Regional Partnership Grants Cross-Site Evaluation and Evaluation-Related Technical Assistance

December 2014

2012 Regional Partnership Grants to Increase the Well-Being of and to Improve the Permanency Outcomes for Children Affected by Substance Abuse:

First Annual Report to Congress

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

ADMINISTRATION FOR CHILDREN & FAMILIES

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RPG
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Children's Bureau

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EXECUTIVE SUMMARY

Adult substance abuse can destabilize families, with potentially long-term negative consequences for children. When mothers, fathers, or other caregivers misuse substances, children can experience unresponsive, erratic, neglectful, or abusive care from those responsible for their nurture. This in turn can interfere with children's physical, social, and emotional development and well-being. Substance use disorders are a prominent cause of family involvement in the child welfare system: 50 to 80 percent of child welfare cases involve a parent who misuses substances (Niccols et al. 2012; U.S. Department of Health and Human Services 1999).

Since 2006, Congress has authorized competitive "Regional Partnership Grants" (referred to hereafter as the RPG program) to address these problems. The Child and Family Services Improvement Act of 2006 (Pub. L 109-288) provided funding over a five-year period to implement regional partnerships among child welfare, substance abuse treatment, and related organizations to improve the well-being, permanency, and safety outcomes of children who were in, or at risk of, out-of-home placement as a result of a parent's or caregiver's methamphetamine or other substance use disorder. The Child and Family Services Improvement and Innovation Act of 2011 (Pub. L. 112-34) reauthorized the RPG program and extended funding through 2016. The U.S. Department of Health and Human Services (HHS) will provide Congress with information on the five-year 2012 RPG program, through annual reports. This document is the first such report.

Implementing the Legislation

On September 28, 2012, the Children's Bureau awarded RPG funding under the grant program to 17 partnerships in 15 states (Table 1). The grantees are diverse. Seven are public agencies, including six state child welfare, substance abuse, or judicial agencies, and one county child welfare agency. Nine are nonprofit organizations that provide services for substance abuse treatment, health or mental health, child welfare, or other child and family needs. One is a state university. Ten of the grantees had also received RPG grant awards under the 2006 authorization.

Table 1. Grantees

Grantee	State
Center Point, Inc.*	California
Georgia State University Research Foundation, Inc.	Georgia
Judicial Branch, State of Iowa*	Iowa
Northwest Iowa Mental Health/Seasons Center	Iowa
Children's Research Triangle*	Illinois
Kentucky Department for Community Based Services*	Kentucky
Commonwealth of Massachusetts*	Massachusetts
Families and Children Together	Maine
Alternative Opportunities, Inc.	Missouri
The Center for Children and Families*	Montana
Nevada Division of Child and Family Services*	Nevada
Summit County Children Services	Ohio
Oklahoma Department of Mental Health and Substance Abuse Services*	Oklahoma
Health Federation of Philadelphia, Inc.	Pennsylvania
Helen Ross McNabb Center*	Tennessee
Tennessee Department of Mental Health and Substance Abuse Services*	Tennessee
Rockingham Memorial Hospital	Virginia

* Also received RPG grant awards under the 2006 authorization

With their partners, grantees will provide a variety of services to children and their caregivers to improve child well-being, safety, and permanence; promote adult recovery from substance use disorders; and stabilize families. These services include, for example, case management, residential and outpatient substance abuse treatment, parenting and/or family strengthening, treatment for trauma or mental health problems, family drug treatment courts, counseling and peer support groups, health care, housing support, employment services, and child development services. HHS also requires the grantees to evaluate their RPG projects using comparison group designs.

Partnerships selected for grant awards receive the significant benefit of federal funding to help address their stated goals, but they also shoulder important responsibilities. To support grantees' efforts and their ability to comply with the legislative program, performance, and evaluation requirements of the grant, HHS provides grantees with technical assistance (TA) and ongoing oversight of their activities and performance.

As part of its contract to manage the National Center for Substance Abuse and Child Welfare (NCSACW), supported through an intraagency agreement between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Children, Youth and Families (ACYF), the Center for Children and Family Futures, Inc. provides program-related TA to the grantees. During the initial months of the program, NCSACW responded to 70 requests for program assistance. Common requests were for help (1) developing strategies to cross-train staff in child welfare, substance abuse treatment, and service agencies; and (2) planning to sustain the RPG projects after the grant program ends. TA liaisons also scheduled two- to three-day site visits with every grantee, beginning in July 2013. They completed 13 site visits by the end of September, 2013.

HHS awarded a contract to Mathematica Policy Research and its subcontractor, Walter R. McDonald & Associates, to provide evaluation-related TA, and to design and conduct a cross-site evaluation. The contractor received 36 requests to provide evaluation TA during the first year of the 2012 RPG program. The topics reflect the early stage of the project, such as designing local evaluations, obtaining families' consent to participate in the local evaluations, recruiting and enrolling families into services and the local evaluation, and submitting evaluation plans to local institutional review boards.

In addition to responding to formal requests, program and evaluation liaisons and HHS staff maintained regular contact with grantees and their local evaluators through monthly calls. From December 2012, when calls began, through September 2013, there were some 120 monthly or follow-up calls. Project information and assistance were also provided during several webinars held during the year, and at two in-person meetings.

HHS also met face-to-face with grantees, their local evaluators, contractors' TA liaisons, and other stakeholders through two meetings held during the first year of the RPG program. First, HHS held the RPG program kickoff in Washington, DC, January 23–25, 2013. This meeting gave all participants an opportunity to meet, establish initial relationships and better understand RPG goals and requirements. Second, HHS held the first RPG annual meeting in Alexandria, VA, April 23–24, 2013. At this meeting grantees learned more about the design of the cross-site evaluation and the data they would provide to HHS. At the meetings, grantees and their evaluators heard from national experts in implementation of evidence-based programs and provision of trauma-informed care.

RPG Partnerships and Programs

To apply for RPG funding, grantees formed partnerships that they continued to develop during the first year of the program. To qualify for RPG funding, each grantee was required to include in its partnership the state child welfare agency responsible for the administration of the state's plan under Title IV-B or IV-E of the Social Security Act. All grantees did so, along with naming additional partners. By March 2013, grantees reported having from 4 to 29 partners. They include state agencies; county agencies; courts; and independent private, nonprofit, and faith-based organizations.

Grantees were at various stages of planning and implementation when their 2012 grants began. For example, ten of the grantees had also received RPG grants in 2007. Under the 2012 RPG program, some grantees planned to refine and evaluate ongoing services, while others planned new programs. During the first year, grantees refined their program plans such as revising planned service delivery areas, expanding service delivery modes such as home visiting, and modifying eligibility requirements to serve children in a broader age range. Three grantees obtained additional funding for their RPG projects from non-federal sources. Some grantees began hiring and training program staff.

To obtain funding, HHS required RPG applicants to propose specific, well-defined program services and activities that were *evidence-based or evidence-informed.* In the health care and social services fields, evidence-based programs (EBPs) are approaches to prevention or treatment that are validated by some form of documented scientific evidence.[1] RPG grantees proposed 51 distinct program and practice models to serve families. HHS reviewed these models, and determined that, as intended, the majority have been included in one or more systematic evidence reviews. Grantees are implementing programs to:

- Strengthen families
- Respond to child or adult trauma
- Provide child, caregiver, and/or family therapy or counseling
- Treat substance use disorders
- Enhance use of family drug courts

Evaluation and Accountability

To add to the existing evidence base on effective programs for the families and children served by RPG, HHS requires every RPG grantee to evaluate its project using comparison group or other rigorous designs. During the first year of the RPG program, HHS conducted a structured review to assess the strength of the evidence the local evaluations can provide if well implemented. At the conclusion of the evaluability assessment, HHS rated each design as one of the following:

[1] Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation (U.S. Department of Health and Human Services 2011). This informed practice allows for innovation while incorporating the lessons learned from the existing research literature.

- **Strong.** If the evaluation is implemented well, the design will provide credible, unbiased effects of the contrasts being evaluated.
- **Promising.** If the evaluation is implemented well, the design will provide suggestive information on the effects of the contrasts being evaluated.
- **Limited.** If the evaluation is implemented well, the design will provide limited information on the effects of the contrasts being evaluated.
- **Descriptive.** The design cannot isolate program effects from other factors, but can provide useful information on participant outcomes or other aspects of the RPG program and partnerships.

Two grantees are planning two evaluations, resulting in 19 total local evaluations. At the conclusion of the evaluability assessment, six local evaluation designs were rated "strong," three "promising," three "limited," and seven "descriptive."

HHS is also conducting a national cross-site evaluation to comply with legislative requirements. The evaluation will examine grantees' performance and document the outcomes of children and families served by RPG. It will also test the effectiveness of selected programs. To achieve these aims, the RPG cross-site evaluation consists of four studies. All 17 RPG grantees will participate in (1) a study of the structure and functioning of the RPG **partnerships**; (2) a study of the **implementation** of RPG projects, including what EBPs grantees offered and families used; and (3) a study of child and family **outcomes**. Outcomes to be measured are child well-being, safety, and permanence; adult recovery from substance use disorders; and family functioning and stability. A fourth study will examine the **effectiveness** of RPG using data from a subset of RPG grantees with the most rigorous local evaluation designs.

Future annual reports to Congress will describe the ongoing implementation of the grants and summarize findings from the cross-site evaluation. As required by the legislation, HHS will submit a report not later than December 2017 evaluating the effectiveness of the grants for fiscal years 2012 through 2016. The 2017 report will (1) evaluate the programs and activities conducted, and the services provided, with the grant funds for fiscal years 2012 through 2016; (2) analyze the regional partnerships that have, and have not, been successful in achieving the goals and outcomes specified in their grant applications and with respect to the performance indicators; and (3) analyze the extent to which such grants have been successful in addressing the needs of families with methamphetamine or other substance abuse problems who come to the attention of the child welfare system, and in achieving the goals of child safety, permanence, and family stability.

In addition to Reports to Congress, HHS will prepare a restricted-use file of data from the cross-site evaluation. This file will be made available to qualified researchers for future research through the National Data Archive on Child Abuse and Neglect.

I. INTRODUCTION

Adult substance abuse can destabilize families, with potentially long-term negative consequences for children. When mothers, fathers, or other caregivers misuse substances, children can experience unresponsive, erratic, neglectful, or abusive care from those responsible for their nurture. This in turn can interfere with children's physical, social, and emotional development and well-being. A substance use disorder limits a parent's ability to create a safe and stable environment for his or her children, and children of parents who misuse substances have poorer physical, intellectual, social, and emotional health and are at greater risk of abusing drugs or alcohol themselves as adults (HHS 1999; HHS 2009; Austin and Osterling 2008; Niccols et al. 2012). In addition, families characterized by parental substance use disorders typically experience housing and economic instability, as well as a range of co-occurring health and mental health problems. Trauma resulting from parental neglect or abuse associated with substance use disorders can be particularly detrimental to young children's development.

Substance use disorders and their effects on children present a far-reaching problem. The U.S. Department of Health and Human Services (HHS) has estimated that 9 percent of children live with at least one parent who abuses illicit drugs or alcohol (HHS 2009). Most adult participants in substance abuse treatment are parents. One study concluded that about 58 percent of participants in treatment had minor children—69 percent of women were mothers, and 52 percent of men were fathers (Young et al. 2007; Brady and Ashley 2005). Further, the study estimated that 27 percent of parents in treatment had lost custody of one or more children. Indeed, substance use disorders are a prominent cause of family involvement in the child welfare system: 50 to 80 percent of child welfare cases involve a parent who misuses substances (Niccols et al. 2012; HHS 1999).

It is challenging for the child welfare and substance abuse treatment systems to coordinate services to address the needs of these families (HHS 1999; Semidei et al. 2001). Each system is embedded in different federal and state legal and policy environments. Each has a different perspective about who the "client" is (the parent or the child) and about issues such as the separation of parents from their children, through removal and reunification or during substance abuse treatment. Ineffective screening by staff across agencies can make early detection of problems difficult, and confidentiality requirements can hinder cooperation and communication across systems, making it hard to identify and address client needs.

A. The Regional Partnership Grant Program

Since 2006, Congress has authorized competitive grants to address problems resulting from a family's involvement in the child welfare system due to a parent with a substance use disorder. The Child and Family Services Improvement Act of 2006 (Pub. L 109-288) provided funding over a five-year period to implement regional partnerships among child welfare, substance abuse treatment, and related organizations to improve the well-being, permanency, and safety outcomes of children who were in, or at risk of, out-of-home placement as a result of a parent's or caregiver's methamphetamine or other substance use disorder. With this funding, the Children's Bureau within the Administration for Children and Families, Administration on Children, Youth and Families (ACYF) at HHS established the Regional Partnership Grant (RPG) program.

The law authorized and appropriated $145 million over five years for the first round of RPG funding. The legislation authorized grants lasting between two and five years. HHS developed and asked grant applicants to select from one of four program options that were designed to fulfill the legislative requirements while allowing for grantee program flexibility.[2] Fifty-three organizations in 29 states received grants. Grantees implemented a wide array of integrated programs responsive to the needs outlined in the legislation. RPG projects[3] addressed five areas: (1) systems collaboration and improvements; (2) substance abuse treatment linkages and services; (3) services for children and youth; (4) support services for parents and families; and (5) expanded capacity to provide treatment and services to families. To monitor program outcomes as required in the legislation, HHS established performance indicators that reflected the broad goals of the legislation and aligned with the diverse activities of the 53 regional partnerships. Grantees reported annually on those performance indicators most relevant to their specific partnership goals and target populations.[4] To support grantees in achieving their program and performance goals, HHS provided technical assistance to grantees through a federal contract.

The Child and Family Services Improvement and Innovation Act of 2011 (Pub. L. 112-34) reauthorized the RPG program and extended funding through 2016. With the funding, HHS offered new competitive grants up to $1 million per year for five years (Administration for Children and Families 2012a).[5]

On September 28, 2012, the Children's Bureau awarded RPG funding under the grant program to 17 partnerships in 15 states.[6] The 2012 RPG funding differs from the original 2007 RPG funding in several ways:[7]

- **Removed emphasis on methamphetamine:** the legislation reauthorizing the RPG program (Public Law 112-34) removed most references to methamphetamine, including the requirement that gave weight to grant applications focused on methamphetamine use.
- **Reports:** HHS must now evaluate and report on the effectiveness of the grants. The reauthorizing legislation required a report on the first round of RPG funding by December 31, 2012 and the second round by December 31, 2017. These reports must include an analysis of the grantees' success in meeting performance indicators and addressing the needs of families with substance use disorders.

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[2] Forty-four of the grants had a 5-year grant period.

[3] To distinguish individual grants from the overarching RPG program, we refer to grantees' RPG services as "projects." However, throughout the report, we will occasionally use "program" to refer to grantee activities, when that term is more commonly used.

[4] Information on program implementation and grantee performance for the 2007 RPG program is available in two reports to Congress (U.S. Department of Health and Human Services 2006 and 2010).

[5] HHS also offered existing grantees new grants of $500,000 per year for up to two years (Administration for Children and Families 2012c) to extend their programs. This report does not discuss those grants.

[6] The number of grantees was larger under the first round of RPG funding because, for that round, total funding for the program was significantly higher. Program funding was $145 million in 2006 and $100 million in 2011.

[7] For more information, including the reauthorizing legislation and a summary of changes, see http://www.acf.hhs.gov/sites/default/files/cb/im1106.pdf.

In addition to implementing these changes, HHS also made additional updates to the grant program:

- Grantees are required to adopt and implement programs and services that are *trauma-informed*.[8] In response to scientific findings that continue to emerge about the long-term neurological, behavioral, relational, and other impacts of maltreatment on children, HHS is urging states and child welfare systems to do more to attend to children's behavioral, emotional, and social functioning (Samuels 2012; Administration for Children and Families 2012b). One component of this process is addressing the impact of trauma and its effect on the overall functioning of children and youth.
- HHS required grantees to adopt and implement specific, well-defined program services and activities that were *evidence-based or evidence-informed*. Since the first round of RPG funding, federal leaders and policymakers have increasingly emphasized evidence-based and evidence-informed practices in their budgeting and program decisions (Haskins and Baron 2011).
- Reflecting the emphasis on evidence-based practices, HHS established a cross-site evaluation to test innovative approaches and to develop and disseminate knowledge about what works to improve outcomes for affected children and youth. It also required grantees to conduct well-designed outcome evaluations and to contribute to the cross-site evaluation.
- To support the expanded evaluation requirements, HHS added evaluation-related technical assistance to the programmatic technical assistance provided to earlier grantees.

1. What Are "Evidence-Based" Programs and Practices?

HHS required RPG applicants to propose specific, well-defined program services and activities that were *evidence-based or evidence-informed*. *Evidence-based* programs or practices are those that evaluation research has shown to be effective (SAMHSA n.d.(a)). The concept of evidence-based practice first emerged in medicine, where researchers defined it as the "conscientious, explicit and judicious use of current best evidence in making decisions about the care of individuals" (Sackett et. al. 1996). In medicine, randomized controlled trials are considered the ideal means to establish that an intervention is effective, and to minimize the biases that might render a study's conclusions invalid (Steinberg and Luce 2005). Other fields have adopted the concept of evidence-based practices or programs, although evidence is often more difficult to establish because ethical and practical constraints often preclude random assignment of individuals to different interventions (Mattox and Kilburn n.d.).

Policymakers, funders, program model developers, providers and practitioners, and researchers have in recent years devoted more effort and resources to testing the effectiveness of programs through rigorous evaluations. To help ensure that federal dollars are invested wisely, HHS and other

[8] Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities of trauma survivors that traditional service-delivery approaches may trigger or exacerbate, so that these services and programs can be more supportive and avoid retraumatizating participants (SAMHSA n.d.(b)).

federal agencies have increasingly required applicants for discretionary grants to select programs and practices with evidence supporting their effectiveness as a criteria of receiving funds. To expand knowledge of whether and when interventions are effective, federal funders often require grantees to evaluate their grant-funded programs and to participate in well-designed federally sponsored cross-site evaluations.

2. The RPG Cross-Site Evaluation

Consistent with this growing emphasis on evidence and evaluation, the Child and Family Services Improvement and Innovation Act of 2011 (Pub. L. 112-34) requires HHS to evaluate the effectiveness of grants awarded under the legislation. To comply with these requirements and contribute knowledge in the fields of child welfare and substance abuse treatment, HHS requires the grantees to conduct well-designed evaluations and participate in a national cross-site evaluation.

In September 2012, HHS awarded a contract to Mathematica Policy Research and its subcontractor, Walter R. McDonald & Associates, to help grantees design and conduct their evaluations, and to design and conduct a national cross-site evaluation. In reporting on the performance and effectiveness of RPG-funded projects, the cross-site evaluation will describe the RPG partnerships and projects, their enrollment of and services to families and children, the characteristics of participating children and adults, and their outcomes.

One of the responsibilities of the contractor is to provide Congress with information through annual reports on the RPG program. This document is the first such report. In keeping with the legislative requirements, HHS will publish these reports on its website. The reports will evaluate the programs and activities conducted, and the services provided, with the grant funds. They will analyze regional partnerships that have, and have not, been successful achieving the goals and outcomes specified in the grant as measured by indicators established or approved by HHS. Finally, they will analyze the extent to which the RPG has been successful in addressing the needs of the families served under the grant, and in achieving child safety, permanence, and family stability.

B. 2012 Grantees

RPG funding 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's or caretaker's substance use disorder. In 2011, Congress authorized $20 million annually for the RPG program. In response to a funding opportunity announcement (FOA) released on April 16, 2012 (Administration for Children and Families 2012a), HHS received over 70 applications for RPG funding, and awarded 17 grants in 15 states (Table I.1).

Grant amounts ranged from $500,000 to $1 million annually, with increasing percentages of required grantee matching funds (Table I.2).[9] Ten of the grantees also received earlier RPG funding; the other seven are new to the RPG program. Grantees are mainly state agencies or local service providers (Table I.2):

[9] For more information about the RPG grantmaking process see Chapter II.

Table I.1. Grantees and the Geographic Areas and Congressional Districts They Serve

Grantee	Geographic Area	Congressional District
Center Point, Inc.	Located in San Rafael, CA. Serving Alameda, Contra Costa, Marin, San Francisco, and Sonoma Counties	CA-2, CA-5, CA-11, CA-12, CA-13
Georgia State University Research Foundation, Inc.	Located in and serving DeKalb County and Atlanta, GA	GA-4, GA-5, GA-6
Judicial Branch, State of Iowa	Located in Des Moines, IA, and serving Wapello County	IA-2, IA-3
Northwest Iowa Mental Health/Seasons Center	Located in Spencer, IA, and serving Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux Counties	IA-4
Children's Research Triangle	Located in Chicago, IL, and serving the Tri-county Chicagoland region of Cook, Will, and Kankakee Counties	IL-1, IL-2, IL-3, IL-7
Kentucky Department for Community Based Services	Located in Frankfort, KY, and serving Daviess County	KY-2
Commonwealth of Massachusetts	Located in Boston, MA, and serving Fall River and New Bedford	MA-4, MA-8, MA-9
Families and Children Together	Located in Bangor, ME, and serving Penobscot and Piscataquis Counties	ME-2
Alternative Opportunities, Inc.	Located in Springfield, MO, and serving Greene, Barry, Lawrence, and Stone Counties	MO-7
The Center for Children and Families	Located in Billings, MT, and serving all Montana counties	MT-1
Nevada Division of Child and Family Services	Located in Carson City (agency) and Clark County (grant site), NV, and serving Las Vegas	NV-1, NV-2
Summit County Children Services	Located in Akron, OH, and serving Summit County	OH-11, OH-13, OH-14, OH-16
Oklahoma Department of Mental Health and Substance Abuse Services	Located in Oklahoma City, OK, and serving all Oklahoma counties	OK-1, OK-2, OK-3, OK-4, OK-5
Health Federation of Philadelphia, Inc.	Located in and serving Philadelphia, PA	PA-1, PA-2
Helen Ross McNabb Center	Located in Knoxville, TN, and serving three Tennessee Department of Children's Services regional catchment areas: Knox, East Tennessee, and Smoky Mountain	TN-1, TN-2, TN-3
Tennessee Department of Mental Health and Substance Abuse Services	Located in Nashville, TN, and serving Bedford, Cannon, Coffee, Davidson, Marshall, Maury, Rutherford, and Warren Counties	TN-4, TN-5, TN-6
Rockingham Memorial Hospital	Located in Harrisonburg, VA, and serving Harrisonburg, Staunton, and Waynesboro and Bath, Highland, Page, Rockingham, and Shenandoah Counties	VA-6

Table I.2. Grantees and Planned Target Population and Program Focus

Grantee Organization	State	Organization Type	RPG1 Grantee*	Federal Grant Amount	Planned Target Population and Program Focus
Center Point, Inc.	California	Substance abuse treatment agency/ provider	Yes	$500,000	Center Point will provide substance abuse treatment and complementary services to women with diagnosable substance use disorders and their children ages 0–5 who are in or at risk of an out-of-home placement. Pregnant women will also be eligible. The program will include residential substance abuse treatment, on-site parenting/family strengthening services, Head Start and other child development services, employment preparedness services, and case management. Participants will also receive post-discharge home visits.
Georgia State University Research Foundation, Inc.	Georgia	State university	No	$790,452	The grantee and its partners will provide evidence-based parenting and trauma services to adult criminal drug court clients and their children. In addition to "standard" drug court services—such as substance abuse treatment, random drug screenings, and graduated sanctions and incentives—participants will receive adult and child trauma treatment and parenting/family strengthening services, all of which are delivered in an integrated manner.
Judicial Branch, State of Iowa	Iowa	State judicial agency	Yes	$500,000	Iowa Children's Justice (CJ) will pilot a new service-delivery and care-coordination system for families in one of the state's family treatment courts. The program will serve families with children ages 0–12 in which parents have substance use disorders and children are in or at risk of placement in foster care. Participating families will receive parenting/family strengthening services, and family members are also assessed for trauma and referred to trauma treatment as needed.
Northwest Iowa Mental Health Center/Seasons Center	Iowa	Community mental health service provider	No	$500,000	Seasons Center offers trauma treatment programs to families with children ages 0–18 who are in or at risk of an out-of-home placement as a result of a caregiver's substance use disorder and who have experienced trauma. Participating families will receive one of four programs that aim to help parents and children recover from trauma and strengthen their bonds.

Grantee Organization	State	Organization Type	RPG1 Grantee*	Federal Grant Amount	Planned Target Population and Program Focus
Children's Research Triangle	Illinois	Child and family services provider	Yes	$999,799	The grantee will provide customized, comprehensive well-being services for children who are in out-of-home care due to substance use disorders in their families and who also screen positive for trauma or mental health issues. Participating children will receive services from SOS Children's Villages, an alternative foster care system, and are assigned to a family support specialist who links them and their families to a customized package of coordinated, integrated services, as well as an SOS case manager. An integrated team of clinicians delivers services, which may include trauma treatment, parenting/family strengthening services, or child-caregiver therapy. In addition, program group foster parents may be able to participate in support groups and other group activities.
Kentucky Department for Community Based Services	Kentucky	State child welfare agency	Yes	$500,000	Through the Sobriety Treatment and Recovery Teams (START) program, the grantee will provide in-home support and access to wraparound services to families with children ages 0–5 that are at risk of an out-of-home placement due primarily to a parent's substance use disorder. Participating families will receive case management from a START worker—a specially trained child protective services worker—and additional support from a family mentor, a specialist in peer support for long-term addiction recovery. START workers and mentors visit families in their homes to deliver substance abuse treatment, child-caregiver therapy, parent training, and trauma treatment.
Commonwealth of Massachusetts	Massachusetts	State child welfare agency and state substance abuse services agency received grant jointly	Yes	$750,000	The Family Recovery Project Southeast will provide coordinated, in-home substance abuse treatment, parenting/family strengthening services, trauma treatment, and case management services. The program will serve families whose children have been removed or are at imminent risk of removal from the home, and in which parents have substance use disorders but have been difficult to engage in treatment. Participating families will receive weekly or more frequent visits from a family recovery specialist who provides services, coordinates with the child welfare case manager, and helps the family transition to community-based services.

Grantee Organization	State	Organization Type	RPG1 Grantee*	Federal Grant Amount	Planned Target Population and Program Focus
Families and Children Together	Maine	Child welfare services provider	No	$797,405	The Penquis Regional Linking Project will provide case management and service linkages to rural families with children ages 0–5 who are in or at risk of an out-of-home placement and who face issues related to caregiver substance use disorders. Expectant mothers will also be eligible. Participating families will be assigned to a "navigator" who will assess their needs and refer them to parenting/family strengthening services and/or substance use disorder screening services as appropriate. Navigators will also help families build formal and informal supports and work to reduce barriers to accessing services. In addition, families will have access to financial assistance for transportation and child care, and in Year 2, FACT will implement a peer mentoring program.
Alternative Opportunities, Inc.	Missouri	Substance abuse treatment agency/ provider	No	$984,310	The grantee will provide the Services, Needs, Abilities, and Preferences (SNAP) approach—which includes case management and customized services—to families with parental substance use disorders and children age 0–21 who are in or at risk of an out-of-home placement. Participating families will take part in family group conferencing and receive specialized case management, recovery coaches, and a customized plan of parenting/family strengthening services, trauma treatment, and substance abuse treatment. In addition, they will receive access and referrals to health care, transportation, and housing and child care support.
The Center for Children and Families	Montana	Child and family services provider	Yes	$500,000	The Center will offer Family Treatment Matters—a comprehensive outpatient substance abuse treatment and family services program—to families with children ages 0–12 who are in or at risk of an out-of-home placement due to a parent's substance use disorder. Participating families will receive a combination of substance abuse treatment—which is provided in three phases that progressively decrease in intensity—parenting/family strengthening services, life skills development for adults, and child development services. A caseworker will provide assistance with ancillary services as needed, such as neuropsychological evaluations or therapeutic groups. In addition, the grantee has adapted its services specifically to address the needs of Native American populations.

Grantee Organization	State	Organization Type	RPG1 Grantee*	Federal Grant Amount	Planned Target Population and Program Focus
State of Nevada Division of Child and Family Services	Nevada	State child welfare agency	Yes	$593,110	In collaboration with partners, the grantee will provide the Dependency Mothers Drug Court program: enhanced on-site services for low-income women receiving substance abuse treatment in a residential facility and their children ages 0–8 who are in or at risk of an out-of-home placement. Participating families will receive residential substance abuse treatment in a modified therapeutic community, with children under age 8 able to join their mothers in the facility after a 30-day adjustment period. Families will have access to peer mentoring and substance abuse counseling. In addition, the enhanced services consist of treatment supervision and collaborative case management monitored by the court, as well as on-site counseling/mental health, parenting/family strengthening services, vocational services, assessments and referrals for children, and transitional services after leaving the facility.
Summit County Children Services	Ohio	County child welfare agency	No	$500,000	Summit County Children Services will provide the Summit County Collaborative on Trauma, Alcohol & Other Drug, & Resiliency-building Services for Children & Families (STARS) service coordination and engagement program to families that have child welfare cases with court involvement. Families will receive an in-home alcohol and other drugs assessment and will be assigned to a STARS coordinator who will coordinate child welfare and substance abuse treatment services, as well as a public health outreach worker who will provide ongoing phone contact and help with service coordination. In addition, families will have access to a recovery coach; receive parent/family strengthening services; and receive trauma treatment for children, youth mentoring/tutoring, and transportation assistance, as needed.

Grantee Organization	State	Organization Type	RPG1 Grantee*	Federal Grant Amount	Planned Target Population and Program Focus
Oklahoma Department of Mental Health and Substance Abuse Services	Oklahoma	State substance abuse agency	Yes	$650,000	Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) will provide two distinct interventions, both of which serve families affected by parental substance use disorders with children who are in or at risk of an out-of-home placement. The programs are distinct, and will serve different families: The Strengthening Families Program is a highly-structured family skills training program that includes components for parents, children, and both together. Solution-Focused Brief Therapy is a “strengths-based” counseling intervention to support recovery from substance use disorders. The project will also use the UNCOPE, a universal substance use disorder assessment, as part of the state’s family functioning assessment.

Grantee Organization	State	Organization Type	RPG1 Grantee*	Federal Grant Amount	Planned Target Population and Program Focus
Health Federation of Philadelphia, Inc.	Pennsylvania	Community health services provider	No	$600,000	The grantee has integrated Child Parent Psychotherapy into an existing suite of services available through its Achieving Reunification Center. The intervention will serve families in which parents have substance use disorders and children ages 0–5 have been placed outside the home. The Achieving Reunification Center offers families case management, adult and child mental health services, substance abuse treatment, parenting/family strengthening services, employment services, housing assistance, psycho-educational groups, and on-site child care. Child Parent Psychotherapy, the additional service, is a therapeutic treatment focused on the child-caregiver relationship that incorporates trauma treatment and includes supervised visits between parents and children in out-of-home placements.
Helen Ross McNabb Center	Tennessee	Substance abuse treatment agency/provider	Yes	$1 million	The grantee will provide New Beginnings for Children, Women and Families, which offers early intervention and wraparound services to substance-addicted parents and their children ages 0–18. Many children served will be at risk of an out-of-home placement. Parents will receive residential, intensive outpatient, or in-home substance abuse treatment, and their families will have access to comprehensive family assessment, parenting/family strengthening services, trauma treatment, housing/help finding housing, and integrated health care. Children ages 0–12 may live on the premises with their parents while they undergo substance abuse treatment.
Tennessee Department of Mental Health and Substance Abuse Services	Tennessee	State substance abuse agency	Yes	$1 million	The grantee will provide Therapeutic Intervention, Education, and Skills (TIES)—a suite of coordinated services—to families with children ages 0–17 who are in or at-risk of an out-of-home placement due to a parent or caretaker's substance use disorder. TIES consists of in-home Intensive Family Preservation Services (based on Homebuilders, a family strengthening/case management model), followed by trauma treatment, as needed.

Grantee Organization	State	Organization Type	RPG1 Grantee*	Federal Grant Amount	Planned Target Population and Program Focus
Rockingham Memorial Hospital	Virginia	Community health services provider	No	$592,733	The grantee will provide substance abuse and complementary services to mothers with substance use disorders and their children who are in or at risk of an out-of-home placement. Families will receive an individualized program of services from substance use disorder specialists. In addition to substance abuse treatment, these services may include parenting/family strengthening services; trauma treatment; and referrals to additional substance abuse treatment. Families may also be assigned a home visitor to provide parent training.

Source: Grantees' RPG applications and semi-annual progress reports for September 2012–March 2013.

* RPG1 Grantee means the grantee had received a 2007 RPG grant.

- Six grantees are state agencies: Four of these are state child welfare or substance abuse services agencies and one is a state judicial branch. In one state, the state child welfare and substance abuse services agency jointly received the grant.
- One grantee is a county child welfare agency.
- Nine of the 17 grantees are organizations that provide services to individuals and families: Three are substance abuse treatment providers, three are health or mental health service providers, and three provide child welfare or other child and family services.
- The final grantee is a university research foundation.

Because the grants are intended to improve collaboration between the substance abuse treatment and child welfare systems, they require grantees to set up partnerships between these two systems and other related agencies. The partners work together to design the RPG program, identify families to participate, provide services, and promote systemic change.

With their partners, grantees provide a variety of services to children and their caregivers in their identified target groups. These services include, for example, case management, residential and outpatient substance abuse treatment, parenting and/or family strengthening, treatment for trauma or mental health problems, family drug treatment courts, counseling and peer support groups, health care, housing support, employment services, and child development services. RPG projects focus on child well-being, though the target groups for services differ. Some grantees will serve children in out-of-home care; others focus on families where children are at risk of an out-of-home placement. Grantees will work with children of parents who are in, or have completed, substance abuse treatment programs, or are involved in adult criminal or family drug treatment courts. They may also serve families in which parents are at risk of substance use dependence. In addition, grantees will take differing approaches to service provision. Some plan to provide a focused suite of services to all participants; others will offer a range of interventions and customize the services each family receives.

C. The First 2012 RPG Report to Congress

The purpose of the RPG cross-site evaluation is to provide legislatively-mandated performance measurement and assess the extent to which the grants have been successful in addressing the needs of families with substance use disorders who come to the attention of the child welfare system. This first report to Congress describes progress in awarding and implementing the 2012 RPG program following its reauthorization. It uses information from five sources:

1. **The RPG funding opportunity announcement (FOA).** The FOA issued by HHS for the second round of RPG funding provided information on the history of the RPG program, HHS' goals for providing a second round of RPG funding, the focus of the services to be provided under RPG funding, and the requirements on grantees that HHS established for the second round of RPG funding (Administration for Children and Families 2012a).
2. **RPG grant applications.** The grantees' applications describe the interventions they plan to implement. Information is available on (1) the intended target population; (2) eligibility criteria for participation in the services provided through the RPG program; (3) interventions grantees plan to implement and the planned mode of service delivery;

(4) additional services grantees plan to provide, such as triage, screening and assessment, and case management; (5) child, adult, and family outcomes grantees intend to target; and (6) each grantee's state or community context.

3. **Meetings and phone calls with grantees.** HHS and the cross-site evaluation contractor held in-person meetings with grantees and their evaluators during the new RPG program kickoff meeting in January 2013 and the first RPG annual grantee meeting in April 2013. At these meetings, contractors could acquaint themselves with grantees, address their questions, and clarify federal requirements. During the first year of the program, the grantees' federal project officers held regular phone calls with grantees to facilitate contacts between grantee teams and the federally contracted technical assistance providers. These calls aimed to help technical assistance providers understand grantees' programs and plans in more detail and help grantees refine and solidify the program and evaluation plans presented in their grant applications.
4. **Grantees' semi-annual progress reports.** Federal discretionary grantees are required to report regularly on their spending and progress during the term of their grants. These semi-annual progress reports include information on grantees' planned interventions, target populations and eligibility criteria, expected program outcomes, and changes or planned adaptations of their projects. The first report was due in April 2013 and covered activities during the first six months of the grant period (October 1, 2012 through March 31, 2013).
5. **Review of evidence-based programs selected by grantees.** During the first year of the program, HHS required the cross-site evaluation contractor to review the program and practice models proposed by grantees for use in their RPG projects to determine their levels of evidence and appropriateness for the families to be served by the programs. This report summarizes the findings of the review (Strong et al. 2013).

Future reports will incorporate additional sources of data to describe grantee performance, program implementation and outcomes, and program effectiveness.

1. Organization of the Report

The purpose of this report is to inform Congress about the history of the RPG program, HHS goals for the second round of RPG funding made in 2012, and early implementation of the 2012 RPG program. The report describes the grantees, partners, and planned projects, and how HHS has structured the grant program to reflect the requirements and intent of the reauthorizing legislation.

The next chapter of this report presents HHS' approach to the development and management of the 2012 RPG program, including a description of the technical assistance grantees will receive. It summarizes major activities during the first year of the program. Chapter III describes the partners, implementation plans, and early progress of the grantees. It identifies the services and activities proposed by grantees, and describes the existing evidence base for them. Chapter IV describes the evaluations grantees will conduct as part of their RPG projects. It also describes the design of the cross-site evaluation, which builds on the local RPG evaluations to provide information on grantee performance, program outcomes, and effectiveness, as specified in the legislation. It sets forth the planned content for future reports to Congress.

II. IMPLEMENTING THE LEGISLATION

Within HHS, the Children's Bureau operates the RPG program. The Children's Bureau is the oldest federal agency with primary responsibility for children's issues. It was established in 1912 to address child labor issues, initially as part of the Department of Commerce and Labor (later the Department of Labor). Over time, as child labor was outlawed, the bureau shifted its focus to health and welfare issues. It was transferred in 1946 to the newly created Social Security Administration. Today, the Children's Bureau is part of the ACYF within the Administration for Children and Families. It is the federal focal point for the spectrum of child welfare issues, including child abuse prevention, child protective services, foster care, and independent living. In all its work, the bureau focuses on children's safety, permanency, and well-being.

The RPG program is administered within the Office on Child Abuse and Neglect (OCAN), a division of the Children's Bureau.[10] OCAN co-funds the National Center on Substance Abuse and Child Welfare (NCSACW), which is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment. The NCSACW's mission is to improve systems and practice for families with substance use disorders who are involved in the child welfare and family judicial systems by assisting local, state, and tribal agencies. As described below, the NCSACW provides program-related technical assistance (TA) to the grantees.

In planning for the 2012 RPG program, HHS drew on OCAN's relationships with other federal agencies and its experience administering the original RPG grants funded in 2007. Beginning with a careful review of the reauthorizing legislation and continuing provisions under Section 425 of the Social Security Act (42 USC 625), OCAN developed a FOA offering new competitive RPG grants up to $1 million per year for five years. This chapter describes how the grants were made (Section A) and how HHS made provisions for providing TA to the grantees (Section B). Section C describes the activities that occurred during the first year of the program and shows the timeline of activities related to beginning the RPG program and operating it during the first year.

A. How Grants Were Made

On April 16, 2012, HHS announced the RPG funding opportunity on Grants.gov (Administration for Children and Families 2012a). To be eligible for a grant, applicants had to form a proposed partnership and submit a written application containing the following:

- Recent evidence demonstrating that substance use disorders have had a substantial impact on the number of out-of-home placements for children, or the number of children who are at risk of an out-of-home placement, in the geographic area the partnership would cover

[10] OCAN was created in 1996 under the Child Abuse Prevention and Treatment Act. It has responsibility for maltreatment-prevention activities, the Children's Justice Act, other special initiatives, and interagency coordination and collaboration on child abuse and neglect. In this role, OCAN leads the Federal Interagency Workgroup on Child Abuse and Neglect. Workgroup members represent agencies within the federal departments of Agriculture, Defense, Education, Homeland Security, Housing and Urban Development, Justice, Labor, and State, along with the Office of Personnel Management and the White House Office of National Drug Control Policy.

- A description of the goals and outcomes to be achieved during the funding period for the grant, including: (1) enhancing the well-being of children, (2) leading to safety and permanence and decreasing the number of out-of-home placements for children, and (3) reducing the number of children who are at risk of an out-of-home placement in the region the partnership would serve
- A description of the joint activities the partnership would undertake if funded, and the timing of activities
- A description of the strategies for integrating programs and services, collaborating and consulting with the state child welfare agency (sometimes this agency was the lead applicant for the regional partnership), and consulting as needed with state law enforcement and judicial agencies

HHS received 72 applications by its July 16, 2012 deadline. HHS established objective panels composed of experts with knowledge and experience in substance abuse treatment, child welfare, and program evaluation to review the grant applications. Panels reviewed and evaluated applications using criteria for selection outlined in the FOA (Administration for Children and Families 2012a).

HHS announced the 17 grant awards on September 30, 2012. HHS assigned federal project officers to groups of grantees reflecting the general focus of each grantee's planned program: child-focused (five grantees), court-focused (five grantees), and array of services (seven grantees). Federal project officers initiated contacts with their grantees, and HHS planned and hosted an RPG program kickoff webinar on November 13, 2012. HHS then organized and held an RPG program kickoff meeting in Washington, DC, on January 23–25, 2013.

B. Technical Assistance

Partnerships selected for grant awards receive the significant benefit of federal funding to help address their stated goals, but they also shoulder important responsibilities. To support grantees' efforts, HHS provides grantees with TA and oversees their activities and performance. TA and oversight help ensure grantees' ability to comply with the legislative program, performance, and evaluation requirements of the grant, including successful implementation and evaluation of evidence-based programs and practices.

1. Program Technical Assistance

As part of its contract to manage the SAMHSA/ACYF co-funded NCSACW, the Center for Children and Family Futures, Inc. provides TA and other activities to support the grantees. It supports collaboration among the partners and successful implementation of the RPG interventions. In preparation for working with the grantees, contractor staff reviewed the successful grant applications. During the grant period, they will review semi-annual progress reports submitted by grantees and other grantee- and project-related documents. Other contractually required tasks include the following:

Program TA. Program-related TA covers a range of needs grantees face in working with families involved in both substance abuse treatment and the child welfare system. TA may include responding to grantees' requests for information, disseminating written materials, and conducting webinars, conference calls, and in-person visits with grantees. A team of program management liaisons provides one-on-one assistance, with each liaison assigned to several grantees.

Support for grantee meetings. For the initial two-day RPG kickoff meeting, and each subsequent annual meeting for the grantees hosted by HHS, the contractor assists in developing the meeting agenda and identifying speakers, along with participating in the meetings.

Grantee profiles. After reviewing grantees' RPG applications and semi-annual progress reports, one of the program TA contractor's tasks is to develop a template and draft written profiles of each RPG partnership and project. The profiles identify the grantee and key partners and their roles in the activities funded through the RPG program. They describe the geographic region and target population being served, the programs and services offered to families, and project goals and target outcomes.

Information dissemination. The program TA contractor helps to ensure that knowledge generated from the RPG projects is available and can be used to improve services, opportunities, and conditions for families similar to those served by the grantees. The contractor focuses on translating knowledge into practice, through dissemination to federal agencies, national organizations, and other audiences.

Coordination and communication. The program TA contractor develops protocols and practices to ensure seamless coordination with all parties providing TA to the grantees. In particular, the programmatic TA provider coordinates activities with the RPG evaluation contractor, who provides evaluation-related TA, and other TA providers who may be involved with the grantees.

2. Evaluation Technical Assistance

As part of its contract to design and conduct a national cross-site evaluation of the RPG program, Mathematica Policy Research is responsible for providing evaluation-related TA to the grantees. This assistance is intended to support grantees in designing and conducting their own evaluations. It will also help them use evaluation and performance data to manage and improve their programs. Mathematica will perform other activities to support peer learning in coordination with TA. Other responsibilities include the following:

Evaluation design assistance. After reviewing the initial evaluation designs proposed in grant applications, the evaluation TA contractor began working with grantees to refine and implement their evaluation plans. This effort includes helping grantees select appropriate outside evaluators, refine their target population, improve linkages between proposed activities and identified outcomes, and create a final design plan. Assistance may also include using quantitative and qualitative research, outcome and process evaluation, network analysis or other specialized methods, cost or cost-effectiveness analysis, protection of human subjects, ethical issues, and other topics related to conducting meaningful applied research in public and private agencies and with vulnerable populations.

Performance management. TA on performance measurement may include help using sound process, intermediate, and outcome data and measures. Grantees may need assistance developing an effective quality improvement process.

Evaluation peer learning. The evaluation TA contractor creates and supports a peer learning network or community of practice for the local evaluators and program staff. Examples of peer learning activities are conference calls, webinars, Internet chats, or in-person meetings. These activities are designed to promote knowledge sharing and dialogue across the funded projects.

Tools and materials. The evaluation TA contractor produces agendas, participant lists, training or briefing materials, copies of reports and publications or other resource materials, presentation slides, and audio or video recordings as part of its work. The contractor submits all tools and materials to HHS for review and approval, then provides them in final form for distribution to grantees, partners, and evaluators; other federal agencies; or other stakeholders.

C. Program Activities and Accomplishments During the First Year

HHS undertook two main activities to launch the 2012 RPG program. HHS successfully established a coordinated TA and oversight infrastructure as described above, to help grantees solidify partnerships, plan and implement programs, and refine their evaluation designs. HHS also planned and held two meetings with the grantees: a kickoff meeting in January 2013, and the first RPG Annual Meeting in April 2013. This section describes these and other activities.

1. Provision of Technical Assistance

HHS places a strong emphasis on coordinating program- and evaluation-related TA. The contracts for these services establish explicit requirements for coordination, and HHS held a joint meeting with both contractors in early November 2012 to launch their work together. Both contractors assigned staff members to provide each grantee with ongoing, one-on-one TA; thus, each grantee had two liaisons—one addressing program issues, the other addressing evaluation issues. The liaisons track all grantee requests for TA, noting the date they receive the request, the subject of the request, its status, and its completion date.

To facilitate collaboration and federal oversight, HHS promulgated a communications protocol for its contractors and grantees. The protocol requires HHS approval of all TA requests and proposed responses from contractors. It also states that the grantee's federal project officer and both program and evaluation TA staff are to be included in all TA-related communications with each grantee. After the RPG program kickoff meeting in January 2013, the federal project officers and TA liaisons began holding monthly conference calls with every grantee. They frequently confer after the calls to discuss any issues or potential assistance needs that arise. Calls focus on better understanding all components of the proposed RPG projects, the proposed evaluation design, and the status of planning and implementation.

The TA contractors collaborated in other ways during the year. Both helped HHS plan RPG grantee kickoff and annual meetings held in Washington, DC, in January and April 2013, respectively. Their TA liaisons and other key project team members attended the conferences to meet with grantees and help conduct sessions for grantees and their evaluators. NCSACW staff reviewed elements of the cross-site evaluation and provided feedback on training and evaluation materials. They raised awareness of implementation issues and opportunities that grantees faced.

Formal TA activities began in February 2013, after the RPG kickoff meeting. Grantees obtain assistance by making a request to their program or evaluation liaison. After formulating a possible response—such as provision of reference materials, verbal consultation, or input from a topic expert—the liaisons contact the grantee's federal project officer for approval of the planned assistance. Sometimes, the federal project officers make requests themselves on behalf of a grantee, based on a concern or potential need they observe. If needed, the evaluation and program liaisons work together to provide the needed assistance.

Most of the formal requests grantees made were for program TA. The 17 grantees made a total of 70 requests for program assistance. Common requests were for help (1) planning to sustain the RPG projects after the grant program ends and (2) developing strategies to cross-train staff in child welfare, substance abuse treatment, and services agencies (Table II.1). Program TA liaisons provide assistance by telephone or email. However, to fully assess grantees' potential needs for assistance in building their partnerships and implementing projects, NCSACW staff also scheduled two- to three-day site visits with every RPG grantee, beginning in July 2013. Site visits with 13 grantees were complete by the end of the first RPG program year. At the conclusion of each visit, site visit teams prepare written reports to and develop TA plans for each grantee.[11]

Table II.1. Program-Related Technical Assistance Topics

Topic Area	Response
Training and Staff Development	Assisted with development of plans to cross-train staff in child welfare and substance abuse treatment, and for service agencies to facilitate coordinated case management.
Budget and Sustainability	Helped grantees begin creating plans to sustain the RPG partnerships and projects after the RPG program ends; provided information on cost analysis.
Underlying Values	Responded to multiple requests for assistance in administering the Collaborative Values Inventory (CVI) among project partners. (CVI is a survey designed by Children and Family Futures, Inc. to identify shared and divergent values related to serving families.)
Collaborative Structures, Processes, and Implementation Teams	Assisted grantees in delineating and defining roles for steering committees and implementation teams, including ensuring shared information and decision making.
Clarification of Service Pathways	Provided assistance in better defining and clarifying processes for making and receiving referrals to the RPG projects, ensuring access to RPG and other available services, and establishing criteria for program completion.
Engagement and Retention	Discussed strategies to strengthen family engagement and retention in services, including working with children and fathers.
Evidence-Based Practices	Assisted sites with addressing factors that influence successful implementation of evidence-based programs.

Source: National Center for Substance Abuse and Child Welfare.

Mathematica Policy Research, the evaluation TA contractor, received 36 requests to provide TA during the first year of the 2012 RPG program (Table II.2). Requests were made by the grantees or their evaluators or by the federal project officers, frequently as follow-up to an issue raised during a monthly call. In total, 10 of the 17 grantees (or federal project officers on behalf of grantees) requested TA. The topics addressed in TA requests reflect the early stage of the project, with nearly 30 percent (10 requests) focused on the research designs of the local evaluations. Other commonly

[11] The evaluation contractor will conduct site visits to each RPG grantee as part of the cross-site evaluation. The contractor has the option to make additional site visits to provide evaluation TA, if needed. One such visit was made during the first year.

addressed topics included appropriate processes for gaining families' consent to participate in local evaluations, intake and enrollment of families into services and the local evaluation, and requests related to the submission of plans to local evaluators' institutional review boards.

Table II.2. Requests for Evaluation-Related Technical Assistance

	Number
Total Number of Requests	36
Number of Grantees (or Federal Project Officers on Behalf of Grantees) That Made Requests	10
Topics Addressed in Requests[a]	
Research Design	10
Consent Process	6
Intake and Enrollment Process	4
Institutional Review Board	4
Data Collection	3
Outcome Domains and Measures	3
Working with Stakeholders	2
Analytic Methods	2
Baseline Equivalence	1
Sample Retention	1

Source: Mathematica Policy Research RPG Technical Assistance Tracking System.

[a] Requests could include multiple topics.

In addition to responding to formal requests for TA, program and evaluation liaisons and HHS staff maintained regular contact with grantees and their local evaluators through regular calls. During the calls, grantees provided updates on plans and implementation of their projects, and federal and contractor staff responded to programmatic and evaluation-related questions or issues. From December 2012, when calls began, through September 2013, there were some 120 calls. Project information and assistance were also provided during several webinars held during the year, and at two in-person meetings.

2. In-Person Meetings

HHS met face-to-face with grantees, their local evaluators, contractors' TA liaisons, and others through two meetings held during the first year of the RPG program. All 17 grantees sent representatives to the RPG program kickoff in Washington, DC, January 23–25, 2013. These representatives included the RPG project director, the lead evaluator, and other key staff. This meeting gave all participants an opportunity to meet and to establish initial relationships.

RPG kickoff meeting. In 17 sessions held at the kickoff meeting, HHS gave grantees a full orientation on the origins, goals, and structure of the RPG program. At these sessions:

- The Commissioner of the ACYF and the Administrator of SAMHSA outlined their visions for the RPG program.

- Elaine Stedt, RPG Program Lead in the Office on Child Abuse and Neglect, described the origins of the RPG program and its legislative and programmatic history. She and Dr. Nancy Young, the director of the NCSACW, described lessons derived from the 2007 RPG program.
- OCAN staff responsible for the RPG program and cross-site evaluation outlined differences between the 2007 and 2012 RPG programs. Staff from Mathematica Policy Research described the planned approach to the cross-site evaluation and how it would affect grantees and their local evaluations.
- Dr. Allison Metz, a developmental psychologist and associate director of the National Implementation Research Network at the Frank Porter Graham Child Development Institute at the University of North Carolina, Chapel Hill, explained how principles derived from implementation science could be used to guide grantees' implementation of evidence-based programs and practices.
- Grantees and evaluators met to discuss the use of data for performance and reporting, and potential indicators for RPG projects. Then grantees heard presentations on building successful collaborations and effective programs while evaluators discussed comparison group and impact evaluation designs.
- Federal project officers met with individual grantees and also held group discussions with the child-focused, court-focused, and array of services grantee clusters.
- All participants joined in a networking session during which grantees displayed posters describing their projects.

RPG annual meeting. The first RPG annual meeting was held in Alexandria, VA, April 23–24, 2013, in conjunction with the 2013 Network for Action meeting.[12] All grantees participated, as did eight 2007 grantees that had received new grants in 2012 to extend their projects for another two years. At the meeting:

- Charles Wilson and Donna Pence described the need for and characteristics of trauma-informed systems and practices. (Wilson is the senior director of the Chadwick Center for Children and Families, director of the California Evidence-Based Clearinghouse for Child Welfare, and co-chair of the Child Welfare Committee of the SAMHSA-funded National Child Traumatic Stress Network. Pence is a nationally-known trainer and author on child welfare investigations.)
- Mathematica Policy Research and Walter R. McDonald & Associates presented updates on the cross-site evaluation and held discussion groups on potential measures of child safety and permanency. They met with RPG evaluators to discuss participation in cross-site evaluation impact studies, obtaining and using administrative data, potential contributions of the RPG local evaluations, and goals for peer learning.

[12] Network for Action (NFA) meetings have been held since 2011. They are sponsored by OCAN in collaboration with the Centers for Disease Control and Prevention, Division of Violence Prevention's Knowledge to Action Child Maltreatment Prevention Consortium Leadership Group, and other national organizations and networks that support efforts to prevent child maltreatment. RPG grantees and other grant clusters that address child maltreatment participate in the NFA meetings.

- Staff from the NCSACW joined three 2007 grantees to present experiences implementing RPG projects. Grantees at the meeting then broke out into small groups to discuss either evidence-based parenting programs, or working with implementation teams.
- Federal project officers held group discussions with RPG grantee clusters, divided into child-focused, court-focused, and array of services grantees.

During the first year of the 2012 RPG program several additional milestones were reached (Table II.3). Grantees submitted their first semi-annual progress reports, updating their partnerships and program plans and recounting their progress through March 2013. HHS completed reviews of the evidence basis for interventions proposed by the grantees and issued a report in September 2013. Chapter III discusses the RPG partnerships, planned evidence-based programs and practices, and early implementation experiences.

HHS completed the evaluability assessments, including analyzing the level of evidence each grantee's planned local evaluation could produce if well-implemented. It also completed the design of the national cross-site evaluation, which uses data collected by grantees for their local evaluations. The design process included selecting standardized instruments that grantees will administer to adults participating in the RPG projects, as well as administrative records grantees will obtain from local or state child welfare and substance abuse treatment agencies. Both types of data will help measure program outcomes in the local and national cross-site evaluations. Grantees will also provide enrollment and services data for the implementation study component of the national cross-site evaluation. Grantees and their evaluators participated in work groups to consider proposed study elements and measures. Chapter IV discusses the evaluation plans for each grantee, the design of the national cross-site evaluation, and plans to use outcome and implementation data to report to Congress on grantee performance.

Table II.3. Activities and Milestones During the First Year of the RPG Program

Month	Activities or Milestones
September 2011	Child and Family Services Improvement and Innovation Act of 2011 signed into law, reauthorizing the RPG program
April 2012	RPG program grants announced by HHS on Grants.gov
September 2012	Regional Partnership Grants to Increase the Well-Being of and to Improve the Permanency Outcomes for Children Affected by Substance Abuse awarded by HHS Contract for the national cross-site evaluation and evaluation-related technical assistance awarded Contract for the NCSACW, including provision of program-related technical assistance for grantees, awarded
October 2012	Federal project officers assigned to RPG grantee clusters and initiated contact with grantees Kickoff meeting for the national cross-site evaluation held Kickoff meeting for the NCSACW held
November 2012	Initial joint meeting with HHS and its RPG technical assistance contractors held Kickoff webinar for grantees and partners held Liaisons to grantees for program- and evaluation-related technical assistance assigned
December 2012	Review of performance indicators and data collection system used in 2007 RPG grants begins Design of cross-site evaluation begins Initial conference calls with grantees and evaluators, federal project officers, and program- and evaluation-related technical assistance liaisons held
January 2013	RPG program kickoff meeting held in Washington, DC Initial cross-site evaluation design proposed to grantees for questions, feedback, and comments
February 2013	Monthly calls with grantees and evaluators, federal project officers, and program- and evaluation-related technical assistance liaisons begin
March 2013	HHS webinar for grantees and evaluators to provide additional information on the proposed design of the national cross-site evaluation held
April 2013	Initial outcome measures and instruments proposed to HHS and the grantees by cross-site evaluation contractor RPG annual meeting held in Alexandria, VA First semi-annual progress reports submitted to HHS by grantees; 7 grantees have begun enrollment into their RPG programs Work groups of grantees and evaluators meet via conference calls to provide feedback to HHS on standardized instruments proposed to collect outcome data
June 2013	Final outcome measures and standardized instruments selected by HHS Evaluability assessments submitted to HHS by cross-site evaluation contractor
July 2013	Design of the cross-site evaluation implementation and partner studies presented to grantees via webinar Program technical assistance site visits begin
August 2013	Work group of grantees and evaluators hold conference call to provide feedback to HHS on the proposed design of the partner and implementation studies for the national cross-site evaluation Training manual and webinar on administration of standardized instruments for local and cross-site evaluations provided
September 2013	Design of the national cross-site evaluation finalized

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III. PARTNERSHIPS AND PROGRAMS

The RPG program aims to improve services for children and parents involved in both the child welfare and substance abuse treatment systems. Two of its primary strategies are (1) facilitating collaboration and better coordination among child welfare, substance abuse treatment, and other child and family service providers through partnerships; and (2) promoting the use of evidence-based programs and practices by grantees. These two strategies have the potential to improve services and outcomes for both children and parents. This chapter describes grantees' partnerships, the programs and practices they plan to provide, and the early implementation of their projects, including hiring staff and the successes and challenges they experienced.

A. Partnerships

The need for partnerships to serve families involved with child welfare and substance abuse treatment systems motivated the creation of the RPG program. The differing legal and policy contexts, perspectives, and practices within both systems—as well as logistical concerns, such as the need to ensure the security of client records—present challenges for families and service providers. As one example, under the terms of the Adoption and Safe Families Act, the child welfare system seeks to achieve permanency in a limited time frame. However, adult recovery from substance use disorders seldom happens quickly and may involve multiple relapses and treatment episodes. Therefore it is difficult to impose a strict timeline on patients. Further, child welfare and substance abuse treatment professionals may have differing attitudes about parents with substance use disorders (Drabble 2007). Finally, families involved with both child welfare and substance abuse treatment have complex needs. For example, mental health issues and domestic violence often co-occur with substance use disorders, and many families involved in the child welfare system have low incomes and difficulty finding adequate housing (HHS 1999). The RPG program aims to increase coordination—and, ultimately, improve services for children and families—by fostering "interagency collaboration and the integration of programs, activities, and services" (Administration for Children and Families 2012a). As a result, partnerships and collaborative activities are key components of the RPG program.

To apply for RPG funding, grantees formed partnerships that they continued to develop during the first year of the program. The number and specific members of each RPG partnership vary, depending on the nature of each RPG project. However, legislative requirements for the grant program have led to some commonalities across grantees. To qualify for RPG funding, each grantee was required to include in its partnership the state child welfare agency responsible for the administration of the state's plan under Title IV-B or IV-E of the Social Security Act. In addition, partnerships were to include at least one of the following parties:

- A state substance abuse agency
- An Indian tribe or tribal consortium
- Nonprofit or private child welfare service providers
- Community health service providers
- Community mental health providers
- Local law enforcement agencies
- Judges and court personnel

- Juvenile justice officials
- School personnel
- Tribal child welfare agencies, or consortia of such agencies
- Other child and family service agencies or entities

1. Number and Types of Partner Organizations

In their RPG applications, grantees identified 4 to 19 partner agencies. Some planned to seek additional partners once their grants began. By March 2013, grantees reported having 4 to 29 partners (Table III.1).

Table III.1. Number of RPG Partners Identified by March 31, 2013

Grantee	Number of Partners
Families and Children Together, Maine	29[a]
Commonwealth of Massachusetts	26[a]
Center Point, Inc., California	23[a]
State of Nevada Division of Child and Family Services	23[a]
Alternative Opportunities, Inc., Missouri	18
Helen Ross McNabb Center, Tennessee	14
The Center for Children and Families, Montana	11
Rockingham Memorial Hospital, Virginia	11
Judicial Branch, State of Iowa	10
Summit County Children Services, Ohio	9
Georgia State University Research Foundation	7
Kentucky Department for Community Based Services	7
Tennessee Department of Mental Health and Substance Abuse Services	6
Northwest Iowa Mental Health Center/Seasons Center	5
Children's Research Triangle, Illinois	5
Health Federation of Philadelphia, Inc., Pennsylvania	4
Oklahoma Department of Mental Health and Substance Abuse Services	To be determined[b]

Source: Grantees' Semi-Annual Progress Reports for September 2012–March 2013 and RPG grant applications.

[a] Several grantees have a large number of partners, for various reasons. Maine has many referral sources. Massachusetts includes multiple mental/behavioral health services and substance abuse treatment providers across the state. Several of California's partners serve in advisory capacities, in addition to partners that play operational roles such as providing referrals. Nevada offers a range of services including financial assistance for pregnant and parenting clients, financial assistance for child care costs, a developmental play gym for low-income families, and adult education and GED prep.

[b] The Oklahoma Department of Mental Health and Substance Abuse Services plans to partner with community-based substance abuse treatment services providers in the state, but at the time of this report had not yet identified how many or which providers.

RPG partners are diverse. They include state agencies, county agencies, courts, and independent private, nonprofit, and faith-based organizations. RPG partners play multiple roles. Some provide services to families, others set state or county child welfare or other policy, and still others advocate on behalf of children and families. In addition, as the requirements for the grant program suggest, partners work in a range of fields such as health or child welfare.

As the grant requires, each partnership includes the state child welfare agency, either as the primary grantee or as a partner. In addition to child welfare agencies, the most common members of RPG partnerships are (1) health, mental health, and/or behavioral health service providers; (2) substance abuse treatment agencies or providers; (3) courts, corrections, or juvenile justice agencies; and (4) nonprofit or private child welfare services providers.

- **Health and mental/behavioral health providers.** Fifteen RPG partnerships include at least one health or mental/behavioral health services provider. Just over half of these partners are health care providers, and the rest provide mental health and/or behavioral services. Included in this group are two partnerships in which the RPG grantee is a community health services provider (Health Federation of Philadelphia, Inc., and Rockingham Memorial Hospital in Virginia), and one in which the grantee is a mental health services provider (Seasons Center in Iowa).
- **Substance abuse treatment agencies and providers.** Thirteen RPG partnerships include at least one substance abuse treatment-involved organization: a state or county agency that handles alcohol and substance abuse information and resources, or a private or nonprofit substance abuse treatment provider. This group includes two partnerships in which the grantee is a state substance abuse agency (Oklahoma Department of Mental Health and Substance Abuse Services and Tennessee Department of Mental Health and Substance Abuse Services) and three in which the grantee is a treatment provider (Center Point, Inc., in California, Alternative Opportunities, Inc., in Missouri, and the Helen Ross McNabb Center in Tennessee). Some grantees plan on partnering with multiple substance abuse treatment providers.
- **Courts, corrections, and juvenile justice agencies.** Twelve RPG partnerships have at least one partner that is a family, drug treatment, or juvenile court, or a corrections or juvenile justice agency. This group includes one grantee that is a state judicial branch (Iowa Judicial Branch).
- **Nonprofit or private child welfare services providers.** Five RPG partnerships included at least one private or nonprofit child welfare services provider, including one partnership in which the grantee itself is a child welfare services provider (Families and Children Together in Maine).

Most of the remaining RPG partners work in other child and family services fields such as housing, homeless services, child and youth development, and economic and workforce development, or in education. One partner is a Native American tribe.

2. Collaborative Activities

Several collaborative activities may be needed to improve services for child welfare- and substance abuse treatment-involved families. To qualify for an RPG grant, applicants were expected to demonstrate experience with cross-agency consultation, coordination of services, cross-training for staff, and regular communication and information sharing (Administration for Children and

Families 2012a). Grantees established partnerships to implement their RPG projects and to build connections between agencies with an eye toward long-term changes in how agencies in these systems work together.

Collaboration to implement RPG . All grantees reported that they have formed partnerships to help provide RPG services. Partners' roles fall into three broad categories: (1) recruiting clients into grantees' RPG projects; (2) directly providing RPG services; and (3) training staff who will work with RPG clients.

- **Outreach.** Two-thirds (12 of 17) of grantees established partnerships with at least one organization that would refer clients into RPG projects or assist with outreach to potential clients. These referral partners included organizations that provide child welfare services, health or mental and behavioral health care, and substance abuse treatment, as well as a variety of local human services agencies. Four grantees (one that had other referral partners and three that did not yet have referral partners) also reported that they had reached out to local organizations they hoped would become referral sources.
- **Services.** Nearly all grantees (16 of 17) established partnerships with at least one organization that would provide services to RPG clients. These services include both core program components—such as substance abuse treatment, trauma treatment, and family strengthening programs—and additional services for RPG families, such as health care, child care, and employment services for adults.
- **Training.** Just over half (10 of 17) of grantees established partnerships with at least one organization that would train grantee or other RPG project staff. Some of these partners will provide training on evidence-based programs that grantees will implement, such as Child-Parent Psychotherapy or the Strengthening Families program. Others will provide other types of training—for example, ways to work with clients that have developmental disabilities, or approaches child welfare staff on can take when working with clients that have both mental health issues and substance use disorders.

In addition, several grantees established partnerships with comparison sites or sources of client data for their local evaluations.

Collaboration to sustain RPG. Two-thirds of grantees (12 of 17) reported on partnerships they had formed for purposes beyond the provision of services during the life of the grant. Some grantees partnered with state or local agencies to obtain guidance on their grant activities or to strengthen their connections to other, related initiatives. Some included local foundations in their partnerships, to increase access to potential future funding sources in order to sustain RPG services beyond the grant period.

Collaboration to meet cost-sharing requirements. Under the terms of the RPG authorizing legislation, grantees are required to meet a nonfederal share of the project cost. Information collected from the grantees' applications suggests that grantees met this requirement primarily through the partners' participation in the grant. Partner agencies provided personnel and supplies to support RPG services. In-kind matches included rental or facility space in which to operate the programs and transportation to move participants from one area to another. One grantee was able to secure matching funds obtained from other nonfederal grants.

3. Establishing Formal Agreements

Agencies participating in the RPG program may need to share client information, cross-train staff, or provide assessments or services to clients of other organizations. As a result, grantees identified the need to formalize certain partnerships by signing agreements such as memoranda of understanding (MOUs) or contracts. In the first semi-annual reporting period, 10 grantees conducted negotiations to establish MOUs or contracts, or executed MOUs or data sharing agreements. These agreements covered topics such as the provision of RPG services or assessments of clients' needs, client referrals, data sharing, and collaboration on staff training.

B. Evidence-Based Programs

In recent years, federal agencies and policymakers, funders, practitioners, and providers have sought to identify, implement, scale up, and sustain interventions that have research demonstrating their effectiveness. By expanding the use of such evidence-based programs or practices (EBPs), stakeholders aim to better allocate resources when they are scarce and, ultimately, improve the effectiveness of their work (Strong et al. 2013). Research evidence helps determine "whether or not a program, practice, or policy is actually achieving the outcomes it aims to and in the way it intends" (Puddy and Wilkins 2011).

The RPG program sought to expand the use of EBPs both among grantees and in the broader fields of child welfare and substance abuse treatment. It did so by (1) requiring grantees to identify and use appropriate evidence-based or evidence-informed programs or practices;[13] (2) encouraging grantees to consider adapting these practices for their target populations if needed; and (3) requiring local and cross-site evaluations as a way to expand the evidence base on services for families involved in the child welfare and substance abuse treatment systems. This section describes the programs and practices grantees proposed and their current evidence base.

1. Programs Proposed by Grantees

Grantees proposed a total of 51 distinct program and practice models they planned to use to serve families. Most offered at least two of these services to families, and three grantees offered 10 or more (Table III.2).

The large number of programs grantees proposed overall and the range in the number that different grantees plan to offer are striking but reflect the context of the RPG program. By definition, RPG families have needs in multiple areas, so a grantee may plan to provide access to multiple programs, such as those that address substance use disorders, trauma, parenting skills, and child-caregiver relationships. While some grantees plan to focus on one or two programs, providing families with a suite of programs that address multiple needs may also be effective. For example, evidence has shown that comprehensive approaches to substance abuse treatment—those that address life factors that may be associated with substance abuse, such as a history of trauma, mental illness, and parent-related stress—are more effective for mothers (Connors et al. 2006; NIDA 2012).

[13] Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation (U.S. Department of Health and Human Services 2011). This informed practice allows for innovation while incorporating the lessons learned from the existing research literature.

Table III.2. Number of Programs Each RPG Grantee Is Implementing, as of April 2013

Grantee	Number of Programs Grantee Is Implementing (or Prepared to Implement)
The Center for Children and Families, Montana	15[a]
Alternative Opportunities, Inc., Missouri	13
Helen Ross McNabb Center, Tennessee	13
Children's Research Triangle, Illinois	3 (10)[b]
Rockingham Memorial Hospital, Virginia	7
Center Point, Inc., California	6
Kentucky Department for Community Based Services	6
Georgia State University Research Foundation, Inc.	5
Commonwealth of Massachusetts	5
State of Nevada Division of Child and Family Services	4
Northwest Iowa Mental Health Center/Seasons Center	4
Tennessee Department of Mental Health and Substance Abuse Services	4
Judicial Branch, State of Iowa	3
Oklahoma Department of Mental Health and Substance Abuse Services	2
Summit County Children Services, Ohio	2
Families and Children Together, Maine	1
Health Federation of Philadelphia, Inc., Pennsylvania	1

Source: Strong et al. 2013.

Note: Grantees may propose some changes in their menu of services due to contextual factors. Proposed changes must be reviewed and approved by HHS.

[a] The Center for Children and Families mentioned 7 additional programs that "may be offered to participants" for a total of 22.

[b] Children's Research Triangle reported in April 2013 that it is prepared to implement 10 programs but has only used 3 so far because it tailors services to each client.

Several grantees offer multiple programs but customize services depending on client needs, so each family participates in a subset of those offered. Some grantees are offering multiple programs that serve the same purpose but are intended to serve slightly different populations. For example, one grantee is offering two family strengthening programs for children: one that is more appropriate for older children and one that is more appropriate for younger children.

Grantees are implementing six broad groups of programs (Table III.3). [14]

1. **Family strengthening programs (25 programs, proposed by 14 grantees).** These programs focus on at least one of the following goals: increasing family functioning, promoting family group decision making, improving parenting and/or life skills, and supporting children's emotional and behavioral development. Some of these programs include curricula for both adults and children, while others focus on adults. Family strengthening programs may involve a home visiting component.

[14] Appendix A includes a complete list of EBPs and shows which EBPs each grantee plans to implement.

2. **Response to trauma (7 programs, proposed by 11 grantees).** Programs included in this group are designed for adults and/or children who may have experienced trauma. Individual therapies or group curricula are designed to help clients cope with trauma and develop resilience.
3. **Child-caregiver therapy (4 programs, proposed by 7 grantees).** These programs focus directly on improving the child-caregiver relationship, in contrast to family strengthening programs that focus on developing skills, including parenting, that can improve family functioning. Therapeutic treatments focus on the child-caregiver relationship; treatments include elements of family functioning, therapy, and in some cases, substance abuse treatment and response to trauma. Rather than include them in one of those categories, we have grouped them separately because of their shared characteristics.
4. **Therapy or counseling styles (7 programs, proposed by 10 grantees).** Providers use these approaches to therapy or counseling in various settings, or in combination with other programs. This category includes cognitive behavior therapy, a form of brief psychotherapy that focuses on helping participants learn skills to "counsel themselves" rationally and unlearn unwanted emotional and behavioral reactions.
5. **Substance abuse treatment (7 programs, proposed by 7 grantees).** These program models are designed to help clients overcome substance addiction and avoid relapse. They vary in whether they serve individuals or groups and whether their designers intended them for outpatient, residential, or both settings. Most of these programs are intended for outpatient use.
6. **Family Treatment Drug Court (one program, proposed by 2 grantees).** Family Treatment Drug Courts are specialized courts designed to work with families involved in the child welfare system due primarily to a parent's substance use disorder. The court serves as a vehicle through which parents enter substance abuse treatment and receive wraparound services, and through which parents' progress is monitored.

Table III.3. Number of Programs of Each Type, and Number of Grantees Proposing Each Type

Program Type	Number of Programs of this Type	Number of Grantees Proposing One or More Programs of this Type
Family Strengthening	25	14
Response to Trauma	7	11
Child-Caregiver Therapy	4	7
Therapy or Counseling Style	7	10
Substance Abuse Treatment	7	7
Family Treatment Drug Court	1	2

Source: Strong et al. 2013.

2. The Evidence Base for RPG-Proposed Programs and Practices

In the health care and social services fields, the term "evidence-based" refers to approaches to prevention or treatment that are validated by some form of documented scientific evidence. Evidence-based programs stand in contrast to approaches based on tradition, convention, belief, or anecdotal evidence (SAMHSA n.d.(a)). However, there is no generally accepted standard of what constitutes "current best evidence" (Mattox and Kilburn n.d.). In many fields, efforts are underway to review existing research on program and practice models to assess whether they have been

subjected to rigorous study and what level of evidence, if any, there is for their effectiveness. Each review uses different criteria.

To maximize the use of evidence-based or evidence-informed program models, RPG applicants were encouraged to select one or more models from several sources identified in the FOA. Some sources were evidence reviews, and others identified models that may have been included in such reviews (Administration for Children and Families 2012a). Alternatively, applicants could provide information on research studies to show that the services or practices to be implemented were evidence-based. If such research studies were not available, applicants could provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

The majority of programs and practices proposed by grantees have been included in one or more systematic evidence reviews. In these reviews, independent topic experts evaluate studies of a particular program or group of programs and assess the collective strength of evidence of their effectiveness. Reviewers rate the evidence based on (1) how rigorous available studies are (that is, how well the methods used in the study are able to determine whether the program caused improved outcomes in comparison to other groups) and (2) how many rigorous studies show favorable results. Although a high rating usually indicates a substantial volume of strong evidence for a program's effectiveness, a lower rating does not necessarily mean the program does not work; it may mean that adequate research has not yet been done.

Of the 51 program models proposed by grantees, 37 were reviewed by at least one of five evidence sources (Table III.4). Seven other program models had at least one evaluation, and four other models were described by their developers as based on research or evidence.

Table III.4. Potential Sources of Evidence Ratings for RPG Program Models

Source[a]	Description	Number Reviewed (number rated/met criteria[b])
California Evidence-Based Clearinghouse for Child Welfare (CEBC): http://www.cebc4cw.org	Sponsored by the California Department of Social Services and operated by the Chadwick Center for Children and Families at Rady Children's Hospital San Diego	23 (19)
National Registry of Evidence-based Programs and Practices (NREPP): http://www.nrepp.samhsa.gov	Maintained by SAMHSA, U.S. Department of Health and Human Services	19
Office of Juvenile Justice and Delinquency Prevention Model Programs Guide (OJJDP): http://www.ojjdp.gov/mpg	Maintained by OJJDP, U.S. Department of Justice	10
Home Visiting Evidence of Effectiveness (HomVEE): http://homvee.acf.hhs.gov	Sponsored by the Administration for Children and Families, and operated by Mathematica Policy Research	7 (3)
Promising Practices Network (PPN): www.promisingpractices.net	Operated by the RAND Corporation	6

Source: Strong et al. 2013.

[a] Models can be rated by multiple sources.

[b] Models listed in parentheses under CEBC had sufficient evidence to be rated. Models listed in parentheses under HomVEE met HHS criteria for evidence-based models.

The most common source of an evidence rating for program models proposed by grantees is the California Evidence-Based Clearinghouse for Child Welfare (CEBC), which rated 23 of the programs. Another common source is SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), which included 19 RPG-proposed programs. These two sources are prominent because RPG addresses both child welfare and substance abuse treatment—the fields on which CEBC and NREPP focus. Seven of the proposed programs have been reviewed by Home Visiting Evidence of Effectiveness (HomVEE), and 13 are rated by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and/or the RAND Corporation-operated Promising Practices Network (PPN). Eighteen of the models are reviewed or rated by two or more of these five sources.[15]

C. Implementation

Grantees were at different stages when the 2012 grants began. Ten grantees had also received 2007 RPG grants and were continuing their existing partnerships and projects or mainly updating them, while 7 were new to the program. Some grantees were already providing services included in their RPG projects and mainly needed to design and implement an evaluation, while other grantees did not plan to begin services right away. Depending on their initial status and project plans, during the first year of the RPG program grantees began working with their partners, refining their initial project plans, and hiring staff. They also laid the groundwork for conducting their own local evaluations, and for participating in the national cross-site evaluation. In each of these areas, grantees experienced both successes and challenges.

1. Working with Partners

Eleven grantees highlighted at least one first-year success associated with working with their RPG partners. Seven grantees felt they had solidified and/or deepened their partnership efforts. These grantees described improving communication and coordination; increasing buy-in among program partners; or solidifying program services and outlining the responsibilities that partners would have during the project. Five grantees added new referral sources or received more referrals than expected from their existing partners.

Grantees also reported that working in partnerships could be time-consuming and challenging. About a third of grantees reported needing to hold additional conversations with partners about the roles of collaborating agencies. Grantees also reported that determining the roles each partner would play within the framework of the RPG project took time. Other grantees experienced delays in executing needed MOUs, and miscommunication and/or mistrust between partners.

In addition to building formal partnerships, grantees also sought to raise awareness of their work and families' needs within the broader child welfare and substance abuse treatment communities. Nine grantees reported holding kickoff meetings, presentations, conferences, and/or community-wide events. These meetings aimed to inform the public about RPG and the services RPG programs provide. In some cases, local leaders, elected officials, and representatives from the program partners attended.

[15] More information on the evidence review process and sources used is available in Strong et al. 2013.

2. Refining Program Plans

In their applications, grantees described their projects and how they would implement them. HHS specified in its FOA that grantees should use the first several months of the grant to flesh out and refine their plans (Administration for Children and Families 2012a). Furthermore, once grants are awarded, local contextual factors, implementation challenges, and other barriers often require flexibility and result in project changes. In the first reporting period (between October 1, 2012 and March 31, 2013), five grantees described changes to their initial plans.

- One grantee refined the geographic target area of the RPG services. In its original grant application, Center Point, Inc., in California, proposed serving clients from five counties in the San Francisco Bay Area. However, Center Point reported that pursuing partnerships with leaders in five counties turned out to be ambitious, so the project will focus the services of its RPG program on two counties.
- Two grantees changed the mode of service delivery. The service delivery setting and mode are important parts of each evidence-based program model. For example, Georgia State University Research Foundation decided to expand the settings and formats in which it offers the Nurturing Parenting Program (NPP). In addition to providing services within clients' homes, as outlined in the grantee's proposal, Georgia State University Research Foundation will offer NPP either in a home setting *or* in a group format.
- Two grantees (Kentucky Department for Community Based Services and Rockingham Memorial Hospital in Virginia) changed their programs' eligibility requirements to broaden the age range of the children who can receive program services.

In addition, three grantees gained new funding sources during the performance period. Seasons Center in Iowa secured a number of foundation and county grants to support marketing, education, and outreach efforts in collaboration with local school districts. One of the activities funded by those grants consisted of assembling "resource bags" containing information on the RPG program elements such as addressing trauma and bullying, substance abuse prevention, and psychological testing. The grantee gave the resource bags to elementary school students. The Helen Ross McNabb Center in Tennessee received funding from the United Way of Greater Knox County. Center Point, Inc., in California, reported receiving two contracts from the Marin County Mental Health and Substance Use Services Division. The contracts call for the development of comprehensive, trauma-informed, and gender-responsive outpatient treatment for women.

3. Hiring and Training Staff

With their RPG funds, grantees often planned to hire staff for EBPs or services they were expanding or newly offering. A number of grantees sought to improve the quality of services delivered or to ensure fidelity to their EBPs by training new or existing staff. Specifically, 11 grantees hired staff during the reporting period, and eight trained staff. They provided training on selected EBPs, on CPR or first aid, cultural sensitivity, or protocols for conducting child or adult assessments to identify program eligibility or family needs.

Eleven grantees reported they faced challenges to hiring staff. Difficulties included trouble finding potential employees with the qualifications needed to implement a specific program or delays in the hiring process. When the semi-annual reports were written, six grantees had not yet filled all of their RPG program staff positions. For example, the Tennessee Department of Mental Health

and Substance Abuse Services was seeking to hire staff with master's degrees who were willing to work in rural areas and outside of regular business hours—a combination of qualities that was difficult to find.

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IV. EVALUATION AND ACCOUNTABILITY

In recent years, policymakers, funders, program model developers, providers and practitioners, and researchers have emphasized evidence-based and evidence-informed practices in their budgeting and program decisions (Haskins and Baron 2011). Consistent with this focus on evidence, the Child and Family Services Improvement and Innovation Act of 2011 (Pub. L. 112-34) requires that HHS evaluate the services and activities funded through RPG. The legislation mandates that HHS examine whether grantees are successful in achieving the goals and outcomes specified in their grant applications and proposed performance indicators. Specifically, HHS must assess the extent to which grantees are successful in (1) addressing the needs of families who have substance use disorders and who have come to the attention of the child welfare system; and (2) achieving the goals of child safety, permanence, and family stability.

To address the legislation's goals and to contribute knowledge to the fields of child welfare and substance abuse treatment programming, HHS is using three strategies. First, HHS requires the grantees to evaluate their programs, emphasizing the use of appropriate designs and technically sound measures. Second, during the first program year, HHS conducted an evaluability assessment to ensure the appropriateness of each grantee's evaluation design, and to strengthen the design if feasible. Third, HHS has made provision for a national cross-site evaluation that will (1) examine grantees' performance, including activities to establish partnerships and implement evidence-based programs (EBPs); (2) document the outcomes of children and families served by RPG; and (3) test the effectiveness of selected programs. This chapter describes these three strategies.

A. Grantee Evaluation Requirements

As explained in the RPG FOA, HHS required that every RPG grantee evaluate its project, saying that grantees should propose evaluation designs comparing participants with nonparticipants (Administration for Children and Families 2012a). Comparison group designs were preferred because they can, if well designed, identify the influence of project services and activities on participant outcomes.[16] To the extent possible given the limited detail that can be provided in grant applications, the proposed evaluation designs were assessed according to four criteria:

1. **Evaluations should use an appropriate comparison group to determine the influence of RPG services, EBPs, and activities on child and family outcomes.** For example, it would not be appropriate to compare outcomes for families that enrolled in RPG projects to families that declined to enroll, since the former group might be more motivated to change, which could bias the comparison of child safety, adult recovery, other outcomes between the two groups.
2. **The proposed comparison group and the group receiving RPG services (the "program group") should be assigned at random, or matched on key observable characteristics. Otherwise, the evaluation design must credibly identify and address any preexisting differences between the comparison and program groups.** Random assignment reduces the possibility that program and comparison or control groups are different from one another in systematic ways that create bias.

[16] Other evaluation designs, such as pre-post designs that compare participants before and after a program rather than to a separate comparison group, are unable to attribute changes to the program being evaluated.

Matching potential members of a comparison group to those in the program group on observable characteristics helps reduce the possibility that different outcomes are the result only of differences between the two groups. That is, the groups should be equivalent on the observable characteristics when the evaluation begins. If random assignment or pre-program matching are not possible, then statistical analyses of differences in outcomes between program and comparison groups should include variables that can be used to control for observable differences between the groups.

3. **Program and comparison groups should be of sufficient size to detect anticipated program impacts.** Small sample sizes can make it difficult to detect program impacts.
4. **Comparison designs should use a contemporaneous comparison group, where results for both the program and comparison groups are observed over the same time period.** Otherwise, differences in outcomes between the two groups could be the result of external factors prevailing at the different periods.

Applicants were also asked to select valid and reliable data collection instruments and measures for use in their evaluations. *Validity* refers to the ability to measure the concept being examined; *reliability* refers to a measure that yields stable and consistent results when repeated over time.

In addition to the requirements for local evaluation designs, the FOA noted that the grantees would need to participate fully in a national (cross-site) evaluation of the RPG program (Administration for Children and Families 2012a). In particular, the FOA stated that grantees would need to provide data to be used in the national evaluation. Grantees described in their applications how they would participate in national evaluation-related activities.

B. Assessing Evaluability

Descriptions of the evaluation plans in many of the grantees' RPG applications were necessarily brief, and some grantees were still fleshing out the details of their plans in the initial months of the grant. In addition, early refinements in project plans sometimes necessitated related changes in evaluation designs, such as seeking alternative comparison groups. During this time, HHS began a planned fuller assessment of grantees' evaluation designs than could be conducted through reviews of grant applications alone. This "evaluability assessment" was intended to be a structured review that would (1) clearly and accurately describe each grantee's local evaluation design; (2) assess the strength of the evidence the designs could provide related to project effectiveness; and (3) where possible, identify ways grantees might be able to strengthen their evaluation designs.

1. The Evaluation Designs

The assessment used a template for reviewing information on each local evaluation design. For example, the template called for (1) a description of how families were assigned to program and comparison groups; and (2) an assessment of the equivalence of the two groups at the study's onset. The template also called for descriptive information on the contrast in services being tested—that is, the degree of difference between the services RPG project participants would receive and those received by comparison groups. Without adequate contrasts, no measurable differences in outcomes would be expected. Information for the assessment was collected by the evaluation TA liaisons from three main sources. Liaisons reviewed grantees' RPG applications, obtained additional information during monthly calls with each grantee and their program and evaluation TA liaisons and federal project officers, and corresponded with grantees and their evaluators.

Grantees strengthened aspects of their evaluation designs after input from their program and evaluation liaisons and HHS. For example, four grantees that originally proposed comparison group designs developed plans for randomized controlled trial (RCT) designs instead. An RCT can be considered a special form of a comparison group design, in which members are assigned to the program or the alternative at random. This process controls for both observable and nonobservable differences between the groups, assuring that any later differences in outcomes have been caused by the program. Six other grantees developed strong matched-comparison group designs.[17]

As of September 2013, four grantees were planning to conduct their local evaluations using an RCT design (Table IV.1). Eleven planned to use a comparison group design without random assignment. Two grantees (Oklahoma Department of Mental Health and Substance Abuse Services and Helen Ross McNabb Center, Tennessee) have each proposed to conduct two different evaluation studies, one based on an RCT and one based on a comparison group design.

In assessing the strength of these evaluation designs, HHS considered the level of evidence on program effectiveness that the evaluations can provide if they are well implemented. While assessing the quality of the proposed designs, HHS also considered factors that could interfere with the ability of the local evaluations to detect program effects. These included whether the proposed sample size would be large enough to detect the likely impacts of the RPG projects, and whether the data sources include newly collected primary data on children and families or only the secondary data already available from administrative records kept by child welfare, foster care, and substance abuse treatment agencies.

Based on the assessment of the local evaluation designs, HHS rated each design as one of the following:

- **Strong.** If the evaluation is implemented well, the design will provide credible, unbiased effects of the contrasts being evaluated.
- **Promising.** If the evaluation is implemented well, the design will provide suggestive information on the effects of the contrasts being evaluated.
- **Limited.** If the evaluation is implemented well, the design will provide limited information on the effects of the contrasts being evaluated.
- **Descriptive.** The design cannot isolate program effects from other factors, but can provide useful information on participant outcomes or other aspects of the RPG program and partnerships.

At the conclusion of the evaluability assessment, six local evaluation designs received a rating of "strong," three were rated "promising," three "limited," and seven "descriptive."

[17] One way to form the comparison group is to match comparison group members to program group members on key observable characteristics. This is referred to as a *matched comparison group design*. Evaluators can also use other criteria to form a comparison group. Designs that do not use *matching* on key characteristics are referred to in this report as *comparison group designs*.

Table IV.1. Characteristics of Grantees' Local Outcome Evaluations, as of September 2013

Grantee Organization	Evaluation Design	Expected Sample Size	Contrast in Services the Program and Comparison Groups Will Receive	Outcome Domains	Data Sources	Additional Analyses Planned
Center Point, Inc., California	Matched comparison group design	168 mothers and their children (84 in the program group, approximately 84 in the comparison group)	**Program group:** residential substance abuse treatment, on-site parenting/family strengthening curricula, Head Start and other child development services, employment preparedness services, case management, and post-discharge home visits. **Comparison group:** alternative substance abuse treatment services provided in a different facility.	Permanency Safety Recovery Plans under development to collect outcomes in: Child well-being Family functioning	Direct assessments Administrative records	The grantee will conduct an analysis of its collaborative activities with partners.
Georgia State University Research Foundation, Inc.	Comparison group design	240 families (120 program, 120 comparison)	**Program group:** "standard" drug court services (including substance abuse treatment, random drug screenings, and graduated sanctions and incentives), integrated adult and child trauma treatment and parenting/family strengthening services. **Comparison group:** "standard" services from a different drug court in a neighboring county.	Child well-being Permanency Safety Recovery Family functioning	Direct assessments Administrative records	The grantee will collect information on the implementation of its programs.
Judicial Branch, State of Iowa	Comparison group design	700 families (350 program, 350 comparison)	**Program group:** two parent/family strengthening programs, the Strengthening Families Program and Celebrating Families! **Comparison group:** services as usual.	<u>Program group:</u> Child well-being Permanency Safety Recovery Family functioning <u>Comparison group</u>: Permanency Safety	<u>Program group</u>: Direct assessments Administrative records <u>Comparison group:</u> Administrative records	The grantee will collect information on adaptations and implementation of the programs.

Grantee Organization	Evaluation Design	Expected Sample Size	Contrast in Services the Program and Comparison Groups Will Receive	Outcome Domains	Data Sources	Additional Analyses Planned
Northwest Iowa Mental Health Center/Seasons Center	Randomized controlled trial	1,000 families (800 program, 200 comparison)	**Program group:** one or more of four evidence-based programs that aim to help parents and/or children recover from trauma and strengthen their bonds. **Comparison group:** "traditional" mental health services like those Seasons' clients in other programs receive.	Child well-being Permanency Safety	Program group: Direct assessments Administrative records Comparison group: Administrative records	The grantee will conduct an analysis of the activities conducted to implement the program.
Children's Research Triangle, Illinois	Matched comparison group design	400 children (200 program, 200 comparison)	**Program group:** alternative foster care for children through SOS Children's Villages, a customized package of coordinated, integrated services (which may include trauma treatment, family strengthening programs, and/or child-caregiver therapy), services of a family support specialist and SOS case manager, and outpatient substance use disorder recovery services for biological parents. **Comparison group:** traditional out-of-home placements for children. Comparison group members may receive interventions similar to the program group, but they will not be integrated, and comparison group members do not work with a family support specialist or SOS case manager. The comparison group for biological parents will consist of adults receiving treatment for substance use disorders, but not comprehensive family services.	Child well-being Permanency Safety Recovery Family functioning	Direct assessments Administrative records	The grantee will also conduct a process evaluation.

Grantee Organization	Evaluation Design	Expected Sample Size	Contrast in Services the Program and Comparison Groups Will Receive	Outcome Domains	Data Sources	Additional Analyses Planned
Kentucky Department for Community Based Services	Matched comparison group design	300 families (150 program, 150 control)	**Program group:** in-home case management from a START worker (a specially-trained CPS worker), in-home support from a family mentor (a specialist in peer support for long-term addiction recovery), access to wraparound services including substance abuse treatment and mental health and trauma services. **Comparison group:** referrals for therapy, group counseling, and substance abuse treatment as needed from conventional child welfare caseworkers.	Child well-being Permanency Safety Recovery Family functioning	Direct assessments Administrative records	The grantee will also conduct focus groups with clients, CPS staff, and community partners.
Families and Children Together, Maine	Comparison group design	1,000 children and their parents (500 program, 500 comparison)	**Program group:** a navigator will assess families' needs and refer them to parenting/family strengthening services, substance use disorder screening services, and financial assistance for child care and transportation as appropriate. Navigators will also play a case manager role, helping families build formal and informal supports and working to reduce barriers to accessing services. **Comparison group:** services as usual.	<u>Program group:</u> Child well-being Permanency Safety Recovery Family functioning <u>Comparison group</u>: Permanency Safety	<u>Program group</u>: Direct assessments Administrative records <u>Comparison group:</u> Administrative records	The evaluation also includes a study the grantee and its partners' system-level efforts to improve collaboration.
Commonwealth of Massachusetts	Matched comparison group design	400 families (280 program, 120 comparison)	**Program group:** weekly or more frequent visits from a family recovery specialist who provides in-home substance use disorder recovery, parenting/family strengthening, and child trauma services; manages the case; coordinates screenings, assessments, and community-based services; coordinates with the child welfare case manager; and helps the family transition to community-based services. **Comparison group:** referrals to existing, outside-the-home, community-based services in these areas from a child welfare case worker.	Child well-being Permanency Safety Recovery Family functioning	Direct assessments Administrative records	The grantee will also conduct a process evaluation to describe the development and implementation of the project.

Grantee Organization	Evaluation Design	Expected Sample Size	Contrast in Services the Program and Comparison Groups Will Receive	Outcome Domains	Data Sources	Additional Analyses Planned
Alternative Opportunities, Inc., Missouri	Matched comparison group design	640 families (320 program, 320 comparison)	**Program group:** Family Group Conferencing; specialized case management; recovery coaches; a customized plan of parenting/family strengthening programs, trauma treatment, and substance abuse treatment; and access and referrals to health care, transportation, and housing and child care support. **Comparison group:** case management from a referral agency worker and access to substance abuse treatment, trauma services or counseling, and parenting education.	Child well-being Permanency Safety Recovery Family functioning	Direct assessments Administrative records	The grantee will conduct an analysis of the activities conducted to implement the program.
The Center for Children and Families, Montana	Randomized controlled trial	450 families (225 program, 225 control)	**Program group:** Family Treatment Matters, which offers comprehensive outpatient substance abuse treatment combined with parenting/family strengthening programs, life skills development for adults, child development, and resilience-building for children; services adapted specifically to address the needs of Native American populations; and assistance accessing ancillary services when needed, such as child-caregiver therapy, neuropsychological evaluations, or therapeutic groups. **Comparison group:** referrals to local substance abuse treatment providers, psychiatric services, and adult case management if available.	Child well-being Permanency Safety Recovery Family functioning	Direct assessments Administrative records	The grantee will also conduct a process evaluation and cost-benefit analysis.

Grantee Organization	Evaluation Design	Expected Sample Size	Contrast in Services the Program and Comparison Groups Will Receive	Outcome Domains	Data Sources	Additional Analyses Planned
State of Nevada Division of Child and Family Services	Randomized controlled trial	320 families (120 program, 200 control)	**Program group:** residential substance abuse treatment for adults in a modified therapeutic community; access to peer mentoring and drug counseling; treatment supervision and collaborative case management monitored by the court; and on-site counseling/mental health services, parenting/family strengthening programs, vocational services, assessments and referrals for children, and transitional services after leaving the facility. **Comparison group:** residential substance abuse treatment in a modified therapeutic community, as well as access to peer mentoring and drug counseling.	Child well-being Permanency Safety Recovery Family functioning	Direct assessments Administrative records	
Summit County Children Services, Ohio	Randomized controlled trial	300 families (150 program, 150 control)	**Program group:** in-home alcohol and other drugs assessment of all adults, access to trauma treatment for children as needed, support from a STARS coordinator who coordinates child welfare and substance abuse treatment services, services from a public health outreach worker who provides ongoing phone contact and helps with service coordination, access to a recovery coach, parenting/family strengthening services, youth mentoring or tutoring, and transportation assistance as needed. An additional treatment group will receive STARS services and be engaged with a family drug court. **Comparison group:** in-home alcohol and other drugs assessment of all adults, access to trauma treatment for children as needed, and referrals to community-based substance abuse treatment.	Child well-being Permanency Safety Recovery Family functioning	Direct assessments Administrative records	The grantee will conduct a network analysis of organizational collaboration and a process evaluation, and will construct an indexed measure of sustainability.

Grantee Organization	Evaluation Design	Expected Sample Size	Contrast in Services the Program and Comparison Groups Will Receive	Outcome Domains	Data Sources	Additional Analyses Planned
Oklahoma Department of Mental Health and Substance Abuse Services	Strengthening Families Program (SFP): Comparison group design Solution Focused Brief Therapy (SFBT): Randomized controlled trial	SFP: 1,200 families (600 program, 600 comparison)[a] SFBT: Sample size 240 families (120 program, 120 comparison)	Oklahoma DMHSAS will conduct two separate outcome evaluations, one examining the Strengthening Families Program (SFP) and the other of Solution Focused Brief Therapy (SFBT). SFP: **Program group:** SFP, a highly structured family skills training program that includes components for parents, children, and both together. **Comparison group:** the traditional parenting program mandated for Oklahoma families with children in out-of-home placements. SFBT: **Program group:** SFBT, a "strengths-based" counseling intervention to support recovery from substance use disorders. **Control group:** substance abuse treatment as usual.	SFP: Permanency Safety Recovery SFBT: Child well-being Permanency Safety Recovery Family functioning	SFP: Administrative records SFBT: Direct assessments Administrative records	The grantee will also gather process information on adaptations to and the implementation of SFP.
Health Federation of Philadelphia, Inc., Pennsylvania	Randomized controlled trial	500 families (250 program, 250 control)	**Program group:** services from the grantee's Achieving Reunification Center—case management, mental health services for individuals and families, substance use disorder recovery services, parenting/ family strengthening programs, employment services, housing assistance, psycho-educational groups, and on-site child care–as well as Child Parent Psychotherapy, a relationship-based therapeutic treatment for children and their caregivers or parents that incorporates trauma treatment and includes supervised visits between parents and children who are in out-of-home placements. **Comparison group:** Achieving Reunification Center services.	Child well-being Permanency Safety Recovery Family functioning	Direct assessments Administrative records	The grantee will conduct an economic return on investment analysis and a system-level evaluation, which will include an implementation analysis and assessment of overall system change.

Grantee Organization	Evaluation Design	Expected Sample Size	Contrast in Services the Program and Comparison Groups Will Receive	Outcome Domains	Data Sources	Additional Analyses Planned
Helen Ross McNabb Center, Tennessee	Evaluation 1: Comparison group design Evaluation 2: Randomized controlled trial	Evaluation 1: 900 adults and their children (800 program, 100 comparison) Evaluation 2: 700 families (350 program, 350 comparison)	The grantee will conduct multiple evaluations of different components of its New Beginnings for Children, Women and Families program. Evaluation 1: **Program group:** intensive outpatient or in-home New Beginnings services. **Comparison group:** residential New Beginnings services. Evaluation 2: **Program group:** intensive outpatient or in-home New Beginnings services and assistance from a designated housing facilitator. **Comparison group:** intensive outpatient or in-home New Beginnings services and housing services as usual.	Child well-being Permanency Safety Recovery Family functioning	Direct assessments Administrative records	The grantee will conduct an implementation analysis.
Tennessee Department of Mental Health and Substance Abuse Services	Comparison group design	300 families (300 program, size of comparison group undetermined)	**Program group:** the TIES program: in-home Intensive Family Preservation Services (IFPS), followed by trauma treatment if needed. **Comparison group:** services as usual.	Child well-being Permanency Safety Recovery Family functioning	Program group: Direct assessments Administrative records Comparison group: Administrative records	The grantee will monitor fidelity to its IFPS model.
Rockingham Memorial Hospital, Virginia	Comparison group design	350 program group families, comparison group to be determined	**Program group:** an individualized program of services from substance use disorder specialists, which may include parenting/family strengthening programs, referrals to additional substance abuse treatment, and/or parent training provided by a home visitor. **Comparison group:** services to be determined.	Program group: Child well-being Permanency Safety Recovery Family functioning Comparison group: To be determined	Program group: Direct assessments Administrative records Comparison group: Administrative records	The grantee will conduct an analysis of its collaborative activities with partners.

Note: Matched comparison group designs build the comparison group by matching on key characteristics of evaluation participants. Comparison group designs do not use matching on key characteristics to form the comparison group.

There are 19 designs for 17 grantees because the Oklahoma Department of Mental Health and Substance Abuse Services and the Helen Ross McNabb Center, Tennessee proposed to implement two evaluation designs.

[a] The Oklahoma grantee is currently revising this sample size, but the figures reported reflect the most up-to-date information available.

2. Ensuring Well-Implemented Evaluations

Several factors, some outside the control of the grantees and their evaluators, can affect the ability of grantees to implement their chosen designs, and hence weaken the evidence they ultimately provide. For example, if grantees using RCT designs find it difficult to enroll people in the study, their sample sizes may be too small to permit meaningful statistical comparisons. Some very high-risk families might have unstable housing arrangements, which could make it difficult for grantees to locate them to collect follow-up data. Because of limited budgets or other factors, the state agencies from which grantees plan to obtain administrative records might in some cases be unable to provide data, which would reduce the number of variables grantees could use to match comparison and program group members or to track outcomes.

One reason HHS is providing ongoing program and evaluation TA to the grantees is to identify potential problems such as these, and to help develop strategies that grantees can use to address them. These could include strategies for increasing enrollment—perhaps by finding additional referral sources—or strategies for collecting additional information to help grantees locate families for follow-up data collection. Other strategies include helping grantees approach state agencies to secure needed data-sharing agreements, and exploring other potential sources of needed data. To identify any emerging or potential concerns and plan responses, the program and evaluation TA liaisons, during ongoing monthly check-in calls, monitor grantees' progress implementing both their programs and their evaluations.

C. The Cross-Site Evaluation

To enable HHS to assess the outcomes and effectiveness of the RPG program, grantees will share with the cross-site evaluation certain types of data they collect for their local evaluations. The cross-site evaluation will use these and other data to describe the RPG partnerships and projects, their enrollment and services to families and children, the characteristics of participating children and adults, and project outcomes and effectiveness. The cross-site evaluation was designed during the first year of the RPG program (Strong et al. 2014).

The RPG cross-site evaluation will address seven research questions:

1. Who was involved in each RPG project, and how did the partners work together? To what extent were the grantees and their partners prepared to sustain their projects by the end of the grant period?
2. Who were the target populations of the RPG projects? Did RPG projects reach their intended target populations?
3. Which EBPs did the RPG projects select? How well did they align with the projects' target populations and goals?
4. What procedures, infrastructure, and supports were in place to facilitate implementation of the EBPs?
5. How were the EBPs implemented? What services were provided? What were the characteristics of enrolled participants?
6. To what extent were the grantees prepared to sustain their EBPs at the end of the grant period?

7. What were the well-being, permanency, and safety outcomes of children, and the recovery outcomes of adults, who received services from the RPG projects?

To fully address these questions, the RPG cross-site evaluation consists of four studies. Three of them include all 17 grantees: (1) a study of the structure and functioning of the RPG partnerships; (2) a study of the implementation of RPG projects, including what services grantees offered and families used; and (3) a study of child and family outcomes. The fourth study will involve a subset of grantees with the most rigorous local evaluation designs to examine the effectiveness of RPG. The studies will be based on data from eight sources (Table IV.2).

Table IV.2: RPG Cross-Site Evaluation Data Sources Used in Each Study

	Cross-Site Evaluation Component			
Data Source	Partnership Study	Implementation Study	Outcomes Study	Impact Study
Partner Survey	X			
Semi-Annual Progress Reports	X	X		
Staff Survey		X		
Site Visits	X	X		
Enrollment and Services Data		X		
Primary Data and Administrative Records for RPG Participants			X	X
Primary Data and Administrative Records for Comparison Groups				X

1. The Partnership Study

The need for collaboration to serve families involved with child welfare and substance abuse treatment systems motivated Congress to create the RPG program in 2006. The program aims, ultimately, to improve services for children and families by fostering interagency collaboration and the integration of programs, activities, and services (Administration for Children and Families 2012).

As a result, partnerships and collaborative activities are key components of RPG—and a focus of the cross-site evaluation. The partnership study will describe the partnerships formed among grantees, agencies in the community implementing RPG services, and organizations that have come together to support the RPG program. The main source of data will be a survey of the grantees and their primary partners who refer families to RPG projects, provide services to RPG families, or play other key roles in the RPG projects (Appendix C).

The partner survey will collect information about the characteristics of partner organizations, their goals for RPG and their relationships with other partners, and intended outputs of the partnerships, such as coordination of case management, data sharing, and service planning. The lead staff member for RPG from each partner organization will respond to the survey.

2. The Implementation Study

A growing body of research indicates that the quality of program implementation affects participant outcomes (Dane and Scheider 1998; Durlak and DuPre 2008; Dusenbury et al. 2003; Fixsen et al. 2005; Berkel et al. 2011). In addition, there is increasing recognition across disciplines of

the importance of implementation research to guide adoption, replication, and scale-up of evidence-based programs and practices (Berkel et al. 2011; Durlak and DuPre 2008; Gearing et al. 2011; Glasgow et al. 2012). Therefore, the cross-site evaluation will include a close examination of RPG implementation. The study will describe grantees' target populations, how grantees selected their EBPs, and how the chosen EBPs fit with the target populations. It will examine factors linked to successful implementation of EBPs such as staff selection, hiring, qualifications and training. It will ask about staff attitudes toward implementing EBPs, and what supervision and feedback they receive. It will explore factors such as organizational climate, leadership and decision making, administrative support, and use of data systems. It will document actual services RPG families receive, with additional details collected on a subset of ten "focal" EBPs (Appendix D) to measure their dosage, duration, content, and adherence to program models, and to learn how families respond to them.

The study will use multiple sources and methods to gather both quantitative and qualitative information about RPG implementation. The four data sources are (1) the semi-annual progress reports grantees file; (2) a survey of front-line staff who work directly with RPG families; (3) interviews with RPG project directors, supervisors, and front-line workers conducted during site visits; and (4) data on enrollment and services, provided by grantees and their evaluators.

Semi-annual progress reports will describe (1) program activities, as well as successes and challenges implementing RPG projects; (2) the infrastructure in place to support implementation, such as teams and plans; and (3) local factors that affect programs and participants. They will also provide information to help assess the fidelity of implementation of the focal EBPs selected for in-depth study.[18]

The staff survey will collect information on staff characteristics and attitudes toward implementing EBPs, organizational characteristics, staff supports, and implementation experiences (Appendix E). The survey incorporates several scales used in implementation research to measure attitudes toward the use of EBPs, the level of training and supervision staff receive, and the organizational climate (Moore et al. 2013; Dickinson and Painter 2009; Panzano et al. 2004, 2006).

Site visits will collect information on the RPG planning process, and how and why particular EBPs were selected. Site visitors will also discuss with grantees and their partners their ability to support quality implementation for the 10 focal EBPs, and their implementation experiences and perspectives on the fidelity of implementation to their EBP models.

Enrollment and service data will be provided by grantees on a regular basis. HHS will use these data to describe participants, assess grantees' ability to reach their target population, enrollment levels, the dosage and duration of services received by families, the content delivered, fidelity to EBP requirements, and participant responsiveness and engagement.

[18] Grantees proposed a total of 51 EBPs-more than the cross-site evaluation can feasibly study. Therefore HHS selected a subset of ten "focal" EBPs for collection of in-depth data, using four criteria: (1) the EBPs should represent to the extent feasible a range of programs the grantees are implementing; (2) each EBP should be session-based, for which information about the sessions can be obtained; (3) each EBP should be implemented by at least two grantees as a primary service of their project; and (4) all grantees should be implementing at least one focal EBP.

3. The Outcomes Study

The RPG projects are designed to support families in various ways, including addressing substance use, improving parenting skills, and addressing children's needs. The outcomes study will examine child and family outcomes in five areas of high interest to HHS: (1) child well-being; (2) child permanency; (3) child safety; (4) family functioning and stability; and (5) adult recovery from substance use disorders. The primary goal of the outcomes study is to describe the results for those who received RPG services, including change over time, in these five domains. The outcomes study will use primary data and administrative data collected by the grantees and their evaluators.

Grantees and their evaluators and partners will collect primary data at program entry and exit, using standardized instruments that HHS has asked all grantees to administer to RPG participants. HHS selected these instruments based on criteria such as:

- Evidence of strong psychometric properties such as reliability and validity
- Demonstrated evidence of use with similar populations
- Appropriateness for families and children from diverse cultural, racial, ethnic, and linguistic backgrounds
- Low burden on respondents
- Appropriateness for people who have experienced trauma

These instruments, along with administrative records, will provide data for measures in the five domains.

Domain 1: Child Well-Being

In this domain, the grantees will collect measures of executive functioning, social and adaptive behavior, and sensory processing. In addition, trauma symptoms will be assessed at baseline. These measures will be collected using the following instruments (depending on the child's age), which grantees will administer to the child's primary caregiver:

- **Executive functioning.** The Behavior Rating of Executive Function and the Behavior Rating of Executive Function–Preschool (BRIEF and BRIEF-P, respectively; Gioia 2000) will be administered. They consist of parent and teacher questionnaires designed to assess executive functioning in the home and school environments. For RPG, the parent questionnaire will be administered to the primary caregiver of each focal child.[19] The BRIEF is used to evaluate children aged 5 to 18 with a wide spectrum of developmental and acquired neurological conditions, such as learning disabilities, autism, Tourette's disorder, low birth weight, and attention deficit hyperactivity disorder. The BRIEF-P assesses executive function in children aged 2 to 5.

[19] Each grantee will identify a single child of primary interest in each RPG case, for whom cross-site evaluation data will be collected and reported. This child is referred to as the "focal child" for the cross-site evaluation. Grantees may also collect data on additional children in the cases and report on them in their own evaluations, but they will not submit these data to the cross-site evaluation. This strategy helps ensure that the cross-site evaluation receives comprehensive data on a child in each RPG case, without overburdening the grantees or the families they serve.

- **Child behavior.** The Child Behavior Checklist–Preschool and Child Behavior Checklist–School-Age (Achenbach and Rescorla 2001) are part of the Achenbach System of Empirically Based Assessment and use information collected from parents to assess the behavior and emotional and social functioning of children. Grantees will use the preschool forms to assess children aged 18 months to 5 years and the school-age forms to assess children aged 6 to 17 years.
- **Sensory processing.** The Infant-Toddler Sensory Profile (Dunn 2002) provides a standard method for measuring a child's sensory processing abilities and profiling 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.
- **Social and adaptive behavior**. The Socialization Subscale, Vineland Adaptive Behavior Scales, Second Edition, Parent-Caregiver Rating Form (Sparrow et al. 2005) measures personal and social skills from birth through 90 years and was designed to address special-needs populations. The instrument assesses the child in four areas: (1) communication, (2) daily living skills, (3) socialization, and (4) motor skills.

Domain 2: Permanency

The permanency domain provides information on removal of children from their homes, and their subsequent placements. For example, children could be reunited with their families, adopted through foster care, permanently placed with relatives, or kept in foster care. Grantees will obtain administrative records on the focal child from administrative data systems, such as a state child welfare agency State Automated Child Welfare Information System. These data elements/constructs of interest include:

- **Removals from the family of origin.** Indication of whether child protective services removed the focal child from the family of origin for any reason during the observation period.
- **Placements.** All placements related to each removal.
- **Type of placement.** Setting in which the focal child is placed, such as pre-adoptive home, group home, or foster family.
- **Discharge.** Indication of whether focal child is no longer in foster care under the responsibility or supervision of the state agency. Reasons for discharge include (1) reunification with parent or primary caretaker; (2) adoption; and (3) emancipation.

Domain 3: Safety

A key outcome for the RPG projects is to ensure the safety of children involved in the child welfare system. Data elements collected from administrative data systems (such as state child welfare data) will represent the following key constructs:

- **Screened-in referral.** Any referral to child protective services for concerns about maltreatment of the focal child and that the agency decided to investigate during the observation period.
- **Type of allegation.** Allegations made in the screened-in referrals, such as physical abuse, neglect, or sexual abuse.

- **Disposition of allegation.** For each allegation, the agency's decision on whether it was substantiated or unsubstantiated, or another conclusion reached by the agency.
- **Death.** Whether the focal child died during the observation period.

Domain 4: Family Functioning and Stability

The instruments in this domain measure three key constructs that affect family functioning: (1) primary caregiver depression; (2) primary caregiver stress; and (3) primary caregiver parenting skills.

- **Depressive symptoms**. The Center for Epidemiologic Studies–Depression Scale, 12-Item Short Form (Radloff 1977) is a screening tool to assess the presence and severity of depressive symptoms occurring over the past week.
- **Stress.** The Parenting Stress Index, Short Form is a brief version of the Parenting Stress Index (Abidin 1995), a widely used and well-researched measure of parenting stress. It yields scores on three subscales: (1) parental distress; (2) parent-child dysfunctional interaction; and (3) difficult child.
- **Parenting skills**. Grantees will administer the Adult-Adolescent Parenting Inventory (Bavolek and Keene 1999), which is designed to assess parenting and child-rearing attitudes. Based on the known parenting and child-rearing behaviors of abusive parents, responses to the instrument provide a score that measures parents' risk of practicing behaviors known to be connected to child abuse and neglect.

Family stability. To maximize the efficiency of data collection, we will draw on outcomes collected in other domains to understand family composition and relationships between family members. Although we have categorized outcomes by domain, many are relevant for multiple domains. Parenting, for example, is likely affected by the caregiver's recovery progress. The measures of family stability are:

- **Family/household composition.** Marital status (from the ASI), removal of the focal child from the home (administrative data from the safety domain).
- **Relationships between family members.** Serious problems and conflicts between family members (from the ASI).

Domain 5: Adult Recovery

Recovery of parents, an explicit or implicit goal of RPG projects, will be measured by substance use severity, trauma symptoms, and treatment participation. This domain combines data from standardized instruments with administrative records on substance abuse treatment, for those who receive such treatment.

- **Substance use severity.** The Addiction Severity Index (ASI), Self-Report Form (McLellan et al. 1992), a tool widely used in the addiction field, comprises 36 self-report items that assess problems in six areas: (1) medical status, (2) employment/support status, (3) drug/alcohol use, (4) legal status, (5) family/social relationships, and (6) psychiatric status. Most questions ask the parent in a yes/no or open-ended format to report on his or her activities in the past 30 days. Examples of questions on the ASI include "How many days have you experienced employment problems in the past 30

[days]?" and "How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 [days]?"

- **Parent trauma.** The Trauma Symptom Checklist-40 (TSC-40; Briere and Runtz 1989) measures aspects of post-traumatic stress and other symptom clusters in adults who have experienced childhood or adult traumatic experiences. The TSC-40 is a self-administered questionnaire for parents/caregivers, whose scores form six subscales: (1) anxiety; (2) depression; (3) dissociation; (4) Sexual Abuse Trauma Index; (5) sexual problems; and (6) sleep disturbance.
- **Type of treatment discharge.** For adults who received treatment for a substance use disorder, grantees will request, from the state substance abuse agency, data on the discharge from treatment. These agencies are responsible for obtaining treatment data from substance abuse treatment providers that receive public funding in their states, and for submitting the data for use compiling the national Treatment Episode Data Set (TEDS). In addition to treatment entry and exit dates, grantees will obtain the reason for discharge, indicating whether treatment was completed, or whether the person left treatment against professional advice, had their treatment terminated by the treatment facility, transferred to another substance abuse treatment program, or left due to incarceration, death, other, or unknown reasons.

4. The Impact Study

The partner, implementation, and outcomes studies include all grantees and will provide important descriptive information to HHS and to Congress. Because HHS is also interested in assessing the effectiveness of RPG, the cross-site evaluation includes an impact study. It will examine the *effect* of the RPG interventions by comparing outcomes for people with access to RPG services with those in groups that receive not the RPG services but rather the usual services in the community.[20] The impact study will pool information from grantees conducting evaluations that meet certain thresholds for rigor. It will include grantees that successfully complete either an RCT or a strong comparison group design. These grantees will provide primary data and administrative records for both their treatment and their comparison groups. While each grantee will analyze differences between its own treatment and comparison groups, by pooling the data from multiple grantees, the cross-site evaluation will be able to apply a common and rigorous methodology to a combined sample that provides more statistical power for detecting impacts.

D. Performance Indicators

During the first RPG program, funded in 2007, HHS worked with grantees to select a set of 23 performance indicators that reflected the broad goals of the legislation and aligned with the diverse activities of the 53 regional partnerships. Nine were child indicators; seven were adult indicators; and four were family-level indicators. Two indicators measured the collaborative capacity of the RPG partnerships, as well as their capacity to serve families. Grantees reported annually on those performance indicators most relevant to their specific partnership goals and target populations. These data were used to assess the RPG program (HHS 2010 and 2013).

[20] Groups that do not receive RPG services typically do receive other services to address their needs, though the services may not be as comprehensive or may include program approaches different from what RPG provides.

In preparing the FOA for the 2012 RPG grants, the Administration for Children and Families and SAMHSA worked with other federal partners to review the existing performance indicators and develop a set of potential indicators for the 2012 program. To meet legislative requirements for both performance management and evaluation without imposing excessive burdens on grantees to collect and report data, the FOA specified that, to the extent practicable, primary data for the cross-site evaluation should be obtained from the instruments used to measure performance indicators (Administration for Children and Families 2012a).

A first step in developing the RPG cross-site evaluation therefore was to review (1) the 2007 performance indicators; (2) the proposed 2012 performance indicators identified in the FOA; and (3) the evaluation measures and performance indicators grantees had proposed in their applications. After this review, in June 2013 HHS selected the set of standardized instruments and administrative records described above, to be used for the grantee evaluations and the cross-site evaluation. Furthermore, by developing a comprehensive cross-site evaluation including studies of the partnerships and collaborative efforts, project implementation, and outcomes, HHS is able to ensure that the evaluation will provide regular information about grantee performance through the four cross-site evaluation studies described above and summarized in Table IV.3.

E. Future Reports to Congress

To support program development and improvement and inform stakeholders—including HHS, Congress, and the grantees themselves—results from the cross-site evaluation will be released throughout the evaluation period. Products include annual reports to Congress, annual cross-site evaluation program reports, special topics briefs, and a final evaluation report.

Annual reports to Congress, such as this one, summarize findings from both the local and the cross-site evaluations, describing the performance of each grantee. The content of each report will depend on the phase of the project and available data. Table IV.4 summarizes the data sources to be used for each report.

Following are the current plans for content of the remaining four reports to Congress (Table IV.4):

- The **2014 report** will describe early enrollment and service delivery, including any changes to grantees' planned projects, program services, or target populations. It will provide baseline characteristics for initial participants, using initial data grantees will begin submitting after OMB clearance is received.
- The **2015 report** will provide enrollment, service, and baseline outcome measures for participants enrolled and served from the beginning of RPG.
- The **2016 report** will provide information covering at least three years of operations (start-up of services and evaluation may vary somewhat across grantees). This report will update previous results for grantees' progress in attaining their goals for enrollment and service delivery, characteristics of the target population, and change over time in outcomes. It will focus on grantee performance.

Table IV.3: Summary of Cross-Site Evaluation Measures

Construct	Elements Measured	Cross-Site Evaluation Study
Collaboration		
Number and types of partner organizations Partnership quality Extent of service coordination		Partnership Study
Target Population and Families Served		
Enrollment	Number of planned enrollments Number of enrollments Length of enrollment Reason for exit	Implementation Study
Demographic characteristics of RPG families	Age Gender Race/ethnicity Primary home language Highest education level Income level and sources Employment status (for adults) Relationship status (for adults) Current residence	
Services Provided		
Enrollment in individual EBPs and services	Number of planned enrollments Number of enrollments Duration of enrollment	Implementation Study
Service contacts	Session duration Topics covered during the session and length of time Activities completed during the session	
	Individual and group supervision	
Fidelity to evidence-based models		
Staff qualifications, training, and support	Length of time with organization, working with target population, and working on similar interventions Education and relevant experience Attitudes about implementing EBPs Pre- and in-service training Technical assistance and coaching Individual and group supervision Extent of collaboration among partners	
Child, Adult, and Family Outcomes		
Child well-being	Trauma symptoms Executive functioning Child behavior Sensory processing Social and adaptive behavior	Outcome Study
Permanency	Removals from the family of origin Placements Type of placement	

Construct	Elements Measured	Cross-Site Evaluation Study
Safety	Screened-in referral Type of allegation Disposition of allegation	
Family functioning/stability	Depressive symptoms Parenting skills Stress Stability	
Adult recovery	Substance abuse addiction severity	

Table IV.4. Data Sources for Future Reports to Congress

	2014	2015	2016	2017
Semi-Annual Progress Reports	X	X	X	X
Staff Surveys				X
Site Visits				X
Partner Surveys				X
Enrollment and Services Log		X	X	X
Participant Outcomes		X	X	X

- As required by the legislation, HHS will submit a report not later than December 2017 evaluating the effectiveness of the grants for fiscal years 2012 through 2016. The report will (1) evaluate the programs and activities conducted, and the services provided, with the grant funds for fiscal years 2007 through 2016; (2) analyze the regional partnerships that have, and have not, been successful in achieving the goals and outcomes specified in their grant applications and with respect to the performance indicators; and (3) analyze the extent to which such grants have been successful in addressing the needs of families with methamphetamine or other substance abuse problems who come to the attention of the child welfare system, and in achieving the goals of child safety, permanence, and family stability.

HHS will then prepare a restricted-use file of data from the cross-site evaluation. This file will be made available to qualified researchers for future additional research through the National Data Archive on Child Abuse and Neglect.

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APPENDIX A

EVIDENCE-BASED PROGRAMS BY GRANTEE

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RPG: Evidence-Based Programs/Practices (EBPs) by Grantee, Updated July 15, 2013		Center Point	Georgia State University Research Foundation	Judicial Branch, State of Iowa	Northwest Iowa Mental Health Center	Children's Research Triangle	Department for Community-Based Services	Commonwealth of Massachusetts	Families and Children Together	Alternative Opportunities*	The Center for Children and Families**	State of Nevada Division of Child and Family Services	Summit County Children Services	Oklahoma Department of Mental Health & Substance Abuse Services	Health Federation of Philadelphia	Helen Ross McNabb Center	Tennessee Department of Mental Health and Substance Abuse Services+	Rockingham Memorial Hospital	Grantees Implementing
EBP	**Category**	**CA**	**GA**	**IA_JB**	**IA_ Seasons**	**IL**	**KY**	**MA**	**ME**	**MO**	**MT**	**NV**	**OH**	**OK**	**PA**	**TN_CF**	**TN_DMHSAS**	**VA**	**Number**
24/7 Dad	FS: Parent Only									X									*1*
Alternatives for Families–Cognitive Behavioral Therapy (AF–CBT)	CCT++																		*1*
Attachment, Self-Regulation, and Competence (ARC)	RTT							X											*1*
Celebrating Families!	FS: Full/Child	X	X	X							X								*4*
Centering Pregnancy	FS: Parent Only															X			*1*
Child-Parent Psychotherapy (CPP)	CCT					A	X	X			A				X				*3*
Cognitive Behavior Therapy (CBT)	CS		A				X				X					X	X, B		*4*
Dialectical Behavior Therapy (DBT)	CS										X								*1*
Family Behavior Therapy (FBT)	CCT															X			*1*
Family Group Conferencing	FS: Full/Child									X									*1*
Family Treatment Drug Court (FTDC)	FTDC			X								X							*2*
Guiding Good Choices (GGC)	FS: Parent Only									X									*1*
Hazelden Co-Occurring Disorders Program (CDP)	SAT										X					X			*2*
Hazelden Living in Balance Program (LIB)	SAT	X								X	X								*3*
Helping Men Recover	SAT						X												*1*
Head Start	FS: Full/Child	X																	*1*
Healthy Families	FS: Parent Only																	X	*1*

RPG: Evidence-Based Programs/Practices (EBPs) by Grantee, Updated July 15, 2013		Center Point	Georgia State University Research Foundation	Judicial Branch, State of Iowa	Northwest Iowa Mental Health Center	Children's Research Triangle	Department for Community-Based Services	Commonwealth of Massachusetts	Families and Children Together	Alternative Opportunities*	The Center for Children and Families**	State of Nevada Division of Child and Family Services	Summit County Children Services	Oklahoma Department of Mental Health & Substance Abuse Services	Health Federation of Philadelphia	Helen Ross McNabb Center	Tennessee Department of Mental Health and Substance Abuse Services+	Rockingham Memorial Hospital	Grantees Implementing
EBP	Category	CA	GA	IA_JB	IA_ Seasons	IL	KY	MA	ME	MO	MT	NV	OH	OK	PA	TN_CF	TN_ DMHSAS	VA	Number
Homebuilders Intensive Family Preservation Services	FS: Full/Child									X							X		*2*
Incredible Years Parenting Class	FS: Full/Child										X							X	*2*
Kelly Bear	FS: Full/Child										X								*1*
Keys for Interactive Parenting (KIPS)	FS: Full/Child															X			*1*
Lifespan Integration	RTT				X, B														*1*
Matrix Model	SAT	X					X			X	X					X			*5*
MindUP	FS: Full/Child										X								*1*
Modified Therapeutic Community (MTC)	SAT	X										X							*2*
Moral Reconation Therapy	CS		A							X	A								*1*
Motivational Enhancement Therapy (MET)	CS					A										X		X	*2*
Motivational Interviewing (MI)	CS		A			X	X	X			X					X	X, B	X	*7*
Multisystemic Family Therapy (MST)	FS: Full/Child					A													*Potential service at 1*
My Baby and Me (ages 0-3)	FS: Parent Only									X									*1*
Nurse Family Partnership (NFP)	FS: Parent Only															X			*1*
Nurturing Parenting Programs (NPP)	FS: Full/Child		X			A		X	X	X	A	X				X			*6*
Parent and Child Interactive Therapy (PCIT)	CCT				X					X	A								*2*
Parent Child Assistance Program (PCAP)	FS: Parent Only									X	A								*1*

RPG: Evidence-Based Programs/Practices (EBPs) by Grantee, Updated July 15, 2013		Center Point	Georgia State University Research Foundation	Judicial Branch, State of Iowa	Northwest Iowa Mental Health Center	Children's Research Triangle	Department for Community-Based Services	Commonwealth of Massachusetts	Families and Children Together	Alternative Opportunities*	The Center for Children and Families**	State of Nevada Division of Child and Family Services	Summit County Children Services	Oklahoma Department of Mental Health & Substance Abuse Services	Health Federation of Philadelphia	Helen Ross McNabb Center	Tennessee Department of Mental Health and Substance Abuse Services+	Rockingham Memorial Hospital	Grantees Implementing
EBP	Category	CA	GA	IA_JB	IA_ Seasons	IL	KY	MA	ME	MO	MT	NV	OH	OK	PA	TN_CF	TN_ DMHSAS	VA	Number
Parents and Children Together (PACT)	FS: Full/Child					A													*Potential service at 1*
Parents as Teachers Curriculum	FS: Parent Only																	X	*1*
Partners in Parenting	FS: Full/Child	X																	*1*
Prolonged Exposure	CS		X																*1*
Relapse Prevention Therapy (RPT)	SAT		A			X					X								*2*
Resource Mothers	FS: Parent Only																	X	*1*
SafeCare	FS: Full/Child		X																*1*
Seeking Safety	RTT++						X	X		X	X					X, B	X		*6*
Solution Focused Brief Therapy (SFBT)	CS													X					*1*
Staying Connected with Your Teen	FS: Parent Only																	X	*1*
Strengthening Families	FS: Full/Child			X									X	X					*3*
Strong Kids	FS: Full/Child										X								*1*
Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	RTT					A													*Potential service at 1*
Supportive Education for Children of Addicted Parents	RTT										X								*1*
Trauma Focused Cognitive Behavior Therapy (TF-CBT)	RTT++		X		X	X				X	A	X	X			X			*7*
Trauma Recovery and Empowerment Model (TREM)	RTT					A					A					X			*1*

RPG: Evidence-Based Programs/Practices (EBPs) by Grantee, Updated July 15, 2013		Center Point	Georgia State University Research Foundation	Judicial Branch, State of Iowa	Northwest Iowa Mental Health Center	Children's Research Triangle	Department for Community-Based Services	Commonwealth of Massachusetts	Families and Children Together	Alternative Opportunities*	The Center for Children and Families**	State of Nevada Division of Child and Family Services	Summit County Children Services	Oklahoma Department of Mental Health & Substance Abuse Services	Health Federation of Philadelphia	Helen Ross McNabb Center	Tennessee Department of Mental Health and Substance Abuse Services+	Rockingham Memorial Hospital	Grantees Implementing
EBP	**Category**	**CA**	**GA**	**IA_JB**	**IA_ Seasons**	**IL**	**KY**	**MA**	**ME**	**MO**	**MT**	**NV**	**OH**	**OK**	**PA**	**TN_CF**	**TN_ DMHSAS**	**VA**	**Number**
Untangling Relationships	SAT																		*1*
Total per Grantee		**6**	**5**	**3**	**4**	**3**	**6**	**5**	**1**	**13**	**15**	**4**	**2**	**2**	**1**	**13**	**4**	**7**	
Total EBPs Identified by Any Grantee																			**51**
Evidence-Based Approach or Staffing																			
Recovery Coach				X			X	X		X						X			5
Screening, Brief Intervention, and Referral to Treatment (SBIRT)		X						X	X										3
Organization-Focused EBP																			
Sanctuary Model									X										1

A indicates programs that are either (1) not part of the grantee's core programming but may be offered to participants (GA, MT) or (2) services the grantee is prepared to offer in the future (IL).

B identifies programs that grantees added during the first reporting period, after the January 2013 version of this list.

* Alternative Opportunities (MO) will offer participants services based on the following EBPs: Hazelden Living in Balance Program, Matrix Model, Moral Reconation Therapy, and Seeking Safety. However, the grantee will take parts of each of those programs and combine them with the substance abuse treatment that will be offered to participants.

** In addition to the noncore EBPs listed above, the following services are also available to participants in the Center for Children and Families (MT) RPG program:

- Functional Family Therapy
- Circle of Security
- Addictions and Trauma Recovery Integration Model (ATRIUM)
- Safety, Emotions, Loss and Future Curriculum (S.E.L.F.)

MT will offer Untangling Relationships combined with Seeking Safety.

\+ Tennessee Department of Mental Health and Substance Abuse Services offers a program that is similar to, but not, Homebuilders.

++These EBPs overlap with or contain elements of the cognitive behavior therapy counseling style category.

CCT = child-caregiver therapy; CS = counseling style; FS = family strengthening (full/child = has a full-family or child component; parent only = has only parent component); FTDC = Family Treatment Drug Court; RTT = response to trauma; SAT = substance abuse treatment.

APPENDIX B

RPG GRANTEE SEMI-ANNUAL ACF PROGRESS REPORT

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RPG GRANTEE SEMI-ANNUAL ACF PERFORMANCE PROGRESS REPORT

Program Indicators
ACF-OGM-SF-PPR

SF-PPR-OGM-B

Appendix B of the semi-annual 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 the first annual report to Congress. Semi-annual progress reports are due within 30 days of the end of each 6-month reporting period.

Reporting Period 1: October 1 – March 31; Report Due: April 30

Reporting Period 2: April 1 – September 30; Report Due: October 31

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 (in either Word or PDF) of the report is to be submitted to your Cross-site Evaluation Liaison (CSL) and Program Management Liaison (PML) when you submit the electronic copy through Grant Solutions.

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. When (month/day/year) did or when do you plan to enroll your first client in RPG program services?

2. In Table 1, list your enrollment goals for the reporting period; the number of participants enrolled in the services delivered as part of your RPG project or through your partnerships during this reporting period; and the total number of participants enrolled in the services delivered as part of your RPG project or through your partnerships to date.

Table 1. Enrollment Goals and Actual Enrollment

	Enrollment Goals During the Reporting Period	Actual Enrollment During the Reporting Period	Total Enrollment to Date
Adults			
Children			
Families			

3. In Table 2, list the number of participants that have exited services, by exit reason (select the primary reason), during this reporting period and the total number of participants that have exited to date. *Specify the unit (e.g., families, children, biological mothers, etc.)*

Table 2. Reasons Participants Have Exited Services during this Reporting Period and To Date

Exit Reason	Exits During the Reporting Period	Total Exits To Date
Program Completed		
Declined Further Participation		
Moved Out of Service Area		
Unable to Locate		
Excessive Missed Appointments		
Child No Longer in Custody		
Other (please specify)		

4. Have you added, changed, or dicontinued any new evidence-based programs or practices (EBPs) since the last reporting period? If so, please use the table(s) in

Attachment B-01a to provide information about any new EBPs you plan to implement or are implementing. Complete one table for each new or changed EBP. Please use the list of EBPs previously included in your semi-annual progress reports, provided by Mathematica (Attachment B-01a, Table 1a).

5. Do you plan to or have you added, changed, or discontinued any other services, such as screening or case management, since the last reporting period? If so, please use the table(s) in Attachment B-01b to provide information for any additional services you plan to provide or are providing. Complete one table for each new or changed additional service. Please use the list of other services previously included in your semi-annual progress report, provided by Mathematica (Attachment B-01b, Table 1b).

6. Please describe whether you engaged in any of the following activities during this reporting period. After reporting period 1, please describe any updates regarding these activities.

    a. If you have an implementation team to support RPG implementation, describe their key activities during this reporting period. [1]

    b. To facilitate implementation of your project, did you have to engage with systems beyond your partner agencies (such as health care or early care and education)? If so, with what systems did you engage and why, and how did you coordinate services with these systems (if they provide services or otherwise work with your RPG participants)?

    c. Did you monitor program implementation to determine if the project is being carried out as planned? For example, did you collect and analyze quality assurance or fidelity data? If so, please describe your monitoring process. Did you provide updates/briefings to your Steering or Oversight Committee or other leadership or partner group?

    d. Have you added any new partners this reporting period? If so, please add information about each new partner to Table 1. Please use the list of partners included in your previous semi-annual progress reports, provided by Mathematica (Attachment 3).

    e. Did you establish formal agreements (such as MOUs or data sharing agreements) with any agencies during this reporting period? If so, please add

[1] An implementation team is a team of individuals focused on supporting the implementation of the EBP. The team may help increase the buy-in and readiness of staff, coordinate the supports staff may need to implement the EBP with fidelity, assess the fidelity of the implementation of the EBP, and problem-solve implementation challenges. (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).

information about each agency with whom you established a formal agreement to Table 3.

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

Name of Agency (list agency name, not individual person)	Is this is 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 content of the formal agreement

f. Have any partners discontinued their involvement in the RPG project since the last reporting period? If so, describe why they are no longer involved and whether these changes will affect referrals, service delivery, or access to services in any way.

g. Describe how leadership (county, regional, and /or state) from substance use, child welfare, and the courts support or are engaged in the implementation of your project. How do you keepg them informed (such as joint meetings, individual briefings, memos)? Do you have a process for addressing cross-system challenges and barriers? If so, please describe it.

h. Have you engaged in any other significant programmatic activities during this reporting period? If so, please describe them.

7. Have the organizations or programs from whom you receive referrals for RPG changed since the last reporting period? Has the enrollment process changed since the last reporting period? If so, please describe these changes.

8. 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. Do you track these referrals? Has your process for tracking referrals changed? If so, please describe the changes.

9. 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. 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.

10. Please describe any programmatic implementation successes (such as engaging and retaining families, expanding access to the services array to better address children and family needs, improving family functioning and child well being, implementing trauma-

specific services, and providing access to recovery support services) you have experienced during the reporting period. What innovations have you developed?

B-04. Dissemination Activities

11. What dissemination activities were conducted during the reporting period? 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); or policy advocacy. How were your partners involved in these dissemination activities? Please place the information about each activity into 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.)	Partnersinv olved?	Additional comments

B-06. Activities Planned for the Next Reporting Period

12. Using Table 5, please list the key activities you plan to engage in over the next six months. In particular, please indicate if you plan to hire, train, or provide professional development to EBP staff, hold partnership meetings or activities, establish MOUs or other formal agreements with other organizations, or modify your RPG program. For each activity listed, please describe the activity and the organization(s) responsible.

Table 5. Planned Activities for Next Six Months

Activity	Description	Organization(s) Responsible for This Activity

B-02. Problems

13. Please describe whether your project faced any of the following programmatic challenges or barriers that affected your ability to provide services as planned. For each describe how you addressed the barrier and your progress in resolving it.

    a. Lower referrals than expected

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

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

    d. Staffing challenges, such as finding or retaining qualified grantee or partner agency staff (particularly for implementing EBPs), .

    e. Challenges implementing EBPs (please indicate which EBP(s))

    f. Challenges sharing information or data with partners or other issues related to engagement with partners

    g. Challenges coordinating case management or services with partners or other entities

    h. Challenges collaborating with RPG partners

    i. Other challenges

B-05. Other Activities

14. Describe any project changes that require federal approval (such as a change in budget, project director, or other key staff that were made during this reporting period and the reason for the change. Include changes you have discussed with your FPO or GMS.

15. If applicable, describe how you have used (or plan to use) information and knowledge gained from the most recent RPG Grantee Meeting, including any pre-conference meetings (such as evaluators meeting or clinical workshops), to enhance or strengthen your partnership or program. Include, for example, how information was used to improve services for your clients, enhance client engagement and retention, expand or strengthen your cross-systems collaborative relationships, enhance the measurement of your program's performance and outcomes, develop or advance sustainability planning, improve program management, or enhance any other related efforts to affect overall program results.

16. Please answer the following two questions related to evaluation activities:

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

b. Using Table 6, list the key evaluation activities you plan to engage in over the next six months. 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

c. Please describe any evaluation challenges or barriers encountered during the reporting period and their effect on the evaluation. For each please describe how you addressed the barrier and your progress in resolving it.

B-03. Significant findings and events.

17. Describe any significant changes in your state or service area that have affected or may affect your project or the program outcomes you are measuring in your evaluation. (This 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.

18. Has your program experienced any significant challenges during the 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.).

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

20. In Table 7, indicate whether your program becameinvolved in any other federal initiatives during the reporting period. If your agency is the lead grantee, enter "G;" if the activity involves one of your key partners, enter "P."

Table 7. Involvement in Other Federal Initiatives

G/P	Initiative	G/P	Initiative
	Comprehensive Support Services for Families Affected by Substance Abuse and/or HIV/AIDS		**Tribal Court Improvement**
	Family Connection Grants: Child Welfare/TANF Collaboration in Kinship Navigation Programs		**Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System**
	Family Connection Grants: Comprehensive Residential Family Treatment Projects		**Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare**
	Family Connection Grants: Combination Family Finding/Family Group Decision Making		**Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service (CPS) Delivery**
	Child Welfare-Education System Collaboration to Increase Educational Stability		**Abandoned Infants Assistance Act: Comprehensive Support Services for Families Affected by Substance Abuse and/or HIV/AIDS**
	Child Welfare-Early Education Partnerships to Expand Protective Factors for Children with Early Child Welfare Involvement		Child Welfare Waiver Demonstration Projects
	Tribal IV-E Plan Development Grants		Other Children's Bureau or other federally-funded initiative. Please specify.

APPENDIX C

PARTNER SURVEY

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OMB No.: xxxx-xxxx
Expiration Date: xx/xx/xxxx

MATHEMATICA
Policy Research

Partner Survey

Regional Partnership Grants National Cross-Site Evaluation

November 5, 2013

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, [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 xxxxxxx@mathematica-mpr.com or calling xxx-xxx-xxxx (toll-free).

Please read and answer the statement below and then click the "Next" button in the lower right-hand corner to begin the survey.

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.

1 ☐ I agree with the above statement and will complete the survey

0 ☐ I do not agree with the above statement and will not complete the survey → **GO TO END**

A. YOUR ORGANIZATION

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

1. Which of the following best describes your organization?

MARK ONE ONLY

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

_____

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

MARK ALL THAT APPLY

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

_____

3. Does your organization currently provide program or other services or plan to serve RPG program clients?

MARK ONE ONLY

1 ☐ Currently provides services to RPG clients
2 ☐ Plans to provide services to RPG clients
3 ☐ No → **GO TO Q.6**

4. Approximately how many RPG program clients does your organization currently serve or plan to serve each year?

Your best estimate is fine.

|__|__|__| , |__|__|__| CLIENTS

5. Which of the following programs does your organization provide or plan to provide <u>to RPG program clients</u>?

MARK ALL THAT APPLY

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

MARK ALL THAT APPLY

30 ☐ My Baby and Me (Ages 0-3)
31 ☐ Nurse-Family Partnership (NFP)
32 ☐ Nurturing Parenting Programs
33 ☐ Parent and Child Interactive Therapy
34 ☐ Parent Child Assistance Program (PCAP)
35 ☐ Parents and Children Together (PACT)
36 ☐ Parents as Teachers Curriculum
37 ☐ Partners in Parenting
38 ☐ Prolonged Exposure
39 ☐ Recovery Coach
40 ☐ Relapse Prevention Therapy (RPT)
41 ☐ Resource Mothers
42 ☐ SafeCare
43 ☐ Sanctuary Model
44 ☐ Screening, Brief Intervention, and Referral to Treatment (SBIRT)
45 ☐ Seeking Safety
46 ☐ Solution Focused Brief Therapy (SFBT)
47 ☐ Staying Connected with Your Teen
48 ☐ Strengthening Families
49 ☐ Strong Kids
50 ☐ Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
51 ☐ Supportive Education for Children of Addicted Parents
52 ☐ Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
53 ☐ Untangling Relationships
54 ☐ Other *(Describe)*

_____

55 ☐ None of these

6. Approximately how much funding from the Regional Partnership Grants program did your organization receive this fiscal year, if any? *If your organization did not receive RPG funding this fiscal year, please answer $0.00.*

$ |__|__|__|,|__|__|__|.00 AMOUNT OF FUNDING RECEIVED FROM RPG PROGRAM

d ☐ Don't know

7. Which of the following in-kind resources is your organization is contributing to the RPG program this fiscal year?

MARK ALL THAT APPLY

1 ☐ Staff time

2 ☐ Office space

3 ☐ Volunteers

4 ☐ Office supplies

5 ☐ RPG program materials

6 ☐ Computer/Internet, telephone, or fax service

7 ☐ Other *(Describe)*

_____

8 ☐ None of these

B. PERSPECTIVES ON GOALS AND RELATIONSHIPS IN THE PARTNERSHIP

Partner Goals

8. In your own words, what are the main goals of the RPG partnership?

_____

_____

_____

Relationships/Communication Systems

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

1 ☐ Yes

0 ☐ No

10. Other than formal RPG partnership meetings, how frequently does your organization communicate about RPG with the organizations listed below?

First, please indicate if you were previously working with a member of the RPG partnership prior to the beginning the RPG 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. *Please ignore the row that contains your organization.*

Organization	Were you previously working with this partner prior to receiving the RPG grant funds? (MARK IF YES)		We do not communicate at all outside of RPG partnership meetings	We communicate infrequently (a few times each month) outside of RPG partnership meetings	We communicate regularly (every day or nearly every day) outside of RPG partnership meetings
	Yes	No			
[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 ☐

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

	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 program's top priority was having a concrete impact on the real problem	1 ☐	2 ☐	3 ☐	4 ☐
c. The organizations involved in our RPG 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 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 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 partner organizations	1 ☐	2 ☐	3 ☐	4 ☐
k. Partner organizations are more interested in getting a good decision for the RPG program than improving the position of their own organization	1 ☐	2 ☐	3 ☐	4 ☐
l. Staff who participate in RPG 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 ☐

12. Using the two columns below, please indicate the organizational levels at which collaboration most often occurs among all of the organizations in the partnership to fill in the following statement: Generally speaking, collaboration among organizations in the partnership typically occurs at the following levels: (column A) to (column B).

MARK ONE ONLY IN COLUMN A

1 ☐ Administrators/organization leaders

2 ☐ Front-line staff/mid-level supervisors

MARK ONE ONLY IN COLUMN B

1 ☐ Administrators/organization leaders

2 ☐ Front-line staff/mid-level supervisors

13. Indicate the degree to which you disagree or agree with each of the following statements about RPG programming:

	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 ☐

C. PARTNERSHIP OUTPUTS

14. Indicate the degree to which you disagree or agree with each of the following statements about clients receiving RPG programming:

	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 ☐

15. **Below is a list of organizations identified as part of your RPG partnership. Which RPG-related services does your organization coordinate with or collaborate on with each organization? If you do not coordinate or collaborate with the organization on any of the listed activities, leave the row blank. *Please ignore the row that contains your organization.***

Organization	Screening and/or Assessment	RPG Program Referrals	Case Management or Coordination	Substance Abuse Treatment	Mental Health / Trauma Services	Other Social or Family Services
[ROSTER OF ORGANIZATIONS]	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
______________________	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
______________________	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
______________________	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
______________________	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
______________________	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
______________________	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
______________________	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
______________________	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

END OF SURVEY

16. 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 program or about the partnership as a whole, please share it here.

_____

_____

_____

_____

(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 in the lower right hand corner so that we have a record of your desire NOT to participate. This will result in your removal from our contact list.

(End of survey for respondents)

Thank you for completing the Regional Partnership Grant Partner Survey!

Please click the "Submit survey" button in the lower right hand corner to submit your completed survey.

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APPENDIX D

FOCAL EVIDENCE-BASED PROGRAMS

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In its funding opportunity announcement (FOA) for the RPG program (Administration for Children and Families 2012a), CB required grantees to select "services or practices that have a demonstrated evidence base, that are appropriate for the population of focus, and that are shown to be effective in achieving the outcomes of the proposed project." Furthermore, CB defined an evidence-based practice as one that is "validated by some form of documented research evidence" (Administration for Children and Families 2012a). The FOA provided a list of resource websites that applicants could consult for information about the evidence base for relevant EBPs, and stated that applicants could also provide other evidence from the research literature to demonstrate the effectiveness of their selected EBPs, though this was not required. For the purposes of the cross-site evaluation, we refer to the interventions in these CB-approved RPG grant applications as EBPs.[1]

The EBPs selected by grantees are the primary focus of the implementation study. The 17 grantees have proposed to implement a large number of EBPs—51 across all 17 grantees— more than can be feasibly studied by the cross-site evaluation. Therefore, the evaluation team selected a subset of 10 EBPs as the focus of the implementation study (Table D.1). As described later in the chapter, selected components of the evaluation will focus exclusively on these 10 EBPs. We used the following criteria to select these "focal EBPs:"

- The EBPs should represent to the extent feasible the range of interventions that grantees are implementing.
- The EBP should be a session-based program for which session information can be collected.
- The EBP should be implemented by at least two grantees as a primary service of their RPG program.
- All grantees should be implementing at least one of the focal EBPs.

To assess each EBP against these criteria, we identified the EBPs being implemented by more than one grantee. We classified EBPs as "primary" if the grantee or a partner planned to deliver the EBP to most families who enroll in RPG. For all EBPs being implemented as a primary service by at least two grantees, we gathered information about how the EBP is delivered, including prescribed dosage, duration, and content, as well as typical service location. We collected this information from the California Evidence-Based Clearinghouse for Child Welfare, the Substance Abuse and Mental Health Service Administration's National Registry of Evidence-Based Programs and Practices, program model websites, journal articles, and RPG grant applications. Based on this information we eliminated EBPs that are not session based. For example, some interventions lay out a framework for service provision, but they do not specify the services to be provided. Finally, to ensure selection of a range of EBPs that varied by key characteristics, we sought diversity across EBPs along the following dimensions (Table D.1):

- Program focus: child-caregiver therapy, counseling, family strengthening, response to trauma, substance abuse treatment
- Typical service location: home, clinic, residential treatment, correctional facility, other community location
- Target of services: adult, child, family

[1] As part of its contract, Mathematica identified all the grantee-proposed interventions and searched for whether they had been included in any of several relevant evidence reviews (Strong et al. 2013).

Table D.1 Characteristics of Focal EBPs

		Target Population			Service Location				
EBP	Program Focus	Adults	Children	Family	Home	Outpatient Clinic	Residential Facility	Correctional Facility	Other Community Location
Celebrating Families!	Family strengthening	X	X	X			X		X
Child-Parent Psychotherapy	Child-caregiver therapy			X	X	X			X
Cognitive Behavior Therapy	Counseling	X	X		X	X	X		X
Hazelden Living in Balance Program	Substance abuse treatment	X				X		X	
Matrix Model Program	Substance abuse treatment	X				X			
Nurturing Parenting Programs	Family strengthening			X	X		X	X	X
Parent and Child Interactive Therapy	Child-caregiver therapy			X		X			X
Seeking Safety	Response to trauma	X	X			X	X		X
Strengthening Families	Family strengthening	X	X	X	X				X
Trauma-Focused Cognitive Behavior Therapy	Response to trauma	X	X	X	X	X	X		X

APPENDIX E

STAFF SURVEY

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MATHEMATICA
Policy Research

Staff Survey

Regional Partnership Grants National Cross-Site Evaluation

November 5, 2013

INTRODUCTION

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 Regional Partnership Grants (RPG) 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 asked to complete this survey because you were identified as a front-line staff member who works directly with RPG participants. Your participation is important to helping us understand the characteristics of the staff and organizations implementing RPG-funded programs.

The length of this survey is different for different people, but on average it should take about 25 minutes. Not all response options may apply to you or your organization. Please choose the best answer to each question. You may also choose not to answer any question.

The evaluation focuses on specific evidence-based programs (EBPs), and many questions in the survey will reference a specific EBP. Please answer the questions about the specific program that is listed and not other programs that your organization may operate.

Your responses will be kept private and used only for research purposes. They will be combined with the responses of other staff and no individual names will be reported. Participation in the survey is completely voluntary.

If you have any questions about the survey, please contact the team at Mathematica by calling 1-xxx-xxx-xxxxx (toll-free) or emailing xxxxxxx@mathematica-mpr.com.

Before starting the survey, please read and answer the statement below.

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.

1 ☐ I agree with the above statement and will complete the survey

0 ☐ I do not agree with the above statement and will not complete the survey → **END**

i2. Could you please confirm whether you work for *[RPG PROGRAM]* at [ORGANIZATION]?

MARK ONE ONLY

1 ☐ Yes, I work for *[RPG PROGRAM]* at [ORGANIZATION]

0 ☐ No

d ☐ Don't know

→ **END**

A. YOUR WORK ROLE AND EXPERIENCE

A1. Which of the following is closest to your job title?

MARK ONE ONLY

1 ☐ Mental health counselor, therapist, or psychologist
2 ☐ Early intervention or child development therapist
3 ☐ Substance abuse counselor
4 ☐ Family advocate
5 ☐ Child welfare case manager
6 ☐ Other case manager
7 ☐ Social worker
8 ☐ Recovery coach
9 ☐ Child development specialist
10 ☐ Other *(Specify)*

_____

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

Please include the total time you have been employed at the organization, not just the time you have been in your current position.

|__|__| MONTHS OR |__|__| YEARS

A3. The next questions are about your work activities at [ORGANIZATION]. Which of the following activities do you take part in on this job at least once every two weeks?

Please answer thinking about your job as a whole, not just activities related to implementing RPG.

		MARK ONE PER ROW		
		AT LEAST ONCE EVERY TWO WEEKS	NOT AT LEAST ONCE EVERY TWO WEEKS	DON'T KNOW
a.	Screen or assess potential participants for program eligibility	1 ☐	0 ☐	d ☐
b.	Conduct participant intake	1 ☐	0 ☐	d ☐
c.	Conduct substance abuse screening	1 ☐	0 ☐	d ☐
d.	Conduct substance abuse assessment	1 ☐	0 ☐	d ☐
e.	Conduct risk assessment for child abuse, neglect, and other risk factors	1 ☐	0 ☐	d ☐
f.	Screen children for prenatal substance exposure, developmental delays, emotional or mental health problems, or substance use disorder	1 ☐	0 ☐	d ☐
g.	Provide parenting education	1 ☐	0 ☐	d ☐
h.	Provide case management services	1 ☐	0 ☐	d ☐
i.	Develop coordinated care plans	1 ☐	0 ☐	d ☐
j.	Monitor the implementation and the quality of screening and assessment protocols	1 ☐	0 ☐	d ☐
k.	Conduct group therapy sessions	1 ☐	0 ☐	d ☐
l.	Conduct individual therapy sessions	1 ☐	0 ☐	d ☐
m.	Conduct motivational interviewing sessions (conversations to elicit and strengthen motivation for change)	1 ☐	0 ☐	d ☐
n.	Conduct parent-child therapy sessions	1 ☐	0 ☐	d ☐
o.	Coordinate services for participants with other partner agencies	1 ☐	0 ☐	d ☐
p.	Manage or supervise other individuals at your organization	1 ☐	0 ☐	d ☐
q.	Train other staff at your organization	1 ☐	0 ☐	d ☐
r.	Hold family team conferences, multidisciplinary team meetings, or joint client staffing	1 ☐	0 ☐	d ☐
s.	Work with clients to accomplish designated treatment goals (for example, job searching, housing applications)	1 ☐	0 ☐	d ☐
t.	Conduct administrative activities (for example, paperwork)	1 ☐	0 ☐	d ☐
u.	Other activities *(Specify)* _____	1 ☐	0 ☐	d ☐

A4. How long have you been providing services to child welfare involved children and families?

Please account for all work you have done for current and past organizations related to providing services to child welfare involved children and families.

d ☐ I have not done any work related to providing services to child welfare involved children and families

|__|__| MONTHS OR |__|__| YEARS

A5. How long have you been providing substance abuse assessment or treatment services?

Please account for all work you have done for current and past organizations related to substance abuse assessment or treatment services.

d ☐ I have not done any work related to substance abuse assessment or treatment services

|__|__| MONTHS OR |__|__| YEARS

B. IMPLEMENTING AN EVIDENCE-BASED PROGRAM

B1. The following statements are about feelings someone might have about using new types of therapy, interventions, or treatments. To what extent do you agree with each statement?

Manualized therapy, intervention, or treatment refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured or predetermined way.

MARK ONE PER ROW

	NOT AT ALL	TO A SLIGHT EXTENT	TO A MODERATE EXTENT	TO A GREAT EXTENT	TO A VERY GREAT EXTENT
a. I like to use new types of therapy/interventions to help my clients	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. I am willing to try new types of therapy/interventions even if I have to follow a treatment manual	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. I know better than academic researchers how to care for my clients	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. I am willing to use new and different types of therapy/interventions developed by researchers	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. Research based treatments/interventions are not clinically useful	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. Clinical experience is more important than using manualized therapy/interventions	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. I would not use manualized therapy/interventions	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h. I would try a new therapy/intervention even if it were very different from what I am used to doing	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

B2. If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if…

MARK ONE PER ROW

	NOT AT ALL	TO A SLIGHT EXTENT	TO A MODERATE EXTENT	TO A GREAT EXTENT	TO A VERY GREAT EXTENT
a. it was intuitively appealing?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. it "made sense" to you?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. it was required by your supervisor?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. it was required by [ORGANIZATION]?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. it was required by your state?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. it was being used by colleagues who were happy with it?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. you felt you had enough training to use it correctly?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

B3. Organizations have a "personality" that is reflected in the day to day operations of the organization and the way staff members view their work. These items ask about some dimensions that relate to the use of [EBP NAME] in organizations. For each item, please indicate the extent to which you disagree or agree the statement is true for [ORGANIZATION]. Within the past six months…

MARK ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DOES NOT EXIST IN OUR ORGANIZATION	DON'T KNOW
a. Staff members are adequately trained to implement [EBP NAME] at this organization.....	1 ☐	2 ☐	3 ☐	4 ☐	n ☐	d ☐
b. Top administration strongly supports the implementation of [EBP NAME]	1 ☐	2 ☐	3 ☐	4 ☐	n ☐	d ☐
c. Staff members get positive feedback and/or recognition for their efforts to implement [EBP NAME]	1 ☐	2 ☐	3 ☐	4 ☐	n ☐	d ☐
d. Top administrators minimize obstacles and barriers to implementing [EBP NAME] at this organization.....	1 ☐	2 ☐	3 ☐	4 ☐	n ☐	d ☐
e. This organization established clear and specific goals related to the implementation of [EBP NAME].....	1 ☐	2 ☐	3 ☐	4 ☐	n ☐	d ☐
f. There are performance-monitoring systems in place to guide the implementation of [EBP NAME]	1 ☐	2 ☐	3 ☐	4 ☐	n ☐	d ☐
g. Training and technical assistance are readily available to staff members involved in implementing [EBP NAME]	1 ☐	2 ☐	3 ☐	4 ☐	n ☐	d ☐
h. Adequate resources are available to implement [EBP NAME] as prescribed	1 ☐	2 ☐	3 ☐	4 ☐	n ☐	d ☐
i. Staff members have been encouraged to express concerns that arise in the course of implementing [EBP NAME]	1 ☐	2 ☐	3 ☐	4 ☐	n ☐	d ☐

If you are not a supervisor, please go to question C1.

If you are a supervisor, please continue to question B4. The next questions in this section are about your experiences implementing [EBP NAME].

B4. When implementing a program, it often happens that changes get made to meet the needs of participants, the timeline, organizational resources, or some other factor. Has [ORGANIZATION] adapted [EBP NAME] for any reason?

1 ☐ Yes

0 ☐ No →**GO TO C1**

d ☐ Don't know →**GO TO C1**

B5. What kinds of adaptations to [EBP NAME] were made?

MARK ALL THAT APPLY

1 ☐ Changed procedures

2 ☐ Changed the sequence of sessions

3 ☐ Increased the number of sessions

4 ☐ Decreased the number of sessions

5 ☐ Changed the length of sessions

6 ☐ Changed the target population

7 ☐ Changed program content

8 ☐ Changed for cultural relevance

9 ☐ Other *(Specify)*

_____

d ☐ Don't know

B6. There are several possible reasons why an organization might choose to make changes to a program. To what extent did the following factors contribute to any changes being made to [EBP NAME]?

MARK ONE PER ROW

	NOT AT ALL ← → PRIMARY REASON FOR CHANGE					DON'T KNOW
a. Difficulty recruiting participants.....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
b. Difficulty retaining or engaging participants	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
c. Difficulty finding adequate staff.....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
d. Lack of or limited resources (such as space or time).....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
e. Lack of time or competing demands on time	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
f. Resistance from implementing staff	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
g. Need for a more culturally appropriate program	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
h. Requests for changes by participants	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐

C. SUPERVISION AND SUPPORT

The next questions ask about supervision you may receive as a staff member for [RPG PROGRAM]. If you have more than one supervisor, please answer these questions about the supervisor you work with the most in the [RPG PROGRAM].

C1. Is there at least one person at [ORGANIZATION] whom you regard as your supervisor?

MARK ONE ONLY

1 ☐ Yes

0 ☐ No → **GO TO C5**

d ☐ Don't know → **GO TO C5**

C2. In the past 12 months, how often did you have formal, one-on-one supervision meetings?

MARK ONE ONLY

1 ☐ Never

2 ☐ Daily

3 ☐ Weekly

4 ☐ Twice per month

5 ☐ Monthly

6 ☐ Once every few months

7 ☐ Yearly

d ☐ Don't know

C3. In the past 12 months, how often did you have group supervision meetings with other staff members?

MARK ONE ONLY

1 ☐ Never

2 ☐ Daily

3 ☐ Weekly

4 ☐ Twice per month

5 ☐ Monthly

6 ☐ Once every few months

7 ☐ Yearly

d ☐ Don't know

C4. In the past 12 months, how often did you participate in meetings, trainings, or other joint activites with staff from RPG partner agencies?

MARK ONE ONLY

1 ☐ Never

2 ☐ Daily

3 ☐ Weekly

4 ☐ Twice per month

5 ☐ Monthly

6 ☐ Once every few months

7 ☐ Yearly

d ☐ Don't know

C5. Please read the following statements and decide how strongly you disagree or agree with each statement. My supervisor…

MARK ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW
a. encourages staff to spend time mentoring new employees?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
b. encourages staff to help each other with work problems?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
c. cares about me as a person?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
d. provides emotional support to me in difficult situations with RPG program participants?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
e. is appropriately flexible when it comes to applying rules?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
f. has an attitude that helps me be enthusiastic about working in social services?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
g. supports me in balancing the demands of my job with my personal life?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
h. provides the help I need to do my job?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
i. knows effective ways to work with RPG program participants?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
j. is willing to help me complete difficult tasks?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
k. encourages creative solutions?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
l. reinforces the training I receive?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
m. helps me learn and improve?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
n. is available when I ask for help?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
o. has expectations for my work that are challenging but reasonable?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
p. gives me clear feedback on my job performance?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐

MARK ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW
q. has helped staff develop into an effective team?.....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐

C6. Overall, how supported do you feel by the other staff working at [ORGANIZATION]?

MARK ONE ONLY

1 ☐ Very supported
2 ☐ Somewhat supported
3 ☐ Not very supported
d ☐ Don't know

C7. How strongly do you agree or disagree that overall, the staff at [ORGANIZATION] works as a team?

MARK ONE ONLY

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Disagree
4 ☐ Strongly disagree
d ☐ Don't know

C8. How strongly do you agree or disagree that overall, the your organization's RPG program and its partners work as a team?

MARK ONE ONLY

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Disagree
4 ☐ Strongly disagree
d ☐ Don't know

C9. Please read the following statements and rate how dissatisfied or satisfied you are with each with regard to [EBP NAME]. Overall, how satisfied are you that...

MARK ONE PER ROW

	VERY DISSATISFIED	SLIGHTLY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SLIGHTLY SATISFIED	VERY SATISFIED
a. the information you received during your hiring process reflects the work you are being asked to do?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. the training you are receiving is preparing you to work effectively with families and children?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. the coaching you are receiving is improving your skills and abilities to work effectively with families and children?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. the challenges you encounter in providing effective services are understood in your organization?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. the challenges you encounter in providing effective services are being actively addressed by your organization?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f. the challenges you encounter in providing effective services are understood by the RPG program leadership?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g. the challenges you encounter in providing effective services are being actively addressed?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h. your immediate supervisor helps you develop your [EBP NAME] skillset?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i. your organization's administrators effectively develop the supports and conditions that make it possible for you to work effectively with children and families?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

D. ORGANIZATIONAL CLIMATE

D1. Please read the following statements and decide how strongly you disagree or agree with each statement with regard to [ORGANIZATION].

MARK ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW
a. The mission of this organization is clear to me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
b. My work reflects the organization's purpose	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
c. I feel good about what this organization does for RPG participants	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
d. In this organization, there is more emphasis on the quality of services than on the number of participants served	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
e. I am satisfied with the salary I receive from this organization	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
f. I am paid fairly considering my education and training	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
g. I am paid fairly considering the responsibilities I have	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
h. I am satisfied with the physical work environment at this organization	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
i. I am proud to tell others that I am part of this organization	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
j. The administration shows concern for staff	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
k. Employees of this organization are respected by other community professionals	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
l. This organization is committed to my personal safety in the office	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
m. This organization is committed to my personal safety when working off-site	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐

		MARK ONE PER ROW						
		STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW
n.	My professional opinions are respected in this organization	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
o.	I have sufficient input in formulating policies that govern my work.....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
p.	There are strong, positive relationships between this organization and other community resource providers	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
q.	I have the support to make work-related decisions when appropriate.....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
r.	Organizational management shares leadership roles with staff	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐
s.	This organization effectively responds to public criticism when it occurs	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	d ☐

E. DEMOGRAPHICS

These next questions ask about your background.

E1. Are you Hispanic or Latino?

MARK ONE ONLY

0 ☐ No

1 ☐ Yes

d ☐ Don't know

E2. What is your race?

MARK ALL THAT APPLY

1 ☐ American Indian or Alaska Native

2 ☐ Asian

3 ☐ Black or African American

4 ☐ Native Hawaiian or other Pacific Islander

5 ☐ White

6 ☐ Other *(Specify)*

_____

d ☐ Don't know

E3. What is the highest level of education you have completed?

MARK ONE ONLY

1 ☐ Did not complete high school or General Educational Development

2 ☐ High school diploma

3 ☐ General Educational Development

4 ☐ Some college/some postsecondary vocational courses

5 ☐ 2-year or 3-year college degree (Associate's degree)

6 ☐ Vocational school diploma

7 ☐ 4-year college degree (Bachelor's degree)

8 ☐ Some graduate work/no graduate degree

9 ☐ Graduate or professional degree (for example, MA, MBA, Ph.D., JD, or MD)

d ☐ Don't know

E4. What is your profession or area of work?

MARK ALL THAT APPLY

1 ☐ Substance abuse counseling

2 ☐ Other counseling

3 ☐ Education

4 ☐ Vocational rehabilitation

5 ☐ Juvenile justice

6 ☐ Psychology

7 ☐ Social work/human services

8 ☐ Medicine

9 ☐ Administration

10 ☐ Student

11 ☐ Other *(Specify)*

_____

12 ☐ None of these

d ☐ Don't know

E5. Are you male or female?

1 ☐ Male

2 ☐ Female

E6. Is there anything else about your experiences implementing RPG that you would like to add?

_____

_____

_____

(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 in the lower right hand corner so that we have a record of your desire NOT to participate. This will result in your removal from our contact list.

(End of survey for those who are ineligible in the first screen)

Thank you for considering participation in this survey. Please click the "Submit survey" button in the lower right hand corner and we will remove you from our contact list.

(End of survey for respondents)

Thank you for completing the Regional Partnership Grant Staff Survey! Please click the "Submit survey" button in the lower right hand corner to submit your completed survey.

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