertiary substance abuse problems; and frequency of use at admission, by substance. Project teams will also obtain information on the type of discharge, including date of discharge for all services in a treatment episode and reason for discharge. These may include treatment completed, left against professional advice, terminated by facility, transferred to another substance abuse treatment program, incarceration, death, other, or unknown.

Parent trauma. Experiences of trauma are strongly predictive of subsequent substance abuse problems (National Child Traumatic Stress Network, 2008) and also create difficult problems for families and programs to address. The cross-site evaluation will measure adult trauma symptoms using the Trauma Symptoms Checklist-40 (TSC-40; Briere & Runtz, 1989) for the recovery domain adults.

The TSC-40 measures aspects of post-traumatic stress and other symptom clusters in adults who have experienced childhood or adult traumatic experiences. It is a self-administered questionnaire with scores forming six subscales: (1) anxiety, (2) depression, (3) dissociation, (4) Sexual Abuse Trauma Index (SATI), (5) sexual problems, and (6) sleep disturbance. The questionnaire also tabulates a total score. Project teams will ask recovery domain adults to rate each item based on how frequently it has occurred over the past two months, using a four-point Likert scale ranging from 0 (never) to 3 (often). The adults answer questions such as "How often have you experienced each of the following in the last two months?" and then give the frequency with which symptoms such as "headaches," "sadness," or "anxiety attacks" have been occurring. The TSC-40 is a 40-item inventory that requires approximately 10 to 15 minutes to complete.

The subscale alphas range from 0.66 to 0.77, with reliabilities for the full scale averaging between 0.89 and 0.91 (Elliott & Briere, 1992). The TSC-40 shows predictive, criterion-related, and convergent validity (Elliott & Briere, 1992; Zlotnick et al., 1996; Gold et al., 1994).

4. Family functioning

Family functioning can be affected by parents' mental health and parenting attitudes. The cross-site evaluation will collect data from the family functioning adults on these two constructs (Table VI.4).

Depressive symptoms. Depression has been shown to either cause or result from substance use, based on findings from literature reviews and national epidemiological studies (Grant & Harford, 1995). Parental depression may contribute to child maltreatment and poor child outcomes (Dubowitz et al., 2011; Sidebotham et al., 2001). The cross-site evaluation will measure adult depressive symptoms using the Center for Epidemiologic Studies–Depression Scale, 12-Item Short Form (CES-D; Radloff, 1977). The CES-D is a screening tool to assess the presence and severity of depressive symptoms occurring over the past week. The 12-item short form of this self-administered questionnaire takes fewer than 10 minutes to complete. Respondents are asked to rate how often each of the items (for example, "I was bothered by

things that usually don't bother me") applied to them in the past week, on a four-point Likert scale (from rarely or none of the time to most or all of the time). The questionnaire is available in Spanish.

The original measure was normed on a large sample of patients and generally healthy populations. The sample varied in terms of race and ethnicity, education, and sex (Radloff, 1977). Since then, the CES-D 12-Item Short Form has been widely used in large-scale research and has demonstrated strong psychometric properties. The reliability estimates (alpha coefficients) were high (above 0.90) for parent reports in the Early Head Start Family and Child Experiences Survey (Baby FACES; Vogel et al., 2011). Concurrent validity by clinical and self-report criteria and substantial evidence of construct validity have been demonstrated (Radloff, 1977). The CES-D has also been widely used in other large-scale data collections such as the Project on Human Development in Chicago Neighborhoods (PHDCN; Earls et al., 1997) and the National Early Head Start Research and Evaluation Project (EHSREP; Love et al., 2002).

Parenting attitudes. Negative attitudes about parenting or unrealistic expectations for children increase the potential for child abuse and neglect (Budd et al., 2006). The cross-site evaluation will use the Adult-Adolescent Parenting Inventory-2 (AAPI-2; Bavolek & Keene, 1999) to assess the attitudes about parenting and childrearing. Based on the known parenting and childrearing behaviors of abusive parents, responses to the measure provide scores that measure parents' risk of behaviors known to be connected to child abuse and neglect. The AAPI-2 includes the following five subscales: (1) expectations of children, (2) parental empathy toward children's needs, (3) use of corporal punishment, (4) parent-child family roles, and (5) children's power and independence. Primary caregivers answer questions based on a Likert scale (strongly agree, agree, and so on) on items such as "Children need to be allowed freedom to explore their world in safety," and "Time-out is an effective way to discipline children." The AAPI-2 is written at a 5th grade reading level and is available in Spanish. It takes about 10 to 15 minutes to complete the 40-item inventory.

The AAPI-2 comes in two alternative forms to reduce the practice effect when repeating the inventory within a short period. Alpha coefficients for the five parenting constructs ranged from 0.86 to 0.96. The authors show evidence of construct and discriminative validity. The AAPI-2 discriminates between abusive and non-abusive parents in samples of adults and in samples of adolescents (Bavolek & Keene, 1999). The AAPI-2 was normed on a nationally representative sample of adolescents and adults (abusive and non-abusive adults, abused and non-abused adolescents, and teen parents) referred by agencies from around the country. It has since been widely used with varied populations, including families with low incomes and single mothers (Lutenbacher & Hall, 1998; Conners et al., 2006). The AAPI-2 has also been used in large-scale data collections such as the National Survey of Child and Adolescent Well-Being (NSCAW; Dowd et al., 2002) and the Longitudinal Studies of Abuse and Neglect (LONGSCAN; Knight et al., 2008).

Table VI.4. Standardized measures of family functioning

Construct	Measure	Administration time	Internal consistency reliability	Use in large-scale studies/research with similar populations
Depressive symptoms	Center for Epidemiologic Studies Depression Scale (CES-D), 12-Item Short Form (Radloff, 1977)	5 to 10 minutes	0.83–0.92	Baby FACES, ECLS-K; EHSREP; LONGSCAN; PHDCN; SECCYD
Parenting attitudes	Adult-Adolescent Parenting Inventory (AAPI-2; Bavolek & Keene,1999)	10 to 15 minutes	0.86–0.96	EHSREP; LONGSCAN; NSCAW

Baby FACES = Early Head Start Family and Child Experiences Survey; ECLS-K = Early Childhood Longitudinal Study, Kindergarten Class of 1998–99; EHSREP = National Early Head Start Research and Evaluation Project; LONGSCAN = Longitudinal Studies of Abuse and Neglect; NSCAW = National Survey of Child and Adolescent Well-Being; PHDCN = Project on Human Development in Chicago Neighborhoods; SECCYD = National Institute of Child Health and Human Development (NICHD) Study of Early Child Care and Youth Development.

C. Data submission

Starting in the second year of the evaluation, project teams will submit the standardized measures and administrative data to the cross-site evaluation online data collection system, the RPG-Evaluation Data System (RPG-EDS) twice a year (Table VI.5). Project teams will initially enter information on children and families into fillable PDFs or their local management information systems at the time of data collection. These data will then be uploaded to RPG-EDS. Project teams will submit the data in April and October of each calendar year, starting in 2024. For the outcomes analysis, project teams will submit data only on project participants. If they are enrolling comparison group members, project teams will also submit data on their comparison group members; Chapter VII discusses this component of the evaluation.

Table VI.5. Data submission timing for the cross-site evaluation of outcomes

Data collection activity	FY2024				FY2025				FY2026				FY2027			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Participant outcomes		✓		✓		✓		✓		✓		✓		✓		

To date, 12 project teams have proposed using all of the measures; six projects will not use at least one of the measures (Table VI.6). Most project teams are also proposing to collect the specified administrative elements, although as of February 1, 2024, many have not yet developed formal agreements with agencies to provide those data.

Table VI.6. Number of projects using proposed standardized measures with participants

Standardized measure	Number of projects
Child well-being	
Child Behavior Checklist (Preschool and School Age)	16
Infant-Toddler Sensory Profile	16
Family functioning	
Adult-Adolescent Parenting Inventory	17
Center for Epidemiologic Studies-Depression Scale	18
Adult recovery	
Addiction Severity Index	17
Trauma Symptoms Checklist-40	15

Source: Requests for standardized measures submitted by each project in 2023.

D. Analysis

To examine participants' outcomes over time, we will do pre-post comparisons for the overall sample and by subgroups if sample sizes allow. In this section, we describe our approaches for data analysis to describe the outcomes. Descriptions of approaches for preparing the data and constructing variables are in Appendix F.

1. Baseline characteristics of RPG participants

The cross-site evaluation team will estimate descriptive statistics to describe the baseline characteristics of RPG participants. For each standardized measure of interest, we will present the mean and standard deviation and the proportion of individuals in the high-risk category. For the administrative data, we will report the prevalence rates of individuals who experienced a given incident before RPG enrollment. For example, we will present the percentage of children with substantiated maltreatment reports in the year before RPG enrollment and in their lifetime, using all available administrative data provided by projects.

Comparing individuals with and without project exit data. We will exclude participants without standardized measures data at either baseline or project exit from the outcome analysis (pre-post comparisons). To understand whether individuals included in the outcome (pre-post change) analysis differ from those who did not have project exit data, the cross-site evaluation team will compare the demographics and baseline measures for individuals with both baseline and project exit data to those for individuals with baseline data only. If the two groups differ on baseline characteristics, the former group cannot provide information that is representative of the full population of families enrolled in RPG. This is known as nonresponse bias, uncertainty in the estimates because participants with better or poorer outcomes were left out. We will conduct independent t-tests to determine whether there are statistically significant differences between the two groups on the baseline characteristics. This will help us understand the degree to which the sample contributing to the pre-post analysis can be generalized to the broader RPG population.

2. Nonresponse weights

If there are extensive missing data for the standardized measures, and evidence of nonresponse bias, the cross-site evaluation team will create weights[17] to statistically adjust the pre-post analysis to reduce nonresponse bias in the outcome estimates. The outcomes analysis for previous RPG cohorts used nonresponse weighting. We will apply the nonresponse weights to estimate all descriptive statistics (means, standard deviations, and the proportion of individuals characterized as high-risk by the instrument) as well as inferential tests of the differences in the outcomes over time.

3. Pre-post change analysis: pre-post comparisons

The pre-post analysis will use all cases with data available at two time points for a given outcome of interest. The pre-post analyses on standardized measures will estimate means and standard deviations at baseline (project entry) and project exit, along with a change score, which is a difference in means. The approach will also include an inferential assessment of whether the differences in the scores between baseline and project exit differ significantly from zero (that is, the paired t-tests). Wherever appropriate, the pre-post analyses will estimate percentages in the high-risk category at baseline and project exit and changes in percentages as well as significance tests. All inferential tests will use a Type I error rate (alpha) level of 0.05 (two-tailed) to describe a result as statistically significant. If needed, all analyses will include the nonresponse weights described earlier when calculating the statistics. Table VI.7 is an example table shell for presenting summary statistics at project entry, project exit, and change over time.

Table VI.7. Example table shell to report pre-post changes in outcomes from project entry to exit (caregivers' parenting attitudes)

		At project entry		At project exit		Change from entry to exit	
Aspect of parenting	N	Mean (SD)	Percentage in high-severity category	Mean (SD)	Percentage in high-severity category	Mean change score	Percentage in high-severity category
Inappropriate expectations for child							
Lack of empathy for child							
Values corporal punishment							
Treats child like an adult peer, not a child							
Oppresses child's independence							

[17] If nonrespondents are different from respondents, the achieved sample will not be representative of the population of interest and will introduce bias to the estimates. Applying nonresponse weights will bring the sample more in line with the population and thus potentially reduce the bias.

The cross-site evaluation will use a comparable approach to report on the administrative data. We will present the prevalence rates of a given outcome (for example, incidence of maltreatment) in the pre-intervention year and the intervention year, as well as the change in the prevalence rates between these two periods. A paired t-test will assess whether the change in the prevalence rates is significantly different from zero. However, we will not use nonresponse weights because we will have complete data on these outcomes for the eligible sample among the grant recipients that submit administrative data.

4. Sensitivity analysis

The cross-site evaluation will conduct sensitivity analyses to assess whether the findings are consistent across different analytic approaches. Stable findings across approaches increase confidence in the findings. For example, we will conduct the pre-post analysis by limiting the sample to (1) individuals who have baseline assessments within a project-specified window around the enrollment date and (2) the first instance of individual outcome measures for the small subset of individuals who have outcome data in multiple cases, such as a focal child who is associated with two separate cases. In addition, if nonresponse weights are needed for standardized measures, we will conduct the analyses with and without the weights.

5. Subgroup analysis

If sample sizes allow, we will conduct pre-post change analysis for subgroups of families, such as those with previous child welfare involvement. The analysis will be based on severity of substance use (based on the ASI measure) and project completion.

E. Limitations

The pre-post outcomes analysis is descriptive in nature and does not imply a causal relationship; that is, the analysis cannot show whether the RPG program overall or any individual project caused positive or negative changes. For example, people who entered RPG might have done so because they were motivated to improve their situations, and they might have made changes even without RPG services specifically. Without a counterfactual condition of comparable families who were motivated but who did not participate in RPG, it is not possible to make a causal conclusion that the RPG program is solely responsible for any changes in outcomes.

VII. Impacts

To date, the field has limited information on the effectiveness of programs for families involved with (or at risk of involvement with) child welfare because of caretaker substance use issues. Even evidence-based programs and practices designed for at-risk families typically have not been evaluated with this focal population (Strong et al., 2013). The cross-site evaluation for RPG3 found two favorable and statistically significant impacts on adult outcomes: fewer trauma symptoms and depressive symptoms. In addition, children enrolled in RPG3 had fewer behavior problems and executive functioning deficits. Further rigorous research will build the evidence base and help demonstrate what works to best serve families.

As with previous cohorts, HHS is requiring project teams in RPG7 to work with an evaluator to conduct local evaluations. As specified in the funding opportunity announcement, each project team must plan and conduct a rigorous evaluation to assess 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 (ACF, 2022).

To measure project impacts, an evaluation must include a treatment group that receives services of interest and a comparison group that does not. The comparison group represents what would have happened to the treatment group if its members had not received the services. Project teams may form these 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 is based on baseline equivalence: the similarity of the treatment and comparison groups at baseline before services begin. If the treatment and comparison groups are similar at the study's onset, differences that emerge in the course of the study are likely attributable to the services. In RCTs, random assignment creates two groups that are equivalent on all characteristics, on average, at baseline. Factors such as attrition, however, can erode the strength of the design. In QEDs, equivalence can be established on observable characteristics that researchers can measure at baseline. Because differences can always exist on unmeasured variables, QEDs are less rigorous than RCTs.

To address the impacts of the RPG projects overall, the cross-site evaluation team will compare the outcomes of participants who received RPG services with those in a comparison group who did not, using data that project teams collect. The cross-site evaluation will only include selected local impact evaluations that conduct a high quality RCT or a QED with primary data collection from both treatment and comparison groups. Primary data collection is important for establishing baseline equivalence of the groups on many characteristics. In addition, we will assess the quality of the evaluations' execution after they are completed (as described in Section B). The impact analysis will use the outcomes data project teams submit to RPG-EDS.

The research question for the impact analysis is "What were the impacts of RPG projects on children and adults who enrolled in RPG?" The team will examine this for three groups of RPG projects: (1) those with well-implemented RCTs; (2) those with well-implemented QEDs or RCTs with some issues; and (3) all RPG projects included in the impacts analysis.

This chapter includes strategies to support the impact analysis for RPG7 and a brief description of how we will estimate cross-site impacts. We will use approaches similar to those planned for previous RPG

cohorts. More details about the framework used to assess levels of evidence, methods for estimating project-specific estimates, and methods for aggregating project-specific estimates across RPG projects can be found in the RPG2 cross-site evaluation design report (Strong et al., 2014).

A. Strategies for sustaining the RPG7 impact analysis

Rigorous evaluations require similar treatment and comparison groups (at baseline) along with large samples, and these features are often difficult to achieve. Conducting an evaluation with families in the child welfare system can increase the challenges. Although the RPG3 cohort had a successful cross-site impact study, RPG2 and RPG4 did not. For RPG2, only two of the seven projects that planned impact studies successfully conducted their evaluations, which did not constitute a large enough sample for cross-site analysis.[18] Similarly, although an impact study was planned for the RPG4 cohort, some grant recipients were not able to carry out their planned designs (for example, they were unable to enroll families into a comparison group), and most grant recipients did not enroll and collect data from as many families as they planned to. Therefore, the cross-site evaluation could not conduct an impact analysis across RPG4 grant recipients (HHS, forthcoming).

To support the RPG7 impact studies, CB and the cross-site team will use the following strategies:

- CB implemented a 6- to 12-month planning period during which project teams worked closely with CB and the TA providers to refine and finalize their implementation and evaluation plans.
- The cross-site evaluation team will complete an evaluability assessment for each RPG grant recipient's local evaluation plans; the assessment will provide feedback on the evaluation design, data collection and enrollment procedures, and other evaluation characteristics. It will also offer suggestions to grant recipients on how to increase the rigor of their evaluation.
- The cross-site team will provide quarterly summaries of the data that grant recipient teams share with the cross-site evaluation; these summaries highlight any issues with data quality and areas that grant recipients could improve.
- The cross-site team will offer opportunities for intensive technical assistance using the Learn, Innovate, Improve (LI^2) framework. The framework uses human-centered design principles to understand the root causes of challenges and identify and test strategies to address the challenges.

B. Process for estimating cross-site impacts

The process for estimating the cross-site impacts includes three steps: (1) determine the level of evidence, (2) estimate project-specific impacts, and (3) create aggregated impact estimates by aggregating project-specific impact estimates.

Determine the level of evidence. Projects included in the impact analysis will vary in terms of the rigor of evidence they can provide because some are planning RCTs and others will be using QEDs. RCTs can provide stronger evidence of program impacts than QEDs can. However, not all studies of each type provide equally compelling research evidence depending on how well they are executed. For example, a QED that was careful to compare similar groups may provide evidence that is more compelling than an

[18] A small sample size decreases the statistical power to detect effects.

RCT with high attrition from the research sample. To understand the level of evidence provided by each project, after the project team's final data submission, the cross-site evaluation team will assess the research design and data to determine the level of evidence that each project-specific impact evaluation can produce. We will use classifications and standards from the Title IV-E Prevention Services Clearinghouse[19] and the What Works Clearinghouse (WWC)[20] of the Department of Education to classify the level of evidence across projects. Both systematic reviews have well-established standards for rating the level of evidence across each design, and provide guidance we can use in classifying project-specific RPG designs.

The levels of evidence are the following:

- Strong evidence: RCT with low attrition
- Promising evidence: RCT with high attrition and QED with baseline equivalence established
- Unclear evidence: RCT with high attrition and QED without baseline equivalence established

To estimate cross-site impacts, we will use treatment and comparison data from RPG7 projects with designs that provide strong or promising evidence. Because the impact analysis depends on the rigor of the local evaluations, the cross-site evaluation team will provide technical assistance and other monitoring support to local evaluators throughout the project.

Estimate project-specific impacts. To estimate project-specific impacts, we will compare the outcomes[21] for the treatment and comparison groups at project exit, controlling for key baseline characteristics in each RPG project. We will also conduct sensitivity analyses to assess whether the findings are consistent across different methods—for example, by omitting baseline characteristics in the analyses (see the RPG2 cross-site evaluation design report [Strong et al., 2014] for more about the alternative methods for impact estimates).

Pool project-specific impact estimates to create aggregated impact estimates. We will create cross-site impact estimates based on aggregated estimates of project-specific impact estimates. This approach provides a more statistically powerful test of the effects of interventions because of the increased sample size. Our approach to aggregation is to calculate impacts at varying levels of evidence. Specifically, we will calculate an aggregate impact estimate for three groups of studies: (1) those with the strongest evidence available—that is, the well-implemented RCTs;[22] (2) those with promising evidence—that is, well-

[19] The Title IV-E Prevention Services Clearinghouse (https://preventionservices.acf.hhs.gov/) assesses and rates the quality of the research evidence for programs and practices intended to support children and families and prevent out-of-home placements. The U.S. Department of Health and Human Services developed the clearinghouse in accordance with the Family First Prevention Services Act.

[20] The What Works Clearinghouse is an evidence-based review process for education research by the Institute of Education Sciences in the Department of Education. The latest procedures for establishing the rigor of ratings for comparison group designs can be obtained at https://ies.ed.gov/ncee/wwc/Handbooks (accessed May 16, 2024).

[21] The outcomes include child well-being, safety, and permanency; adult recovery; and family functioning, which are described in Chapter VI.

[22] Although this aggregate impact will be based on well-implemented RCTs (for example, RCTs with low attrition rates), it is not necessarily free from bias because studies are being excluded based on factors determined after randomization (that is, on factors that are endogenous, not exogenous).

implemented QEDs and RCTs with some issues, such as high attrition; and (3) all studies in Groups 1 and 2. We will compare the results from Groups 1 and 2 to determine whether the findings are substantively different from each other. If they are, it may be due to possible bias or the presence of different projects—for example, if projects offering more intensive services are all in one group. Therefore, in assessing the findings, we will consider whether other factors likely contributed to any substantive differences.

The aggregated estimates are more precise than project-level estimates because of greater statistical power, but including QEDs and RCTs with high attrition may create bias in this final aggregated impact estimate. For RCTs, if participants are missing from the analysis in ways that lead to systematic differences between the treatment and comparison group, the benefit of random assignment in providing the most rigorous evidence of a project's impacts is compromised. Even though baseline equivalence of observable characteristics between the treatment and comparison groups will be established for QEDs and RCTs with high attrition, we cannot ensure equivalence on non-observable characteristics. Moreover, the aggregated estimates include impacts across different projects, and we will not be able to identify the elements of the projects that made them successful.

For the aggregated impact estimates, we will create a weighted average of the project-specific impact estimates, in which the weight of each project-specific impact is the inverse of the squared standard error of the impact (Cooper et al., 2009). Consequently, projects with more precise impact estimates (with larger sample sizes or with baseline variables that are highly correlated with the outcomes) will receive greater weight in the average impact estimate.

We will conduct sensitivity analyses to assess whether the findings are consistent across different weighting techniques. We will apply two other weights to the project-specific impacts: (1) allocating equal weight to each project-specific impact (the procedure currently used for WWC intervention reports) or (2) allocating weight proportional to the sample size of the study.

C. Limitations

The impact study will be built on the local impact evaluations. Thus, any problems in executing the local evaluations will affect the quality of the cross-site impact study. To address this challenge, we will be providing technical assistance and other evaluation monitoring supports, such as resource documents and training. However, if the local evaluations are not successfully executed, we will not be able to produce credible estimates of the RPG program as a whole.

To increase the statistical power of the evaluation, the cross-site evaluation team will aggregate data across grant recipients to estimate the impacts of the RPG program. This impact estimate might be difficult to interpret because grant recipients offer different services, intervene with different focal populations, and will implement with different levels of fidelity. Although the cross-site evaluation will give CB an overall sense of the average effectiveness of the included RPG projects, it will not be able to disentangle whether one particular approach that a grant recipient used was effective or whether one approach was more effective than another. The analysis also will not be able to identify the elements of the projects that made them successful.

VIII. Reporting

To support program improvement and inform CB, Congress, the RPG project teams, and the public, we will release results from the cross-site evaluation throughout the evaluation period. Products include three reports to Congress, annual cross-site evaluation project reports, and special topics briefs. We will also prepare a restricted-use data file available to qualified researchers through the National Data Archive on Child Abuse and Neglect (NDACAN), including documentation for users. This chapter describes the preliminary plans for reporting and disseminating the cross-site evaluation findings.

A. Reports to Congress

Three reports to Congress will summarize findings from the cross-site evaluations, focusing on projects' activities and performance. The content of the reports will depend on the phase of the project and available data. Table VIII.1 lists the data sources we will use for each report.

Table VIII.1. Data sources for reports to Congress and final evaluation report

	2024	2026	2027 (final evaluation report)
Project documents	✓	✓	✓
Site visit interviews and phone interviews			✓
In-depth interviews and focus groups			✓
Sustainability survey			✓
Enrollment and services data		✓	✓
Participant outcomes		✓	✓

Note: These dates represent the timing of the cross-site team's submission of drafts of the reports to CB; final publication may take place on a different schedule.

We will craft these reports to make them useful to practitioners, policymakers, and researchers. Preliminary plans for the content of the reports are as follows:

- The 2024 report will cover the project teams' service and evaluation plans. It will describe each project's focal population and core services; that is, the services defined by the project team that make up its main RPG project.[23] It will also describe the project teams' local evaluation designs, focusing on the rigor of the proposed designs for estimating program effects and other potential contributions, such as information on partnerships.
- The 2026 report will present findings on early enrollment, service delivery, and participants' baseline demographic outcomes, which project teams will begin submitting in the second quarter of 2024. We will also share lessons learned, as reported by each project in its semiannual progress report, and progress or changes in the projects' services and evaluations.

[23] Core services include, at a minimum, all services funded by the grant and may include in-kind services provided by partners.

- The 2027 report (final evaluation report) will be a comprehensive synthesis of all study data, including the integration and interpretation of both qualitative and quantitative data. The report will touch on all major research areas in the cross-site evaluation: partners, families served, services, sustainability, and outcomes.[24]

B. Annual reports

Each fall, the cross-site evaluation team will produce an annual report. These reports will complement those submitted to Congress by providing details about the progress of the cross-site evaluation. For example, the reports will discuss the technical assistance provided to projects and summarize data collected for the cross-site evaluation. Throughout the grant period, each annual report will build on previous reports to provide timely information on progress to date.

C. Special topics briefs

Mathematica will prepare as many as two ad hoc reports or special briefs each year on topics of interest to CB. These briefs may address research findings or other topics related to the cross-site evaluation. For example, we developed an ad hoc report focusing on how projects screened for and addressed trauma in children and adults. Future briefs could include additional details on a particular topic of the evaluation—for example, examining the association between participants' receipt of RPG services and changes in their outcomes.

D. NDACAN restricted-use data files

After data collection and analysis are complete, the evaluation team will submit cross-site evaluation data files to NDACAN. This is a regular practice for CB grants and is intended to facilitate ongoing research through data collection supported by federal funds. The data files will include all data collected for the contract, including data submitted by grant recipients and their implementing agencies through RPG-EDS, and data from partner and sustainability surveys.

We will work collaboratively with NDACAN, the project teams, and CB to coordinate archiving the data sets so the format supports NDACAN's mission of providing data on child abuse and neglect to researchers for secondary analysis. This collaboration includes developing a data structure and variable naming conventions, missing code values, syntax, and a codebook that defines the variables and layout of the data files. The codebook will comply with NDACAN requirements and industry best practices, such as the guidelines issued by the Inter-University Consortium for Political and Social Research. The cross-site evaluation team will work closely with NDACAN staff to ensure the data contain no information that would allow an individual to be identified. All data and documentation will be transmitted to NDACAN securely at the end of the contract.

[24] We will share results from an RPG7 impact analyses, if possible, via a report to CB or journal article.

Glossary

Administrative data: Records that governments or other organizations collect as part of their operations. Although they can be used for research, they are not collected for that purpose, but to support and document the administration of programs.

Cases: The family, household, or group of individuals who enroll into an RPG project to receive services together.

Comprehensive Child Welfare Information System (CCWIS): The child welfare administrative data system, from which RPG projects obtain permanency and safety domains administrative data.

Construct: A construct is an abstract concept or hypothetical idea that is not directly observable but can be measured indirectly through related behaviors, attitudes, or other indicators (APA 2024).

Domain: See Outcome domain.

Family functioning adult (FFA): The individual that completes the family functioning domain standardized instruments and, if they are primary caregiver of the focal child, the child well-being domain standardized instruments.

Focal child: The one child within each enrolled RPG case for which grant recipients collect standardized instrument data; grant recipients determine the rule for identifying a focal child, if a family has multiple children. For instance, some grant recipients determine that the youngest child in the family is always the focal child.

Grant recipient: The organization that was awarded the grant.

Measure: an item or set of items that provides an indication of the quantity or nature of the topic studied; often, more than one measure is used for each of the main constructs of interest (APA 2024).

Outcome: A measurable construct that can be used to track changes at various levels, including and not limited to changes for children, adults, families, and staff members, as well as across partnerships as a whole.

Outcome domains: In the RPG cross-site evaluation, these are five areas of focus prioritized by the Children's Bureau within which to examine participant outcomes: (1) child well-being, (2) family functioning/stability, (3) recovery, (4) permanency, and (5) safety.

Partner(s): The organizations that work with a grant recipient organization to serve families as part of the RPG project.

Partnership: The relationships between organizations involved in an RPG project.

Primary caregiver: The adult living with the focal child who spends the most time taking care of him or her and has been caring for the child for at least 30 days before data collection.

Recovery domain adult (RDA): The individual that completes the adult recovery domain standardized instruments. This adult has involvement in the substance use treatment system or has an identified substance use disorder. In some cases, this is the same individual as the family functioning adult.

RPG program: The grant program that funds RPG projects.

RPG project: The grant recipient organization along with its partner organizations, and/or the services they provide through RPG.

Service encounter: An interaction between a service provider and the family receiving the RPG service, such as a meeting with a case manager or therapist, a support group, a mentoring session, or a parenting training. Projects report details about the interaction that include location, duration, attendance, and the topics that were covered.

Service type: There are the two following service types: (1) primary services and (2) supportive services. Primary services deliver case management or service coordination, mentoring, parenting training or home visiting programs, support groups or workshops, and therapy or counseling. Supportive services are ancillary services that may complement the primary services, such as child care, financial or material support, housing, screening or assessment, and transportation.

Standardized instruments: A set of questions and response options that are given to eligible respondents, usually with instructions on how to answer or interpret the questions. The instrument is scored in a standard or consistent manner, which makes it possible to compare the relative performance of individuals or groups. All grant recipients collect a set of standardized instruments from each enrolled family; for RPG7 the standardized instruments are: (1) Child Behavior Checklist (Preschool and School Age); (2) Infant-Toddler Sensory Profile; (3) Addiction Severity Index; (4) Trauma Symptoms Checklist-40; (5) Center for Epidemiologic Studies-Depression Scale; and (6) Adult-Adolescent Parenting Inventory.

Substance: A psychoactive compound with the potential to cause health and social problems, including substance use issues (HHS, 2016).

Substance use disorder (SUD): A medical illness caused by repeated misuse of a substance or substances (HHS, 2016).

Substance use treatment: A service or set of services that can include medication, counseling, and other supportive services designed to enable an individual to reduce or eliminate use of alcohol and/or other drugs, address associated physical or mental health problems, and restore the patient to maximum functional ability (HHS, 2016).

Substance use issues: The term used in this report to encompass substance use, substance misuse, and substance use disorder.

Treatment and Episode Data Set (TEDS): The administrative data system that includes de-identified data on substance use services and timing of treatment; the adult recovery domain administrative data reported for RPG has similar fields to TEDS data, except that RPG data includes identifiable information.

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Appendix A

Semiannual Progress Report (SAPR) Template

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RPG GRANTEE SEMIANNUAL ACF PERFORMANCE PROGRESS REPORT

Appendix B - Program Indicators

ACF-OGM-SF-PPR

SF-PPR-OGM-B

Office of management and Budget (OMB) Control Number: 0970-0527

Appendix B of the semiannual ACF performance progress report provides information on the programmatic and evaluation activities conducted by the grantee during the reporting period as well as activities planned for the next reporting period. Information from the report will be used by the Children's Bureau to meet grants management requirements and to inform reports to Congress. Semi-annual progress reports are due within 30 days of the end of each 6-month reporting period.

This template is for the RPG grantees.

Grantees are to submit their original Semi-Annual Progress Report electronically to the Grants Management Specialist (GMS) and their Federal Project Officer (FPO) through Grant Solutions.

An electronic courtesy copy of the report is to be submitted to your Cross-site Evaluation Liaison (CSL) and Change Liaison (CL) when you submit the electronic copy through Grant Solutions. **Please submit Word files. Do not submit scanned documents or PDFs.**

Suggested Report Format

Grantee Name and Address:

Grant Number:

Period Covered by Report: through

Principal Investigator or Project Director:

Report Author's Name and Telephone Number:

Name of Federal Project Officer:

Name of Grants Management Specialist:

B-01. Major Activities and Accomplishments During This Period

1. Have you enrolled your first participant in RPG program services? When? If not, when (month/year) do you plan to do so?

2. In Table 1, list your total enrollment goals for clients for this 6-month reporting period, the actual number of participants enrolled in this 6-month reporting period, the total enrollment goal for RPG services over the course of the grant, and total enrollment to date (including this 6-month and prior reporting periods).

   -Please do not include comparison group members who will not receive RPG services.

   -If you have not officially started enrolling clients in RPG services but are, for example, providing services in a pilot capacity please describe that outside of this table.

Table 1. Enrollment Goals for RPG Services

	Enrollment goal for the 6-month-year reporting period	Actual enrollment during the 6-month reporting period	Total enrollment goal for RPG services	Total enrollment to date (current and prior reporting periods)
Cases*				
Adults				
Children				

* A "case" is a family, household, or group of individuals enrolling in RPG services as a unit.

3. In Table 2, list the number of cases that have exited services, by exit reason (select the primary reason), during this 6-month reporting period. Please **only** include exits in which all parties in the case have exited (e.g., child, parent, and foster parent).

Table 2. Reasons Participants Have Exited Services During This Reporting Period

Primary Reason for Case Exit	Total Cases that Exited During the 6-month Reporting Period	Total cases exited to date (current and prior reporting periods)
Program Completed		
Declined Further Participation		
Moved Out of Service Area		
Unable to Locate		
Excessive Missed Appointments		
Child No Longer in Custody		
Other (please describe)		

4. Please use the table(s) in Attachment B-01a to provide information about each service you plan to implement or are implementing for your RPG program. Complete one table for each service.

5. Please describe whether you engaged in any of the following activities during this reporting period.

    a. If you have an implementation team to support RPG implementation please describe its membership and key activities during this reporting period.? [25] If the implementation team was newly created during this reporting period, please note that.

    b. During the reporting period, did you develop a written implementation plan, other than your grant application, to support implementation of the services you selected?[26] If so, describe the main components of the plan and who is responsible for implementing them. If a plan was already in place before this reporting period and it was fully described in a prior SAPR, please state that and go to the next question.

    c. Please describe the approach to training and/or supervision of frontline staff providing RPG services during this reporting period.

    d. Have there been changes in the timeline of program activities (including activities being implemented by partners) presented in your grant application? If so, please describe the changes and provide a new timeline. If any changes were already fully described and a new timeline was provided in a prior SAPR, please state that and go to the next question.

    e. If any programs or services were delivered during this reporting period, did you monitor program/service implementation to determine if the delivery is being carried out as planned? For example, did you collect and analyze quality assurance or fidelity data? For the frequency of monitoring enrollment data? If so, please describe your monitoring process.

[25] An implementation team is a team of individuals focused on supporting the implementation of services. The team may help increase the buy-in and readiness of staff, coordinate the supports staff may need to implement the services (particularly evidence-based programs or practices [EBPs]) with fidelity, assess the fidelity of the implementation of the services, and problem-solve implementation challenges. Collectively the team possesses an in-depth knowledge of the services, knowledge of implementation best practices, and experience using data to improve program quality (Metz, Allison and Leah Bartley. "Active Implementation Frameworks for Program Success: How to Use Implementation Science to Improve Outcomes for Children." *Zero to Three*, March 2012, pp. 11-18).

[26] An implementation plan identifies the specific tasks needed to implement services (EBPs) with fidelity, timelines for task completion, and the person responsible for overseeing the task (Meyers et al. "Practical Implementation Science: Developing and Piloting the Quality Implementation Tool." *American Journal of Community Psychology,* vol. 5, no. 3-4, December 2012, pp. 481-496).

f. Please describe any updates/briefings provided to an RPG steering or oversight committee or other leadership or partner group during this reporting period.

g. During this period, did you engage with systems beyond your partner agencies (such as health care or early care and education) to facilitate planning for your RPG project? If so, with what systems did you engage and why? If these systems will provide services or work with RPG participants, please describe the services and how you will coordinate services with those systems. If engagement with systems beyond partner agencies was already fully described in a prior SAPR, please state that and go to the next question.

h. Have you identified the need to engage additional partners to fully serve children, parents/caregivers, families? If so, please list the partners and briefly describe how they will improve service delivery.

i. Please use Table 3 to provide information about any changes in partners during the reporting period (including any new partners or partners with whom new agreements have been established). Please describe any formal agreements (such as MOUs or data sharing agreements) established with your partners during the period.

Table 3. Regional Partnership Membership and Formal Agreements Established This Reporting Period

Name of Agency (list agency name, not individual person) that was added to your RPG partnership or with whom you established a formal agreement	Is this a new or existing partner?	Primary contribution(s) to the RPG project	Did you establish a formal agreement with this agency?	Type of formal agreement (such as MOU, data sharing agreement)	Description of the purpose/content of the formal agreement

j. Have any partners discontinued their involvement in the RPG project since the last reporting period? If yes, please list each discontinued partner, describe why each one is no longer involved, whether the change will affect referrals, service delivery, or access to services in any way, and, if so, how.

k. Have any new communication systems or protocols been put in place since the last reporting period to support RPG and partner staff in implementing the RPG program? Examples include information and data sharing processes and agreements, joint case plans, joint case staffing or family decision-making, and co-location of staff. If there have been no changes and this was fully described in a prior SAPR, please state that and go to the next question.

l. Describe how leadership (county, regional, and /or state) from substance use disorder treatment, child welfare, and the courts has been involved in your program (support they have provided, engagement in implementation) during this reporting period. What is the process for keeping them informed (such as joint meetings, individual briefings, memos)?

m. Does a process exist for addressing cross-system challenges and barriers efficiently and effectively? If so, please describe. If there have been no changes or additions to this process and this was fully described in a prior SAPR, please state that and go to the next question.

n. Please describe other significant programmatic activities during this reporting period.

6. Have the organizations or programs from which you receive referrals for RPG changed since the last reporting period? If yes, please describe these changes. Has the referral enrollment process changed since the last reporting period? If so, please describe the change? If there have been no changes and this was fully described in a prior SAPR, please state that and go to the next question.

7. Has the list of other community agencies or services to which you refer participants changed since the last reporting period? If so, please describe the changes. How do you track these referrals? Has your process for tracking referrals changed? If so, please describe the changes. If there have been no changes and this was fully described in a prior SAPR, please state that and go to the next question.

8. Have the instruments or forms used to assess the needs of children, adults, or families who participate (or are targeted to participate) in your RPG program changed since the last reporting period? If so, please describe the changes, including identifying the assessment instruments dropped or added. Has the organization that does the assessments changed since the last reporting period, or the way assessment information or results are used? If so, please describe these changes. If there have been no changes and this was fully described in a prior SAPR, please state that and go to the next question.

9. Please describe the major successes you achieved in implementing or operating your RPG project in this reporting period (challenges are discussed later in the report). How did you achieve them? What innovations have you developed, if any?

10. During this reporting period, have you made changes to the project's target population ?

a. If so, describe and define the current target population (including eligibility criteria). If "at risk" families are included, please describe how "at risk" is defined. Justify your decision to make this change.

b. If not, please provide more detail on the target population, including eligibility criteria. If "at risk" families are included, please describe how "at risk" is defined.

11. Please summarize the status of your sustainability plans and any sustainability activities during this reporting period. Include successes, challenges, and your assessment of whether you will be able to sustain all or part of your program after RPG funding ends.

B-02 Challenges

12. Were any of the goals set for this reporting period not met? If so, what are the primary reasons those goals were not met?

13. Please indicate whether your project faced any of the following programmatic challenges or barriers that affected your ability to complete planned activities for this reporting period. For each problem you faced, please describe how you addressed the barrier and your progress in resolving it.

    a. ____Challenges finalizing service plans (please indicate which services)

    b. ____Lower referrals or enrollment than expected

    c. ____Inability to enroll intended target population (please describe how the population you are reaching differs from your intended target population)

    d. ____Longer than anticipated program enrollment periods due to the complex needs of families or other reasons

    e. ____Staffing challenges, such as finding or retaining qualified grantee or partner agency staff for implementing services

    f. ____Challenges implementing services (please indicate which services)

    g. ____Inability to access training for clinical or other staff thereby delaying implementation of services/service delivery

    h. ____Challenges sharing information needed for recruitment and enrollment

    i. ____Challenges sharing information or data with partners or other issues related to engagement with partners

    j. ____Challenges coordinating case management or services with partners or other entities

    k. ____Challenges collaborating with RPG partners

    l. ____Challenges engaging and/or retaining program participants

    m. ____Contextual issues that are having a negative effect on referrals or service delivery

    n. ____Other challenges (please describe)

B-03. Significant findings and events

14. Describe any significant changes in your state or service area during this 6-month reporting period that have affected or may affect your project (for example, referrals and/or service delivery) or the program outcomes you are measuring in your evaluation.[27] Please include changes with a positive or negative effect.

15. Has your program experienced any significant challenges during this 6-month reporting period as a result of the current fiscal environment? If so, please provide specific examples of how the fiscal environment has adversely impacted your program (such as reductions or changes in child welfare, substance use treatment or other staffing that affects service delivery, decreased referrals to your program, reductions or loss of funding sources, etc.).

16. Has your program gained any new sources of funding during this 6-month reporting period? If yes, please list the new sources of funding and describe how the funds will be used to support your RPG project.

17. Has your program became involved in any other federal initiatives during this 6-month reporting period? If yes, please indicate which federal initiative and if your agency is the lead grantee or if your agency will be a key partner to the activity.

18. Please describe any key lessons learned during the reporting period regarding evaluation implementation.

B-04. Dissemination Activities

19. What dissemination activities were conducted during this reporting period?[28] How are your partners involved in your dissemination activities? Add information about each activity to Table 4.

[27] Significant changes could include things such as the implementation of other child welfare or substance abuse treatment initiatives, policies or programs; events in the community such as a child death or high profile case that might impact caseloads; changes in judicial officers who hear dependency cases (if relevant to your program); changes in agency or community leadership; implementation of other new legislation, policies or procedures that affect your program or target population; changes in child welfare or substance use trends; or other related community developments.

[28] Dissemination activities may include kickoff meetings or program launches; earned media such as a story in the local paper or other report in a news outlet that is not a paid advertisement or public service announcement; press release or public service announcement developed by your partnership; items on grantee's or partnership's website or in own publications; informational presentations or meetings with local organizations; other direct outreach to local organizations (e.g., emails, calls, delivery of brochures); policy advocacy, or conference presentations.

Table 4. Dissemination Activities

Activity	Target audience	Number of target audience members reached/ materials distributed	Purpose	Results (Was your goal achieved? If so, describe.)	Partners involved?	Additional comments

B-05. Other Activities

20. Were any project changes that require federal approval (such as a change in budget, project director, or other key staff) made during this 6-month reporting period? If so please describe the change and the reason for the change. Include changes you have discussed with your FPO or GMS.

21. Have you used (or do you plan to use) information and knowledge gained from the most recent RPG grantee meeting in your partnership, program, or evaluation? If so, please describe how you have used or plan to use the information. Include, for example, how information affected services for your clients, client engagement and retention, your cross-systems collaborative relationships, the measurement of program performance and outcomes, sustainability planning, program management, or other efforts related to overall program results.

22. Please answer the following questions related to evaluation activities:

    a. What main activities for your local evaluation or the cross-site evaluation did the project engage in during this 6-month reporting period?

    b. When did or will (month/day/year) your local outcome evaluation begin enrolling participants?

    c. Using Table 5, list the key evaluation activities you plan to engage in over the next six months (for example seeking IRB approval or an amendment; conducting evaluation recruitment; conducting data collection; developing, updating, or implementing plans for monitoring evaluation enrollment; working with grantee staff to establish procedures for/to implement procedures for using data in an ongoing way; developing and implementing plans for keeping partners engaged in evaluation activities including any partners providing comparison group cases). For each activity listed, provide a description of the activity and the organization(s) responsible.

Table 5. Planned Evaluation Activities for Next Six Months

Evaluation Activity	Description	Organization(s) Responsible for This Activity

d. Please describe any challenges or barriers related to your local evaluation encountered during this 6-month reporting period. How did they affect your local evaluation? For each please describe how you addressed the barrier and your progress in resolving it.

e. Have you made any changes to your evaluation design during this 6-month reporting period? If so, which aspect of your evaluation design did you change? Describe in detail the changes you made to your evaluation design and why these changes were made.

B-06 Activities Planned for the Next Reporting Period

23. Using Table 5, list the key activities you plan to engage in over the next six months. These key activities could include, but are not limited to, developing written implementation plans; hiring, training, or providing professional development to staff; holding partnership meetings or activities; establishing MOUs or other formal agreements with other organizations; establishing procedures for information or data sharing with partner agencies; continuing enrollment; establishing and/or implementing procedures for tracking/maintaining contact with those who receive services; making refinements to program services; reviewing data to monitor enrollment or implementation or to inform improvements in implementation. For each activity listed, please describe the activity and the organization(s) responsible.

Table 6. Planned Activities for the Next Six Months

Activity	Description	Organization(s) Responsible for This Activity

Technical Assistance Needs

24. Please list any evaluation or programmatic technical assistance needs that you have not previously requested from your CSL or CL. Are there any technical assistance needs you have that would benefit from a peer-to-peer connection? If so, what topic area? Have previously identified evaluation and programmatic technical assistance needs been adequately addressed?

Attachment B-01a

RPG Funded Services

Instructions: Please use this attachment (and the table below) to provide information about each service you plan to implement or are implementing using RPG funds. Complete one table for each service, adding tables within this document as necessary. If the services you plan to implement differ from those outlined in your application, please indicate what, if any, changes you are making, and describe why these changes are occurring. Below are definitions for each section of the table. Put in "NA" for any sections that are not applicable.

Content: Briefly describe the topics covered/services offered by the intervention (e.g., child growth and development, effective discipline, anger management, problem solving skills, establishing boundaries) and other services/activities (e.g., screening to identify whether child needs trauma-focused services)

EBP? Is this an evidence-based program or practice? That is, does existing research show that the program or practice is effective? Please answer yes, no, or don't know.

Court-ordered vs. voluntary: Indicate whether participants are court-ordered to participate in the intervention or if they enroll voluntarily

Target population: Briefly describe the population to be served by the intervention (e.g., children ages 0-5 in foster care; mothers of child welfare involved, dependent children enrolled in a residential substance abuse program) or the service/activity (e.g., all or select RPG participants)

Eligibility criteria: Briefly describe the criteria used to determine eligibility to receive the intervention (e.g., adolescents between the age of 13 and 18 of child welfare involved families who score above [cutoff point] on [assessment name])

Mode of delivery: Briefly describe how the intervention is delivered (e.g., home visits, group sessions, one-on-one therapy)

Dosage: Briefly describe how frequently the service will be provided, the length of each interaction, and the length of time the participant will receive the service (e.g., children will attend 45-minute therapy sessions once a week for six weeks, or one-time activity or a service that continues throughout the program)

Target outcomes: Briefly describe outcomes targeted by the intervention (e.g., decreased parental stress, increased family functioning, decreased externalizing behavior by child)

Planned adaptations: Describe any adaptations/enhancements planned for the intervention (e.g., the curriculum was designed for children birth to five, but will be extended to children up to age 10)

Implementing agency: Indicate which organization will be providing the service

Interaction with developer: Please describe the interaction, if any, you have had with the developers of the services you selected over the reporting period. For example, have you consulted with the program developer, received training or technical assistance on the service, been certified to provide the service, been monitored by the developer, received approval for any adaptations you are making to the model, etc.? If you were providing the service prior to RPG, please describe any interactions with the developer that you may have had as you began implementing the service.

Proportion of RPG participants expected to enroll and use service(s): Please estimate the proportion of enrollees in RPG you expect to enroll in or use this particular service using the categories provided. If the service is not expected to be provided to all RPG participants, explain why (such as provided only to those with specific needs or who complete other program components, or specialized program to address certain situation/condition)

Name of Service or Activity	
Content	
Is this an evidence-based program or practice (EBP)?	____ Yes _____ No _____Don't know
Court-ordered vs. voluntary	
Target population	
Eligibility criteria	
Mode of delivery	
Dosage	
Target outcomes	
Planned adaptations	
Implementing agency	
Interaction with developer	
Proportion of RPG participants expected to enroll/use service(s)	____ All _____ Most _____Some _____A few If not "all," please describe why.

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Appendix B

Topic Guide for Site Visit Interviews and Phone Interviews

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In 2025–2026, the RPG cross-site evaluation will include site visits to nine projects and phone interviews with the remaining nine. During the site visits, researchers will interview RPG project directors, partners, managers, supervisors, and frontline staff who work directly with families. They will conduct interviews either individually or in small groups, depending on staffing structure, roles, and the number of individuals in a role. Researchers will interview RPG project directors and partners by phone for those projects that do not receive a site visit. This topic guide includes the full breadth of topics that will be covered across the interviews, although each individual or small-group interview may not include all topics. The topic guide was included in the approved OMB package (control number: 0970-0527).

Table B.1. Topics covered in site visit interviews and phone interviews

Topic	Subtopic
Informant characteristics	
Informant characteristics	• Job title • Education background and licensing qualifications • Years in current position and with agency • Role on RPG and prior experience with RPG project
Partnerships	
Goal setting	• Organizations or individuals that participated in planning (during proposal stage and planning phase) • Child welfare and substance use treatment agencies' involvement in RPG planning • How partners were involved in developing a shared vision and setting goals • How partners and other community organizations were involved in the planning and decision-making processes, and how concerns were addressed • Key design decisions made during the planning phases and rationale for those decisions • Challenges encountered during the planning process and how and if they were resolved
Partnership composition and roles	• How and why particular partners were selected • How partnerships came to be or developed, such as partnerships with organizations before the RPG project; type and length of prior relationship • Grant recipient's and partner organizations' roles in RPG project • Child welfare and substance use treatment agencies' roles and responsibilities in RPG project • Development and maintenance of formal or informal agreements • Changes in partnerships and the rationale for those changes (such as turnover of partner organizations and key staff within partners) • Changes in grant recipient, partner, or RPG project leadership staff that occurred during the grant period and may have affected the direction of the RPG project
Interagency collaboration and service coordination	• Whether and how partners collaborate on joint activities (such as training) • Competing priorities for partner organizations • Process for making decisions and resolving conflicts within the partnership • Policy or process changes within partner agencies (such as mental health service providers or courts) resulting from collaboration on RPG • Process to share data and information about families across partners • Process for coordinating screening, assessment, referrals, treatment, or other services • Partnership successes, challenges, and lessons learned about interagency collaboration/partnerships

Table B.1 (*continued*)

Topic	Subtopic
Collaboration between child welfare and SUD treatment agencies	• Child welfare and substance use treatment agencies' history of working together; successes, challenges, and lessons learned • Child welfare and substance use treatment agencies' views on the goals of RPG • Process for defining and delineating the roles and responsibilities of each agency to meet the RPG project goals • Clarity of roles for each agency while families were served during RPG • Guidelines and delineation of roles for each agency, especially for follow-up on service referrals • Child welfare agency's capacity to offer SUD assessment and treatment improved or changed as a result of collaborating with SUD treatment agency • The extent of collaboration between the two agencies on four collaboration activities with drug and alcohol service providers (as defined in He, 2015)[a]: (a) a memorandum of understanding (MOU) or other formal interagency agreement, (b) cross-training of staff, (c) colocation of staff, and (d) joint budgeting or resource allocation • Intensity of collaboration; that is, the number of collaboration activities • Types of collaboration, such as policy (for example, having an MOU) versus practice collaboration (such as colocation of staff). • Alignment of RPG goals with goals and priorities of child welfare and substance use treatment agencies • Process for reconciling competing priorities (if applicable) • Process for reconciling different treatment and permanency timelines; how child welfare and SUD treatment RPG staff at every level interact with each other (such as frontline staff, managers or supervisors, and administrators or directors across the two agencies) • How lessons learned from prior collaborations between child welfare and SUD treatment agencies have been integrated into the RPG project • Process for child welfare and SUD treatment agencies to identify and address challenges related to RPG collaboration • Policy or practice changes within the child welfare and substance use treatment agencies resulting from collaboration on RPG
Perceptions of RPG project partners	• Perceptions of partnership quality; frequency of partner interaction • Partners' views about the grant recipient organization as a convener (an organization with enough credibility to bring together relevant people across sectors)
Services	
Referral processes to RPG services	• How and when RPG project determined referral pathways • Sources of referrals, length of relationship with these referral sources, how relationships were established, relative size of enrollment from each referral source • Referral sources that consistently refer individuals who meet eligibility criteria and engage in the RPG project • Process used by partners to refer potential participants to RPG • Any changes to outreach and referral strategies and why they were made • How staff accept referrals for RPG services • Challenges and facilitators to establishing pathways and translating referrals into participation
Referral processes from RPG services	• Extent to which needed services are available and accessible in the community
Staffing roles and perceptions	• Involvement of frontline staff in the planning and decision-making processes, and how concerns were addressed • Who and how RPG staff interact with other staff in partner organizations

Table B.1 (*continued*)

Topic	Subtopic
Sustainability	
Plans and activities to sustain services and partnership after grant period ends	• Funding, staffing, and other resources available after the grant
Federal, state, local, tribal, and community context	
Federal, state, local, tribal, and community context	• Changes in policies or practice, and how they impeded or supported partnerships • Local context of communities RPG is offered in

[a]He, A. S. (2015). Examining intensity and types of interagency collaboration between child welfare and drug and alcohol service providers. *Child Abuse & Neglect, 46*, 190–197. http://dx.doi.org/10.1016/j.chiabu.2015.07.004

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Appendix C

Topic Guides for Individual In-Depth Interviews and Focus Groups with RPG Program Participants

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To understand the experiences of RPG participants, the cross-site team will conduct up to 16 individual in-depth interviews and eight focus groups with RPG participants in Year 4 (2025–2026).[29] During an in-person site visit, researchers will conduct a focus group with five or six participants and each in-depth interview with a single program participant.

Focus groups are a common qualitative method used to gather opinions about a focused topic among participants who share a common experience, such as participating in the same program (Krueger, 2014). The team will use a semi-structured focus group guide to collect information on participants' perceptions of RPG services and their recommendations. Table D.1 summarizes topics covered in the focus groups.

In-depth interviews are a qualitative method used to gather detailed information about participant experiences, feelings, behaviors, and reflections on a particular program or a broad topic (Boyce & Neale, 2006; Patton, 2002). This information can provide important context for understanding outcome data. The in-depth interviews will be informed by life course theory, which recognizes that a person's perceptions of past experiences cumulatively shape present life circumstances (Giele & Elder, 1998; Mortimer & Shanahan, 2003). The evaluation team will use a semi-structured interview guide to learn about participants' experiences and significant events, as well as participants' interpretations of how these experiences and events factored into their substance use and child welfare involvement. It also will include questions about their perceptions of RPG7 services.

As part of the in-depth interviews, participants will complete a lifeline, which is a timeline of their experiences and the meaning participants make from those experiences. Lifelines have been extensively used as a tool in research to spark recall and elicit participant narratives on substance use treatment and recovery (Bellaert et al., 2022; Berends 2011; Harris and Rhodes, 2018; Martinelli et al., 2023; Monico et al., 2020) and family resilience (Younginer et al., 2015). Table D.2. summarizes topics covered in the in-depth interviews.

Table C.1. Topics covered in focus groups

Topic	Description
Enrollment in RPG services	• Reasons for enrolling in RPG • Perceptions of enrollment process • Expectations for involvement in RPG
Participation and experiences in RPG services	• Services received through RPG project • Frequency of participation in RPG services
Knowledge of and interaction with partners	• Services received by partners • How services provided by grant recipients and by partners differ • Grant recipient and partner staff coordination on services
Facilitators and challenges to participation	• Challenges in participating in RPG services • Ways RPG staff could make it easier for RPG participants to receive services
Participant needs	• Degree to which services meet participants' needs • Degree to which services have helped participants' child welfare case, substance use recovery, and receipt of other needed services or resources

[29] The protocols for the in-depth interviews and focus groups are planned and not yet final; the cross-site team will submit both protocols for OMB review before data collection begins.

Table C.1 (*continued*)

Topic	Description
Overall perceptions of RPG services	• Most and least helpful parts of RPG services • Suggestions on how RPG project could be improved • Advice for future RPG participants

Table C.2. Topics covered in in-depth interviews

Topic	Description
Background	• Age • What part of town participant lives in and how long they have lived in the area (noting any moves outside the county) • Number and ages of children
Living situation	• Number of family and non-family members in the household (including children) • Recent changes (in the past year) in living situation and household composition and why • Stability of current living situation
Experiences and significant events	• Overview of the lifeline tool and how it will be used in the interview • Childhood experiences, including strengths, challenges, and any key turning points related to education, economic and housing situations, significant relationships (such as parents' separation or divorce, birth of siblings, loss of a family member), moves, child welfare involvement (such as removals and placements), substance use (participant's or other), physical and behavioral health, etc. • Teenage experiences, including strengths, challenges, and key turning points related to employment, education, economic and housing situations, significant relationships (such as parents' separation or divorce, loss of a family member, and peer networks), child welfare involvement (such as removals and placements), substance use (participant's or other), incarceration, physical and behavioral health, etc. • Experiences in adulthood, including strengths, challenges, and any key turning points related to employment, economic and housing situations, significant relationships (such as marriage, breakups, divorce, birth of child(ren), loss of a family member), child welfare involvement (such as removal and placement of child(ren)), substance use, physical and behavioral health, etc. • Coping strategies and supports used during challenging life events, and other supports that would have been helpful during those times.
Substance use and child welfare system involvement	• How events highlighted on lifeline are related to current or most recent child welfare involvement • How substance use and child welfare involvement are related (that is, did one lead to or affect the other).
Participation and experiences in RPG services	• How participant learned about and enrolled in RPG project • Services received through RPG project or partners • Degree to which services meet participants' needs • Satisfaction with RPG services
Goals and aspirations	• Vision for the future (such as where the participants see themselves being in six months, one year, and five years) • How RPG participation has shaped participant's vision of future • Short- and long-term goals and supports needed to achieve goals

Appendix D

Demographic and Service Data Elements

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RPG Regional Partnership Grants

ENROLLMENT FORM

CASE ENROLLMENT

1. **Case ID** _____

2. **RPG Case Surname** _____

3. **RPG Case Enrollment Date** |__|__| / |__|__| / |2|0|__|__|
   MM DD YYYY

4. **Referral Source** **MARK ONE ONLY**
   - ☐ Child welfare agency (public or private)
   - ☐ Substance use treatment provider
   - ☐ Mental or behavioral health provider
   - ☐ Hospital or clinic
   - ☐ Family support service agency
   - ☐ Indian/Native American Tribally Designated Organization
   - ☐ Self-referral/walk-in
   - ☐ Court
   - ☐ Other (specify) _____
   - ☐ Don't know

4a. **Was the grantee the referring organization?** **MARK ONE ONLY**
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

5. **Study assignment** **MARK ONE ONLY**
   - ☐ Treatment group
   - ☐ Comparison group

6. **Have any members of this case been previously enrolled in your RPG Project?** **MARK ONE ONLY**
   - ☐ Yes
   - ☐ No
   - ☐ Don't know

INDIVIDUAL ENROLLMENT

7. **Individual ID** _____

8. **Individual Name** _____

9. **Individual RPG Enrollment Date** *(Only for those added after RPG case enrollment)* |__|__|/|__|__|/|2|0|__|__|
   MM DD YYYY

10. **Sex** **MARK ONE ONLY**
    - ☐ Male
    - ☐ Female

11. **Person Type** **MARK ONE ONLY**
    - ☐ Adult
    - ☐ Child

12. **Date of Birth** *(or due date for unborn child)* |__|__| / |__|__| / |__|__|__|__|
    MM DD YYYY

12a. **Is this a due date for an unborn child?** **MARK ONE ONLY**
    - ☐ Yes
    - ☐ No

13. **Race** **MARK ALL THAT APPLY**
    - ☐ American Indian or Alaska Native
    - ☐ Asian
    - ☐ Black or African American
    - ☐ White
    - ☐ Native Hawaiian or Other Pacific Islander

14. **Ethnicity** **MARK ONE ONLY**
    - ☐ Hispanic or Latino
    - ☐ Not Hispanic or Latino

15. **Primary language spoken at home** **MARK ALL THAT APPLY**
    - ☐ English
    - ☐ Spanish
    - ☐ Other (specify) _____

Ask of each child enrolled

16. **What is the child's current primary type of residence?** **MARK ONE ONLY**
    - ☐ Private residence
    - ☐ Treatment facility
    - ☐ Correctional facility/prison
    - ☐ Homeless/shelter
    - ☐ Group home → Go to Q18
    - ☐ Other (specify) _____
    - ☐ Don't know

17. Who are the primary adults in the household that the child lives with? MARK ALL THAT APPLY
Skip Q17 if answer to Q16 is "Group home"

- ☐ Biological mother
- ☐ Biological father
- ☐ Other relative
- ☐ Non-relative foster parent
- ☐ Other (specify) _____
- ☐ Don't know

18. Has the child lived in the same residence for the past 30 days? MARK ONE ONLY

- ☐ Yes
- ☐ No
- ☐ Don't know

19. Is the child receiving Medicaid? MARK ONE ONLY

- ☐ Yes
- ☐ No
- ☐ Don't know

Ask of each adult enrolled

20. Highest Education Level MARK ONE ONLY

- ☐ Up to 8th grade
- ☐ Some high school
- ☐ High school diploma/GED
- ☐ Some vocational/technical education
- ☐ Vocational/technical diploma
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate-level schooling or degree

21. Employment Status MARK ONE ONLY

- ☐ Full-time employment
- ☐ Part-time employment
- ☐ Self-employed
- ☐ Not employed but looking for work
- ☐ Not employed and not looking for work, or unable to work

22. Relationship Status MARK ONE ONLY

- ☐ Never married → Go to Q22a
- ☐ Married → Go to Q22b
- ☐ Divorced/widowed/separated → Go to Q22a

22a. Do you have a romantic partner that you live with all or most of the time? MARK ONE ONLY
Only respond to Q22a if answer to Q22 is "Never married" or "Divorced/widowed/separated"

- ☐ Yes
- ☐ No
- ☐ Don't know

22b. Do you live with your spouse all or most of the time? MARK ONE ONLY
Only respond to Q22b if answer to Q22 is "Married"

- ☐ Yes
- ☐ No
- ☐ Don't know

23. In the past month, which sources of income have you had? MARK ALL THAT APPLY

- ☐ Wages/salary
- ☐ Public assistance (TANF, WIC, Food stamps/SNAP)
- ☐ Retirement/pension/spousal survivor's benefits
- ☐ Disability/SSI
- ☐ Unemployment benefits
- ☐ Child support
- ☐ Support from other individuals
- ☐ Child's benefits (SSI, survivor's benefits)
- ☐ Other (specify) _____
- ☐ None

23a. In the past month, which income source was the largest? MARK ONE ONLY

- ☐ Wages/salary
- ☐ Public assistance (TANF, WIC, Food stamps/SNAP)
- ☐ Retirement/pension/spousal survivor's benefits
- ☐ Disability/SSI
- ☐ Unemployment benefits
- ☐ Child support
- ☐ Support from other individuals
- ☐ Child's benefits (SSI, survivor's benefits)
- ☐ Other (specify) _____
- ☐ None

FAMILY MEMBER RELATIONSHIPS

Answer question 24 through 28 for each individual enrolled in the case

24. Is this person the Focal Child? MARK ONE ONLY

- ☐ Yes → Go to Q24a
- ☐ No → Go to Q25

24a. Does the Focal Child live with other children in the RPG Case? **MARK ONE ONLY**

Only respond to Q24a if answer to Q24 is "Yes"

☐ All of the children ☐ Some of the children ☐ None of the children

25. Relationship to Focal Child
MARK ONE ONLY

☐ Self
☐ Biological parent
☐ Adoptive/pre-adoptive parent
☐ Step-parent by marriage
☐ Non-relative foster parent
☐ Grandparent
☐ Aunt/uncle
☐ Parent's partner
☐ Biological sibling (including half sibling)
☐ Adopted sibling
☐ Step-sibling by marriage
☐ Cousin
☐ Other (specify) _____

26. Is this person the Recovery Domain Adult? **MARK ONE ONLY**

☐ Yes ☐ No

27. Is this person the Family Functioning Adult? **MARK ONE ONLY**

☐ Yes ☐ No

28. Is this person the Child Well-being Reporter? **MARK ONE ONLY**

☐ Yes ☐ No

CASE CLOSURE FORM

1. **Case ID** _____

2. **RPG Case Surname** _____

3. **RPG Case Closure Date** |__|__| / |__|__| / |2|0|__|__|
MM DD YYYY

CASE CLOSURE

4. **Primary reason for case closure MARK ONE ONLY**

- ☐ Successfully completed RPG program
- ☐ Family moved out of area
- ☐ Unable to locate
- ☐ Excessive missed appointments/unresponsive
- ☐ Family declined further participation
- ☐ Transferred to another service provider
- ☐ Miscarriage or fetal/child death
- ☐ Parental death
- ☐ Child entered out-of-home placement
- ☐ Incarceration
- ☐ Drug use (ongoing or relapse)
- ☐ Other program noncompliance
- ☐ Other (specify) _____

REVISIT CHILD WELL-BEING REPORTER

Please identify the reporter for child well-being instruments at program exit.

5. **Does this case have a Child Well-being Reporter? MARK ONE ONLY**

- ☐ Yes → Go to Q5a
- ☐ Not in case
- ☐ No one has had care of the child for 30 days

5a. **Enter the Child Well-being Reporter's Individual ID and Name below.**
Only respond to Q5a if answer to Q5 is "Yes."

Individual ID: _____ Individual Name: _____

CLOSURE RESIDENCE UPDATE

Complete for each child in the case who was born at the time of enrollment into RPG. If there are more than two children in this case, use the appended table at the end of this form.

Individual ID and Name	6 **What is the child's current primary type of residence? MARK ONE ONLY**	7 *Skip Q7 if answer to Q6 is "Group home"* **Who are the primary adults in household that child lives in? MARK ALL THAT APPLY**	8 **Has the child lived in the same residence for the past 30 days? MARK ONE ONLY**	9 **Is the child receiving Medicaid? MARK ONE ONLY**
	☐ Private residence ☐ Treatment facility ☐ Correctional facility/ prison ☐ Homeless/shelter ☐ Group home → Go to Q8 ☐ Other (specify) _____ ☐ Don't know	☐ Biological mother ☐ Biological father ☐ Other relative ☐ Non-relative foster parent ☐ Other (specify) _____ ☐ Don't know	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ Don't know
	☐ Private residence ☐ Treatment facility ☐ Correctional facility/ prison ☐ Homeless/shelter ☐ Group home → Go to Q8 ☐ Other (specify) _____ ☐ Don't know	☐ Biological mother ☐ Biological father ☐ Other relative ☐ Non-relative foster parent ☐ Other (specify) _____ ☐ Don't know	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ Don't know

10. Does the Focal Child live with other children in the case? MARK ONE ONLY

☐ All of the children ☐ Some of the children ☐ None of the children

UNBORN CHILD UPDATE *Complete for each child in the case who was unborn at the time of enrollment into RPG.*

11. Individual ID: _____

12. Has the child been born? MARK ONE ONLY

☐ Yes → Go to Q13 ☐ No → Go to Q12a ☐ Don't know → End of form

12a. Is the mother still pregnant with the child? MARK ONE ONLY

☐ Yes → End of form ☐ No → End of form ☐ Don't know → End of form

Only ask the remaining questions if the child has been born (Q12 = "Yes").

13. Child's Date of Birth |__|__| / |__|__| / |2|0|__|__|
MM DD YYYY

14. Child's Sex MARK ONE ONLY

☐ Male ☐ Female

15. Child's Birth Weight MARK ONE ONLY

☐ Normal (5 pounds 8 ounces [2500 grams] or more)
☐ Low (3 pounds 5 ounces [1500 grams] to 5 pounds 7.99 ounces [2499 grams])
☐ Very low (less than 3 pounds 5 ounces [1500 grams])
☐ Don't know

16. Was the child born prematurely (less than 37 weeks gestation)? MARK ONE ONLY

☐ Yes ☐ No ☐ Don't know

17. Did the child spend time in the Neonatal Intensive Care Unit (NICU)? MARK ONE ONLY

☐ Yes ☐ No ☐ Don't know

18. Has the child been given a diagnosis of one or more of the following conditions related to substance exposure? MARK ALL THAT APPLY

☐ Neonatal abstinence syndrome → Go to Q18a
☐ Fetal alcohol syndrome disorder → Go to Q19
☐ Neither → Go to Q19
☐ Don't know → Go to Q19

18a. Was the child exposed prenatally to opiates? MARK ONE ONLY
Only respond to Q18a if answer to Q18 is "Neonatal abstinence syndrome"

☐ Yes → Go to Q18b ☐ No → Go to Q19 ☐ Don't know → Go to Q19

18b. Was the mother receiving supervised medication-assisted treatment (MAT) during her pregnancy? MARK ONE ONLY *Only respond to Q18b if answer to Q18a is "Yes"*

☐ Yes ☐ No ☐ Don't know

19. What is the child's current primary type of residence? MARK ONE ONLY

☐ Private residence ☐ Homeless/shelter ☐ Don't know
☐ Treatment facility ☐ Group home → Go to Q21
☐ Correctional facility/prison ☐ Other (specify) _____

20. Who are the primary adults in the household that the child lives with? MARK ALL THAT APPLY
Skip Q20 if answer to Q19 is "Group home"

☐ Biological mother ☐ Other relative ☐ Other (specify) _____
☐ Biological father ☐ Non-relative foster parent ☐ Don't know

21. Has the child lived in the same residence for the past 30 days? MARK ONE ONLY

☐ Yes ☐ No ☐ Don't know

22. Is the child receiving Medicaid? MARK ONE ONLY

☐ Yes ☐ No ☐ Don't know

For additional children, use the table below.

CLOSURE RESIDENCE UPDATE

Individual ID and Name	6 **What is the child's current primary type of residence?** **MARK ONE ONLY**	7 *Skip Q7 if answer to Q6 is "Group home"* **Who are the primary adults in household that child lives in?** **MARK ALL THAT APPLY**	8 **Has the child lived in the same residence for the past 30 days?** **MARK ONE ONLY**	9 **Is the child receiving Medicaid?** **MARK ONE ONLY**
	☐ Private residence ☐ Treatment facility ☐ Correctional facility/ prison ☐ Homeless/shelter ☐ Group home → Go to Q8 ☐ Other (specify) _____ ☐ Don't know	☐ Biological mother ☐ Biological father ☐ Other relative ☐ Non-relative foster parent ☐ Other (specify) _____ ☐ Don't know	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ Don't know
	☐ Private residence ☐ Treatment facility ☐ Correctional facility/ prison ☐ Homeless/shelter ☐ Group home → Go to Q8 ☐ Other (specify) _____ ☐ Don't know	☐ Biological mother ☐ Biological father ☐ Other relative ☐ Non-relative foster parent ☐ Other (specify) _____ ☐ Don't know	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ Don't know
	☐ Private residence ☐ Treatment facility ☐ Correctional facility/ prison ☐ Homeless/shelter ☐ Group home → Go to Q8 ☐ Other (specify) _____ ☐ Don't know	☐ Biological mother ☐ Biological father ☐ Other relative ☐ Non-relative foster parent ☐ Other (specify) _____ ☐ Don't know	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ Don't know
	☐ Private residence ☐ Treatment facility ☐ Correctional facility/ prison ☐ Homeless/shelter ☐ Group home → Go to Q8 ☐ Other (specify) _____ ☐ Don't know	☐ Biological mother ☐ Biological father ☐ Other relative ☐ Non-relative foster parent ☐ Other (specify) _____ ☐ Don't know	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No ☐ Don't know

RPG Regional Partnership Grants

SERVICE LOG

1. **Case ID** _____

2. **RPG Case Surname** _____

3. **RPG Case Enrollment Date** |__|__| / |__|__| / |2|0|__|__|
   MM DD YYYY

4. **Date of Service** |__|__| / |__|__| / |2|0|__|__|
   MM DD YYYY

5. **Length of service interaction** |___|___|___| MINUTES

6. **Case members in attendance**

CASE MEMBER(S) (NAME OR INITIALS)	INDIVIDUAL ID
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. **Location of service** **MARK ONE ONLY**

- ☐ Client's place of residence
- ☐ Phone
- ☐ Residential treatment facility
- ☐ Other location

8. **Service provider(s) providing services to the family**

PROVIDER FIRST AND LAST NAME	PROVIDER FIRST AND LAST NAME
_____	_____
_____	_____
_____	_____

9. **Service approach** **MARK ONE ONLY**

- ☐ Service with individual family
- ☐ Service with multiple families

10. **Service type** **MARK ONE ONLY**

- ☐ Case management or service coordination
- ☐ Support group or workshop
- ☐ Therapy or counseling
- ☐ Parenting training/home visiting program
- ☐ Mentoring
- ☐ Screening or assessment
- ☐ Medication assisted treatment
- ☐ Medical care or appointment
- ☐ Employment training
- ☐ Academic education (child or adult)
- ☐ Housing
- ☐ Transportation
- ☐ Court or legal
- ☐ Financial or material supports (such as vouchers or stipends)
- ☐ Child care
- ☐ Other services

11. Model or program name _____ ☐ Model or program was not used

12. Service focus **MARK ALL THAT APPLY**

- ☐ Parenting skills
- ☐ Child care
- ☐ Family activities
- ☐ Parent-child visit facilitation
- ☐ Adult SUD
- ☐ Discharge or recovery planning
- ☐ Youth SUD prevention
- ☐ Medication assisted treatment
- ☐ Personal development and life skills
- ☐ Family group decision-making or planning
- ☐ Safety planning
- ☐ Financial planning
- ☐ Employment training
- ☐ Academic education (child or adult)
- ☐ Behavior management
- ☐ Mental health treatment
- ☐ Trauma processing
- ☐ Health education
- ☐ Medical care or appointment
- ☐ Housing
- ☐ Transportation
- ☐ Financial or material supports (such as vouchers or stipends)
- ☐ Needs assessment
- ☐ Child developmental screening
- ☐ Evaluation data collection
- ☐ Dealing with family crisis
- ☐ Court or legal
- ☐ Referrals → Go to Q13
- ☐ Other

13. What was the referral type? **MARK ALL THAT APPLY**
Only respond to Q13 if answer to Q12 is "referrals."

- ☐ SUD treatment
- ☐ Therapy or counseling
- ☐ Parenting skills training
- ☐ Home visiting program
- ☐ Housing
- ☐ Academic education services
- ☐ Life skills development
- ☐ Early intervention services
- ☐ Employment training
- ☐ Job placement services
- ☐ Legal services
- ☐ Medical/health care
- ☐ Other (Specify) _____

14. Did the client exhibit any of the following behaviors during the service interaction?
MARK ALL THAT APPLY

- ☐ Client arrived to the scheduled session on time
- ☐ Client demonstrated understanding of the information being presented
- ☐ Client stayed focused during the service interaction
- ☐ Client participated in the session and asked questions if needed
- ☐ Client took an active part in the setting of goals
- ☐ Client demonstrated they trusted the service provider
- ☐ Other (Specify) _____
- ☐ None of the above

15. Did any of the following occur during the service interaction? MARK ALL THAT APPLY

- ☐ Participant did not attend the full session and missed important content
- ☐ Client was distracted or upset about life events (i.e., a sick child, pending child welfare cases, housing instability, etc.)
- ☐ Client was tired or not feeling well
- ☐ Client exhibited symptoms of drug use or withdrawal
- ☐ Client's mental health condition/symptoms interfered with participation
- ☐ Client did not see the value in the content and/or activities presented in the session
- ☐ Content did not fit with participants' background or experiences
- ☐ Presence of other individuals and/or children interfered with session activities
- ☐ Disagreement between participants interfered with session activities
- ☐ Client had difficulty concentrating in service encounter space (i.e., outside noise, crowded space, technology/connectivity issues, etc.)
- ☐ Other (Specify) _____
- ☐ None of the above

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Appendix E

Improvement and Sustainability Survey

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OMB No.: 0970-0527
Expiration Date: 4/30/2025

Sustainability Survey

Regional Partnership Grants
National Cross-Site Evaluation

May 2023

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number (0970-0527).

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D.	FUNDING AND RESOURCES FOR SUSTAINABILITY	24
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Mathematica
Progress Together

Sustainability Survey – Regional Partnership Grants Cross-Site Evaluation: Questionnaire and programming specifications

Draft Dated: 9/10/2020

Programming and operational assumptions:

- **Modes.** The survey will be administered via web only.
- **Population.** Representatives from Regional Partnership Grant (RPG) organizations who are familiar with improvement activities and planning for sustainability.
- **Target respondent.** RPG organization representatives.
- **Length.** The questionnaire is designed to take about 25 minutes to complete.
- **Language.** The questionnaire is available in English only.
- **Administration and design specifications.** Each item in the web questionnaire specifications includes: which respondents receive the item; dynamic fills, designated by text [in brackets]; emphasis text, designated in italic font; and soft and hard checks that help improve data quality (designated in boxes below applicable items). Response options shown with boxes indicate a "select all that apply" response format, whereas those shown in circles denote a "select one only" response format. The web survey will be optimized to deploy easily on mobile devices, tablets, and personal computers.
- **Login.** Respondents will receive an email with a direct link to the web survey.
- **Critical items** have soft and hard checks added throughout the instrument. Any case that starts the survey but does not finish it should be considered a "partial." At a later date the Survey team will ask TSG to provide a list of all cases statused as partial and the last question answered. We will use this list to determine what should ultimately be designated a "complete."

PROGRAMMER: DO NOT DISPLAY ITEM NUMBERS.

Questionnaire sections:

I	Consent and Screener
A	Organization Characteristics
B	Plans for Sustaining RPG Project
Ca	Implementation Supports to Improve RPG Services
Cb	Implementation Supports to Sustain RPG Services
D	Funding and Resources for Sustainability
E	Federal, State, and Local Context

WEB PROGRAMMING NOTES:

- Include section header titles, but no logo, at the top of each page within each section. The logo should appear on the introduction and end screens only. Section header IDs (I, A, B, etc.) should not display.
- Include a progress bar starting on the introduction page.
- All items should be optimized for presentation on mobile devices.
- Next and Back buttons should appear in the same location on each page.
- Only one question/item should be presented on the same page. Section breaks should appear before each new section.
- Answers should save automatically if the respondent closes out of the survey.
- Standard web formatting rules apply (e.g., “Select one only” should not display on the screen).

Frequently Used Fills

In the boxes below, please list fills that are repeated frequently in your questionnaire requirements. These must come from a single source (whether from a preload or a question). The fills specified here do not need to be specified in the fill condition box each time they appear in a question.

Fill	Source / Condition	Used at Question #:
[ORG_NAME]	Sample file	Introduction, S1, S2
[RPG_NAME]	Sample file	Introduction

I. CONSENT AND SCREENER

The Regional Partnership Grant (RPG) program supports interagency collaboration and program integration designed to increase the well-being, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as a result of a parent or caretaker's substance use. The Children's Bureau within the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) has contracted with Mathematica to complete the national cross-site evaluation of the program. The evaluation will describe the services that were implemented, the nature of the partnerships, and participant outcomes.

You are being asked to complete this survey because you were identified as a representative of an organization working on an RPG project who is familiar with improvement activities and planning for sustainability (meaning the continued implementation of a service or program after a defined period of time). Representatives from RPG project organizations are asked to complete this survey to provide information about their organizations' involvement in plans and activities to improve services during and after the grant period, and to sustain the RPG project after the grant ends. The length of this survey is different for different people, but on average it should take about 20 minutes.

Your participation in this survey is important and will help us understand more about the current improvement activities and plans for sustainability for RPG projects. You will be asked questions both about your organization, [ORG_NAME], and your RPG project, [RPG_NAME], as a whole. If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank.

Your responses will be kept private and used only for research purposes. They will be combined with the responses of other staff and reported in the aggregate; and no individual names will be reported. Participation in the survey is completely voluntary and you may choose to skip any question. The reports prepared from the information provided as part of this survey will be summarized across RPG projects and individual responses will not be available to anyone outside the study team, except as required by law.

If you have questions about the survey, please contact the team at Mathematica by emailing RPGSurveys@mathematica-mpr.com or calling 866-627-9538 (toll-free).

Please read and answer the statement on the next page and then click the Next button to begin the survey.

ALL

I1. I have read the introduction and I understand that the information I provide will be kept private and used only for research purposes. My responses will be combined with the responses of other staff and no individual names will be reported.

- ❍ I agree with the above statement and will complete the survey..... 1
- ❍ I do not agree with the above statement and will not complete the survey..... 0 GO TO END2

NO RESPONSE ..... M

SOFT CHECK: IF I1=0; You have indicated that you will not complete the survey. Please check that this is correct and either keep your answer or change your answer below.

To keep your answer without making changes, click the Next button.

HARD CHECK: IF I1=M; Please indicate whether you agree to complete the survey and then click the Next button.

IF I1=1

I2. Are you planning to sustain the project? By sustain, we mean the continued implementation of a service or program after RPG funding ends.

Select one only

- ❍ Yes..... 1 GO TO S1
- ❍ No 0

NO RESPONSE ..... M

SOFT CHECK: IF I2=0; You have indicated that you are not planning to sustain the project. Please check that this is correct and either keep your answer or change your answer below.

To keep your answer without making changes, click the Next button.

HARD CHECK: IF I2=M; Please indicate whether you are planning to sustain the project and then click the Next button.

IF I1 =1 AND I2=0

I3. Thinking about your experiences in deciding whether or not to sustain the project, which of the following were factors in your decision not to sustain the project?

PROGRAMMER: DISPLAY ITEMS I3_a-p ONE PER PAGE WITH RESPONSE OPTIONS (1-YES, 2-NO) AS ROWS.

PROGRAMMER: CODE ONE PER ROW	*Select one per row*		
	YES	NO	NO RESPONSE
a. **Lower referrals or enrollment than expected**	1 ❍	0 ❍	M ❍
b. **Inability to enroll intended target population**	1 ❍	0 ❍	M ❍

PROGRAMMER: CODE ONE PER ROW		*Select one per row*		
c.	**Staffing challenges, such as finding or retaining qualified grantee or partner organization staff for implementing services, or higher management staff turnover**	1 ❍	0 ❍	M ❍
d.	**Inability to access training for clinical or other staff**	1 ❍	0 ❍	M ❍
e.	**Challenges implementing services**	1 ❍	0 ❍	M ❍
f.	**Challenges sharing information or data with RPG partners**	1 ❍	0 ❍	M ❍
g.	**Challenges related to fidelity monitoring**	1 ❍	0 ❍	M ❍
h.	**Challenges coordinating case management or services with partners or other entities**	1 ❍	0 ❍	M ❍
i.	**Other challenges collaborating with RPG partners**	1 ❍	0 ❍	M ❍
j.	**Challenges engaging program participants**	1 ❍	0 ❍	M ❍
k.	**Challenges retaining program participants**	1 ❍	0 ❍	M ❍
l.	**Contextual issues, such as broader policies**	1 ❍	0 ❍	M ❍
m.	**Challenges related to community perception of the need for the program**	1 ❍	0 ❍	M ❍
n.	**Challenges related to transportation for participants**	1 ❍	0 ❍	M ❍
o.	**Challenges related to funding or other financial issues**	1 ❍	0 ❍	M ❍
p.	**Other (*specify*) _____**(STRING 100)	1 ❍	0 ❍	M ❍

IF I1=1

PROGRAMMER: DISPLAY S_INTRO ON SAME PAGE AS S1.

S_INTRO. These next questions are about your organization's participation in the use of data to improve RPG services and in planning for sustainability of the RPG project.

IF I1=1 AND I2=1

FILL [ORG_NAME] FROM SAMPLE FILE

S1. Does [ORG_NAME] participate in planning for sustainability? By sustainability, we mean the continued implementation of a service or program after RPG funding ends.

Select one only

❍ Yes..... 1

❍ No 0

NO RESPONSE ..... M

SOFT CHECK: IF S1=0; You have indicated that [ORG_NAME] does not participate in planning for sustainability. Please check that this is correct and either keep your answer or change your answer below.

To keep your answer without making changes, click the Next button.

HARD CHECK: IF S1=M; Please indicate whether [ORG_NAME] participates in planning for sustainability and then click the Next button.

IF I1=1
FILL [ORG_NAME] FROM SAMPLE FILE

S2. Does [ORG_NAME] participate in activities that use data to improve RPG project services?

For example, reviews of referral data to increase referrals of eligible families; reviews of service data to increase retention of families in services or improve how the program is implemented; solicitation of qualitative feedback on staff and participant satisfaction or local perceptions of the program, etc.

Select one only

- ❍ Yes 1
- ❍ No 0

NO RESPONSE ..... M

SOFT CHECK: IF S2=0; You have indicated that [ORG_NAME] does not participate in activities that use data to improve RPG project services. Please check that this is correct and either keep your answer or change your answer below. To keep your answer without making changes, click the Next button.
HARD CHECK: IF S2=M; Please indicate whether [ORG_NAME] participates in activities that use data to improve RPG project services and then click the Next button.

PROGRAMMER BOX S2:

IF I2=1 AND S1=0 AND S2=0, GO TO A1, SKIP SECTIONS B, Ca, Cb, D, AND E. .

IF I2=1 AND S1=1 AND S2=1, GO TO A1 (DO NOT SKIP ANY SECTIONS).

IF I2=1 AND S1=1 AND S2=0, GO TO A1, SKIP SECTIONS Ca AND Cb.

IF I2=1 AND S1=0 AND S2=1, GO TO A1, SKIP SECTIONS B, D, AND E.

IF I2=0 AND S2=1, GO TO A1, SKIP SECTIONS B, Cb, D, AND E.

IF I2=0 AND S2=0, GO TO A1, SKIP SECTIONS B, Ca, Cb, D, AND E.

A. ORGANIZATION CHARACTERISTICS

IF I1=1

PROGRAMMER: DISPLAY A_INTRO ON SAME PAGE AS A1.

A_INTRO. In this section, we would like to learn about your role within your organization and your organization's services and role in RPG.

IF I1=1

A1. Which of the following best describes your current job title?

Select one only

- ❍ Mental health administrator/manager 1
- ❍ Substance use disorder treatment administrator/manager 2
- ❍ Child welfare administrator/manager 3
- ❍ Child development administrator/manager 4
- ❍ Health administrator/manager 5
- ❍ Other (*specify*) 99

Specify ☐ (STRING 60)

NO RESPONSE ..... M

SOFT CHECK: If A1=99 AND Specify=EMPTY; Please specify your job title in the space provided.

IF I1=1

A2. Approximately how long have you been employed at your organization?

Please include the total time you have been employed at the organization, not just the time you have been in your current position. Your best estimate is fine.

☐ ☐ NUMBER OF YEARS AND/OR MONTHS

(0-99) (0-11)

Years Months

NO RESPONSE ..... M

IF I1=1

A3. Which of the following best describes your organization?

Select one only

- ❍ Child welfare services provider 1
- ❍ Substance use disorder treatment/recovery support provider 2
- ❍ Mental health services provider 3
- ❍ School district, school, or early childhood education or services provider 4
- ❍ Housing/homeless services provider 5
- ❍ Medical or dental services provider 6
- ❍ University 7
- ❍ Court/judicial agency 8
- ❍ Corrections or law enforcement agency 9
- ❍ Home visiting services provider 10
- ❍ Department in state or tribal government 11
- ❍ Corrections or law enforcement agency 12
- ❍ Department in local government 13
- ❍ Research/evaluation organization 14
- ❍ Other (*specify*) 99

Specify [ ] (STRING 60)

NO RESPONSE ..... M

SOFT CHECK: If A3=99 AND Specify=EMPTY; Please specify your organization type in the space provided.

IF I1=1

A4. What is your organization's role in the RPG project?

Select all that apply

- ☐ Grantee organization (the organization awarded the grant) 1
- ☐ Referral source to RPG services 2
- ☐ Recipient of RPG referrals 3
- ☐ Direct service provider to RPG participants 4
- ☐ Contributor of in-kind resources (e.g., office space, office supplies, staff time) 5
- ☐ Contributor of financial resources 6
- ☐ Advisory/planning 7
- ☐ Partner organization 8
- ☐ Other (*specify*) 99

Specify [ ] (STRING 60)

NO RESPONSE ..... M

SOFT CHECK: If A4=99 AND Specify=EMPTY; Please specify your organization's role in the RPG project in the space provided.

B. PLANS FOR SUSTAINING RPG PROJECT

IF I1=1 AND (I2=1 AND S1=1)

PROGRAMMER: DISPLAY B_INTRO ON SAME PAGE AS B1.

B_INTRO. In this section, we would like to learn more about sustainability planning for your RPG project.

The first set of questions covers the involvement of your organization and other partners in the planning and decision making for sustaining the RPG project.

IF I1=1 AND (I2=1 AND S1=1)

B1. How would you describe the extent of your current sustainability planning for the RPG project? Would you say it was extensive, moderate, minimal or has the project not done any planning?

Select one only

- ❍ Extensive planning 1
- ❍ Moderate planning 2
- ❍ Minimal planning 3
- ❍ No planning 4

NO RESPONSE ..... M

SOFT CHECK: IF B1=4; You have indicated that the RPG project has not done any planning. Please check that this is correct and either keep your answer or change your answer below.

To keep your answer without making changes, click the Next button.

SOFT CHECK: IF B1=M; Please select the best option that describes the extent of your current sustainability planning for the RPG project and then click the Next button.

IF I1=1 AND (I2=1 AND S1=1 AND B1=1, 2, OR 3)

B2. During what years of the project did you (or will you) implement sustainability strategies?

Select all that apply

- ☐ Year 1 1
- ☐ Year 2 2
- ☐ Year 3 3
- ☐ Year 4 4
- ☐ Plan to implement strategies in Year 5 5

NO RESPONSE ..... M

IF I1=1 AND ((I2=1 AND S1=1 AND B1=1, 2, OR 3)

B3. For each of the following, would you say your organization was very involved, somewhat involved, slightly involved or not at all involved?

1. PROGRAMMER: DISPLAY ITEMS B3_a-b ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS.

2. *Select one per row*

PROGRAMMER: CODE ONE PER ROW	VERY INVOLVED	SOMEWHAT INVOLVED	SLIGHTLY INVOLVED	NOT AT ALL INVOLVED	NO RESPONSE
a. **Planning for sustaining the RPG project**	1 ❍	2 ❍	3 ❍	4 ❍	M ❍
b. **The decision-making process for sustaining the RPG project**	1 ❍	2 ❍	3 ❍	4 ❍	M ❍

Now thinking of your RPG *partner organizations*, would you say your partner organizations were very involved, somewhat involved, slightly involved or not at all involved?

PROGRAMMER: DISPLAY ITEMS B3_c-d ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS.

Select one per row

PROGRAMMER: CODE ONE PER ROW	VERY INVOLVED	SOMEWHAT INVOLVED	SLIGHTLY INVOLVED	NOT AT ALL INVOLVED	NO RESPONSE
c. **Planning for sustaining the RPG project**	1 ❍	2 ❍	3 ❍	4 ❍	M ❍
d. **The decision-making process for sustaining the RPG project**	1 ❍	2 ❍	3 ❍	4 ❍	M ❍

IF I1=1 AND (I2=1 AND S1=1 AND B1=1, 2, OR 3)

B4. Which organization will lead the partnership after RPG funding ends?

Select one only

- ❍ My organization 1
- ❍ A different partner organization 2
- ❍ A collaborative partnership consisting of at least two of the current partners 3
- ❍ Not yet decided 4
- ❍ Other (*specify*) 99

Specify [ ] (STRING 60)

NO RESPONSE ..... M

SOFT CHECK: If B4=99 AND Specify=EMPTY; Please specify the organization name in the space provided.

IF I1=1 AND (I2=1 AND S1=1 AND B1=1, 2, OR 3)

B5. Is your RPG project planning to continue providing any of the following services after the grant period ends? *This could include existing services in place before the RPG grant period or added during the RPG grant.*

PROGRAMMER: DISPLAY ITEMS B5_a-p ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS.

Select one per row

PROGRAMMER: CODE ONE PER ROW	YES	NO	NOT YET DECIDED	N/A	NO RESPONSE
a. **Case management or service coordination**	1 ❍	0 ❍	D ❍	N ❍	M ❍
b. **Support group or workshop**	1 ❍	0 ❍	D ❍	N ❍	M ❍
c. **Therapy or counseling**	1 ❍	0 ❍	D ❍	N ❍	M ❍
d. **Parenting training/home visiting program**	1 ❍	0 ❍	D ❍	N ❍	M ❍
e. **Mentoring**	1 ❍	0 ❍	D ❍	N ❍	M ❍
f. **Screening or assessment (e.g., substance use disorder screening, trauma screening)**	1 ❍	0 ❍	D ❍	N ❍	M ❍
g. **Medication assisted treatment**	1 ❍	0 ❍	D ❍	N ❍	M ❍
h. **Medical care or appointment**	1 ❍	0 ❍	D ❍	N ❍	M ❍
i. **Employment training**	1 ❍	0 ❍	D ❍	N ❍	M ❍
j. **Academic education (child or adult)**	1 ❍	0 ❍	D ❍	N ❍	M ❍
k. **Housing**	1 ❍	0 ❍	D ❍	N ❍	M ❍
l. **Transportation**	1 ❍	0 ❍	D ❍	N ❍	M ❍
m. **Court or legal**	1 ❍	0 ❍	D ❍	N ❍	M ❍
n. **Financial or material support (such as vouchers or stipends)**	1 ❍	0 ❍	D ❍	N ❍	M ❍
o. **Childcare**	1 ❍	0 ❍	D ❍	N ❍	M ❍
p. **Something else? (*specify*)**_____(STRING 60)	1 ❍	0 ❍	D ❍	N ❍	M ❍

IF I1=1 AND (I2=1 AND S1=1 AND B1=1, 2, OR 3)

B6. What data or other information did the RPG project review to determine which core services should be sustained? *This could include both quantitative and qualitative data, collected by you or obtained from an outside source.*

Select all that apply

- ☐ Data about the needs of the community (children and families) 1
- ☐ Data about referrals to core services 2
- ☐ Data about enrollment/attendance in core services 3
- ☐ Data about retention in core services…… 4
- ☐ Data about implementation of core services (such as fidelity data) 5
- ☐ Data about participants' outcomes (including their families) 6

☐ Data about participant satisfaction with core services 7

☐ Feedback from program staff/administrators 8

☐ Data and evidence from the research literature on the effects of core services..... 9

☐ Other (*specify*) 99

Specify ☐ (STRING 60)

NO RESPONSE ..... M

IF I1=1 AND (I2=1 AND S1=1)

B7. Which of these are potential service-related barriers to sustainability of the RPG project?

PROGRAMMER: DISPLAY ITEMS B7_a-p ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS.

PROGRAMMER: CODE ONE PER ROW	*Select one per row*		
	YES	NO	NO RESPONSE
a. **Lower referrals or enrollment than expected**	1 ❍	0 ❍	M ❍
b. **Inability to enroll intended target population**	1 ❍	0 ❍	M ❍
c. **Staffing challenges, such as finding or retaining qualified grantee or partner organization staff for implementing services, or higher management staff turnover**	1 ❍	0 ❍	M ❍
d. **Inability to access training for clinical or other staff**	1 ❍	0 ❍	M ❍
e. **Challenges implementing services**	1 ❍	0 ❍	M ❍
f. **Challenges sharing information or data with RPG partners**	1 ❍	0 ❍	M ❍
g. **Challenges related to fidelity monitoring**	1 ❍	0 ❍	M ❍
h. **Challenges coordinating case management or services with partners or other entities**	1 ❍	0 ❍	M ❍
i. **Other challenges collaborating with RPG partners**	1 ❍	0 ❍	M ❍
j. **Challenges engaging program participants**	1 ❍	0 ❍	M ❍
k. **Challenges retaining program participants**	1 ❍	0 ❍	M ❍
l. **Contextual issues, such as broader policies**	1 ❍	0 ❍	M ❍
m. **Challenges related to community perception of the need for the program**	1 ❍	0 ❍	M ❍
n. **Challenges related to transportation for participants**	1 ❍	0 ❍	M ❍
o. **Challenges related to funding or other financial issues**	1 ❍	0 ❍	M ❍
p. **Other (*specify*)** _____(STRING 100)	1 ❍	0 ❍	M ❍

IF I1=1 AND (I2=1 AND S1=1)

B8. What aspects of sustainability planning would it have been helpful to have more guidance on from TA providers?

PROGRAMMER: DISPLAY ITEMS B8_a-o ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS.

PROGRAMMER: CODE ONE PER ROW	*Select one per row*		
	YES	NO	NO RESPONSE
a. **Increasing referrals or enrollment**	1 ❍	0 ❍	M ❍
b. **Enrolling intended target population**	1 ❍	0 ❍	M ❍
c. **Addressing staffing challenges, such as finding or retaining qualified grantee or partner organization staff for implementing services**	1 ❍	0 ❍	M ❍
d. **Accessing training for clinical or other staff**	1 ❍	0 ❍	M ❍
e. **Addressing challenges implementing services**	1 ❍	0 ❍	M ❍
f. **Sharing information or data with RPG partners**	1 ❍	0 ❍	M ❍
g. **Addressing challenges related to fidelity monitoring**	1 ❍	0 ❍	M ❍
h. **Coordinating case management or services with partners or other entities**	1 ❍	0 ❍	M ❍
i. **Collaborating with RPG partners**	1 ❍	0 ❍	M ❍
j. **Increasing engagement of program participants**	1 ❍	0 ❍	M ❍
k. **Retaining program participants**	1 ❍	0 ❍	M ❍
l. **Increasing community buy-in for the program**	1 ❍	0 ❍	M ❍
m. **Addressing transportation issues for participants**	1 ❍	0 ❍	M ❍
n. **Securing funding or addressing other financial issues**	1 ❍	0 ❍	M ❍
o. **Other (*specify*)** _____(STRING 100)	1 ❍	0 ❍	M ❍

Ca. Implementation Supports to Improve RPG Services

IF I1=1 AND (I2=1 AND S2=1) OR (I2=0 AND S2=1)

PROGRAMMER: DISPLAY Ca_INTRO ON SAME PAGE AS Ca1_a (DO NOT DISPLAY FOR Ca1_b-e).

Ca_INTRO. The questions in this section are about current project activities to improve RPG services.

IF I1=1 AND (I2=1 AND S2=1) OR (I2=0 AND S2=1)

Ca1. To what extent are the following implementation supports currently in place within the RPG project? Are they fully in place, partially in place or not in place? By partially we mean the activities have not been completed but some activities are underway.

PROGRAMMER: DISPLAY ITEMS Ca1_a-e ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS.

Select one per row

PROGRAMMER: CODE ONE PER ROW	FULLY IN PLACE	PARTIALLY IN PLACE	NOT IN PLACE	NO RESPONSE
a. **A team that is responsible for managing the implementation of RPG services**	1 ❍	2 ❍	3 ❍	M ❍
b. **A process to resolve barriers to implementation of RPG services (such as inadequate referrals, inadequate staff training)**	1 ❍	2 ❍	3 ❍	M ❍
c. **A process to assess quality of RPG services**	1 ❍	2 ❍	3 ❍	M ❍
d. **Interagency collaboration for implementation**	1 ❍	2 ❍	3 ❍	M ❍
e. **Other (*specify*) _____**(STRING 100)	1 ❍	2 ❍	3 ❍	M ❍

PROGRAMMER: DISPLAY Ca2_INTRO ON SAME PAGE AS Ca2_a (DO NOT DISPLAY FOR Ca2_b-n).

Ca2_INTRO. The next set of questions asks about your RPG project's *current* usage of data related to referrals, enrollment, screenings, assessments, treatment, and outcomes.

IF I1=1 AND (I2=1 AND S2=1) OR (I2=0 AND S2=1)

Ca2. Has your project analyzed [Fill a-n] data for program monitoring and improvement?

PROGRAMMER: DISPLAY ONE QUESTION PER PAGE, STARTING WITH ITEM Ca2_a (WITH RESPONSE OPTIONS AS ROWS).

	Select one per row		
	YES	NO	NO RESPONSE
a. **Referrals into service**	1 ❍	0 ❍	M ❍
b **Referrals out to other services**	1 ❍	0 ❍	M ❍
c. **Barriers to enrollment/engagement**	1 ❍	0 ❍	M ❍
d. **Participant retention**	1 ❍	0 ❍	M ❍
e. **Staff turnover**	1 ❍	0 ❍	M ❍
f. **Local partner collaboration issues**	1 ❍	0 ❍	M ❍
g. **Local/state/tribal support**	1 ❍	0 ❍	M ❍
h. **Screening for service eligibility**	1 ❍	0 ❍	M ❍
i. **Participant needs assessment**	1 ❍	0 ❍	M ❍
j. **Participation in services**	1 ❍	0 ❍	M ❍
k. **Participant outcomes**	1 ❍	0 ❍	M ❍

	Select one per row		
	YES	NO	NO RESPONSE
l. **Participant feedback**	1 ❍	0 ❍	M ❍
m. **Fidelity monitoring (adhering to the evidence-based program as proposed)**	1 ❍	0 ❍	M ❍
n. **Other (*specify*)** _____ (STRING 100)	1 ❍	0 ❍	M ❍

IF I1=1 AND ((I2=1 AND S2=1) OR (I2=0 AND S2=1)) AND ANY Ca2_a-n=1
IF Ca2_n=1, FILL RESPONSE IN Ca3_n

PROGRAMMER: DISPLAY Ca3_a-n (ONE PER PAGE, WITH RESPONSE OPTIONS AS ROWS) ONLY IF CORRESPONDING Ca2_a-n=1. IN OTHER WORDS, Ca2_"x" NEEDS TO BE "1" IN ORDER FOR CORRESPONDING Ca3_"x" TO BE ASKED.

Ca3. Have you shared [Fill a-n, for any Ca2_a-n=1] data (for example, with program directors, frontline staff, dissemination to the broader community, etc.)?

PROGRAMMER: CODE ONE PER ROW	*Select one per row*		
	YES	NO	NO RESPONSE
a. **Referrals into service**	1 ❍	0 ❍	M ❍
b. **Referrals out to other services**	1 ❍	0 ❍	M ❍
c. **Barriers to enrollment/engagement**	1 ❍	0 ❍	M ❍
d. **Participant retention**	1 ❍	0 ❍	M ❍
e. **Staff turnover**	1 ❍	0 ❍	M ❍
f. **Local partner collaboration issues**	1 ❍	0 ❍	M ❍
g. **Local/state/tribal support**	1 ❍	0 ❍	M ❍
h. **Screening for service eligibility**	1 ❍	0 ❍	M ❍
i. **Participant needs assessment**	1 ❍	0 ❍	M ❍
j. **Participation in services**	1 ❍	0 ❍	M ❍
k. **Participant outcomes**	1 ❍	0 ❍	M ❍
l. **Participant feedback**	1 ❍	0 ❍	M ❍
m. **Fidelity monitoring (adhering to the evidence-based program as proposed)**	1 ❍	0 ❍	M ❍
n. **[Ca2_n]**	1 ❍	0 ❍	M ❍

Cb. Implementation Supports to Sustain RPG Services

IF I1=1 AND (I2=1 AND S2=1)

PROGRAMMER: DISPLAY Cb_INTRO ON SAME PAGE AS Cb1_a (DO NOT DISPLAY FOR Cb1_b-c).

Cb_INTRO. The questions in this section are about project plans to continuously improve RPG services after the grant period ends.

IF I1=1 AND (I2=1 AND S2=1)

Cb1. To what extent are plans for the following implementation supports in place for the RPG project *after the grant period ends*? Are they fully in place, partially in place or not in place? By partially we mean the activities have not been completed but some activities are underway.

PROGRAMMER: DISPLAY ITEMS Cb1_a-c ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS.

Select one per row

PROGRAMMER: CODE ONE PER ROW	FULLY IN PLACE	PARTIALLY IN PLACE	NOT IN PLACE	NOT PLANNING FOR IT	NO RESPONSE
a. **A team that will be responsible for managing implementation of the sustained RPG services**	1 ❍	2 ❍	3 ❍	4 ❍	M ❍
b. **A process that will be used to resolve barriers to implementation of the sustained RPG services**	1 ❍	2 ❍	3 ❍	4 ❍	M ❍
c. **A process that will be used to assess quality of the sustained RPG services**	1 ❍	2 ❍	3 ❍	4 ❍	M ❍

IF I1=1 AND (I2=1 AND S2=1)
CB3 – FILL ANY Cb2_a-i=1

PROGRAMMER: DISPLAY Cb2_INTRO ON THE SAME PAGE AS Cb2a (DO NOT DISPLAY FOR Cb2_b-i).

Cb2_INTRO. The next set of questions asks about the RPG project's sustainability plans for data related to referrals, enrollment, screenings, assessments, treatment, and outcomes.

PROGRAMMER: Cb2 – DISPLAY ITEMS Cb2_a-i ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS – BEFORE DISPLAYING ITEMS IN Cb3.

Cb3 – FOR ANY Cb2_a-i=1, DISPLAY CORRESPONDING ITEMS Cb3_a-i ONE PER PAGE WITH BOLDED COLUMNS 1-4 AS RESPONSE OPTIONS (IN ROWS). IN OTHER WORDS, Cb2_"x" NEEDS TO BE "1" IN ORDER FOR CORRESPONDING Cb3_"x" TO BE ASKED.

Cb2. After the grant period ends, will your RPG project collect any data about…				Cb3. For [Fill ANY Cb2_a-i=1], has your project determined…					
PROGRAMMER: CODE ONE PER ROW (Cb2)	*Select one per row*			*Select all that apply*				PROGRAMMER: NOTE THAT THIS RESPONSE CODE IS EXCLUSIVE.	
	YES	NO	NO RESPONSE	**The methods that will be used to gather data after the grant period ends**	**Where data will be entered and stored after the grant period ends**	**How data will be organized and analyzed after the grant period ends for program monitoring and improvement**	**How data will be shared after the grant period ends**	Data use not yet planned	NO RESPONSE
a. **Referrals into service**.....	1 ❍	0 ❍	M ❍	1 □	2 □	3 □	4 □	0 ❍	M ❍
b. **Referrals out to other services**	1 ❍	0 ❍	M ❍	1 □	2 □	3 □	4 □	0 ❍	M ❍
c. **Enrollment**.....	1 ❍	0 ❍	M ❍	1 □	2 □	3 □	4 □	0 ❍	M ❍
d. **Screening for service eligibility**	1 ❍	0 ❍	M ❍	1 □	2 □	3 □	4 □	0 ❍	M ❍
e. **Participant needs assessment**.....	1 ❍	0 ❍	M ❍	1 □	2 □	3 □	4 □	0 ❍	M ❍

Cb2. After the grant period ends, will your RPG project collect any data about…				Cb3. For [Fill ANY Cb2_a-i=1], has your project determined…					
PROGRAMMER: CODE ONE PER ROW (Cb2)	*Select one per row*			*Select all that apply*				PROGRAMMER: NOTE THAT THIS RESPONSE CODE IS EXCLUSIVE.	
	YES	NO	NO RESPONSE	**The methods that will be used to gather data after the grant period ends**	**Where data will be entered and stored after the grant period ends**	**How data will be organized and analyzed after the grant period ends for program monitoring and improvement**	**How data will be shared after the grant period ends**	Data use not yet planned	NO RESPONSE
f. **Participation in services**	1 ❍	0 ❍	M ❍	1 □	2 □	3 □	4 □	0 ❍	M ❍
g. **Participant outcomes**	1 ❍	0 ❍	M ❍	1 □	2 □	3 □	4 □	0 ❍	M ❍
h. **Participant feedback**	1 ❍	0 ❍	M ❍	1 □	2 □	3 □	4 □	0 ❍	M ❍
i. **Fidelity monitoring**	1 ❍	0 ❍	M ❍	1 □	2 □	3 □	4 □	0 ❍	M ❍

D. Funding and Resources for Sustainability

IF I1=1 AND (I2=1 AND S1=1)

PROGRAMMER: DISPLAY D_INTRO ON SAME PAGE AS D1_a (DO NOT DISPLAY FOR D1_b-h).

D_INTRO. The following questions are about funding and resources for sustaining RPG services after the grant period ends.

IF I1=1 AND (I2=1 AND S1=1)

D1. Has the RPG project conducted the following activities to plan and prepare for financing RPG services after the grant period ends? Would you say yes, no, or partially?

By partially we mean the activities have not been completed but some activities are underway.

PROGRAMMER: DISPLAY ITEMS D1_a-h ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS. FILL RESPONSE CATEGORY "NA" FOR D1_e-g ONLY.

Select one per row

PROGRAMMER: CODE ONE PER ROW	YES	NO	PARTIALLY	N/A	NO RESPONSE
a. **Determined annual costs to sustain RPG services.**	1 ❍	0 ❍	3 ❍	N ❍	M ❍
b. **Identified possible funding source(s) *for personnel* to carry out RPG services (e.g., resources to pay for contracted or external agency personnel).**	1 ❍	0 ❍	3 ❍	N ❍	M ❍
c. **Identified possible funding source(s) *for other resources* necessary to carry out RPG services (e.g., Medicaid grant funding or state/county sources).**	1 ❍	0 ❍	3 ❍	N ❍	M ❍
d. **Secured or awarded financing to sustain RPG services (e.g., in-kind donations, grants).**	1 ❍	0 ❍	3 ❍	N ❍	M ❍
e. **Identified new organizations that will be working with the partnership after the grant ends.**	1 ❍	0 ❍	3 ❍	N ❍	M ❍
f. **Executed agreements with new organizations that will be working with the partnership after the grant ends.**	1 ❍	0 ❍	3 ❍	N ❍	M ❍
g. **Extended or renewed agreements with existing partners to continue work after the grant ends.**	1 ❍	0 ❍	3 ❍	N ❍	M ❍
h. **Identified strategies to engage external systems (e.g., health, education, housing) for financial, organizational, and other support.**	1 ❍	0 ❍	3 ❍	N ❍	M ❍

IF I1=1 AND (I2=1 AND S1=1)

D2. Does your organization plan to contribute financial support to the RPG project after the grant period ends?

Select one only

- ❍ YES 1
- ❍ NO ..... 0 GO TO D3

NO RESPONSE ..... M GO TO D3

IF I1=1 AND (I2=1 AND S1=1) AND D2=1

D2a. How much are you planning to contribute? Please provide your best estimate for this question.

Select one only

- ❍ 10,000-19,999 1
- ❍ 20,000-29,999 2
- ❍ 30,000-39,999 3
- ❍ 40,000-49,999 4
- ❍ 50,000-59,999 5
- ❍ 60,000-69,999 6
- ❍ 70,000-79,999 7
- ❍ 80,000-89,999 8
- ❍ 90,000-99,999 9
- ❍ 100,000 or more 10

NO RESPONSE ..... M

SOFT CHECK: If D2a=10; Please confirm the amount your organization is planning to contribute.

IF I1=1 AND (I2=1 AND S1=1)

D3. Does your organization plan to contribute the following as in-kind resources to the partnership after the grant period ends?

PROGRAMMER: DISPLAY ITEMS D3_a-h ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS.

PROGRAMMER: CODE ONE PER ROW	YES	NO	NO RESPONSE
a. **Staff time**	1 ❍	0 ❍	M ❍
b. **Volunteer time**	1 ❍	0 ❍	M ❍
c. **Office space**	1 ❍	0 ❍	M ❍
d. **Office supplies**	1 ❍	0 ❍	M ❍
e. **Program materials**	1 ❍	0 ❍	M ❍
f. **Computer/Internet, telephone, or fax service**	1 ❍	0 ❍	M ❍
g. **Transportation**	1 ❍	0 ❍	M ❍
h. **Something else (*specify*)** _____ (STRING 100)	1 ❍	0 ❍	M ❍

IF I1=1 AND (I2=1 AND S1=1)

D4a. What funding sources will your organization potentially use to pay RPG project staff after the grant period ends?

Select all that apply

☐ Federal funding 1
☐ State funding 2
☐ Local funding 3
☐ Foundations 4
☐ Fundraising/crowdfunding 5
☐ Individual donations 6
☐ Something else (*Specify*) 99

Specify ☐ (STRING 60)

❍ Don't know ..... D

NO RESPONSE ..... M

IF I1=1 AND (I2=1 AND S1=1)

D4b. What funding sources will your organization potentially use to cover indirect costs, such as computers, training, and travel, for RPG project staff after the grant period ends?

Select all that apply

- ☐ Federal funding 1
- ☐ State funding 2
- ☐ Local funding 3
- ☐ Foundations 4
- ☐ Fundraising/crowdfunding 5
- ☐ Individual donations 6
- ☐ Something else (*Specify*) 99

Specify ☐ (STRING 60)

- ❍ Don't know ..... D

NO RESPONSE ..... M

E. Federal, State, and Local Context

IF I1=1 AND (I2=1 AND S1=1)

E1. We would like to understand how federal, state, and local policies and media reporting have affected plans for maintaining the RPG project.

How have plans for sustaining the RPG project been affected by [Fill a-i]?

PROGRAMMER: DISPLAY ITEMS E1_a-i ONE PER PAGE WITH RESPONSE OPTIONS AS ROWS.

Select one per row

PROGRAMMER: CODE ONE PER ROW	VERY POSITIVELY	SOMEWHAT POSITIVELY	NOT AT ALL	SOMEWHAT NEGATIVELY	VERY NEGATIVELY	NO RESPONSE
Child welfare						
a. **The federal policy climate about child welfare**	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	M ❍
b. **The state policy climate about child welfare**	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	M ❍
c. **The local policy climate about child welfare**	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	M ❍
d. **Media reporting about child welfare**	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	M ❍
e. **The federal policy climate about substance use disorder treatment/recovery support**	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	M ❍
f. **The state policy climate about substance use disorder treatment/recovery support**	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	M ❍
g. **The local policy climate about substance use disorder treatment/recovery support**	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	M ❍
h. **Media reporting about substance use disorder**	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	M ❍
i. **Changes in leadership at (state and private child welfare) agency level**	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍	M ❍

IF I1=1 AND (I2=1 AND S1=1)

E2. How has the pattern of substance use changed in your service area *since the grant period started*?

Select one only

❍ Increase in use 1

❍ Decrease in use..... 2

❍ No change 3

❍ Don't know ..... D

NO RESPONSE ..... M

IF I1=1 AND (I2=1 AND S1=1)

E3. Is there anything else you would like to share about the effect of federal, state, or local policy or the media on your plans for sustaining the RPG project?

[ ] (STRING 1000)

NO RESPONSE ..... M GO TO END1

IF I1=1

END1. Thank you for completing the Regional Partnership Grant Sustainability Survey! Please click the Submit button to submit your completed survey. Note: You will not be able to make any changes after you click Submit.

PROGRAMMER: REDIRECT RESPONDENT TO MATHEMATICA HOMEPAGE. At this item, the thank you email should be sent from Confirmit.

IF I1=0

END2. Thank you for this information. There are no further questions at this time. We appreciate your participation.

PROGRAMMER: REDIRECT RESPONDENT TO MATHEMATICA HOMEPAGE.

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Appendix F

Data Preparation

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Data preparation

Using standard best practices, we will prepare for analysis the quantitative and qualitative data collected for the cross-site evaluation. The data preparation steps described below will facilitate subsequent analysis for the research questions across the different parts of the cross-site evaluation.

Quantitative data. We will summarize quantitative data using basic descriptive methods. Sources of quantitative data include the sustainability survey, enrollment and services data, and the outcomes data. Analysis for each source will follow a common set of steps involving data cleaning, variable construction, and computing descriptive statistics.

To prepare data for analysis, we will first verify the data values are within the expected ranges. We will run a series of data checking operations to identify invalid character and numeric data values. Also, we will examine frequencies and means for variables to identify outliers— observations that are numerically distant from the rest of the data—and investigate the nature of the outliers. If the outliers are the result of incorrectly entered data, we will work with project teams to make corrections. If there are still outliers, we will run the analysis with and without them for sensitivity checks.

Finally, we will assess the extent of missing data by comparing the number of observations with the expected number of sample members. When we identify missing data, we will review the raw data to confirm that their absence is not due to a data entry or processing error. We will also assess whether data are missing due to nonparticipation or item nonresponse and address any issues accordingly. If missing data are not extensive, we will analyze the data and note what is missing. If a large amount of data is missing for a particular RPG project or a particular source, we will work with CB to determine an appropriate strategy. For the outcomes and impacts analysis, if there are extensive missing data, we will create nonresponse weight to adjust the analysis statistically. For other analyses, if missing data are pervasive, we may forgo certain analyses.

To facilitate analysis of each data source, we will create variables to address the research questions. Construction of these analytic variables will vary depending on a variable's purpose and the data source being used. Variables may combine several survey responses into a scale, aggregate project participation data from a set time period, or compare responses to identify a level of agreement.

To create scale scores for each standardized measure, we will use the scoring manuals or guidelines provided by publishers or measure developers. In most cases, the scale scores are a sum or average of individual item responses. These sums or averages represent a composite, or an underlying construct of interest; for example, "externalizing behavior problems" is a construct measured by the Child Behavior Checklist (CBCL). For scale scores with norms, we will also transform them into norm-referenced scores. Specifically, we will compare the individuals' scale scores to demographically similar individuals in a nationally representative or other specified normative sample (for example, comparing scale scores to children of the same age and sex) to obtain norm scores. Using the norm scores, we will examine the results for children and adults in RPG to determine whether their scores on a given trait or attitude are better or worse than a hypothetical average individual in the normative sample. In addition, we will also categorize individuals into a "high-severity" category using the threshold defined by measure developers.

We will create the scale scores, norm scores, and high-severity indicator each time project teams upload the data and return these to project teams.

For standardized scales, such as those collected in the standardized instrument data, we will examine the psychometric properties of the variables we construct to assess whether they meet the accepted standards in the field (Nunnally & Bernstein, 1994). We will calculate Cronbach's alphas to illustrate the reliability of the measures. A value of 0.7 or higher for Cronbach's alpha for a measure is acceptable. The higher the Cronbach's alpha value, the more reliable the assessment of an underlying construct (that is, less measurement error).

For the administrative data, the cross-site evaluation team will create person-level indicator variables for whether a given incident occurred in a particular period—for example, whether a child had an incident of substantiated maltreatment in the year before enrolling in RPG or in the year after project entry.

Qualitative data. We will use standard qualitative analysis procedures to analyze and summarize qualitative information extracted from the project documents, in-depth interviews and focus groups with RPG participants, site visits, and phone interview notes. Analysis will involve coding, triangulation across data sources, and theme identification. For each type of document, we will use standardized templates to organize extracted data and then code it. We will search the coded text to gauge consistency and triangulate across data sources. This process will reduce the data into a manageable number of topics and themes for analysis (Coffey & Atkinson, 1996; Ritchie & Spencer, 2012).

To code the qualitative data for key themes and subtopics, we will first develop a coding scheme, organized according to key research questions and aligned with the cross-site evaluation conceptual framework. For example, for the SAPRs, we might use the following codes: changes in planned interventions, changes in partnerships, referral processes, continuous quality improvement, successes and challenges to project implementation, and community context. For individual site visit or phone interviews with project staff, we will code their responses according to the core research questions under consideration. For example, for the interviews with project directors, project partners, or managers and supervisors, we may use codes such as project roles and responsibilities, views of RPG partnership goals, communication strategies across agencies, agency priorities, and facilitators and challenges to child welfare and substance use treatment systems working together.

Senior members of the cross-site evaluation team will refine the initial coding scheme by reviewing codes and a preliminary set of coded data to make adjustments and ensure alignment with the cross-site evaluation aims and research questions. During the coding process, other codes may be developed to capture emergent themes or topics. A small team of coders will be trained to code the data using NVivo (QSR International Pty Ltd., 2012) or a similar qualitative analysis software package. For reliability across coders, all team members will code an initial set of documents and compare codes to identify and resolve discrepancies. As coding proceeds, the lead coder will periodically review samples of coded data to check reliability.

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