REPORT

Regional Partnership Grants Cross-Site Design Report

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Angela D'Angelo
Sarah Avellar
Juliette Henke
Alyson Burnett
Roseana Bess
Cleo Jacobs Johnson
Yange Xue
Ayesha De Mond

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Children's Bureau
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Submitted by:
Mathematica Policy Research
1100 1st Street, NE
12th Floor
Washington, DC 20002-4221
Telephone: (202) 484-9220
Facsimile: (202) 863-1763
Project Director: Sarah Avellar
Reference Number: 50543

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I. INTRODUCTION

Since 2013, the number of children in foster care has increased each year, reversing a nearly decade-long trend of declining numbers of children in care (U.S. Department of Health and Human Services, 2017).[1] Substance use disorder, specifically the abuse of opioids, is the leading contributor to the increasing number of children entering foster care (Radel, Baldwin, Crouse, Ghertner, & Waters, 2018). In addition, higher rates of drug overdose deaths and drug-related hospitalizations are linked to higher child welfare caseloads (Radel et al., 2018). Higher rates of serious drug-related issues may make it more difficult for child welfare systems to support and strengthen families, keep children at home, or return them quickly from out-of-home care.

To 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 barriers impede collaboration between the two systems. Such barriers include competing timelines for achieving permanence for children and parents' sobriety and recovery, as well as shortages of foster homes, addiction 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, U.S. Department of Health and Human Services (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, funded four cohorts of grantees, and expects to award a fifth cohort in 2018. To build knowledge of effective, collaborative services for children, youth, and families affected by substance use issues, the CB established a cross-site evaluation of RPG projects in 2011.

This report describes the cross-site evaluation design for the fourth cohort of RPG projects (RPG4). The remainder of this chapter provides an overview of previous RPG cohorts and cross-site evaluations and the current cohort of RPG projects. It also presents an overview of our design for the RPG4 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' target populations and the populations actually served.
- 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 grantees' plans for improving and sustaining their projects beyond the life of the grant period.

[1] The most recent data are for federal fiscal year 2016.

- 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 grantees, resulting in geographically diverse lead agencies and partnerships, each serving a uniquely defined target population. The grants were first authorized in 2006 in the Child and Family Services Improvement Act (P.L. 109-288) and reauthorized in the Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112-34). This reauthorization required grantees to implement evidence-based or evidence-informed services, meaning programs or practices that evaluation research has shown to be effective. The legislation also required HHS to evaluate the services and activities provided with RPG funds. As CB specified in the funding opportunity announcement, 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 (Administration for Children and Families [ACF], 2017a, 2017b). Table I.1 provides an overview of RPG cohorts.[2] CB funded a mix of experienced and new grantees under RPG4 (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 with four study components: partnerships, implementation, outcomes, and impacts
RPG3	2014–2019	4 projects in 4 states	Project-conducted local outcome and impact evaluations and participation in RPG2 cross-site evaluation
RPG4	2017–2022	17 projects in 17 states, including 2 projects serving American Indian/Alaska Native populations	Project-conducted local outcome and implementation evaluations and participation in a cross-site evaluation
RPG5	2018–2021 (expected)	Awards will be made in September 2018	Project-conducted local outcome and implementation evaluations and participation in a cross-site evaluation

Source: Strong et al. (2014).

The RPG4 cross-site evaluation will conduct the same or similar analyses as in previous rounds of the cross-site evaluation and expand what we will learn through new analyses. Similar to prior rounds, the cross-site evaluation analysis will describe projects' partnerships and

[2] For more information about prior rounds of grants and evaluations see Strong et al. (2014).

measure the extent of 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 across cohorts of the programs and services projects provided and how project teams leveraged their partnerships to coordinate and integrate services to improve outcomes. In addition, this round's cross-site evaluation will include new analyses that focus on the partnership between the child welfare and substance use disorder (SUD) treatment agencies, adding to the research base about how these agencies collaborate and integrate services to address the needs of children and families affected by SUD. The cross-site evaluation will also measure projects' core services, which include all services funded by the grant and may also include in-kind services provided by partners. Finally, the cross-site evaluation will assess how projects plan to sustain their services and partnerships after the RPG period ends.

Table I.2. RPG4 projects

Grantee organization and state	Organization type	Recipient of previous RPG	Target population and project focus
Cook Inlet Tribal Council, Inc., Alaska	Tribal organization	RPG1	**Target population:** Alaska Native and American Indian children and youth in Anchorage in or at risk of out-of-home placement in which caregiver substance use is a factor **Services:** Team Decision Making Navigator to assist families; provide linkages to supportive services; expedite substance use assessment and treatment services; and provide needed trauma-informed, culturally informed parent skills and peer supports
University of Alabama at Birmingham, Alabama	Public university	No	**Target population:** Pregnant and postpartum women who are drug involved **Services:** Pregnancy and Parenting Partners, Helping Women Recover and SafeCare, universal screening, assessment, prenatal/postpartum care, medication assisted treatment, and recovery support services
Children and Families First Delaware, Delaware	Child and family services provider	No	**Target population:** Infants with prenatal substance exposure and their caregivers **Services:** A multidisciplinary team integrating Healthy Families America home visiting, Peer Recovery Coaching, and Nurturing Parenting family skills
Broward Behavioral Health Coalition, Inc., Florida	Behavioral health services provider	No	**Target population:** Children (0 to 11 years old) and their parents/caregivers who have factors indicative of substance abuse **Services:** An integrated continuum of care, combined with family engagement and peer support, Engaging Parents Care Coordination, Intensive Family Preservation Services, Continuing Care Parent Advocate (peer specialist), and Motivational Support Program (including substance abuse treatment)

TABLE I.2 (*continued*)

Grantee organization and state	Organization type	Recipient of previous RPG	Target population and project focus
Northwest Iowa Mental Health Center dba Seasons Center, Iowa	Behavioral health services provider	RPG2	**Target population:** Parents with SUD that have children—birth through age 21—who are in or at risk of being placed in an out-of-home placement **Services:** Trauma-informed system of treatment, support, and recovery including Parent-Child Interactive Therapy (PCIT), Trauma-Informed Cognitive Behavioral Therapy (TF-CBT), and Attachment Based Family Therapy (ABFT)
Youth Network Council DBA Illinois Collaboration on Youth, Illinois	Child and family services provider	No	**Target population:** Families who have one or more family members with SUD and a child at risk of an out-of-home placement **Services:** Intact family services, parenting skills training, family therapy, housing assistance, specialized case management, TF-CBT, and Motivational Interviewing
Volunteers of America Indiana, Indiana	Child and family services provider	No	**Target population:** Postpartum women (1) whose newborns test positive for drugs, (2) who have an open child welfare case, and (3) who receive a court order to participate in treatment **Services:** Wraparound services, case management, and residential SUD treatment
University of Kansas Center for Research, Inc., Kansas	Public university	RPG3	**Target population:** Native American children, ages 0 to 18, at risk of or in out-of-home placement because of parental substance abuse **Services:** Culturally adapted version of the Strengthening Families Program
Mountain Comprehensive Care Center, Kentucky	Behavioral health services provider	No	**Target population:** Parents with SUD and a child under age 18 who is in out-of-home care or at risk of being placed in out-of-home care **Services:** Three-phases of intensive SUD treatment: (1) intensive treatment, (2) early recovery services, (3) maintenance and continuing care
Preferred Family Healthcare, Inc., Missouri	Behavioral health services provider	RPG2	**Target population:** Families with children (birth to age 18) who are at risk of or in out-of-home care due to substance use by their parent(s)/caretaker(s) **Services:** Trauma-informed wraparound services including case management, peer recovery mentors, in-home SUD and co-occurring mental health treatment, and parenting classes
The Ohio State University, Ohio	Public university	No	**Target population:** Families involved with the child welfare system because of parental SUD **Services:** Family drug treatment court (FDTC), medication assisted treatment (MAT), peer recovery support, parenting skills training, and support for kinship providers

TABLE I.2 (*continued*)

Grantee organization and state	Organization type	Recipient of previous RPG	Target population and project focus
Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma	State substance use services agency	RPG1 and RPG2	**Target population:** Substance affected families with children ages zero to five years **Services:** Attachment and Biobehavioral Catch-Up (ABC) and dissemination of best and evidence-based practices on substance exposed newborns and Fetal Alcohol Spectrum Disorder through training to child welfare, health care professionals, and certified SUD treatment providers statewide
Helen Ross McNabb Center, Tennessee	Behavioral health services provider	RPG1 and RPG2	**Target population:** Parents affected by SUD, who have children prenatal to five years old who are in or at risk of being placed in state custody because of risk factors associated with parental SUD **Services:** Early intervention and family assessment, specialized infant mental health and court services, family-focused treatment in structured living and blended outpatient/in-home modalities, and aftercare
Lund Family Center, Inc., Vermont	Child and family services provider	RPG1	**Target population:** Families at high risk for child maltreatment with one parent or caregiver struggling with substance use and at least one child under age six at risk of out-of-home placement **Services:** Home-based services, including case management; connection and support for SUD treatment and recovery services; family therapy; McGill Action Planning (MAPS); and Attachment, Regulation, and Competency (ARC) clinical care
Catholic Charities of Spokane, Washington	Child and family services provider	No	**Target population:** Families in Spokane County and American Indian and Alaska Native (AI/AN) families in Northeast Washington State and surrounding tribal lands **Services:** Wraparound services, including SUD treatment, housing, Motivational Interviewing, CBT, and PCIT
Meta House, Inc., Wisconsin	SUD treatment provider	No	**Target population:** Women with SUD who are involved with or at risk of involvement with the child welfare system **Services:** Sober recovery housing, outpatient treatment, child and family services, and recovery support services
Prestera Center for Mental Health Services, Inc., West Virginia	Behavioral health services provider	No	**Target population:** Children (up to age 12) and their families who are involved with the child welfare system because of parental substance use **Services:** In-home wraparound, case management services and supports, screening and assessment, clinical behavioral health/substance use services, recovery coaching, and cross-system training and information sharing

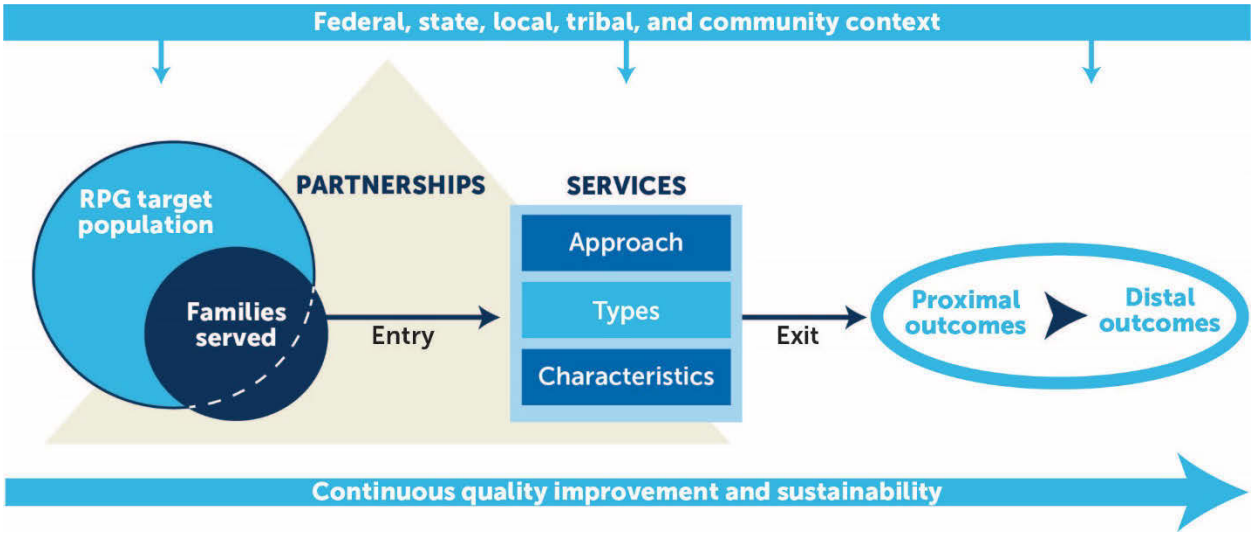
B. Conceptual framework and research questions

A conceptual framework guides the cross-site evaluation (Figure I.1). The top of the figure depicts the context within which RPG projects operate. 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 target 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 that are not part of the defined target 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 target 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 individualized or packaged set of services); types of services (such as support group, 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 presented 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 grantees' RPG project target populations, partnerships, services, outcomes, impacts, and sustainability planning activities (Table I.3). Data sources include project documents, a partner survey, a sustainability survey, site visit and phone interviews, enrollment and service data, baseline measures of participant outcomes, and outcome measures.

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 evaluation through 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 the collection and submission of participant outcome data, we will also provide training materials, webinars, data dictionaries, and user guides.

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

1. Project documents

We plan to review and extract information from project documents, including grant applications, semiannual progress reports, and relevant memoranda of understanding (MOUs) or data sharing agreements with partners. 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.

- **Grantee applications.** Grantees submitted an application to CB for a discretionary grant award. In year 1, we will review the applications of the 17 RPG4 projects to extract information about their plans for initial implementation and evaluation, their partners, and their planned referral strategy.
- **Semiannual progress reports (SAPRs).** Federal discretionary grantees must report semiannually on their spending and progress during the grant period. These reports also provide information on grantees' 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.
- **MOUs.** To understand how partners integrate child welfare and SUD treatment service systems, we will request MOUs, data sharing agreements, and other partnership agreements in year 4. These agreements may provide information about colocation of staff, shared funding, timelines for sharing data, and the data elements to be shared.

2. Partner survey

To describe the interagency collaboration within RPG projects, we will administer an online survey to grantees and their partners in year 4. We will invite one person from each organization knowledgeable about the RPG project to complete the survey. Through the survey, we will collect information about communication and service coordination among partners. We will also collect information about features of the partnerships, such as data sharing agreements, colocation of staff, referral procedures, and cross-staff training. Questions on collaboration in the survey come from two validated measures—the Working Together Survey (WTS; Chrislip & Larson, 1994) and Collaborative Capacity Instrument (CCI; National Center on Substance Abuse and Child Welfare, 2003).

3. 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 grantees and select partners in year 4. We will invite knowledgeable persons from grantee 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.

4. Site visit and phone interviews

To learn about the design and implementation of RPG projects, the cross-site evaluation team will conduct multiday site visits to 11 grantees in fall 2020. Selected grantees will include a child welfare provider and substance use treatment provider as central partners in the RPG project. The grantees may range from those with a "light touch" collaboration with both the child welfare and substance use treatment agency, such as joint meetings or trainings, to "intensive" collaboration such as sharing data about RPG participants or making joint decisions for RPG participants. In addition, the team may visit projects that are having a difficult time collaborating—where they intended to include both entities, but barriers and other difficulties have prevented the relationship from materializing. The site selection will be made in close consultation with CB.

The site visits 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. For projects that we do not visit, we will conduct phone interviews with key informants to collect the information.

5. 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.

6. Baseline measures of participant outcomes and outcome measures

To measure participant outcomes, all projects will collect self-administered standardized measures[3] from adult RPG participants. The standardized measures include questions about child well-being, adult and family functioning, and adult substance use at baseline and in a follow-up. 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 child welfare and

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

substance use disorder treatment data elements 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.

To facilitate data sharing between project teams and the cross-site evaluation team and to protect all parties and RPG participants, Mathematica will execute a memorandum of agreement (MOA) with each grantee. 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 grantees to administer copyrighted instruments under Mathematica's license.

Table I.3. RPG4 research questions and data sources

Research question	Project documents	Partner survey	Improvement and sustainability survey	Site visit and phone interviews	Enrollment and service data	Baseline measures of participant outcomes	Outcome measures
Which partners were involved in each RPG project and how did they work together?	✓	✓					
How much progress did RPG4 projects make toward interagency collaboration and service coordination?	✓	✓		✓			
How did the child welfare and substance use treatment agencies work together to achieve the goals of RPG?	✓			✓			
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 target populations?	✓				✓	✓	
What core services were provided and to whom?	✓				✓	✓	
Were core services that families received different from the services proposed in grantee applications? If so, what led to the changes in planned services?	✓			✓	✓		
How engaged were participants with the services provided?					✓		
Which agencies (grantees and their partners) provided services?	✓				✓		
What proportion of families exited RPG?					✓		
What plans and activities did RPG projects undertake to maintain the implementation infrastructure and processes during and after the grant period?	✓		✓	✓			

TABLE I.3 (*continued*)

Research question	Project documents	Partner survey	Improvement and sustainability survey	Site visit and phone interviews	Enrollment and service data	Baseline measures of participant outcomes	Outcome measures
What plans and activities did RPG projects undertake to maintain the organizational infrastructure and processes after the grant period?	✓		✓	✓			
To what extent were RPG projects prepared to sustain services after the grant period?	✓		✓	✓			
What plans and activities did RPG projects undertake to develop funding strategies and secure resources needed after the grant period?	✓		✓	✓			
How did the federal, state, and local context affect RPG projects and their efforts to sustain 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?						✓	✓

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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 received by families and promotes positive outcomes for families involved in both systems (Smith & Mogro-Wilson, 2008). Improved collaboration between child welfare agencies and substance use treatment providers, including sharing data and information, results in close monitoring of families' access to needed resources and more informed decisions about the family's case, such as decisions about reunification or relapse prevention or support (Green, Rockhill, & Burn, 2008). In turn, families feel less overwhelmed by the conflicting demands of multiple 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 RPG4 partnerships provide for families. We will examine the characteristics of the organizations serving as partners and the roles they play in each project. We will also investigate the extent of collaboration between partners on topics such as developing a shared vision and goals, sharing information across agencies, and integrating assessment and treatment services.

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 been historically 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 the partnership includes this type of entity. When family drug treatment courts, child welfare, and substance use treatment agencies work together, their joint efforts can better address a family's needs (Gifford, Eldred, Vernerey, & Sloan, 2014). Though research is only beginning to emerge, studies suggest that parental participation in a family drug court is associated with improved reunification rates (Gifford et al., 2014; Green, Rockhill, & Furrer, 2007; Grella, Needell, Shi, & Hser, 2009).

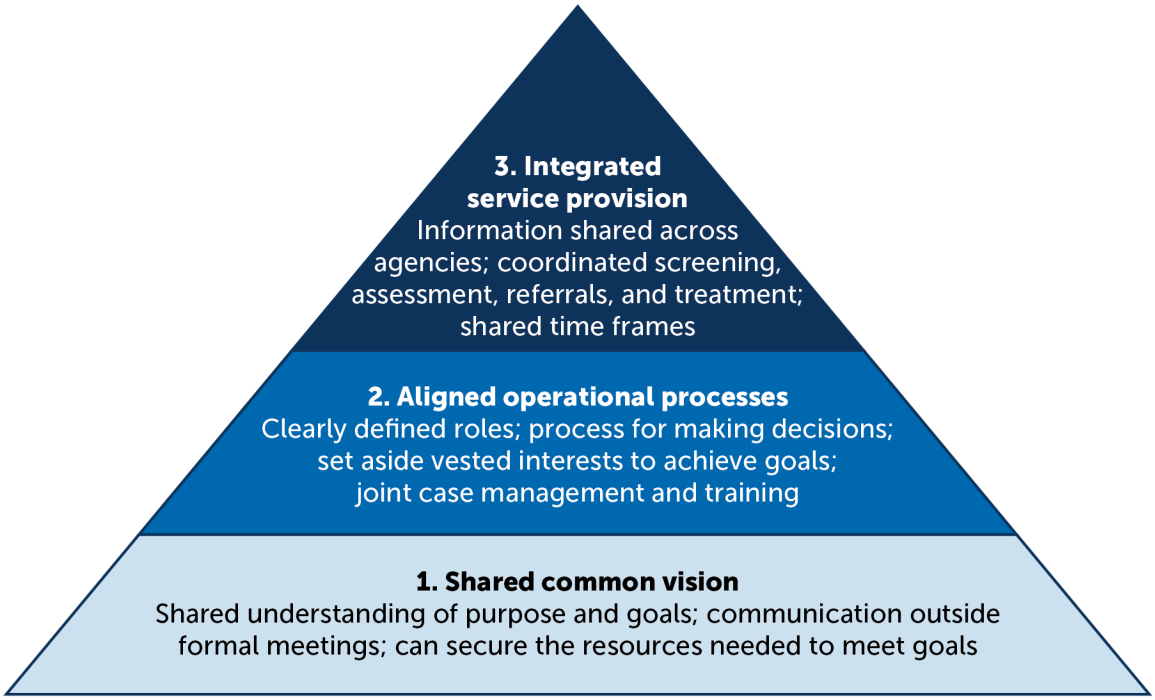
This chapter describes the key research questions about partnerships as well as the main data sources and analytic approaches we will use to answer them. We conclude with a discussion of key limitations to the partnership analysis.

A. Partnership 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, 2017a, 2017b). A three-tiered

framework, developed for the RPG2 cross-site evaluation, illustrates three levels of collaboration: (1) developing a shared vision and goals, (2) aligning operational processes, and (3) integrating service provision (Figure II.1).

Figure II.1. Levels of interagency collaboration and elements of collaboration at each level



The RPG2 cross-site evaluation showed that progress toward interagency collaboration among key partners was mixed (U.S. Department of Health and Human Services [HHS], forthcoming). RPG2 partnerships attained a common vision for the RPG project and identified shared goals. Some projects aligned operational processes among partners, such as shared decision-making processes, but others reported difficulty in doing so. Most partnerships struggled to attain the highest level of collaboration, integrating services for families, which includes sharing data about families or coordinating services and referrals.

To understand RPG4 partnerships, the cross-site evaluation will first describe the characteristics of the organizations that make up each partnership. Second, using the framework developed for RPG2 (Figure II.1) we will examine the progress that projects made on the three levels of interagency collaboration and service coordination. Finally, we will investigate how child welfare and substance use disorder treatment agencies worked together to advance the goals of RPG projects.

Table II.1 displays 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, MOUs, and data use agreements, or DUAs); (2) a partner survey; and (3) site visit and phone interviews with RPG project directors, managers, supervisors, frontline staff, and partners.

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

Research question	Project documents	Partner survey	Site visit and phone interviews
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 RPG4 projects included both the child welfare and SUD treatment agency as partners?	✓	✓	
Were the partners 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 much progress did RPG4 projects make toward interagency collaboration and service coordination?			
How much progress did projects make on achieving each level of the interagency collaboration framework: (1) shared vision and common goals, (2) aligned operational processes, and (3) integrated service provision?		✓	✓
For projects that served many American Indian/Alaska Native participants, were there differences in the way partnerships were formed, operated, and served clients? Did they differ in the progress made toward interagency collaboration?	✓	✓	✓
To what extent was the grantee lead agency considered a convener, an organization with enough credibility to bring together stakeholders across sectors?		✓	✓
What were the successes and challenges faced by RPG4 partnerships over the course of the grant in forming and maintaining partnerships?	✓		✓
3. How did the child welfare and substance use treatment agencies work together to achieve the goals of RPG?			
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)?			✓

1. Project documents

From the grantee 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 grantee-reported changes to the partnerships (such as adding or removing partners). We will also use the SAPRs to examine the grantees' reports of the challenges and successes they faced in forming and maintaining their partnerships.

We will use formal agreements, such as MOUs or DUAs, gathered from project teams to track the number of grantees that had formal agreements in place with one or more partners within each project. If we are able to review the agreement in place, we will examine the information in those documents about these roles and responsibilities. If grantees are unable to provide the documents, then we will rely on the interview with the project director to document whether these agreements exist, with which partners, and the content of those agreements with key partners.

2. Partner survey

The partner survey (see Appendix D) collects information about partners' characteristics and goals for RPG. The information collected will include (1) the organization type, such as a child welfare or SUD provider; (2) primary organizational activities performed, such as therapy or evaluation; (3) the number of RPG project participants the organization served or planned to serve each year; (4) the funding received by the partner organization from the RPG each year; (5) the in-kind resources the partner organization contributed to the partnership, such as staff time or office space; and (6) the partner's perceived main goals of the RPG partnership.

The partner survey also contains a set of eight social network questions, in which respondents are asked to report on their relationships with all other partners for their RPG project. These social network questions ask respondents about two topics: (1) the frequency and type of communication between partner organizations and (2) coordination of activities such as referrals, screening, or assessments.

Although most of the partner survey content will be the same as RPG2, we will make modifications to capture more information around factors associated with the success of a collaboration. We will adapt survey items from Mattessich and Monsey's (1992) 19 factors influencing the success of a collaboration and the Coalition Effectiveness Inventory (CEI; Goldstein, 1997; Centers for Disease Control and Prevention, 2008) to create a checklist to assess (1) partnership structures, (2) views of the lead agency, (3) community context and support for the partnership, and (4) partnership resources (Table II.2). We will narrow the questions added to the partner survey to three to five items by consulting with expert consultants engaged in the project and in collaboration with the National Center on Substance Abuse and Child Welfare (the programmatic technical assistance [TA] provider) and CB.

Table II.2. Possible items to add to partner survey

Source	Topic	Proposed survey item
Coalition Effectiveness Inventory (Goldstein, 1997)	Partnership structures in place	1. Bylaws/rules of operation 2. Mission statement in writing 3. Goals and objectives in writing 4. Regular, structured meetings 5. Effective communication mechanisms 6. Organizational chart 7. Written job descriptions 8. Core planning group (such as a steering committee) 9. Subcommittees
	Views about the lead agency	1. Decision makers committed to and supportive of coalition 2. Commits personnel and financial resources to coalition 3. Knowledgeable about coalitions 4. Experienced in collaboration 5. Replaces agency representative if vacancy occurs
Factors Influencing the Success of Collaboration (Mattessich & Monsey, 1992)	Environment/community context	1. Is there a history of collaboration or cooperation in the community? 2. Is the partnership viewed as a leader in the community? 3. Do political leaders and influentials support the mission of the partnership?
	Partnership resources	1. Does the partnership have adequate and consistent funds? 2. Does the convener/lead agency have organizing and interpersonal skills and respect of members?

3. Site visit and phone interviews

We will use the site visit and phone interview data on seven topics about partnerships: (1) goal setting, (2) partnership composition, (3) interagency collaboration and service coordination, (4) child welfare and SUD treatment agencies collaboration, (5) perceptions of RPG project partners, (6) implementation teams, and (7) implementation plans (see Appendix B for full site visit topic guide). 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, data from interviews with representatives from the child welfare provider and substance use treatment agency on the broader topic of child welfare and SUD treatment agencies, collaboration will include 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 also include data on the process of building partnerships with family drug treatment courts or grantee impediments to adding them as a partner.

B. Partnership analysis

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

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

Using data from the partner survey, we will compute means and frequencies of variables of interest to describe the types of organizations involved in the partnerships. For example, we will examine the percentage of partners across the RPG projects who were child welfare agencies, SUD treatment providers, behavioral health providers, or other types of organizations. We will calculate and report the mean and the range of the funding received by the partners across the projects as well as report the in-kind resources partners provided to the project (such as staff time, materials, or office space).

Using the grantee 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 many partners changed over the course of the grant to report how the size of the partnerships increased, decreased, or stayed the same over the course of the grant.

We will report the number of grantees that had formal agreements in place with one or more partners within each project and the number of grantees that had both a child welfare agency and an SUD treatment provider as partners. We will analyze the formal agreements to describe the roles and responsibilities of partners. For example, we will examine the MOUs and DUAs and create descriptions of the typical roles or responsibilities fulfilled by a partner organization. We will then report counts such as the number of partners who agreed to refer a certain number of participants to RPG, provided space for a set number of participants to engage in services, or established a process for sharing participant data.

2. How much progress did the RPG4 projects make toward interagency collaboration and service coordination?

We will conduct factor analysis and social network analysis of partner survey data to describe how many projects attained the partnership achievements at each level of the interagency collaboration framework. First, using confirmatory factor analysis (CFA), we will construct scales from the Working Together Survey (WTS; Chrislip & Larson, 1994) and the Collaborative Capacity Instrument (CCI; National Center on Substance Abuse and Child Welfare, 2003), both standard measures collected in the partner survey. CFA is a statistical procedure that tests how well the measured (or observed) variables represent a set number of underlying constructs, for a given set of data. We expect that the scales constructed from the WTS and CCI will be consistent with the constructs in the literature about partner collaboration and coordination as well as replicate the scales constructed for the analysis from the RPG2 data (HHS, forthcoming; Appendix D).

Next, to describe the levels of communication and coordination among partners, we will use the social network data from the partner survey. To describe the connectedness of the partners within each network, we will calculate density scores, which are the proportion of organizations that actually communicated or collaborated among the total possible relationships in the partnership. The score is calculated by taking the number of connections that exist between partners out of the total possible number of connections. If every partner connected to all of the other organizations, then the density score would be one, meaning that 100 percent or all of the possible connections were made. If none of the organizations connected with the other organizations, the density score would be zero because zero percent or none of the possible

connections were made. Using these density scores, we can evaluate which partnerships were more connected on the topics, or social networks, such as frequency of communication outside of formal meetings, or coordination of referrals or screening.

Using the scales from the WTS and CCI, in addition to the social network analysis, we will discuss the progress made by each project on each level of the interagency collaboration framework (Figure II.1). Each level of the framework is driven by research literature that suggests partnerships move from basic exchanges, such as common goals, to more integrated exchanges, such as service coordination (Blakey, 2014; Smith & Mogro-Wilson, 2008). To develop the framework for RPG2, the cross-site team grouped common constructs from the WTS, CCI, and social network items by level. For example, level 1 involves foundational partnership achievements, such as a common vision and shared goals; thus, the appropriate constructs from the WTS and the social network analysis are included in this level. The analysis will report on each level in the framework and on the progress projects made attaining the different characteristics on that level. Projects can make progress on all levels of the framework—they do not need to achieve every characteristic of level 1 before making progress on level 2.

American Indian/Alaska Native partnerships. Three RPG projects[4] plan to serve many participants who are American Indian/Alaska Native. Because of the different populations served in these three sites, we may find some differences in the way partnerships are formed, operate, and serve participants. Thus, if appropriate, we will describe the progress toward interagency collaboration separately in these sites and may be able to describe how interacting with tribal governing bodies or working with multiple tribes affects how families are served in these locations.

Views of the lead agency. We will create descriptive statistics, such as mean number of partners within partnerships that expressed positive views of the lead agency on survey items. For example, we could report the number of partnerships where the majority of the partners reported the lead agency was committed to and supportive of the partnership or dedicated sufficient financial resources to the partnership (see Table II.2 for added partner survey items). We would supplement the survey findings by analyzing site visit data. We would code the interview data based on the research questions and then look within those broad codes to create additional subcodes and themes arising from the data (see Appendix C for more information on preparation of qualitative data). For instance, we could examine the thematic code[5] *partners'*

[4] The grantees are University of Kansas (Kansas), Catholic Charities (Washington), and Cook Inlet Tribal Council (Alaska). The grantees in Kansas and Alaska were awarded through a funding opportunity announcement for organizations offering RPG services to American Indian or Alaska Native (AI/AN) communities (HHS-2017-ACF-ACYF-CU-1230). The grantee in Washington was funded through the general RPG funding opportunity announcement (HHS-2017-ACF-ACYF-CU-1229).

[5] A thematic or initial code is determined deductively, meaning it is derived a priori from the research questions or interview protocols. For example, if the interviewers ask the participant their job title, the resulting data would be coded as *Job title*.

views about the grantee organization as a convener and then conduct the analytic coding[6] to identify subthemes derived from the qualitative data such as *characteristics that lend credibility to the lead agency* or *qualities of effective lead agencies*.

Partnerships successes and challenges. We will analyze the codes for the SAPR data about grantee-reported community context and the project's successes and challenges. We would follow a similar process as the site visit data analysis to identify subthemes within these larger thematic codes. For example, the analytic coding of the thematic code of *partnership challenges* may reveal themes such as *difficulty with staff turnover*, *limited funding to carry out planned services*, or *lack of a partner to champion the RPG goals*.

3. How did the child welfare and substance use treatment agencies work together?

We will rely on analysis of site visit data to illustrate how child welfare and SUD treatment agencies worked together to advance RPG project goals. As described above, seven topics from the site visits will be included in the partnership analysis. After coding these data and applying broader thematic codes (see Appendix C), we will examine the coded data from several related thematic codes at once to describe how the two partners work together. For example, we will examine the process of goal setting for the RPG project. To do so, we will conduct analytic coding on several thematic codes, 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 emergent themes that arise from the data. These themes might provide 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.

C. Limitations

There are several limitations to the partnership analysis. First, we will collect the survey and interview data only once during the grant, when the projects are fully implemented. Thus, these data provide a snapshot of the partnerships at a specific time and may not reflect how partnerships continue to evolve and how they functioned at the end of the grant period. However, we will have data from the SAPRs to measure how partnerships continued to change, as well as successes and challenges through the end of the grant period, as reported by the grantees. Second, the survey findings are descriptive and only include those partners who are nominated by the grantee and also respond to the survey. This may lead to some nonresponse bias if representatives with more positive (or negative) views are selected by grantees and are more likely to respond to the survey. However, the team will try to mitigate the bias by using multiple sources of data, such as the qualitative site visit data and the SAPRs submitted by grantees, to triangulate findings. Third, this analysis does not contain participants' views on their experiences of navigating partnerships and relies only on the grantee and their partners' views on how participants are benefitting from or navigating the RPG project.

[6] Analytic coding is the second stage of the coding process and is synonymous with the analysis process. Analytic subcodes are generally inductively derived, meaning they "bubble up" from the data. Through analytic coding, subthemes are developed and documented.

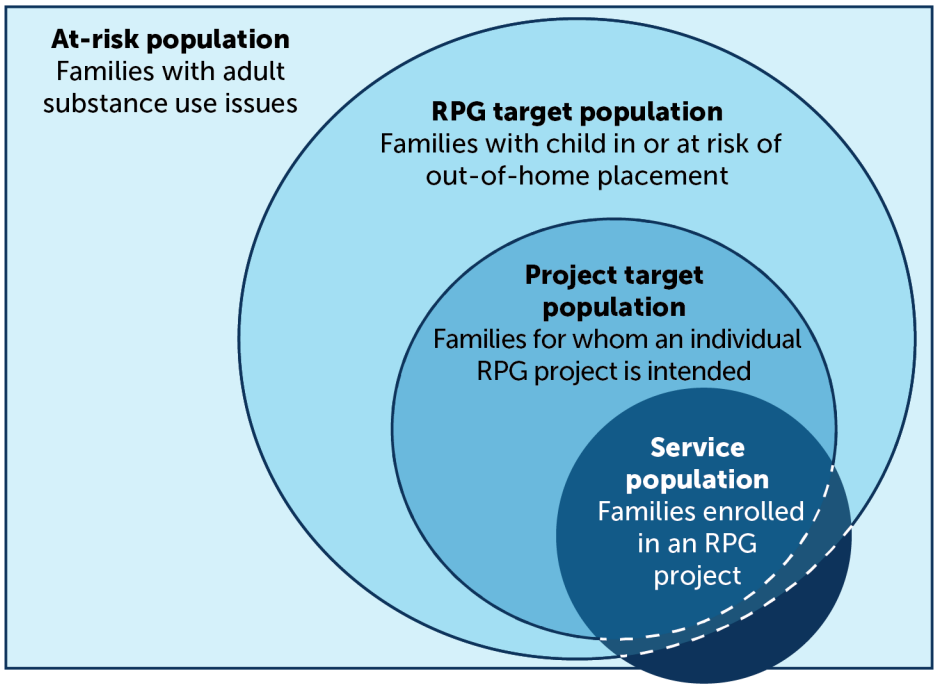
III. FAMILIES SERVED BY RPG

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 issues. To effectively target their resources, RPG project teams often develop a narrower definition of the target population they plan to enroll (Figure III.1). Project teams might select their target 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 target families in which a mother has just given birth and the newborn tested positive for substance exposure.

Even though RPG projects target specific populations for enrollment, the actual characteristics of enrollees may not align with that population. This can occur because of intentional changes to the target population during the grant period or because of drift from established eligibility criteria. For example, a project team might expand the target population because it is not enrolling a sufficient the number of families. In other cases, projects may have referred families with somewhat different characteristics than their target population, such as the age of the children. Over time, projects might decide to formalize these changes by expanding their target population. Such changes might require project teams to add or change partners and referral sources to recruit the new target 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 target population, intended target populations for specific RPG projects, and families actually enrolled in RPG.

The cross-site evaluation seeks to understand how project teams defined and refined their target populations over time, why projects made changes, and the extent to which target populations aligned with the characteristics of enrolled families. If the enrolled families differ substantively from the intended RPG target population, then projects may not be serving families most in need of RPG services. In particular, drift from the planned target 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 target population, project target population, and service population



This chapter describes our plans to examine characteristics of families served by RPG4, including alignment with the target 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 displays the research question 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 baseline measures of participant outcomes. (See Chapter I for a more detailed description. Appendix C provides details on how data will be cleaned.)

Table III.1. Research questions and data sources

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

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

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

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

2. Project documents

We will review grantee applications to extract data on planned referral sources, partners, and target populations. We will review the SAPRs to extract information on changes to those plans over time, as well as information on the number of families served and projects' enrollment targets.[8]

3. Baseline measures of participant outcomes

We will also use baseline measures of participant outcomes 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 child well-being and adults' depressive symptoms, views on parenting, substance use, and prior substance use treatment (see Chapter VI for more details). Project teams will also provide administrative data on child maltreatment and neglect, on out-of-home placements prior to enrollment in RPG, and on adults' previous participation in state-funded substance use treatment.

4. Site visit and phone interviews

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

[8] We will report the number of families served in RPG from 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 prior to the start of cross-site data collection and those who did not consent to being part of the cross-site evaluation.

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 families enrolled who were referred from each type of agency[9] and the proportion of families referred to RPG from agencies other than the grantee. We will compare projects' plans to the enrollment and service data to determine whether projects used referral sources as planned, whether they used a larger or smaller number of referral sources, and whether some planned referral sources did not yield any successful enrollments into RPG.

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

We will develop a detailed description of each project's initial target population and expected sample size for RPG at the outset of the grant as well as 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 targets change over time and the reasons for any intentional changes.

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

We will analyze enrollment information using project documents along with enrollment and service data. 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 begin serving families before cross-site data collection begins, 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 will not draw comparisons between them.

Subsequent analyses of family characteristics will focus on the sample of families that consented to and were enrolled in the cross-site evaluation. To describe families enrolled in RPG, we will rely on both enrollment and baseline measures of outcomes data. We will use enrollment and service data to calculate means and proportions to document demographic information about RPG case members at enrollment. We will report separately for adults and children the proportion of individuals in each demographic category. Table III.2 provides a

[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.

detailed list of demographic data collected by type of individual. For example, we will calculate the proportion of people by gender, 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. (For more information on how these statistics are calculated, see Chapter VI.) For example, for the Center for Epidemiological Studies Depression (CESD)-Short Form, we will report the mean total score on depression symptoms as well as the percentage with scores in the "severely depressed" category.

We 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 that did and did not receive at least one service are 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 target populations?

We will compare the detailed descriptions of projects' target populations to the demographic characteristics of enrolled families to assess reach into the target population. To the extent that a project's stated target population changed 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 made, this may involve examining demographic characteristics of families enrolled before and after the estimated date the change occurred. If we identify significant differences between enrolled families that 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. 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. This limitation was not a major problem for the RPG2 cohort. However, because several RPG4 projects plan to enroll a significant proportion of families before baseline data collection for the cross-site evaluation begins, it could be a bigger issue for RPG4.

Additionally, we may not have baseline data for all families enrolled in the cross-site evaluation, as identified in the enrollment and service data. In prior rounds of RPG, the challenges with collecting the standardized instrument data included missing baseline assessments as well as baseline assessments that occurred after families had begun receiving services. Therefore, analysis of some baseline characteristics of RPG families will be limited to those on whom project teams were able to collect and report data to the cross-site evaluation.

IV. RPG SERVICES

Each project team proposed an approach to serving a specific target population in its community that would meet overall grant objectives and build on the grantee's and partners' strengths and resources. These projects are typically complex, involving multiple services and service providers. In addition, grantees and their partners have limited rigorous evidence to guide them on how to best serve families involved with child welfare because of caregiver substance use (for example, Strong, Avellar, Francis, Angus, & Esposito, 2013; the California Evidence Based Clearinghouse for Child Welfare[10]).

Similar to previous RPG cohorts, there is no distinct RPG4 model for serving families. The varied profiles of the grantees—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, allowing for tailoring to services for the needs of each family, whereas others offer a specific service or set of services to all families.

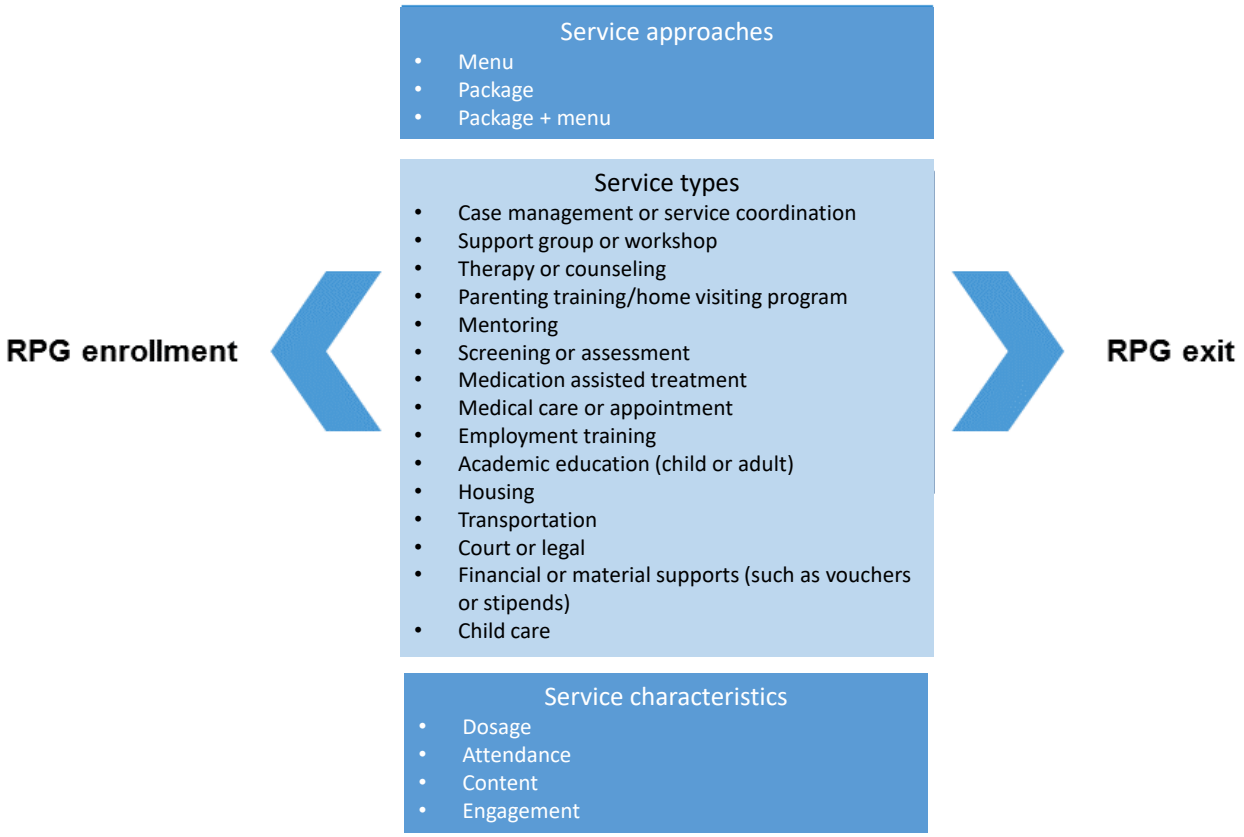
Figure IV.1 depicts the flow of families through RPG and details some of the ways the services received may vary. Following enrollment into RPG, projects may offer a menu or choice of services, a set package of services, or a combination of these two approaches. Additional characteristics of the services affect families' experiences, such as the dosage received, the focus of the services, the individuals in attendance, and their engagement 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 families are served through RPG. 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. The cross-site evaluation of RPG2 and RPG3 focused on evidence-based programs and practices (EBPs), which project teams were required to adopt, but project teams often offered additional services that did not have an evidence base. In RPG4, we will use a broader lens to provide a detailed picture of all core services provided to enrolled families, regardless of the level of evidence to support their use. Core services are specified by project teams and include all services funded by the grant. In some projects, they may also include in-kind services provided by grantees 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 grantees 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 to be addressed, primary data sources, and plans for analysis. The chapter concludes with a brief discussion of limitations of the data and analysis.

[10] The California Evidence Based Clearinghouse for Child Welfare (http://www.cebc4cw.org/) assesses and rates the quality of the research evidence for programs and practices as well as the research's relevance to families involved with the child welfare system.

Figure IV.1. Services pathway



A. Research questions and data sources

The services analysis will use the following data sources: enrollment and service data; project documents (grantee applications, semiannual progress reports); site visit and phone interviews; and the partnership survey. (Each of these sources is described in more detail in Chapter I.) Table IV.1 displays the data sources for each research question and sub-questions that 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	Baseline measures of participant outcomes	Site visit 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?	✓			
To what extent did services vary by project approach or service domain (such as SUD treatment or family strengthening)?	✓			
Do families who enrolled in RPG and received services look different from those families who enrolled in RPG but did not receive services?			✓	
2. Were core services that families received different from the services proposed in grantee applications? If so, what led to the changes in planned services?				
3. How engaged were participants with the services provided?				
Which services had the highest levels of engagement?	✓			
4. Which agencies (grantees and their partners) provided services?				
Were services provided by a mix of grantee 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 (grantees and their partners), are there patterns in a higher service dosage of services? Enrollments in RPG? Engagement? Rates of RPG completion?	✓			
5. What proportion of families exited RPG?				
What proportion of families exiting RPG completed RPG services? For what reasons did families not complete 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 provider), service type, service focus, and referrals provided (Table IV.2). We will also assess service providers' ratings of the families' level of engagement during the encounter and any reasons for lack of engagement (for example, a client may not be fully engaged in the service due to illness, drug use or withdrawal, or distractions from issues within their lives). (Appendix E provides a list of 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/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 □ 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 grantee 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 target population.

3. Site visit and phone interviews

We will collect information during site visit and phone interviews with project directors and partner staff on changes to the initial service plans, the reasons for those changes, and partners' roles in services provision. For example, projects may find that some partners' services do not meet the needs of the families enrolled, and those services are eventually dropped from the project's offerings.

B. Analysis plans

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?

Focus of services. We will use the detailed data on each service encounter provided to calculate the proportion of families that received each type of service. We will then determine the most common areas of focus covered in services and the proportion that were 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 that 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 within the context of service provision 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 an average total number of minutes 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 conduct project subgroup analyses on dosage and duration based on similarities in their approach to services. Subgroups may include the main domain in which the project provides services (such as SUD treatment, family strengthening, or both); its approach to delivering services (menu, package, or both; see Figure

IV.1); or its service participants (adults, children, or both). Table IV.3 provides an example of possible project subgroups on service domain, based on information from grantee applications.

Table IV.3. Potential service domain classification for each grantee

Grantee name	State	Service Domain
Cook Inlet Tribal Council	AK	FS
University of Alabama at Birmingham	AL	SUD/FS
Children and Families First Delaware	DE	FS
Broward Behavioral Health Coalition	FL	FS
Northwest Iowa Mental Health dba Seasons Center	IA	FS
Youth Network Council dba Illinois Collaboration on Youth	IL	SUD/FS
Volunteers of America Indiana	IN	SUD/FS
University of Kansas	KS	FS
Mountain Comprehensive Care, Inc.	KY	SUD
Preferred Family Healthcare, Inc.	MO	SUD
The Ohio State University	OH	FS
Oklahoma Department of Mental Health and Substance Abuse	OK	FS
Helen Ross McNabb	TN	SUD/FS
Lund Family Center	VT	FS
Catholic Charities	WA	SUD
Meta House Inc.	WI	SUD/FS
Prestera Center for Mental Health	WV	FS

FS = family strengthening; SUD = substance use disorder.

2. Were core services that families received different from the services proposed in grantee applications? If so, what led to the changes in planned services?

Using data from project documents, we will develop detailed descriptions of the services each project team planned to offer. This will include information on whether services were intended to be delivered to all families or families with specific needs or characteristics (such as age of the child). From the SAPRs and site visit and phone interviews, we will add details on service plans, changes to services, and reasons for changes. We will look across projects for relationships in service changes and the reasons for those changes. For example, projects offering the same type of service may have experienced the same challenge with implementation. We will also compare these descriptions of planned services to what was received by families in each RPG project, according to data on service type (and location, for projects offering residential treatment programs).

We will also aim to identify subgroups of projects from these service descriptions, such as projects that have faced similar challenges (for example, with misalignment of services with the families enrolled or gaps in services). We will conduct subgroup analyses on the types of services families actually received, based on service data.

3. How engaged were participants with the services provided?

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

rate the level of engagement of those family members in attendance for that encounter. If participants were not fully engaged, the service provider will also provide the reason or reasons for the lack of engagement.

We will explore the possibility of using a latent growth curve model to examine change over time in family engagement. Latent growth curve modeling is a statistical approach that estimates variation across individuals of each individuals' trajectories (that is, change over time) or characteristics that are not directly observed (see Heck and Thomas, 2015; Raudenbush & Bryk, 2002; Singer & Willett, 2003). We will use this approach to look at the extent to which the trajectories vary overall and by project, participant demographics, or cumulative service dosage. If the trajectories are relatively flat (in other words, there is not much variability), we can instead report average engagement. We also will conduct 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.

4. Which agencies (grantees and their partners) provided services?

We will calculate the proportion of service encounters completed by either partner organizations or grantee 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 grantee staff, only partner staff, or a mixture of grantee 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.

5. What proportion of families exited RPG?

By the end of data collection 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 the grant period.

Of those families whose cases were closed, we will be able to calculate the proportion who completed RPG services as defined by the project team or who did not complete RPG and the reasons for not completing. We will report the proportion of cases that did not complete RPG by the main reason indicated 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 what services families received and do not include services that were declined by families. Second, data collection focuses only on core services as defined by each project team. Therefore, some services might not be captured in the data. Third, data collection for the cross-site evaluation will begin after projects start serving families, so data on services provided before the start of data collection will be missing.

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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, Mascarenhas, Bain, & Straus, 2017). As illustrated in the conceptual framework (Chapter I), continuous quality improvement (CQI) and sustainability planning are activities that should occur 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 the 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, identifying which particular strategies and activities initiated under the grant should and can be sustained after the end of the project (ACF, 2017a, 2017b).

To understand the extent to which grantees and their partners are using data to improve services during the grant period and are prepared to sustain RPG services and CQI activities after the grant period, we will examine RPG projects' plans and activities in these areas. 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 describe the key research questions to be addressed by 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 aim to answer five key research questions about CQI and preparing for improvement and sustainability using three main data sources: (1) project documents (such as SAPRs and MOUs); (2) a sustainability survey; and (3) site visit 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 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?			
What activities did RPG projects undertake to identify leaders to manage implementation of RPG services and continuous quality improvement?	✓	✓	✓
What activities did RPG projects undertake to address barriers to referrals and participation?	✓	✓	✓
What processes did RPG projects put in place to collect, monitor, analyze, and report project performance data on engagement, participation, outcomes, and service quality?		✓	✓
What processes did RPG projects put in place to share data with partners, stakeholders, administrators, and frontline staff for purposes of feedback and decision making?		✓	✓
What activities did RPG projects undertake to identify leaders to manage sustained implementation of RPG services and continuous quality improvement?	✓	✓	✓
What activities did RPG projects undertake to maintain referral processes and address barriers to 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, stakeholders, administrators, and frontline staff for purposes of feedback and decision making after the grant period?		✓	✓
2. What plans and activities did RPG projects undertake to maintain the organizational infrastructure and processes after the grant period?			
What activities did RPG projects undertake to determine the leadership or governance required for sustaining RPG services?	✓	✓	✓
How involved were partners and other community stakeholders in the planning and decision making process for sustainability?		✓	✓
What processes were identified to disseminate information about sustainability to partners, stakeholders, and community?			✓
What steps did RPG projects take to secure ongoing relationships with program developers (if applicable)?	✓	✓	
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 should be sustained?	✓	✓	✓
What steps did RPG projects take to address challenges that occurred during implementation? How have they integrated these lessons into plans for sustainability?		✓	✓

Research Question	Project documents	Sustainability survey	Site visit and phone interviews
4. What plans and activities did RPG projects undertake to develop funding strategies and secure resources needed after the grant period?			
What plans and activities did RPG projects undertake to identify personnel, technology, and other resources necessary to carry out the sustained services?	✓	✓	✓
What activities did RPG projects undertake to identify funding sources and secure financing? Did they identify a mix of state, local, federal, and/or private resources (direct and in-kind)?	✓	✓	✓
What plans did RPG projects put in place to identify 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. Improvement and sustainability analysis

As noted above, to address the five research questions, the improvement sustainability analysis will use project documents—specifically, the SAPRs, MOUs, and written plans; the sustainability survey data; and the site visit and phone interviews with project directors, project managers, and program partners. We propose to use descriptive analysis to answer these questions (see Appendix B for site visit and phone interview topic guide, Appendix C for a detailed description of our data preparation and analysis processes, and Appendix F for the improvement and sustainability survey instrument[11]).

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 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 before and after grant funding ends. We will extract information from SAPRs, MOUs, and sustainability plans if available to assess the agreements for referrals and processes to address barriers to referrals. Through thematic and analytic coding of the site visit and phone interview data, we will report information on current RPG project, CQI processes, and how projects expect to sustain CQI processes to serve the target population and achieve desired outcomes.

[11] We have not yet pilot tested the improvement and sustainability survey. After testing, we might make changes to the content based on those results.

2. What plans and activities did RPG projects undertake to maintain the organizational infrastructure and processes after the grant period?

Through triangulation of data from the project documents, the sustainability survey, and the site visit 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 identifying the lead agency that will oversee these services after the grant ends. We will extract data from the SAPRs and applicable MOUs (if available) about the decision making processes in place to govern the sustained services. Through analysis of the site visit and phone interview data from RPG project directors, project managers, and key informants from partner agencies, 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 and phone interviews to describe how well prepared RPG projects were to sustain services, service improvement activities, and the partnership. This includes a cross-site description of RPG project 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, MOUs, and sustainability and/or implementation plans, to identify plans and actions RPG projects have made to sustain services and improvement processes. We will use a template to consistently abstract and code key information from these documents. Through interviews with key informants (such as project directors, managers, and partners) during site visits 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. What plans and activities did RPG projects undertake to develop funding strategies and secure resources needed 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, data extractions from any MOUs in place, and site visit and phone interviews to assess the sources and amounts of funding for sustaining RPG services and infrastructure. For example, we will examine how grantees 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 and phone interviews will describe implications of policy changes and community contexts at the federal, state, or local level on the efforts of grantees and their partners to plan for and act on plans for sustaining services. For example, with the implementation of the Family First Prevention Services Act of 2018, state, local, and tribal child welfare agencies will be able to use federal funding for prevention services, such as substance use treatment, for families with children who would otherwise be placed in out-of-home care.

C. Limitations

The planned improvement and sustainability analysis will shed light on grantees' 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 reflect a point in time for CQI activities and sustainability plans rather than how these activities and plans developed over time. We will use data from the SAPRs to assess how improvement activities and sustainability evolve. Second, the survey findings are descriptive and only include those partners who are identified by the grantee and 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 and phone interview data and the project documents, can mitigate this concern.

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VI. OUTCOMES

The cross-site evaluation will provide an opportunity to look at 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 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 2016, Child Protective Services agencies received an estimated 4.1 million referrals alleging maltreatment of approximately 7.4 million children (Children's Bureau, 2018). More than 2.3 million were investigated and almost 700,000 children were determined to be victims of maltreatment. Of the substantiated claims, three quarters of victims were neglected, 18 percent were physically abused, and almost 10 percent were sexually abused. The negative impacts of these types 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, Fortin, & Jeliu, 2004) and may have a weaker capacity to regulate stress than children with consistent caregivers (Dozier, Higly, Albus, & Nutter, 2002).
3. **Child well-being.** Children who have caregivers with substance use problems are at risk for maltreatment or being involved 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 increased risky behaviors and depression (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005).
4. **Adult recovery.** RPG services are intended for families with caregivers who have substance use issues. Between 50 and 80 percent of child welfare cases involve a substance-abusing parent (Niccols et al., 2012; HHS, 1999). 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 for whom they are responsible. 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, Holdsworth, & HoganBruen, 2006; Dubowitz et al., 2011; Sidebotham, Golding, & ALSPAC Study Team, 2001).

This chapter describes our plan 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 program entry to exit. If feasible, we will examine outcomes for subgroups of families, such as families with previous child welfare involvement, level of severity of substance use, or dosage and type 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 facilitate consistent data within and across projects, we have developed recommendations and guidelines for project teams on outcomes data collection. 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) clearance 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 using self-administered standardized measures[12] and will 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.

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

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
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.

Note: 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.[13] When families drop out of RPG before completion, project teams should collect the data as soon as they learn the family has dropped out. Projects will define drop-out 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 prior to RPG program entry and program exit data as the 12 months after program entry. Lifetime data for children and all available data for adults help capture rare or infrequent events (such as entry into 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 child well-being measures

For the purpose of the cross-site evaluation, project teams will collect data on a single focal child in each family for child well-being measures, even when there are multiple children in the household, to limit burden associated with data collection. Project teams will obtain permanency and safety administrative data for all children enrolled in RPG.

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 to include 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 (see Table VI.1). Project teams will administer each measure to

[13] 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.

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—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 prior to 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—then 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 with the goal of reunification 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 families and children from diverse cultural, racial, ethnic, and linguistic backgrounds
- 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 RPG1, RPG2, and RPG 3

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.

To identify a pool of possibly measures, we used these criteria to review measures used in RPG1, RPG2, and RPG3; measures proposed in project applications; and other widely used measures in the field. In early 2018, we hosted a conference call with project teams and local evaluators to discuss our preliminary recommendations for measures in each domain, and we solicited feedback via email on proposed measures of adult recovery. We reviewed the comments received, examined additional potential measures, and presented to CB a final set of recommendations, which CB adopted. The rest of this section describes the final set of constructs selected for the cross-site evaluation and the measures we recommended.

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 under 18 months at baseline, project teams will administer the age-appropriate form of the Infant-Toddler Sensory Profile (ITSP) at both baseline and program 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, Smith, Committee on Substance Abuse, & Committee on Fetus and Newborn, 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, Wells, Telford, Schmidt, & Messer, 2010). Children who have difficulties processing sensory information or responding to the information through appropriate behaviors are considered to have sensory processing disorder (SPD). They often have difficulties performing everyday tasks, exhibit elevated emotional and behavioral problems, and display lower levels of adaptive social behaviors (Ben-Sasson, Carter, & Briggs-Gowan, 2009).

CB chose to use the ITSP (Dunn, 1999, 2002) to examine sensory processing difficulties of infants and toddlers enrolled in the RPG. 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, Poisson, Sickel, & Santman Wiener, 1995). The ITSP was normed on a sample of 589 children of primarily Caucasian descent, with approximately 100 children in each six-month age span. This

assessment is used widely with diverse populations and is appropriate for children enrolled in RPG projects because children who have experienced trauma can display sensory deficits.

Emotional and behavioral problems. As noted above, 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, Green, & Baker, 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 years. 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 groupings of seven syndromes. The internalizing group includes subscales that assess whether the child is emotionally reactive, anxious/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

Note: 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, Buka, & Bates, 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

Project teams will obtain administrative data on safety and permanency from state and local child welfare agencies on all children enrolled in RPG. Project teams will aim to collect data on each child 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 are 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 abuse treatment agencies. The administrative data will be similar to information that states report to the Treatment Episode Data

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

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 measure the extent and severity of substance use by the recovery domain adults in RPG using the Addiction Severity Index, Self-Report Form (ASI-SR), a widely used tool in the addiction field. 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, Wu, & Wei, 2010) to 0.89 (Leonhard, Mulvey, Gastfriend, & Shwartz, 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, Luborski, Woody, & O'Brien, 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 the treatment programs they attend (Carise, McLellan, Gifford, & Kleber, 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/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); optional measure	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, Milan, Mayall, & Johnson, 1994).

[15] See http://wwwdasis.samhsa.gov/webt/information.htm.

[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 discharge reason. 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. This is an optional measure that project teams can decide to collect if it is a good fit with their intended target population and services.

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 identify 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 displays 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 containing racial/ethnic, educational, and gender diversity (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 child-rearing. Based on the known parenting and child-rearing 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 fifth 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 nonabusive 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 nonabusive adults, abused and nonabused adolescents, and teen parents) referred by agencies from around the country. It has since been widely used with disadvantaged populations, such as low-income families and single mothers (Lutenbacher & Hall, 1998; Conners, Whiteside-Mansell, Deere, Ledet, & Edwards, 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, Smith, Martin, Lewis, & LONGSCAN Investigators, 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

Note: 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) two times 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 2019. For the outcomes analysis, project teams will submit data only on project participants. A subset of projects, which are part of a cross-site impact evaluation, 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	FY2019				FY2020				FY2021				FY2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Participant outcomes		✓		✓		✓		✓		✓		✓		✓		

To date, most project teams have proposed using all of the measures, although four projects will not adopt the CBCL or TSC-40 (Table VI.6). Most project teams are also proposing to collect the specified administrative elements, although as of August 24, 2018, 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)	12
Infant-Toddler Sensory Profile	15
Family functioning	
Adult-Adolescent Parenting Inventory	16
Center for Epidemiologic Studies-Depression Scale	16
Adult recovery	
Addiction Severity Index	16
Trauma Symptoms Checklist-40 (optional measure)	12

Source: Requests for standardized measures submitted by each project in August 2018.

D. Data analysis

To examine participant's 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 presented in Appendix C.

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, as well as 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 a given year, 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 due to participants with better or poorer outcomes being left out. We will conduct independent t-tests to determine whether there are statistically significant differences between the two groups on the baseline characteristics, to 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 RPG2 outcomes analysis 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 (program entry) and program 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 illustrates an example table shell for presenting summary statistics at program entry, program exit, and change over time.

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

		At program entry		At program exit		Change from entry to exit	
Aspect of parenting	N	Mean (SD)	Percentage in high-risk category	Mean (SD)	Percentage in high-risk category	Mean (SD)	Percentage in high-risk 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 introduce bias for the estimates. Applying nonresponse weights will bring the sample more closely in line with the population and thus 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.

4. Sensitivity analysis

The cross-site evaluation will conduct a variety of sensitivity analyses to assess whether the findings are consistent across a number of 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, based on severity of substance use (based on the ASI measure) and project completion. Additionally, if the sample is large enough, we will also conduct the subgroup analysis on projects serving AI/AN families to examine whether there are differences in the patterns of their outcomes.

6. Limitations of the outcomes analysis

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 grant program or individual projects 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 without RPG specifically. Without a counterfactual condition of comparable families who were motivated but who did not experience RPG, it is not possible to make a causal conclusion that the RPG program is solely responsible for any changes in outcomes.

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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 vulnerable families typically have not been evaluated with this target population (Strong et al., 2013). Understanding how to best serve RPG families, and those in similar circumstances, requires rigorous evidence about what works.

As with previous cohorts, HHS is requiring project teams in RPG4 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, 2017a, 2017b).

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 (QEDs). 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, then subsequent differences 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 and subquestions for the impact analysis are the following:

- **What were the impacts of RPG projects on children and adults who enrolled in RPG?**
  - What were the impacts aggregated across RPG projects that conducted well-implemented RCTs?

- What were the impacts aggregated across RPG projects that conducted well-implemented QEDs or RCTs with some issues?
- What were the impacts aggregated for all RPG projects included in the impact analysis?

This chapter includes strategies to support the impact analysis for RPG4 and a brief description of how we will estimate cross-site impacts. We will use the approaches similar to those planned for RPG2 impact study. More details about the framework used for assessing 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 RPG4 impact analysis

Despite plans to analyze impact data from RPG2, most project teams were not able to carry out their planned comparison group study. Only two out of the seven projects that planned impact studies successfully conducted their evaluations, which did not constitute a sufficient sample for cross-site analysis.18 Rigorous evaluation, with the need for similar treatment and comparison groups (at baseline) along with large samples, is often difficult. Conducting an evaluation with families in the child welfare system can increase the challenges. For example, in a previous RPG evaluation, a state official required a project team to drop random assignment because of concerns about negative publicity resulting from perceptions that families were being denied services. In another project, staff believed they received fewer referrals for services because the referring agencies feared that needy families might not receive any help. Others were unable to identify and engage agencies or programs that could provide appropriate comparison groups or to obtain the needed baseline and program exit data from comparison group members (Avellar, Santillano, & Strong, 2017).

To address the difficulties that arose in RPG2 impact studies, the CB and the cross-site team will implement the following strategies for RPG4: (1) The CB implemented a six-month planning period during which project teams worked closely with CB and the TA providers to refine and finalize their evaluation and data collection plans. (2) The cross-site evaluation team will provide more "foundational" support, including working with project teams and local evaluators to clearly define and better estimate the size of their target population, map out the enrollment process, and develop fallback strategies if recruitment wanes. For ongoing monitoring of data collection, the team will provide "data dashboards" to show progress toward meeting enrollment targets and data collection response rates. (3) The CB has reduced and streamlined the number of measures to be administered for the cross-site evaluation; by lowering burden on project teams, this strategy might boost response rates.

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.

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

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, QEDs. RCTs can provide stronger evidence of program impacts than can QEDs. 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 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 California Evidence-Based Clearinghouse (CEBC)[19] for Child Welfare and the What Works Clearinghouse (WWC)[20] of the Department of Education to classify the level of evidence across projects (for more information, see Strong et al., 2014). 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 RPG4 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, omitting baseline characteristics in the analyses (see the RPG 2 cross-site evaluation design report [Strong et al., 2014] for more descriptions 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

[19] The California Evidence-Based Clearinghouse for Child Welfare uses its Scientific Rating Scale as a basis for measuring evidence-based practices. Details on the Scientific Rating Scale can be found at http://www.cebc4cw.org/ratings/scientific-rating-scale/ (accessed June 24, 2018).

[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 June 24, 2018).

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

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-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. If so, this may be due to possible bias or the inclusion of different projects, for example, if projects offering more intensive services are in one group. Therefore, in assessing the findings, we will also 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 nonobservable 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, Hedges, & Valentine, 2009). As such, 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.

[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).

To increase the statistical power of the evaluation, the impact estimates for the effect of the RPG program will aggregate data across grantees. This impact estimate might be difficult to interpret because grantees offer different services, intervene with different target populations, and will implement with different levels of fidelity. Although the cross-site evaluation will provide 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 grantee 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.

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VIII. REPORTING

To support program improvement and inform stakeholders—including CB, Congress, and the project teams themselves—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, special topics briefs, and the final evaluation report. We will also prepare a restricted-use data file available to qualified researchers through the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University, including documentation for users. This chapter presents the preliminary plans for reporting and disseminating the cross-site evaluation findings.

A. Reports to Congress

Three reports to Congress will summarize findings from both the local and 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 summarizes the data sources to be used for each report. The 2020 report will serve as an interim report on evaluation findings.

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

	2018	2020	2022 (final evaluation report)
Project documents	✓	✓	✓
Site visits and phone interviews			✓
Partner survey			✓
Sustainability survey			✓
Enrollment and services data		✓	✓
Participant outcomes		✓	✓

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

- The 2018 report will focus on the project teams' service and evaluation plans. It will describe each project's target 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 2020 report will present findings on early enrollment, service delivery, and participant baseline demographics outcomes that project teams will begin submitting in the second quarter of 2019. We will also describe lessons learned, as reported by each project in its semiannual progress report, as well as progress or changes in its services and evaluation.

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

- The 2022 report (final evaluation report) will provide 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, outcomes, and impacts.

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 common challenges faced in local evaluations. 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, in RPG2, 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, if themes emerged from site visits that warranted additional exploration, such as examining how grantees formed partnerships with family drug treatment courts or an ad hoc report on projects serving larger numbers of AI/AN participants.

D. NDACAN restricted-use data files

After data collection is complete, the evaluation team will submit cross-site evaluation data files to NDACAN, a regular practice for CB grants 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 grantees and their implementing agencies through RPG-EDS, and data from partner and sustainability surveys.

We will work collaboratively with NDACAN, as well as with the project teams and CB, to coordinate archiving the data sets so that the format supports NDACAN's mission of providing child abuse and neglect data 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 that the data are not identifiable. All data and documentation will be transmitted to NDACAN securely at the end of the contract.

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APPENDIX A

SEMIANNUAL PROGRESS REPORT (SAPR)

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RPG4 Grantee SEMIANNUAL ACF PERFORMANCE PROGRESS REPORT

Appendix B - Program Indicators
ACF-OGM-SF-PPR

SF-PPR-OGM-B

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 2017 RPG grantees ("RPG4").

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.? [24] 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?[25] 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.

[24] 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).

[25] 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-04. Dissemination Activities

12. What dissemination activities were conducted during this reporting period?[26] How are your partners involved in your dissemination activities? Add information about each activity to Table 4.

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-06 Activities Planned for the Next Reporting Period

13. 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.

[26] 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 5: Planned Activities for the Next Six Months

Activity	Description	Organization(s) Responsible for This Activity

B-02 Challenges

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

15. 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-05. Other Activities:

16. 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.

17. 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.

18. 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 6, 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 6. 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-03. Significant findings and events

19. 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.

20. 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.).

21. 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.

22. 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.

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

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?

[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.

Attachment B-01a

RPG4 Services

Instructions: Please use this attachment (and the table below) to provide information about each service you plan to implement or are implementing as part of your RPG program. Complete one table for each service, adding tables within this document as necessary. Below are definitions for each section of the table. Put in "NA" for any sections that are not applicable.

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

Name of program model/curriculum, if used. If a specific program model or curriculum (e.g., Seeking Safety, Nurturing Parenting Programs, Motivational Interviewing) is used to provide the service, please provide the name. If the model/curriculum has multiple versions, please indicate which version is being used.

Is this an evidence-based program or practice (EBP)? 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 service or if they enroll voluntarily

Target population: Briefly describe the population that will receive the service (e.g., children ages 0-5 in foster care; mothers of child welfare involved, dependent children enrolled in a residential substance abuse program).

Eligibility criteria: Briefly describe the criteria used to determine eligibility to receive the service (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 service 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 service (e.g., decreased parental stress, increased family functioning, decreased externalizing behavior by child)

Planned adaptations: Describe any adaptations/enhancements planned for the service (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)

Funding source(s): Please indicate the source or sources used to fund this service, including RPG funds or funds from other grantee or partner sources. Please select all funding sources that apply. For example, if a service is funded entirely by RPG, select only "RPG." If a service is funded with a combination of RPG funding and funding from another grantee source (for example, from the child welfare agency, the substance abuse and mental health block grant, or Medicaid reimbursement), select "RPG" and "Other from/through grantee."

Name of Service or Activity	
Service Focus/Content	
Name of program model/curriculum, if used	
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	_____ Grantee _____ Partner (specify which partner)
Interaction with developer	
Proportion of RPG participants expected to enroll/use service(s)	_____ All _____ Most _____ Some _____ A few If not "all," please describe why.
Funding source (check all that apply)	_____ RPG _____ Other from/through grantee _____ Other from/through partner

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APPENDIX B

TOPIC GUIDE FOR SITE VISIT AND PHONE INTERVIEWS

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REGIONAL PARTNERSHIP GRANTS (RPG) CROSS-SITE EVALUATION TOPIC GUIDE FOR SITE VISIT AND PHONE INTERVIEWS

The RPG cross-site evaluation will include site visits to 11 projects and phone interviews with the remaining 6 in 2020. Researchers will interview RPG project directors, partners, managers, supervisors, and frontline staff who work directly with families during the site visits. Interviews will be conducted 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 in the multiple interviews, although each individual or small group interview may not include all topics.

Topic	Subtopic
Informant characteristics	
Informant characteristics	Job title Education background/licensing qualifications Years in current position and with agency Role on RPG and prior experience with RPG project
Partnerships	
Goal setting	Organizations/stakeholders that participated in planning (during proposal stage and planning phase), if not the same as current partners Child welfare and substance use treatment agencies' involvement in RPG planning How partners were involved in developing a shared vision and goal setting How partners and other community organizations/stakeholders 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/if they were resolved Grantees' and partners' prior experience with similar programs and how prior experience informed the RPG project design
Partnership composition and roles	How and why particular partners were selected How partnerships came to be/developed, such as partnerships with organizations prior to RPG project; type and length of prior relationship Grantee and partner organizations' roles in RPG Child welfare and substance use treatment agencies' roles and responsibilities in RPG 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 grantee, 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 decision making and resolving conflicts within the partnership Policy or process changes within partner agencies (such as mental health service providers, courts) resulting from collaboration on RPG Process to share data and information about families across partners Process for coordination of screening, assessment, referrals, treatment, or other services Partnership successes, challenges, and lessons learned about interagency collaboration/partnerships

Topic	Subtopic
Child welfare and SUD treatment agencies' collaboration	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 goals of the RPG project Clarity of roles for each agency while families were served during RPG Guidelines and delineation of roles for each agency especially for follow-up of services referrals Child welfare agency's capacity to offer SUD assessment and treatment improved or changed resulting from collaboration 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)[1]: (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 (such as having an MOU) versus practice collaboration (such as colocation of staff). Alignment of RPG goals with child welfare and substance use treatment agencies' goals and priorities Process for reconciling competing priorities (if applicable) Process for reconciling differing treatment and permanency timelines; how child welfare and SUD treatment RPG staff at every level interact with each other (such as frontline staff, managers/supervisors, and administrators/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 grantee organization as a convener (an organization with enough credibility to bring together stakeholders across sectors)
Implementation teams[2]	Organizational structure of the implementation team for the RPG project Development of implementation team for the project partnership; timing of development, relative to project implementation How grantee determined members of project partnership implementation team; qualifications established for team membership; member characteristics Roles and responsibilities of project partnership implementation team and its members Duration of operation of implementation team, frequency of meetings, forms of communication by team members Barriers and facilitators to effectiveness of implementation team in RPG project Accomplishments of implementation team Staff perception of usefulness of implementation team
Services	
Implementation plans	Development of plans and procedures used to monitor project activities for compliance with plans and consistency; what details were included in plan (such as types of tasks, timeline for activities, partners responsible for tasks) Modifications to the RPG project implementation plan that have occurred since implementation began; reasons for modifications; whether they were planned or unplanned; how decisions about modifications were made

Topic	Subtopic
	How RPG projects developed strategies to address barriers to the delivery of high-quality services
	Staff perceptions of whether implementation plan was communicated sufficiently, executed successfully, and useful in proactively identifying roadblocks to implementation
	Barriers and facilitators to success of implementation plan
Service selection process	Process by which RPG project selected planned RPG services, including
	Identified community need to be addressed
	Conducted needs and resource assessment (including need for and availability of space, technology, financial, and other resources, including in-kind contributions by grantee and/or partners)
	Assessed alignment of services with planned target population
	Assessed organization capacity/readiness
	Considered other programs or services
	Considered need for adaptation of planned service
	Assessed alignment of services with grantee and partners' goals and mission
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 that 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
	How staff accept referrals for RPG services
	Barriers and facilitators to establishing pathways and translating referrals into participation
Referral processes from RPG services	Types of community services to which RPG project staff refer participants
	Extent to which needed services are available and accessible in the community
	Plan for conducting initial and ongoing assessments of participants' needs and linking them to appropriate services
	Extent to which participants follow up on referrals and take up the services
	Process for tracking referrals, how often progress is monitored, and who is responsible for monitoring
Staffing roles and perceptions	Staffing structure for the RPG project, including frontline staff and those who support implementation (project directors, managers, and supervisors)
	Responsibilities and expectations for each staff role
	Staff perception on extent to which RPG project goals and purpose of partnership were explained
	Involvement of frontline staff in the planning and decision-making processes, and how concerns were addressed
	Who and how RPG staff interact with other RPG staff in partner organizations
	Staff perceptions of the utility of an integrated approach to the provision RPG services
	RPG project's ability to provide sufficient training to all necessary staff
Internal evaluation and continuous quality improvement	RPG project expectations about the quality of services delivered through RPG; how RPG project defines high quality delivery for RPG services, and why project defines service quality in this manner
	Efforts to monitor RPG service delivery, quality, and project performance; adherence to curricula or other programming, engagement, participation, and participant outcomes; who completes monitoring; what is monitored and how often; how information is used by staff
	Strategies for identifying successes and challenges to implementation for purposes of continuous project improvement
	Use of improvement cycles or other continuous quality improvement strategies
	Use of data systems to monitor progress toward goals and RPG project performance

Topic	Subtopic
	How staff use the data to make project decisions
	Staff perception of the relevance and usefulness of project data and management information system
	Barriers and facilitators to using systems and conclusions derived from data
	Facilitators and barriers to ongoing evaluation and project improvement
Sustainability	
Plans and activities to sustain services and partnership after grant period ends	Decision-making process for sustaining services/partnership
	Strategies to engage external systems (such as health, education, housing) that may not have been involved in partnership in provision of financial, organizational, or other resources after the grant period ends
	How partners identified funding sources/financing to sustain services
	Mix of financial resources (such as, state, local, federal, private)
	Sustainability of implementation team for scale-up
	Sustainability of implementation plan as grant period ends
	Sustainability of referral pathways
	RPG project's ability to provide sufficient training to all necessary staff for sustainability
	Sustainability of data systems and processes needed to monitor and improve project implementation
Federal, state, local, tribal, and community context	
Federal, state, local, tribal, and community context	Federal, state, or local policies and policy climate, and how they impeded or supported project development
	Role of the courts and willingness of family court judges to support and participate in RPG
	For projects who serve many American Indian/Alaska Native participants,
	How partnerships formed, operate, and serve clients
	Characteristics of communities in which RPG is offered
	Unexpected events that altered RPG project activities; how they affected the project and how they were addressed

[1] 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

[2] 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 & Bartley, 2012).

APPENDIX C

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 partner survey, 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 are 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 gender) 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-risk" category using the threshold defined by measure developers. We will create the scale scores, norm scores, and high-risk indicator each time project teams upload the data and return these to project teams.

For standardized scales, such as those collected in the partner survey and 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). If there is a sufficient sample size, we will also examine the psychometric properties of the standardized measures for AI/AN projects to make sure the scales are appropriate for the AI/AN participants.

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, site visits, and phone field 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 goals, views of the lead agency, agency priorities, and changes to agency policy or procedures.

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.

APPENDIX D

PARTNER SURVEY

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OMB No.: 0970-0444
Expiration Date: 03/31/2017

MATHEMATICA Policy Research

Partner Survey

Regional Partnership Grants National Cross-Site Evaluation

February 19, 2015

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	First Used at Question #:
[RPG_GRANTEE]	RPG_GRANT	Introduction
[PARTNER ORGANIZATION]	ORG_NAME	Introduction
[ROSTER OF ORGANIZATIONS]	PRTNR_ORGS	B3
[RPG NAME]	RPG_NAME	A3

Version History:

Version Name/Notes	Date Created/Revised	Revised by
RPG Partner Survey WEB (12-22-14 ac).docx	12-22-14	Lauren Maul
RPG Partner Survey WEB_LRM_12_29	1-09-15	Angela D'Angelo
RPG Partner Survey WEB (1-13-15 ac)	1-13-15	Alexandra Clifford
RPG Partner Survey WEB 1_13_15	1-13-15	Lauren Maul
RPG Partner Survey WEB (2-19-15 ac)	2-19-15	Alexandra Clifford

INTRODUCTION

The Regional Partnership Grants (RPG) program supports interagency collaborations 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 abuse. The Children's Bureau within the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) has contracted with Mathematica Policy Research to complete the national cross-site evaluation of the program. The evaluation will describe the interventions that were implemented, the nature of the partnerships, the types of services provided, and their impacts.

You are being asked to complete this survey because you were identified as a representative of a partner organization working with the RPG grantee, [RPG_GRANTEE]. Representatives from partner organizations are asked to complete this survey to provide information about their own organizations, relationships with the grantee and other collaborating organizations, and program implementation. 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 partnerships implementing RPG-funded programs. Please provide responses for your organization, [PARTNER ORGANIZATION]. If you represent a specific branch or program within your organization that is engaged with the RPG partnership, rather than the organization as a whole, please provide information about that branch or program rather than the organization 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.

If you have any 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 below and then click the "Submit Page and Continue" button at the bottom of the page to begin the survey.

ALL

i1. I have read the introduction and 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 END SCREEN 1 (Decline)

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 "Submit and Continue"button.

HARD CHECK: IF i1=NO RESPONSE; **Please indicate whether you agree to complete the survey and click the "Submit and Continue" button.**

A. YOUR ORGANIZATION

The first questions are about your organization, [PARTNER ORGANIZATION].

ALL
[PARTNER ORGANIZATION] FROM ORG_NAME

A1. Which of the following best describes your organization?

Var

Select only one

- ❍ Child welfare services provider 1
- ❍ Substance abuse treatment 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
- ❍ Department in local government 12
- ❍ Foundation 13
- ❍ Research/evaluation organization 14
- ❍ Other (*Specify*) 99

Specify ☐ (STRING 60)

NO RESPONSE ..... M

SOFT CHECK: IF A1=99 AND A1 Specify=EMPTY; **Please specify what best describes your organization.**

To continue to the next question, click the "Submit and Continue" button below.

ALL

A2. What are the main activities your organization conducts <u>in general</u>?

Var

Select all that apply

- ☐ Regulation and oversight 1
- ☐ Child welfare services 2
- ☐ Substance abuse treatment 3
- ☐ Family therapy 4
- ☐ Medical or dental services 5
- ☐ Education or early childhood intervention 6
- ☐ Legal processes 7
- ☐ Law enforcement 8
- ☐ Home visiting 9
- ☐ Funding 10
- ☐ Evaluation 11
- ☐ Program planning and policy development 12
- ☐ Advocacy 13
- ☐ Other (*Specify*) 99

Specify ☐ (STRING 60)

NO RESPONSE ..... M

SOFT CHECK: IF A2 Other=1 AND A2 Specify=EMPTY; **Please specify the main activities your organization conducts in general.**

To continue to the next question, click the "Submit and Continue" button below.

ALL
[RPG NAME] FROM RPG_NAME

A3. Does your organization currently provide program/other services or plan to serve [RPG NAME] clients?

Var

Select only one

- ❍ Currently provides services to [RPG NAME] clients 1
- ❍ Plans to provide services to [RPG NAME] clients 2
- ❍ No ..... 3 GO TO A6

NO RESPONSE ..... M GO TO A6

SOFT CHECK: IF A3=NO RESPONSE; **Your response to this question is important. Please provide a response and continue.** ***To continue to the next question, click the "Submit and Continue" button below.***

A3=1 OR 2
[RPG NAME] FROM RPG_NAME

A4. Approximately how many [RPG NAME] clients does your organization currently serve or plan to serve each year? Your best estimate is fine.

Var

[ ] CLIENTS

(RANGE 1-10,000)

NO RESPONSE ..... M

SOFT CHECK: IF A4 GT 1,000; **You indicated that this program serves or plans to serve [fill A4] clients per year. Please check that this is correct and either keep your answer or change your answer below.** ***To continue to the next question, click the "Submit and Continue" button below. .***
SOFT CHECK: IF A4 LT 10; **You indicated that this program serves or plans to serve [fill A4] clients per year. Please check that this is correct and either keep your answer or change your answer below.** ***To continue to the next question, click the "Submit and Continue" button below.***
SOFT CHECK: IF A4=NO RESPONSE; **Your response to this question is important. Please provide a response and continue. Your best estimate is fine.** ***To continue to the next question, click the "Submit and Continue" button below.***

A3=1 OR 2
[RPG NAME] FROM RPG_NAME

A5. Which of the following programs does your organization provide or plan to provide <u>to [RPG NAME] clients</u>?

Var

Select all that apply

- ☐ 24/7 Dad 1
- ☐ Alternatives for Families-Cognitive Behavioral 2
- ☐ Attachment, Self-Regulation, and Competence (ARC) 3
- ☐ Celebrating Families! 4
- ☐ Centering Pregnancy 5
- ☐ Child-Parent Psychotherapy (CPP) 6
- ☐ Cognitive Behavior Therapy (CBT) 7
- ☐ Dialectical Behavior Therapy (DBT) 8
- ☐ Family Behavior Therapy (FBT) 9
- ☐ Family Group Conferencing 10
- ☐ Family Treatment Drug Court (FTDC) 11
- ☐ Guiding Good Choices (GGC) 12
- ☐ Hazelden Co-Occurring Disorders Program 13
- ☐ Hazelden Living Balance Programs 14
- ☐ Helping Men Recover 15
- ☐ Head Start 16
- ☐ Healthy Families 17
- ☐ Homebuilders Intensive Family Preservation Services 18
- ☐ Incredible Years Parenting Class 19
- ☐ Kelly Bear 20
- ☐ Keys for Interactive Parenting (KIPS) 21
- ☐ Lifespan Integration 22
- ☐ Matrix Model Program 23
- ☐ MindUP 24
- ☐ Modified Therapeutic Community (MTC) 25
- ☐ Moral Reconation Therapy 26
- ☐ Motivational Enhancement Therapy 27
- ☐ Motivational Interviewing 28
- ☐ Multisystemic Family Therapy (MST) 29
- ☐ My Baby and Me (Ages 0-3) 30
- ☐ Nurse-Family Partnership (NFP) 31

- ☐ Nurturing Parenting Programs 32
- ☐ Parent and Child Interactive Therapy 33
- ☐ Parent Child Assistance Program (PCAP) 34
- ☐ Parents and Children Together (PACT) 35
- ☐ Parents as Teachers Curriculum 36
- ☐ Partners in Parenting 37
- ☐ Prolonged Exposure 38
- ☐ Recovery Coach 39
- ☐ Relapse Prevention Therapy (RPT) 40
- ☐ Resource Mothers 41
- ☐ SafeCare 42
- ☐ Sanctuary Model 43
- ☐ Screening, Brief Intervention, and Referral to Treatment (SBIRT) 44
- ☐ Seeking Safety 45
- ☐ Solution Focused Brief Therapy (SFBT) 46
- ☐ Staying Connected with Your Teen 47
- ☐ Strengthening Families 48
- ☐ Strong Kids 49
- ☐ Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) 50
- ☐ Supportive Education for Children of Addicted Parents 51
- ☐ Trauma Focused Cognitive Behavioral Therapy (TF-CBT) 52
- ☐ Untangling Relationships 53
- ☐ None of these 54
- ☐ Other *(Specify)* 99

Specify ☐ (STRING 150)

NO RESPONSE ..... M

SOFT CHECK: IF A5 OTHER=99 AND A5 Specify=EMPTY; **Please specify which programs your organization provides or plans to provide to these clients.**

To continue to the next question, click the "Submit and Continue" button below.

SOFT CHECK: IF A5=54 AND A5=1-54, 99: You indicated that your organization is not using any of these programs, but checked one or more of the other programs on the list. . Please either select all programs that apply *or* "None of These."

To continue to the next question, click the "Submit and Continue" button below.

ALL
[RPG NAME] FROM RPG_NAME

A6. Approximately how much funding for [RPG NAME] did your organization receive this fiscal year, if any? Your best estimate is fine. ***If your organization did not receive funding for [RPG NAME] this fiscal year, please answer $0.***

Var PROGRAMMER: INSERT COMMA FIELD MASK

$X,XXX,XXX AMOUNT OF FUNDING RECEIVED

(RANGE 0-1,000,000)

☐ Don't know ..... D

NO RESPONSE ..... M

SOFT CHECK: IF A6 GT $500,000; **You indicated that your organization received [fill A6] for this program this fiscal year. Please check your answer and keep or change your response.** ***To continue to the next question, click the "Submit and Continue" button below.***
SOFT CHECK: IF A6 **LT $500; You indicated that your organization received [fill A6] for this program this fiscal year. Please check your answer and keep or change your response.** ***To continue to the next question, click the "Submit and Continue" button below.***
SOFT CHECK: IF A6=NO RESPONSE; **Your response to this question is important. Please indicate how much funding your organization received for this program this fiscal year. Your best estimate is fine.** ***To continue to the next question, click the "Submit and Continue" button below.***
HARD CHECK: IF VALUE ENTERED AT A6 GT 0 AND A6=d; **You said that you organization received [fill A6 amount] for this program this fiscal year, but checked the box indicating that you don't know how much funding your organization received. Please provide only one response and continue.**

ALL
[RPG NAME] FROM RPG_NAME

A7. Which of the following in-kind resources is your organization contributing to [RPG NAME] this fiscal year?

Var

Select all that apply

☐ Staff time 1

☐ Office space 2

☐ Volunteers 3

☐ Office supplies 4

☐ Program materials 5

☐ Computer/Internet, telephone, or fax service 6

☐ None of these 7

☐ Other *(Specify)*..... 99

Specify [ ] (STRING 150)

NO RESPONSE ..... M

SOFT CHECK: IF A7 Other=99 AND A7 Specify=EMPTY; **Please specify the in-kind resources your organization is contributing to the program this fiscal year.**

To continue to the next question, click the "Submit and Continue" button below.

SOFT CHECK: IF A7 =7 AND A7=1-6, 99; You have indicated that your organization is contributing one or more in-kind resources this year, but have also indicated that your organization is not contributing any in-kind resources. Please select either all in-kind resources that apply or "None of These."

To continue to the next question, click the "Submit and Continue" button below.

B. PERSPECTIVES ON GOALS AND RELATIONSHIPS IN THE PARTNERSHIP

PARTNER GOALS

ALL
[RPG NAME] FROM RPG_NAME

B1. In your own words, what are the main goals of the [RPG NAME] partnership? (Limit: 1,000 characters)

Var

(STRING 255)

NO RESPONSE ..... M

SOFT CHECK: IF B1=NO RESPONSE; **Your response to this question is important. Please indicate in your own words the main goals of the partnership.**

To continue to the next question, click the "Submit and Continue" button below.

ALL
[RPG NAME] FROM RPG_NAME

B2. Do you currently serve on a steering, implementation, governance, or some other committee for the [RPG NAME] grant?

Var

- ❍ Yes..... 1
- ❍ No 0

NO RESPONSE ..... M

ALL
[ROSTER OF ORGANIZATIONS] from PRTNR_ORGS
[RPG NAME] from RPG_NAME

B3. Other than formal [RPG NAME] partnership meetings that you may attend, how frequently does your organization communicate about [RPG NAME] with the organizations listed below?

First, please indicate if you were previously working with a member of the [RPG NAME] partnership prior to the beginning the [RPG NAME] grant in 2012. Next, please indicate if you do not communicate at all, if you communicate infrequently (a few times each month), or if you communicate regularly (every day or nearly every day) with that partner. Please choose the answer that best represents the frequency of communication.

	Were you previously working with this partner prior to receiving the [RPG NAME] grant funds?		**FREQUENCY OF COMMUNICATION OUTSIDE FORMAL [RPG NAME] MEETINGS**		
	YES	NO	We do not communicate at all	We communicate infrequently (a few times each month)	We communicate regularly (every day or nearly every day)
[ROSTER OF ORGANIZATIONS]	1 ❍	0 ❍	1 ❍	2 ❍	3 ❍
	1 ❍	0 ❍	1 ❍	2 ❍	3 ❍
	1 ❍	0 ❍	1 ❍	2 ❍	3 ❍
	1 ❍	0 ❍	1 ❍	2 ❍	3 ❍
	1 ❍	0 ❍	1 ❍	2 ❍	3 ❍
	1 ❍	0 ❍	1 ❍	2 ❍	3 ❍
	1 ❍	0 ❍	1 ❍	2 ❍	3 ❍

SOFT CHECK: IF **ANY ROWS ARE EMPTY; You have missed [FILL MISSING ROWS].. Please provide a response and continue.**

To continue to the next question, click the "Submit and Continue" button below.

SOFT CHECK: IF **COLUMN 1 = M AND COLUMN 2 = 1-3 OR (COLUMN 1 = 1, 0 AND COLUMN 2 = M) FOR ANY ROWS: You have completed one column but not the other for some rows. Please complete both columns for each organization listed.**

To continue to the next question, click the "Submit and Continue" button below.

ALL
RPG_NAME FROM RPG_NAME

B4. To what extent do you disagree or agree with each of the following statements about the current status of the collaboration among [RPG NAME] partner organizations?

PROGRAMMER: CODE ONE PER ROW

Select one per row

		Strongly Disagree	Disagree	Agree	Strongly Agree
a.	Our collaborative effort was started because we wanted to do something about an important problem	1 ❍	2 ❍	3 ❍	4 ❍
b.	Our [RPG NAME] program's top priority was having a concrete impact on the real problem	1 ❍	2 ❍	3 ❍	4 ❍
c.	The organizations involved in our[RPG NAME]program included those organizations affected by the issue	1 ❍	2 ❍	3 ❍	4 ❍
d.	Participation was not dominated by any one group or sector	1 ❍	2 ❍	3 ❍	4 ❍
e.	Our partner organizations have access to credible information that supports problem solving and decision making	1 ❍	2 ❍	3 ❍	4 ❍
f.	[RPG NAME] partner organizations agree on what decisions will be made by the group	1 ❍	2 ❍	3 ❍	4 ❍
g.	Partner organizations agree to work together on this issue	1 ❍	2 ❍	3 ❍	4 ❍
h.	Organizations involved in our [RPG NAME] program have set ground rules and norms about how we will work	1 ❍	2 ❍	3 ❍	4 ❍
i.	We have a method for communicating the activities and decisions of the group to all partner organizations	1 ❍	2 ❍	3 ❍	4 ❍
j.	There are clearly defined roles for [RPG NAME] partner organizations	1 ❍	2 ❍	3 ❍	4 ❍
k.	Partner organizations are more interested in getting a good decision for the [RPG NAME] program than improving the position of their own organization	1 ❍	2 ❍	3 ❍	4 ❍
l.	Staff who participate in [RPG NAME] program meetings are effective liaisons between their home organizations and the group	1 ❍	2 ❍	3 ❍	4 ❍
m.	Partner organizations trust each other sufficiently to honestly and accurately share information, perceptions, and feedback	1 ❍	2 ❍	3 ❍	4 ❍
n.	Partner organizations are willing to let go of an idea for one that appears to have more merit	1 ❍	2 ❍	3 ❍	4 ❍
o.	Partner organizations are willing to devote whatever effort is necessary to achieve the goals	1 ❍	2 ❍	3 ❍	4 ❍
p.	Divergent opinions are expressed and listened to	1 ❍	2 ❍	3 ❍	4 ❍
q.	The openness and credibility of the process helps partner organizations set aside doubts and skepticism	1 ❍	2 ❍	3 ❍	4 ❍
r.	Our group sets aside vested interests to achieve our common goal	1 ❍	2 ❍	3 ❍	4 ❍
s.	Our group has an effective decision making process	1 ❍	2 ❍	3 ❍	4 ❍
t.	Our group is effective in obtaining the resources it needs to accomplish its objectives	1 ❍	2 ❍	3 ❍	4 ❍
u.	The time and effort of the collaboration is directed at achieving our goals rather than keeping the collaboration in business	1 ❍	2 ❍	3 ❍	4 ❍

SOFT CHECK: IF **ANY ROWS ARE EMPTY; You have missed this question. Please provide a response and continue.**

To continue to the next question, click the "Submit and Continue" button below.

ALL

B5. Please select the organizational levels at which collaboration most often occurs among all of the organizations in the partnership to complete in the following statement: Generally speaking, collaboration among organizations in the partnership typically occurs at the following levels:

- ❍ Administration/organization leaders to administration/organization leaders 1
- ❍ Front-line staff/mid-level supervisors to front-line staff/mid-level supervisors..... 2
- ❍ Administration/organization leaders to front-line staff/mid-level supervisors…….3
- ❍ Don't know……D

NO RESPONSE ..... M

HARD CHECK: IF B5 B5=M; **Please select a response to continue.**

ALL

[RPG NAME] FROM RPG_NAME

B6. Indicate the degree to which you disagree or agree with each of the following statements about [RPG NAME] programming:

PROGRAMMER: CODE ONE PER ROW

Select one per row

		Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply/ Don't know
a.	We developed strategies to recruit community participation	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
b.	Community members are included in program planning and development	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
c.	We developed formal mechanisms to solicit support and input from community members and consumers	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
d.	Front-line staff have up-to-date resource directories for family support centers and resources	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
e.	Community-wide accountability systems are used to monitor substance abuse and child welfare issues	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
f.	Consumers, patients in recovery, and program graduates have active roles in planning, developing, implementing, and monitoring services	1 ❍	2 ❍	3 ❍	4 ❍	d ❍

SOFT CHECK: IF **ANY ROWS ARE EMPTY; You have missed this question. Please provide a response and continue.**

To continue to the next question, click the "Submit and Continue" button below.

C. PARTNERSHIP OUTPUTS

ALL
[RPG NAME] FROM RPG_NAME

C1. Indicate the degree to which you disagree or agree with each of the following statements about [RPG NAME] programming:

PROGRAMMER: CODE ONE PER ROW

Select one per row

		Strongly Disagree	Disagree	Agree	Strongly Agree	Does not apply/ Don't know
a.	Services provided to families are coordinated across multiple partners	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
b.	Case management is coordinated across both substance abuse treatment providers and child welfare agencies	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
c.	Families receiving joint case management receive regular cross-agency assessments	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
d.	Staff from both substance abuse treatment providers and child welfare agencies participate in joint case management activities such as family team conferences, case plan reviews, or intake or permanency staffings	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
e.	Judicial officers and attorneys are viewed as partners in developing new approaches to serve families with substance use disorders in the child welfare system	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
f.	Substance abuse and child welfare agencies and the courts have negotiated shared principles or goal statements	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
g.	Region/partnership developed responses to conflicting time frames associated with child welfare services, substance abuse treatment, Temporary Assistance for Needy Families, and child development	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
h.	Substance abuse treatment and child protective service case plans are coordinated	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
i.	Formal working agreements have been developed on how courts, child welfare, and treatment agencies will share client information	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
j.	Data tracking child welfare and substance abuse clients across systems is used to monitor outcomes	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
k.	Substance abuse agencies, child welfare agencies, and court systems have developed shared outcomes for families and agree on how to use information on outcomes with families	1 ❍	2 ❍	3 ❍	4 ❍	d ❍
l.	Joint training programs for the three main systems staff have been developed to help staff and providers work together effectively	1 ❍	2 ❍	3 ❍	4 ❍	d ❍

SOFT CHECK: IF **ANY ROWS ARE EMPTY; You have missed this question. Please provide a response and continue.**

To continue to the next question, click the "Submit and Continue" button below.

ALL
[ROSTER OF ORGANIZATIONS] from PRTNR_ORGS
[RPG NAME] FROM RPG_NAME

C2. Below is a list of organizations identified as part of your [RPG NAME] partnership. Which [RPG NAME]-related services does your organization coordinate with or collaborate on with each organization?

PROGRAMMER: CODE ALL THAT APPLY

Select all that apply per row

Organizations	Screening and/or Assessment	RPG Program Referrals	Case Management or Coordination	Substance Abuse Treatment	Mental Health / Trauma Services	Other Social or Family Services	We do not collaborate with this organization on any of these services
[ROSTER OF ORGANIZATIONS]	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐

SOFT CHECK: IF **ANY ROWS ARE EMPTY; You have missed [FILL MISSING ROWS]. Please provide a response and continue.*To continue to the next question, click the “Submit and Continue” button below.***

D. END OF SURVEY

ALL
[RPG NAME] FROM RPG_NAME

D1. Thank you for your participation in this survey. If there is anything else that you would like to tell us about your work on the [RPG NAME] program or about the partnership as a whole, please share it here. (Limit: 1,000 characters)

Var

(STRING 255)

NO RESPONSE ..... M

GO TO END SCREEN 2 FOR THOSE WHO COMPLETE THE SURVEY.

[End Screen 1: End of survey for those who opt out in the first screen]

Thank you for considering participation in this survey. Please click the "Submit Survey" button so that we have a record of your desire NOT to participate. This will result in your removal from our contact list.

[End Screen 2: End of survey for respondents]

Thank you for completing the Regional Partnership Grant Partner Survey!

Please click the "Submit Survey" button to submit your completed survey. Caution: You will not be able to make any changes after you click "Submit Survey."

APPENDIX E

DEMOGRAPHIC AND SERVICE DATA ELEMENTS

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Data collected at enrollment into RPG

Case Enrollment

1. **Case ID:** *[enter 6-digit alpha-numeric id]*
2. **RPG Enrollment Date:** *[enter date]*
3. **Referral Source:** ***Select one.***

- ☐ 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

3a. **Was the grantee the referring organization?** ***Select one.***

- ☐ Yes
- ☐ No
- ☐ Don't know

4. **Study assignment:** *Select one.*

- ☐ Treatment group
- ☐ Comparison group

Individual Enrollment

Ask of each individual enrolled

5. **Individual ID:** *[enter 6-digit alpha-numeric id]*
6. **RPG Enrollment Date:** *[enter date]*
   Provide only for individuals added after initial case enrollment
7. **Gender:** ***Select one.***

- ☐ Male
- ☐ Female

8. **Person Type:** ***Select one.***

- ☐ Adult
- ☐ Child

9. **Date of Birth (or due date for unborn child):** *[enter date]*
10. **Race:** ***Select all that apply.***

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

11. **Ethnicity:** *Select one.*

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

12. **Primary Language Spoken at Home:** *Select all that apply.*

- ☐ English
- ☐ Spanish
- ☐ Other *[specify]*

Ask of each child enrolled

13. **What is the child's current primary type of residence?** *Select one.*

- ☐ Private residence
- ☐ Treatment facility
- ☐ Correctional facility/prison
- ☐ Homeless/shelter
- ☐ Group home
- ☐ Other (specify)

14. **Who are the primary adults in household that child lives with?** *Select all that apply.*
    Skip Q14 if answer to Q13 is "Group home"

- ☐ Biological mother
- ☐ Biological father
- ☐ Other relative
- ☐ Non-relative foster parent
- ☐ Other (specify)

15. **Has the child lived in the same residence for the past 30 days?** *Select one.*

- ☐ Yes
- ☐ No
- ☐ Don't know

16. **Is the child receiving Medicaid?** *Select one.*

- ☐ Yes
- ☐ No
- ☐ Don't know

Ask of each adult enrolled

17. **Highest Education Level:** *Select one.*
- ☐ Up to 8th grade
- ☐ Some high school
- ☐ High school diploma/GED
- ☐ Some vocational/technical education
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate-level schooling or degree

18. **Employment Status:** *Select one.*
- ☐ 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

19. **Relationship Status:** *Select one.*
- ☐ Never married
- ☐ Married
- ☐ Divorced/widowed/separated

19a. **Do you have a romantic partner that you live with all or most of the time?** *Select one.*
Only respond to Q19a if answer to Q19 is "Never Married" or "Divorced/widowed/separated"
- ☐ Yes
- ☐ No
- ☐ Don't know

19b. **Do you live with your spouse all or most of the time?** *Select one.*
Only respond to Q19b if answer to Q19 is "Married"
- ☐ Yes
- ☐ No
- ☐ Don't know

20. **In the past month, which sources of income have you had?** *Select all that apply.*
- ☐ Wages/salary
- ☐ Public assistance (TANF, WIC, Food stamps/SNAP)
- ☐ Retirement/pension/spousal survivor's benefits
- ☐ Disability/SSI
- ☐ Unemployment benefits
- ☐ Child support
- ☐ Child's benefits (SSI, survivor's benefits)
- ☐ Support from other individuals
- ☐ Other (specify)
- ☐ None

20a. **In the past month, which income source was the largest?** *Select one.*
- ☐ Wages/salary
- ☐ Public assistance (TANF, WIC, Food Stamps/SNAP)
- ☐ Retirement/pension/spousal survivor's benefits
- ☐ Disability/SSI
- ☐ Unemployment benefits
- ☐ Child support
- ☐ Child's benefits (SSI, survivor's benefits)
- ☐ Support from other individuals
- ☐ Other (specify)
- ☐ None

Family Member Relationships

21. **Select Focal Child:** *Select one from list of children in case.*

22. **Relationship to Focal Child:** *Select one.*
- ☐ 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)

23. **Does the focal child live with other children in the case?** *Select one.*
- ☐ All of the children
- ☐ Some of the children
- ☐ None of the children

24. **Select Child Well-Being Reporter:** *Select one.*
- [List of adults in case]
- ☐ Not in case
- ☐ No one has had care of child for 30 days

25. **Select Recovery Domain Adult:** ***Select one.***
- **[List of adults in case]**
- ☐ **Not in case/don't know**

26. **Select Family Functioning Adult:** ***Select one from list of adults in case.***

Data collected at exit from RPG

Case Closure

27. **RPG Case Closure Date:** *[enter date]*

28. **Primary reason for Case Closure:** *Select one.*
- ☐ **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**
- ☐ **(Continued) drug use**
- ☐ **Other program noncompliance**
- ☐ **Other (specify)**

Closure Residence Update

This section updates information collected at enrollment from Questions 13, 14, 15, and 23.

29. What is the child's current primary type of residence? *Select one.*

☐ Private residence | ☐ Correctional facility/prison | ☐ Group home
☐ Treatment facility | ☐ Homeless/shelter | ☐ Other (specify)

30. Who are the primary adults in household that child lives in? *Select all that apply.*
Skip Q30 if answer to Q29 is "Group home"

☐ Biological mother | ☐ Other relative | ☐ Other (specify)
☐ Biological father | ☐ Non-relative foster parent

31. Has the child lived in the same residence for the past 30 days? *Select one.*

☐ Yes | ☐ No | ☐ Don't know

32. Does the focal child live with other children in the case? *Select one.*

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

Revisit Child Well-Being Reporter

This section updates who will be reporting on the child well-being instruments at exit.

33. Select Child Well-Being Reporter: *Select one.*

[List of adults in case] | ☐ Not applicable | ☐ No one has had care of child for 30 days

Unborn Child Update

These questions will be asked only for families that had an unborn child at the time of enrollment into RPG.

34. Has [individual ID of unborn child] been born? *Select one.*

☐ Yes | ☐ No | ☐ Don't know

34a. Is the mother still pregnant with [individual ID of unborn child]? *Select one.*
Only respond to Q34a if answer to Q34 is "No"

☐ Yes | ☐ No | ☐ Don't know

Only ask the remaining questions if the child has been born (Q34 = Yes).

34b. Child's date of birth: *[enter date]*

34c. Child's gender: *Select one.*

☐ Male | ☐ Female

34d. Child's birth weight: *Select one.*

☐ 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))

34e. Was the child born prematurely (less than 37 weeks gestation)? *Select one.*

☐ Yes | ☐ No | ☐ Don't know

34f. Did the child spend time in the Neonatal Intensive Care Unit (NICU)? *Select one.*

☐ Yes | ☐ No | ☐ Don't know

34g. Has the child been given a diagnosis of one or more of the following conditions related to substance exposure?
Select all that apply.

☐ Neonatal abstinence syndrome | ☐ Fetal alcohol syndrome disorder | ☐ Neither
☐ Don't know

34h. Was the child exposed prenatally to opiates? *Select one.*
Only respond to Q34h if answer to Q34g is "Neonatal abstinence syndrome"

☐ Yes | ☐ No | ☐ Don't know

34i. Was the mother receiving supervised MAT during her pregnancy? *Select one.*
Only respond to Q34i if answer to Q34h is "Yes"

☐ Yes | ☐ Don't know
☐ No

1. **Date of Service** *[enter date]*

2. **Length of service interaction***[enter length in minutes]*

3. **Case members in attendance** *[Select all that apply from list of members in the case]*

4. **Location of service:** *Select one.*
   - ☐ Client's place of residence
   - ☐ Residential treatment facility
   - ☐ Other location

5. **Service provider** *[Select from list of grantee's individuals providing services to families enrolled in RPG]*

6. **Service Approach:** *Select one.*
   - ☐ Service with individual family
   - ☐ Service with multiple families

7. **Service Type:** *Select one.*
   - ☐ 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

8. **Model or Program Name** *[Select all that apply from list of grantee's program models, if applicable]*

9. **Service Focus** ***Select all that apply.***
   - ☐ Parenting skills
   - ☐ Child care
   - ☐ Family activities
   - ☐ 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

10. **Referral Type** ***Select all that apply.***
    Only respond if "Referrals" is selected in Q9
    - ☐ 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

11. **How engaged would you say the client(s) was/were on average during this service interaction**?
    - ☐ Engaged
    - ☐ Somewhat engaged
    - ☐ Not engaged

12. **Why do you think the client(s) was/were not fully engaged?** *Select all that apply.*
    Only respond to Q12 if answer to Q11 is "somewhat engaged" or "not engaged"
    - ☐ Client is distracted or upset about life events (i.e., a sick child, pending child welfare case, housing instability, etc.)
    - ☐ Client is tired or not feeling well
    - ☐ Client drug use or withdrawal
    - ☐ Time constraints
    - ☐ Client did not see the value in the content and/or activities presented in the session
    - ☐ Presence of other individuals interfered with session activities
    - ☐ Disagreement between group members
    - ☐ Difficult for client to concentrate in service encounter space (i.e., outside noise, crowded space, frequent interruptions, etc.)
    - ☐ Other (Specify)

APPENDIX F

IMPROVEMENT AND SUSTAINABILITY SURVEY

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MATHEMATICA
Policy Research

Regional Partnership Grant Improvement and Sustainability Survey

Draft

January 4, 2019[28]

[28] This survey has not yet been pilot tested. After testing, the evaluation team might modify some content.

CONTENTS

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 abuse. The Children's Bureau within the U.S. Department of Health and Human Services, Administration for Children and Families has contracted with Mathematica Policy Research 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 25 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, [Grantee or PARTNER ORGANIZATION], and your [RPG project] 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 below and then click the "Submit Page and Continue" button at the bottom of the page 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 END 2
- ❍ 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 "Submit and Continue" button.

HARD CHECK: IF i1=NO RESPONSE; **Please indicate whether you agree to complete the survey and click the "Submit and Continue" button.**

IF I1=1

I2. Are you planning to sustain the project?

Select only one

- ❍ Yes..... 1 GO TO S1
- ❍ No 2

IF I2=2

I3. Why did you decide not to sustain the project?

PROGRAMMER: CODE ONE PER ROW

		YES	NO
a.	Lower referrals or enrollment than expected.	1 ❍	2 ❍
b.	Inability to enroll intended target population.	1 ❍	2 ❍
c.	Staffing challenges, such as finding or retaining qualified grantee or partner organization staff for implementing services.	1 ❍	2 ❍
d.	Inability to access training for clinical or other staff.	1 ❍	2 ❍
e.	Challenges implementing services.	1 ❍	2 ❍
f.	Challenges sharing information or data with RPG partners.	1 ❍	2 ❍

g.	Challenges coordinating case management or services with partners or other entities.	1 ❍	2 ❍
h.	Other challenges collaborating with RPG partners.	1 ❍	2 ❍
i.	Challenges engaging program participants.	1 ❍	2 ❍
j.	Challenges retaining program participants.	1 ❍	2 ❍
k.	Contextual issues, such as broader policies or community factors.	1 ❍	2 ❍

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 ORGANIZATION NAME FROM SAMPLE FILE

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

Select only one

❍ Yes..... 1

❍ No 2

IF I1=1 AND I2=1
FILL ORGANIZATION NAME FROM SAMPLE FILE

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

For example, reviews of referral data to increase referrals of eligible families or reviews of service data to increase retention of families in services.

Select only one

- ❍ Yes 1
- ❍ No 2

S.2 PROGRAMMER BOX
IF I2=1 AND S1=2 AND S2=2 GO TO END1
IF I2=1 AND S1=1 AND S2=1 GO TO A1
IF I2=1 AND S1=1 AND S2=2 GO TO A1, SKIP SECTION C
IF I2=1 AND S1=2 AND S2=1 GO TO A1, SKIP SECTIONS B, D & E

A. ORGANIZATION CHARACTERISTICS

In this section, we would like to learn about your role with [ORGANIZATION NAME] and [ORGANIZATION NAME]'s services and role in RPG.

ALL

A1 What is your current job title?

Revised from Staff Survey

Select only one

- ☐ Mental health administrator/manager 1
- ☐ Substance abuse 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.**

ALL

[ORGANIZATION NAME] FROM ORG_NAME

A2. How long have you been employed at [ORGANIZATION NAME]?

Partner Survey

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 MONTHS OR YEARS

(0-99) (0-11)

PROGRAMMER: ALLOW FOR PARTIAL MONTHS OR YEARS

YEARS 1

MONTHS 2

NO RESPONSE ..... M

ALL

A3. Which of the following best describes your organization?

Partner Survey

Select only one

- ☐ Child welfare services provider 1
- ☐ Substance abuse disorder treatment 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
- ☐ Department in local government 12
- ☐ Foundation 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.**

ALL

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
- ☐ 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

PROGRAMMER BOX:
IF I2=2 OR [S1=2 AND S2=1] GO TO Ca1

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

IF I2=1

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.

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

Select only one

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

IF I2=1 AND B1 NE 4

B2. [Fill A-B] Would you say your organization was very involved, somewhat involved, slightly involved or not at all involved?

PROGRAMMER: CODE ONE PER ROW	VERY INVOLVED	SOMEWHAT INVOLVED	SLIGHTLY INVOLVED	NOT AT ALL INVOLVED
a. How involved has your organization been in the planning for sustaining the RPG project?	1 ❍	2 ❍	3 ❍	4 ❍
b. How involved has your organization been in the decision-making process for sustaining the RPG project?	1 ❍	2 ❍	3 ❍	4 ❍

Now thinking of your RPG <u>partner organizations</u>, [FILL C-D] Would you say your partner organizations were very involved, somewhat involved, slightly involved or not at all involved?

PROGRAMMER: CODE ONE PER ROW	VERY INVOLVED	SOMEWHAT INVOLVED	SLIGHTLY INVOLVED	NOT AT ALL INVOLVED
c. How involved have other partners been in the planning for sustaining the RPG project?	1 ❍	2 ❍	3 ❍	4 ❍
d. How involved have other partners been in the decision-making process for sustaining the RPG project?	1 ❍	2 ❍	3 ❍	4 ❍

IF I2=1

B3. Which organization will lead the partnership after RPG funding ends?

Select only one

- ❍ My organization 1
- ❍ A different partner organization 2
- ❍ Not yet decided..... 3
- ❍ Other (*Specify*)..... 99

Specify ☐ (STRING 60)

NO RESPONSE..... M

SOFT CHECK: If B1=99 AND Specify=EMPTY; **Please specify the organization name in the space provided.**

IF I2=1

FILL [CORE SERVICES] FROM *DATA SYSTEM* = YES

B4. Is your RPG project planning to continue providing [CORE SERVICES] after the grant period ends?

Select one per row

	YES	NO	NOT YET DECIDED	NO RESPONSE
a. Case management or service coordination	1 ❍	2 ❍	N ❍	M ❍
b. Support group or workshop	1 ❍	2 ❍	N ❍	M ❍
c. Therapy or counseling	1 ❍	2 ❍	N ❍	M ❍
d. Parenting training/home visiting program	1 ❍	2 ❍	N ❍	M ❍
e. Mentoring	1 ❍	2 ❍	N ❍	M ❍
f. Screening or assessment	1 ❍	2 ❍	N ❍	M ❍
g. Medication assisted treatment	1 ❍	2 ❍	N ❍	M ❍
h. Medical care or appointment	1 ❍	2 ❍	N ❍	M ❍
i. Employment training	1 ❍	2 ❍	N ❍	M ❍
j. Academic education (child or adult)	1 ❍	2 ❍	N ❍	M ❍
k. Housing	1 ❍	2 ❍	N ❍	M ❍
l. Transportation	1 ❍	2 ❍	N ❍	M ❍
m. Court or legal	1 ❍	2 ❍	N ❍	M ❍
n. Financial or material support (such as vouchers or stipends)	1 ❍	2 ❍	N ❍	M ❍
o. Child care	1 ❍	2 ❍	N ❍	M ❍
p. Something else?	1 ❍	2 ❍	N ❍	M ❍
IF B4p=1 q. Specify ☐ (STRING 60)	1 ❍	2 ❍	N ❍	M ❍

IF I2=1

B5. What data did the RPG project review to determine which core services should be sustained?

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 in core services 4
- ☐ Data about retention in core services 5
- ☐ Data about implementation of core services (such as, fidelity data) 6
- ☐ Data about participants' outcomes 7
- ☐ Data and evidence from the research literature on the effects of core services 8
- ❍ Other (*Specify*) 99

Specify ☐ (STRING 60)

- ☐ NO RESPONSE ..... M

IF I2=1

B6. Which of these are potential service-related barriers to sustainability of the RPG project?

Adapted from SAPR (Semi Annual Progress Report)

PROGRAMMER: CODE ONE PER ROW

	YES	NO
a. Lower referrals or enrollment than expected.	1 ❍	2 ❍
b. Inability to enroll intended target population.	1 ❍	2 ❍
c. Staffing challenges, such as finding or retaining qualified grantee or partner organization staff for implementing services.	1 ❍	2 ❍
d. Inability to access training for clinical or other staff.	1 ❍	2 ❍
e. Challenges implementing services.	1 ❍	2 ❍
f. Challenges sharing information or data with RPG partners.	1 ❍	2 ❍
g. Challenges coordinating case management or services with partners or other entities.	1 ❍	2 ❍
h. Other challenges collaborating with RPG partners.	1 ❍	2 ❍
i. Challenges engaging program participants.	1 ❍	2 ❍
j. Challenges retaining program participants.	1 ❍	2 ❍
k. Contextual issues, such as broader policies or community factors.	1 ❍	2 ❍

PROGRAMMER BOX:
IF S1=1 AND S2=2 GO TO D1

Ca. Implementation Supports to Improve RPG Services

I2=1 OR 2
PRETEST – ALL RESPONDENTS WILL ANSWER THIS SECTION

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

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? [FILL A-C]. By partially we mean the activities have not been completed but some activities are underway.

PROGRAMMER: CODE ONE PER ROW	FULLY IN PLACE	PARTIALLY IN PLACE	NOT IN PLACE
a. A team that is responsible for managing the implementation of RPG services.	1 ❍	2 ❍	3 ❍
b. A process to resolve barriers to implementation of RPG services (such as, inadequate referrals, inadequate staff training).	1 ❍	2 ❍	3 ❍
c. A process to assess quality of RPG services.	1 ❍	2 ❍	3 ❍

The next set of questions ask about your RPG project's current plans for data related to referrals, enrollment, screenings, assessments, treatment, and outcomes.

I2=1 OR 2

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

PROGRAMMER: CODE ONE PER ROW	YES	NO
a. referrals into service	1 ❍	2 ❍
b referrals out to other services	1 ❍	2 ❍
c. enrollment	1 ❍	2 ❍
d. screening for service eligibility	1 ❍	2 ❍
e. participant needs assessment	1 ❍	2 ❍
f. participation in services	1 ❍	2 ❍
g. participant outcomes	1 ❍	2 ❍
h. participant feedback	1 ❍	2 ❍
i. fidelity monitoring	1 ❍	2 ❍

I2=1 OR 2 AND IF Ca2 a-i=1

Ca3. Has your project determined how [Fill a-i] data will be shared?

PROGRAMMER: CODE ONE PER ROW		YES	NO
a.	referrals into service	1 ❍	2 ❍
b	referrals out to other services	1 ❍	2 ❍
c.	enrollment	1 ❍	2 ❍
d.	screening for service eligibility	1 ❍	2 ❍
e.	participant needs assessment	1 ❍	2 ❍
f.	participation in services	1 ❍	2 ❍
g.	participant outcomes	1 ❍	2 ❍
h.	participant feedback	1 ❍	2 ❍
i.	fidelity monitoring	1 ❍	2 ❍

PROGRAMMER BOX:
IF I2=2 GO TO E1

Cb. Implementation Supports to Sustain RPG Services

IF I2=1 AND [S1=1 AND S2=1]

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

Cb1. To what extent are plans for the following implementation supports in place for the RPG project <u>after the grant period</u> ends? Are they fully in place, partially in place or not in place? [FILL A-C]. By partially we mean the activities have not been completed but some activities are underway.

PROGRAMMER: CODE ONE PER ROW	FULLY IN PLACE	PARTIALLY IN PLACE	NOT IN PLACE	NOT PLANNING FOR IT
a. A team that will be responsible for managing implementation of the sustained RPG services.	1 ❍	2 ❍	3 ❍	NA ❍
b. A process that will be used to resolve barriers to implementation of the sustained RPG services.	1 ❍	2 ❍	3 ❍	NA ❍
c. A process that will be used to assess quality of the sustained RPG services.	1 ❍	2 ❍	3 ❍	NA ❍

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

IF I2=1

Cb2. After the grant period ends, will your RPG project collect data about [FILL A-I]?

PROGRAMMER: CODE ONE PER ROW	YES	NO
a. referrals into service	1 ❍	2 ❍
b referrals out to other services	1 ❍	2 ❍
c. enrollment	1 ❍	2 ❍
d. screening for service eligibility	1 ❍	2 ❍
e. participant needs assessment	1 ❍	2 ❍
f. participation in services	1 ❍	2 ❍
g. participant outcomes	1 ❍	2 ❍
h. participant feedback	1 ❍	2 ❍
i. fidelity monitoring	1 ❍	2 ❍

IF I2=1

Cb3. For [Fill Cb2a-i=1], has your project determined [FILL A-E] ?

PROGRAMMER: CODE ONE PER ROW	YES	NO
a. the methods that will be used to gather data after the grant period ends	1 ❍	2 ❍
b. who will record or gather the data after the grant period ends	1 ❍	2 ❍
c. where data will be entered and stored after the grant period ends	1 ❍	2 ❍
d. how data will be organized and analyzed after the grant period ends for program monitoring and improvement	1 ❍	2 ❍
e. how data will be shared after the grant period ends	1 ❍	2 ❍

D. Funding and Resources for Sustainability

PROGRAMMER BOX:
IF I1=1 AND [S1=2 AND S2=1] GO TO END 1
IF I2=2 GO TO E1

IF I2=1

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

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: FILL RESPONSE CATEGORY "NA" FOR D1e, f, & g ONLY

PROGRAMMER: CODE ONE PER ROW	YES	NO	PARTIALLY	NA
a. Determined annual costs to sustain RPG services.	1 ❍	2 ❍	3 ❍	NA ❍
b. Identified possible funding source(s) <u>for personnel</u> to carry out RPG services.	1 ❍	2 ❍	3 ❍	NA ❍
c. Identified possible funding source(s) <u>for other resources</u> necessary to carry out RPG services.	1 ❍	2 ❍	3 ❍	NA ❍
d. Secured or awarded financing to sustain services.	1 ❍	2 ❍	3 ❍	NA ❍
e. Identified new organizations that will be working with the partnership after the grant ends.	1 ❍	2 ❍	3 ❍	NA ❍
f. Executed agreements with new organizations that will be working with the partnership after the grant ends.	1 ❍	2 ❍	3 ❍	NA ❍
g. Extended or renewed agreements with existing partners to continue work after the grant ends.	1 ❍	2 ❍	3 ❍	NA ❍
h. Identified strategies to engage external systems (e.g., health, education, housing) for financial, organizational, and other support.	1 ❍	2 ❍	3 ❍	NA ❍

IF I2=1

D2. Does your organization plan to contribute financial support to the RPG project after the grant period ends? Yes or no.

RPG created

Select only one

- ❍ YES 1
- ❍ NO 2

IF I2=1 AND D2=1

[RPG NAME] FROM RPG_NAME

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

RPG created

Select only one

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
DON'T KNOW ..... d
REFUSED ..... r

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

IF I2=1

[RPG NAME] FROM RPG_NAME

D3. Does your organization plan to contribute the following as in-kind resources to the partnership after the grant period ends. [FILL a-g].

Partner Survey

PROGRAMMER: CODE ONE PER ROW	YES	NO
a. Staff time	1 ❍	2 ❍
b. Office space	1 ❍	2 ❍
c. Office supplies	1 ❍	2 ❍
d. Program materials	1 ❍	2 ❍
e. Computer/Internet, telephone, or fax service	1 ❍	2 ❍
f. Transportation	1 ❍	2 ❍
g. Something else	1 ❍	2 ❍
IF D2g=1	1 ❍	2 ❍

i. Other (SPECIFY)

(STRING 100)

IF I2=1

D4a. What funding sources will your organization 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 3

☐ Other (*Specify*) 99

Specify (STRING 60)

DON'T KNOW ..... D

IF I2=1

D4b. What funding sources will your organization 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 3
- ☐ Other (*Specify*) 99

Specify [ ] (STRING 60)

DON'T KNOW ..... D

PROGRAMMER BOX:
IF S1=2 AND S2=1 GO TO END1

E. Federal, State, and Local Context

IF S1=1 AND S2=1 OR IF I2=2

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-H]?

Revised from Guide to Developing, Implementing and Assessing an Innovation

PROGRAMMER: CODE ONE PER ROW	VERY POSITIVELY	SOMEWHAT POSITIVELY	NOT AT ALL	SOMEWHAT NEGATIVELY	VERY NEGATIVELY
	Child welfare				
a. the federal policy climate about child welfare	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
b. the state policy climate about child welfare	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
c. the local policy climate about child welfare	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
d. media reporting about child welfare	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
	Substance use disorder treatment programs				
e. the federal policy climate about substance use disorder treatment	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
f. the state policy climate about substance use disorder treatment	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
g. the local policy climate about substance use disorder treatment	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍
h. media reporting about substance use disorder	1 ❍	2 ❍	3 ❍	4 ❍	5 ❍

IF S1=1 AND S2=1 OR IF I2=2

E2. How has the pattern of substance use changed in your <u>service area since the grant period started</u>?

Code only one

- ☐ Increase in use 1
- ☐ Decrease in use 2
- ☐ No change 3
- ☐ DON'T KNOW ..... D
- ☐ NO RESPONSE ..... M

IF S1=1 AND S2=1 OR IF I2=2

E3. Is there anything else you would like 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 END 1

IF I2=1 AND [S1=1 AND S2=1] OR IF [S1=2 AND S2=1]

END1. Thank you for taking the time to complete this survey. We appreciate your participation.

IF I2=2 AND [S1=2 AND S2=2]

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

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