Regional Partnership Grant Program: Strengthening Bridges to Improve Outcomes for Families and Children Affected by Substance Use Disorders

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Ken DeCerchio, MSW, CAP
Sharon Boles, Ph.D.
Children and Family Futures

National Center on Substance Abuse and Child Welfare

A Program of the

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

and the

Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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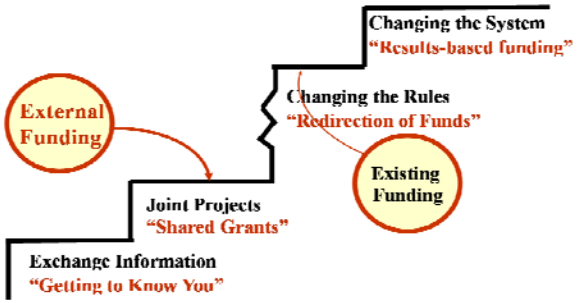
Why Collaborate?

- To achieve outcomes no agency can achieve with its own resources
- To serve the needs of at-risk families that go beyond categorical boundaries
- To fix accountability for shared resources and shared results
- To build trust relationships across agencies and with clients

Four Levels of Collaboration



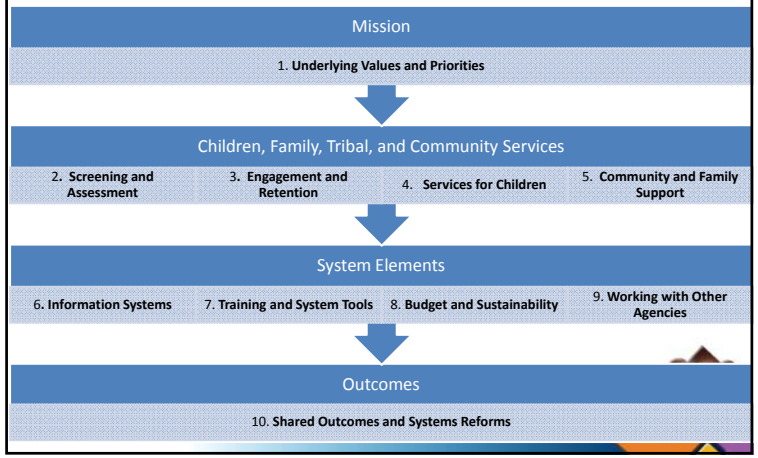
The Continuum from Communication to Shared Outcomes

Communication	Information Exchange	Shared Information on Client Needs	Referrals	Referrals and followup	Resources	Dedicated resources	Targeted Resources	Accountability
We sent them a memo	We meet a lot and brief each other	We have useful data on statewide service needs of clients we share	We can communicate about shared clients; we have a formal protocol for referrals	We know how we treat each other's referrals and whether they get services	We jointly fund some programs and out-station staff	We set aside slots for their clients; we negotiated specific resources for our clients	We agreed on which clients should be the highest priority and which risk factors are critical	We share responsibility for results and monitor outcomes annually

10-Element Framework of Systems Linkages

- Method to organize collaborative activities in specific practice and policy areas
  - Defines key elements of collaboration
  - Describes components of an initiative
- Provides systematic way to assess effectiveness of collaborative work
  - Assists in measuring their implementation
  - Helps assess progress in building stronger cross-systems linkages and where those linkages are most effective

Elements of System Linkages The Ten Key Bridges



Brief Overview of the Regional Partnership Grant (RPG) Program

RPG Program-Background

- Authorized by the Child and Family Services Improvement Act of 2006
- 53 regional partnership grants awarded by ACF in September 2007
- Improve the safety, permanency and well-being of children affected by methamphetamine and other substance abuse
- The grants address a variety of common systemic and practice challenges that are barriers to optimal child, adult and family outcomes

RPG Program – Background

- Through legislation, Congress required DHHS to develop:
  - A set of performance indicators through broad consultation with the field and grantees
  - Partnerships with child welfare and substance abuse treatment providers
  - An annual report on the "services provided and activities conducted… performance indicators established…and the progress that has been made addressing the needs of families…"
  - *PL 109-89, section 4, (8), (9)*

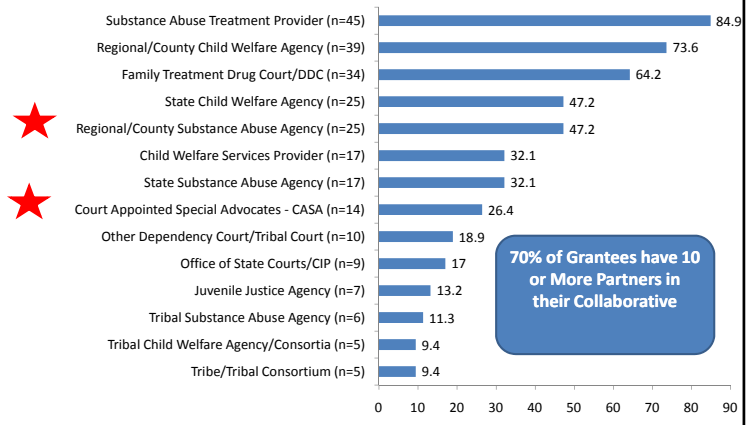
Regional Partnership Grants Lead and Partner Agencies

Brief Overview of RPGs

- The 53 grantee lead agencies are based in 29 States and include six Tribes
  - The lead agencies represent a wide range of governmental and private sector organizations representing child welfare, substance abuse treatment, the courts and other child and family services entities
- The overall membership of the regional partnerships is broad, extending well beyond the two-partner minimum legislative requirement
  - State child welfare agency is required partner

RPG Member Agencies Representing Child Welfare, Substance Abuse, Courts and Tribes

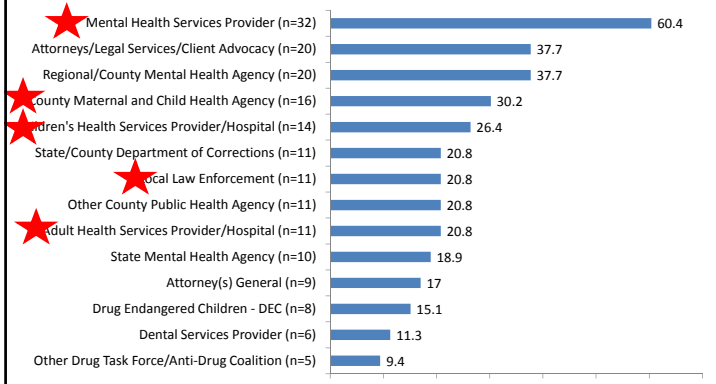
Percentage of Grantees Indicating Given Member is a Partner



70% of Grantees have 10 or More Partners in their Collaborative

RPG Member Agencies Representing Criminal Justice, Mental Health and Health

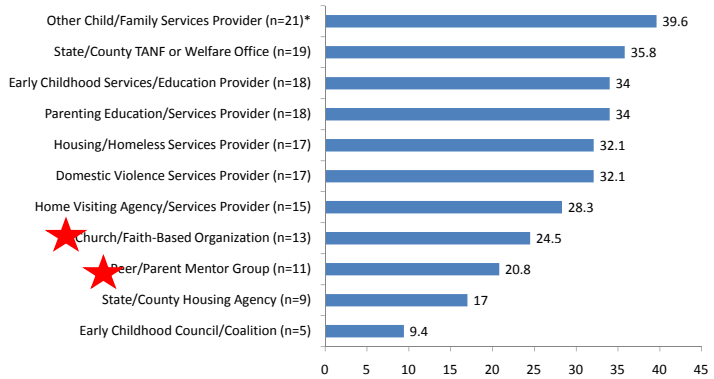
Percentage of Grantees Indicating Given Member is a Partner



** Includes county/local probation and jails.*

RPG Member Agencies Representing Housing, Other Support Services

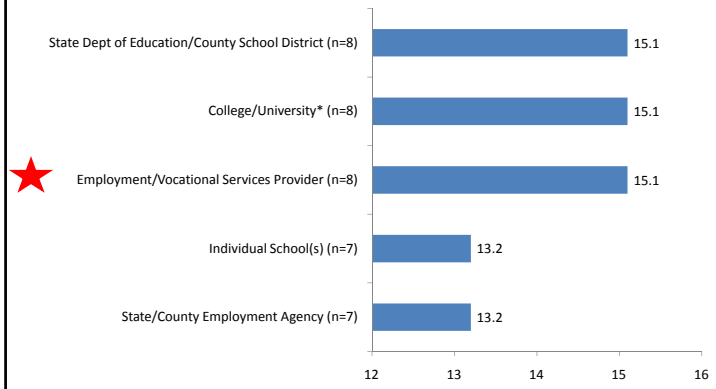
Percentage of Grantees Indicating Given Member is a Partner



** Includes Family Resource Centers, YMCAs, case management service provider, Tribal cultural youth activities group and similar organizations.*

RPG Member Agencies Representing Employment and Education

Percentage of Grantees Indicating Given Member is a Partner



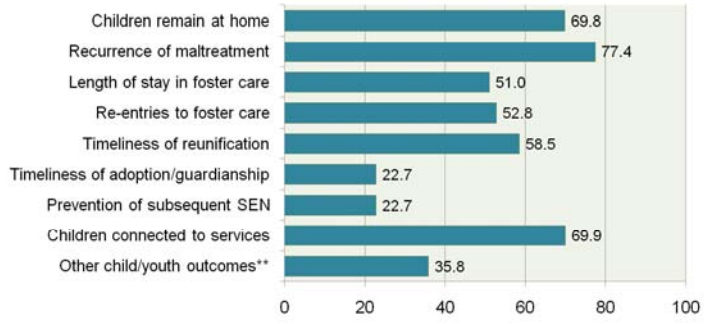
** Non-evaluator role (evaluators are typically university-based or affiliated and are captured separately).*

RPG Performance Indicators and Data Collection and Reporting System

23 RPG Performance Indicators

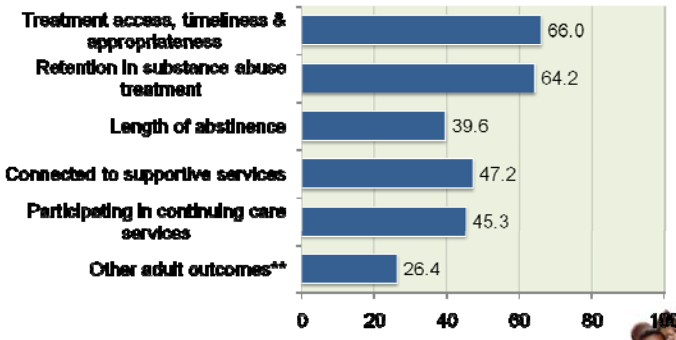
Child/Youth	*Adult*
C1. Children remain at home	A1. Access to substance abuse treatment
C2. Occurrence of child maltreatment	A2. Retention in substance abuse treatment
C3. Average length of stay in foster care	A3. Reduced substance use
C4. Re-entries to foster care placement	A4. Parents/caregivers connected to supportive services
C5. Timeliness of reunification	A5. Employment
C6. Timeliness of permanency	A6. Criminal behavior
C7. Prevention of substance-exposed newborns	A7. Mental health status
C8. Children connected to supportive services	
C9. Improved child well-being	
Family/Relationship	***Regional Partnership/Service Capacity***
F1. Improved parenting	R1. Collaborative capacity
F2. Family relationships and functioning	R2. Capacity to serve families
F3. Risk/protective factors	
F4. Coordinated case management	
F5. Substance abuse education/training for foster care and other substitute caregivers	

Child/Youth Performance Indicators



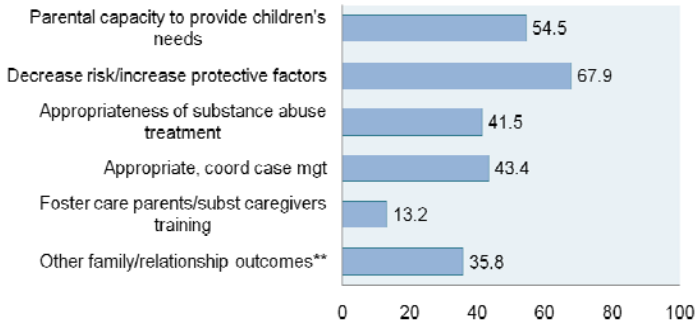
* Percentages include a small number of grantees where indicator selection is coded as "maybe"
** Other includes 15.1% (8) indicating increased socio-emotional functioning and 7.5% (4) increased developmental/cognitive functioning

Adult Performance Indicators



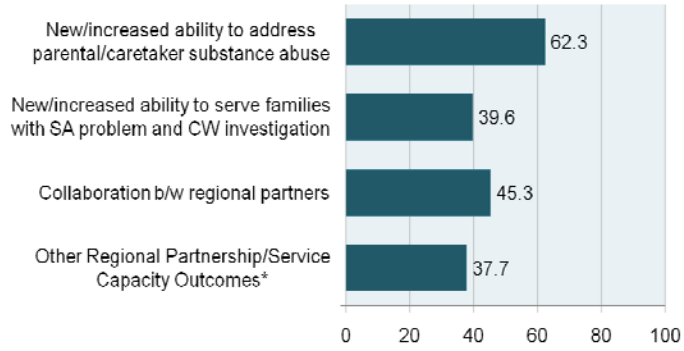
* Percentages include a small number of grantees where indicator selection is coded as "maybe"
** Other includes 13.2% indicating decreased substance use

Family/Relationship Performance Indicators



* Percentages include a small number of grantees where indicator selection is coded as "maybe"
** Other includes 20.8% improved parenting

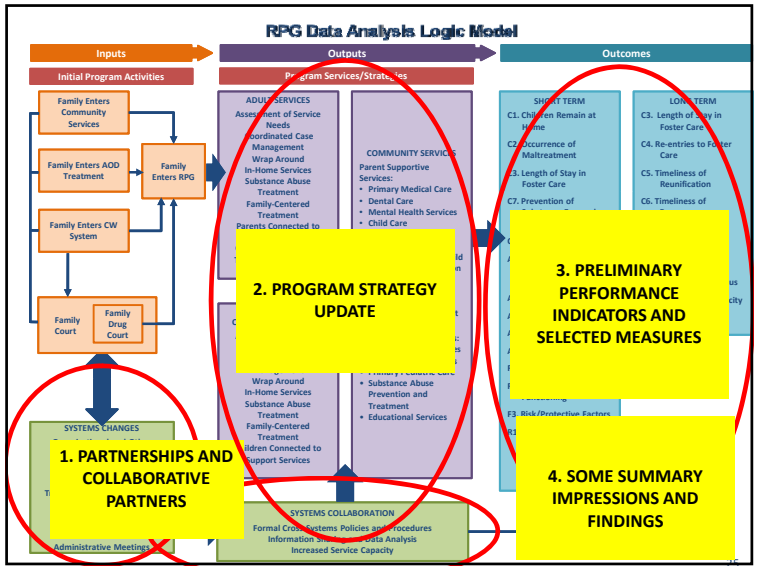
Regional Partnership Performance Indicators



* Percentages include a small number of grantees where indicator selection is coded as "maybe"
** Other includes 15.1% (8) that identified indicators related to other collaborative activities

RPG Data Sources

- ❑ Child Focused Performance Measures
  - ❑ Adoption and Foster Care Analysis and Reporting System (AFCARS)
  - ❑ National Child Abuse and Neglect Data System (NCANDS)
  - ❑ Child Measures
- ❑ Adult Focused Performance Measures
  - ❑ Treatment Episode Data Set (TEDS)
  - ❑ Adult Measures
- ❑ Family Focused Performance Measures
- ❑ Partnership/Service Capacity Measures
  - ❑ Collaborative Values Inventory (CVI)
  - ❑ Collaborative Capacity Instrument (CCI)



RPGs' Major Program Strategies: At-a-Glance Snapshot

Nearly all (90 percent or more) of RPGs have implemented:

- Child welfare screening/assessment
- Substance use disorder screening/assessment (adults)
- Substance abuse treatment
- Parenting education or a family strengthening program
- Specialized outreach, engagement and retention

RPGs' Major Program Strategies: At-a-Glance Snapshot

Nearly all (90 percent or more) have also implemented various cross-systems collaborative activities:

- Regular joint case staffing
- Cross-system clinical training on both clinical and collaborative program/policy activities
- Regular regional partnership meetings to discuss program, policy and management issues
- Cross-systems information and data sharing

RPGs' Major Program Strategies: At-a-Glance Snapshot

A significant number (70 - 89 percent) are providing:

- Specialized child screening/assessment (e.g., developmental) and adult screening/assessment (e.g., mental health)
- Intensive coordinated case management
- Intensive wraparound or in-home services
- Formalized cross-systems policies and procedures to improve communication, identification, referrals and service delivery
- Family-centered substance abuse treatment

RPGs' Major Program Strategies: At-a-Glance Snapshot

A significant number (70 - 89 percent) are also providing:

- Mental health services and/or psychiatric care
- Trauma-informed and/or trauma-specific services
- Housing services
- Aftercare, continuing care or recovery support services

RPGs' Major Program Strategies: At-a-Glance Snapshot

A substantial number (50 - 69 percent) have implemented:

- Substance abuse prevention
- Family therapy or counseling
- Early intervention or developmental services for children
- Co-located child welfare or substance abuse treatment staff
- Family Group Decision Making/Family Case Conferencing
- Targeted outreach or specialized services for fathers

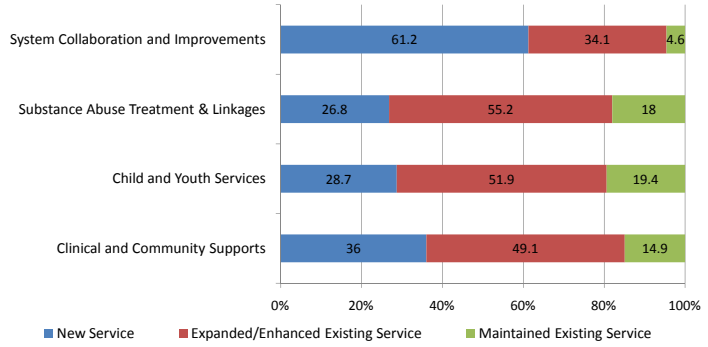
RPGs' Major Program Strategies: At-a-Glance Snapshot

Less than half of grantees have implemented:

- A Family Treatment Drug Court
- Trauma services for children
- Other therapeutic services for children
- Remedial or academic supports for children
- Substance abuse treatment for youth

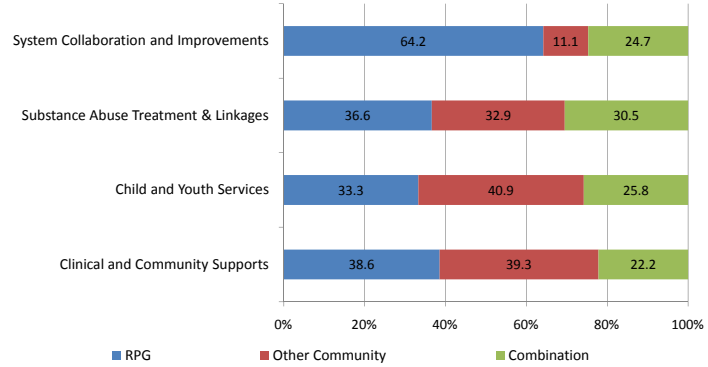
Capacity Building: Percentage of Services that Reflect Expanded Capacity

The majority (84 percent) of services and activities implemented by the RPG programs have strengthened the regions' capacity to serve families by creating new services or expanding and/or enhancing existing services.



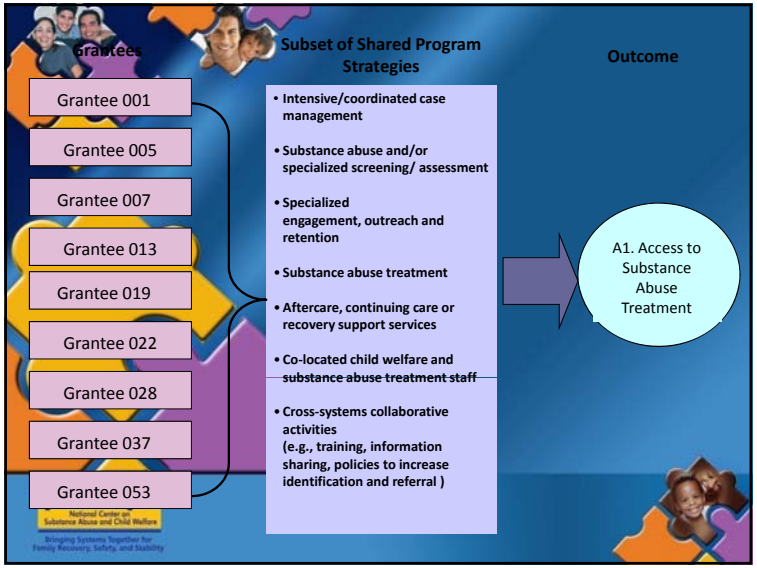
Major Funding Sources – Percentage of Services Supported by RPG Funding, Other Community Resources or a Combination

In providing the comprehensive array of services families need to meet their needs, the RPGs are leveraging other available resources to help maximize the impact of the grant.



Program Strategies – Next Steps

- Plan to examine similar groupings of program strategies implemented by multiple grantees to determine impact on individual outcomes
- Initial review of program strategies indicated grantee subgroups chose similar service arrays that could be organized into broader program model types
- These potential models are still preliminary – will continue to define and refine approach



Preliminary Program Models
Model 1: Comprehensive Service Array for Families

Includes grantees that have implemented an extensive array of treatment and clinical and community support services to meet the needs of children, adults and the families. This service array includes:

- *Cross-systems collaboration*
- *Child and adult screening and assessment*
- *Substance abuse treatment*
- *Coordinated care*
- *Aftercare/continuing care*
- *Parenting or family strengthening*
- *Mental health/trauma services*
- *Children's services*
- *Housing services*

Preliminary Program Models
Model 2: Comprehensive Family Treatment Drug Court

- Builds on Model 1 by adding a Family Treatment Drug Court (FTDC) component to the other comprehensive array of services

Preliminary Program Models
Model 3: Substance Abuse Treatment Focus

Includes grantees with a primary focus on engaging and retaining a parent in substance abuse treatment:

- *Cross-systems collaboration*
- *Child and adult screening and assessment*
- *Substance abuse treatment*
- *Family Treatment Drug Court*
- *Aftercare/continuing care*

Preliminary Program Models
Model 4: Children's Services Focus

Grantees whose major program components are centered on meeting children's needs and include:

- *Cross-systems collaboration*
- *Child screening and assessment*
- *Substance abuse treatment*
- *Parenting or family strengthening*
- *Children's services*

Preliminary RPG Performance Indicator Results

Selected Child and Adult Measures

Background and Context

- Results reflect the RPG children, adults and families served as of June 30, 2011
- Performance is presented in comparison to:
  - RPG control/comparison group data
  - National data from CFSRs, NOMs and TEDS (where appropriate)

	RPG Participant Group (N)	RPG Control/ Comparison Group (N)
Children	19,262	8,949
Adults	13,235	6,847
Families	11,338	5,433

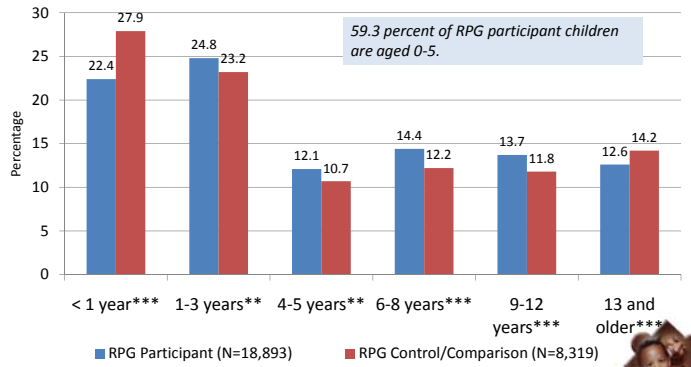
Data Caveats/Limitations

- Not a cross-site evaluation – rather, indicator results are analyzed across the collective 53 grantees
- Results are preliminary – findings may change over time as number of families served increases
- Contextual and community factors (e.g., budget cuts) may impact outcomes

Data Caveats/Limitations - continued

- National child welfare and substance abuse treatment outcomes provide important context, but have limitations
  - RPGs may be serving more complex families
- Several methodological issues must be considered when analyzing and interpreting data for the five “clinical indicators”:
  - Child well-being, adult mental health, parenting, family functioning and risk/protective factors

Children Served by the RPGs – Percentage by Age Group

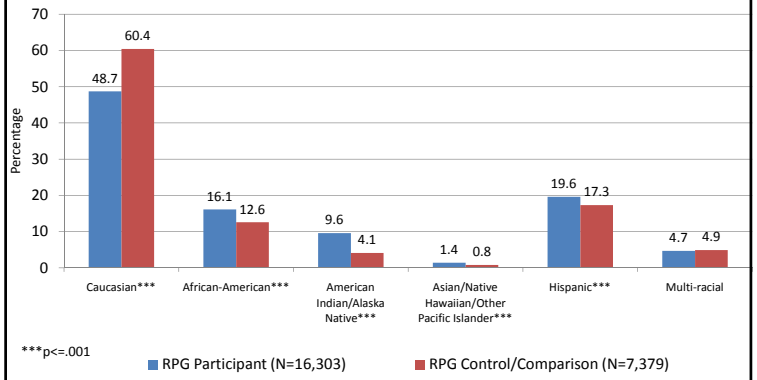


59.3 percent of RPG participant children are aged 0-5.

**p<.01; ***p<.001

Excludes children with missing data on age .

Children Served by the RPGs – Percentage by Race/Ethnicity



***p<=.001

Except for the Hispanic group, the racial/ethnic groups presented include only non-Hispanics. The category Hispanic includes Hispanics of any race. Excludes children with missing race/ethnicity data.

Child Highlights

Performance Measure	Significantly Better than Comparison Control	29 States CFSR	
		Better	On Par

Child Highlights

Performance Measure	Significantly Better than Comparison Control	29 States CFSR	
		Better	On Par
C1 Children at Home Stayed at Home	✓	N/A	

Child Highlights

Performance Measure	Significantly Better than Comparison Control	29 States CFSR Better	29 States CFSR On Par
C1 Children at Home Stayed at Home	✓	N/A	
C2 Substantiated Maltreatment after RPG			
At 6 months		✓	
At any Time	✓	N/A	

Child Highlights

Performance Measure	Significantly Better than Comparison Control	29 States CFSR Better	29 States CFSR On Par
C1 Children at Home Stayed at Home	✓	N/A	
C2 Substantiated Maltreatment after RPG			
At 6 months		✓	
At any Time	✓	N/A	
C3 Length of Stay			
Discharge to Reunification	✓		✓
Discharge to Adoption	✓	✓	
Overall Months to Discharge	✓	N/A	

Child Highlights

Performance Measure	Significantly Better than Comparison Control	29 States CFSR Better	29 States CFSR On Par
C4 Re-entries to Care	✓	✓	

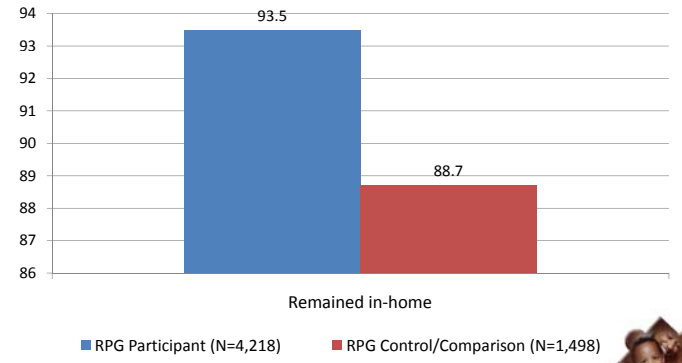
Child Highlights

Performance Measure	Significantly Better than Comparison Control	29 States CFSR Better	29 States CFSR On Par
C4 Re-entries to Care	✓	✓	
C5 Timeliness of Reunification			
Reunified in <12 months	✓	✓	
< 3 months	✓	✓	
> 24 months	✓	N/A	

Child Highlights

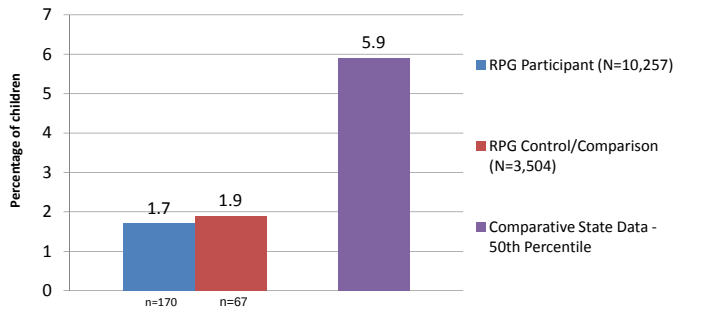
Performance Measure	Significantly Better than Comparison Control	29 States CFSR	
		Better	On Par
C4 Re-entries to Care	✓	✓	
C5 Timeliness of Reunification			
Reunified in <12 months	✓	✓	
< 3 months	✓	✓	
> 24 months	✓	N/A	
C6 Finalized Adoption	✓	✓	

C1. Children Remain at Home:
Percentage of Children Who Remained in the Custody of a Parent/Caregiver through RPG Case Closure



p<.001

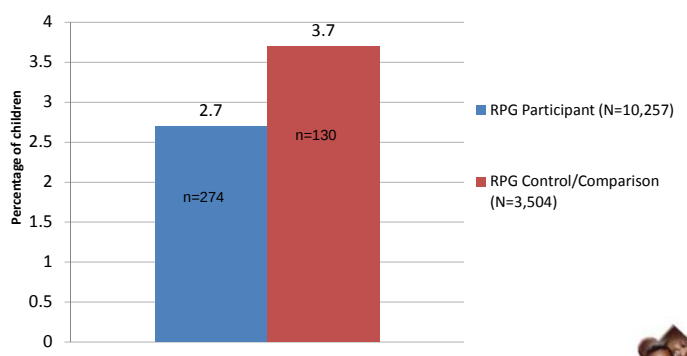
C2. Occurrence of Maltreatment:
Percentage of Children who had Substantiated/Indicated Maltreatment Within 6 months After RPG Enrollment



Note: Comparative State Data is 2009 NCANDS results for the 29 States in which the RPG programs are operating. The lower the percentage the better. Comparative State Data performance measure operational definition: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of most recent fiscal year, what percent were victims of another substantiated/indicated maltreatment allegation within 6 months following that maltreatment incident.

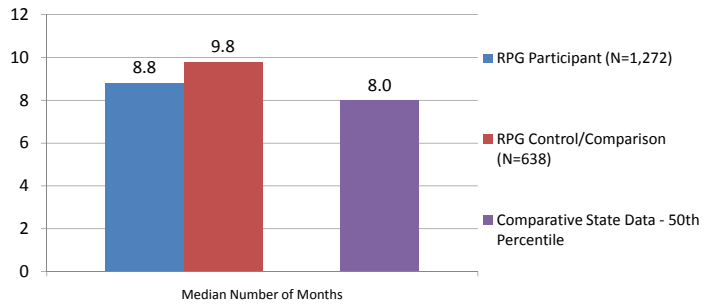
Difference between RPG participant and RPG comparison n.s. at 6 months

C2. Occurrence of Maltreatment:
Percentage of Children who had Substantiated/Indicated Maltreatment At Any Point After RPG Enrollment



**p<.01

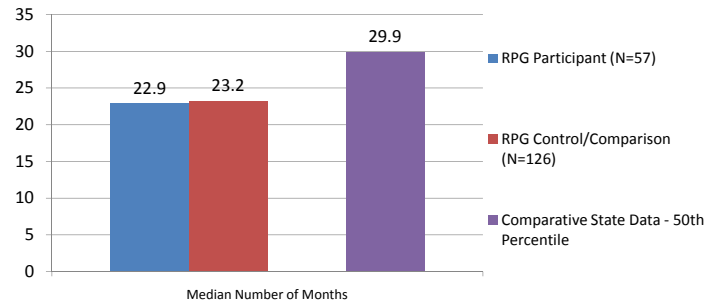
C3. Length of Stay in Foster Care:
Median Length of Stay in Foster Care for Children Discharged to Reunification



Note: Comparative State Data is 2009 AFCARS results for the 29 States in which the RPG programs are operating. Comparative State Data performance measure operational definition: Of all children discharged from foster care to reunification, and who had been in foster care for 8 days or longer, median length of stay in months from date of latest removal until date of discharge.

**p<.01 between RPG participant and RPG comparison groups.

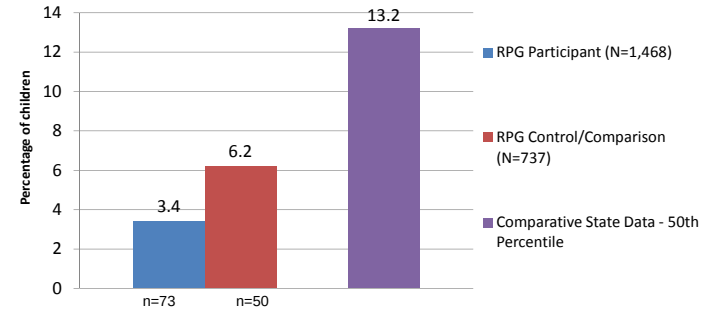
C3. Length of Stay in Foster Care:
Median Length of Stay in Foster Care for Children Discharged to Adoption



Note: Comparative State Data is 2009 AFCARS results for the 29 States in which the RPG programs are operating. Comparative State Data performance measure operational definition: Of all children discharged from foster care to a finalized adoption, median length of stay in months from date of latest removal until date of discharge.

*p<.05 between RPG participant and RPG comparison groups.

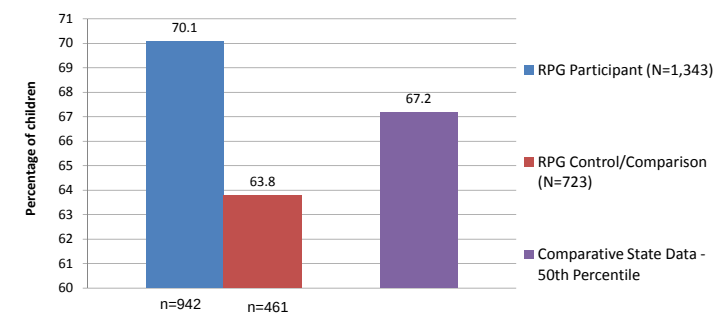
C4. Re-entries to Foster Care:
Percentage of Children Returned Home from Foster Care that Re-entered Foster Care in Less than 12 months



Note: Comparative State Data is 2009 AFCARS results for the 29 States in which the RPG programs are operating. The lower the percentage the better. Comparative State Data performance measure operational definition: Of all children discharged from foster care to reunification in the 12-month period prior to given fiscal year, percentage who re-entered foster care in less than 12 months.

**p<.01 between RPG participant and RPG comparison groups.

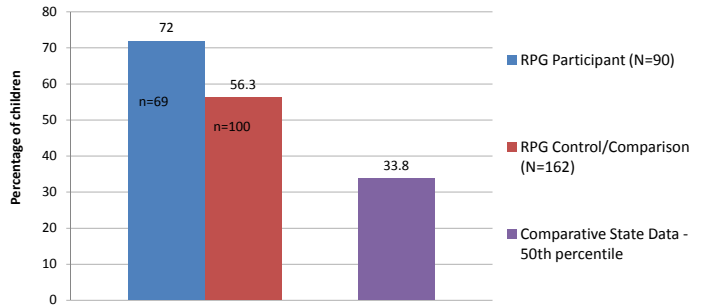
C5. Timeliness of Reunification:
Percentage of Children Reunified in Less than 12 Months from Most Recent Entry into Foster Care



Note: Comparative State Data is 2009 AFCARS results for the 29 States in which the RPG programs are operating. Comparative State Data performance measure operational definition: Of children discharged from foster care to reunification, and who had been in foster care for 8 days or longer, percent reunified in less than 12 months from date of latest removal from home.

**p<.01 between RPG participant and RPG comparison groups.

C6. Timeliness of Permanency:
Percentage of Children Who Achieved Finalized Adoption in Less than 24 Months from Most Recent Entry



Note: Comparative State Data is 2009 AFCARS results for the 29 States in which the RPG programs are operating. Comparative State Data performance measure operational definition: Of all children discharged from foster care to a finalized adoption during given FY, percent discharged in less than 24 months from the date of the latest removal until date of discharge.

n.s.between RPG participant and RPG comparison groups.

C9. Child Well-Being:
Percentage of children who show an increase in socio-emotional, behavioral, developmental and/or cognitive functioning

Subgroups of grantees are measuring child well-being using same instruments:

Instrument	Number Grantees	Baseline (N)	Baseline-Discharge (N)
Ages and Stages Questionnaire (ASQ)	9	432	*
ASQ Social Emotional (ASQ-SE)	7	596	*
Child Behavior Checklist (CBCL)			*
North Carolina Family Assessment Scales** (NCFAS) – *Child Well-Being Subscale*	7	914	354

* Only baseline information is provided due to low matched baseline-discharge sample sizes at this time.

** Includes the following versions: NCFAS, NCFAS-G (General Services) and NCFAS G+R combined scale. Number grantees represents baseline-discharge N.

Adult Highlights

Performance Measure	Significantly Different than Comparison Control	Comparable SAMHSA TEDS

Adult Highlights

Performance Measure	Significantly Different than Comparison Control	Comparable SAMHSA TEDS
A1 Access to Treatment **Admitted to Treatment** **Average Days from RPG to Treatment** **Child Welfare Case open to Treatment**	 ✓ ✓ ✓	N/A

Adult Highlights

Performance Measure	Significantly Different than Comparison Control	Comparable SAMHSA TEDS
A1 Access to Treatment		
Admitted to Treatment	✓	N/A
Average Days from RPG to Treatment	✓	
Child Welfare Case open to Treatment	✓	
A2 Retention in Treatment		
Completed Treatment	✓	N/A
– Comparison Group Higher		
Length of Stay	✓	

Adult Highlights

Performance Measure	Significantly Different than Comparison Control	Comparable SAMHSA TEDS
A3 Reduction in Substance Use		
Alcohol	✓	N/A
Cocaine/Crack	✓	
Marijuana	✓	
Heroin/Other Opiates	✓	
Methamphetamine	✓	

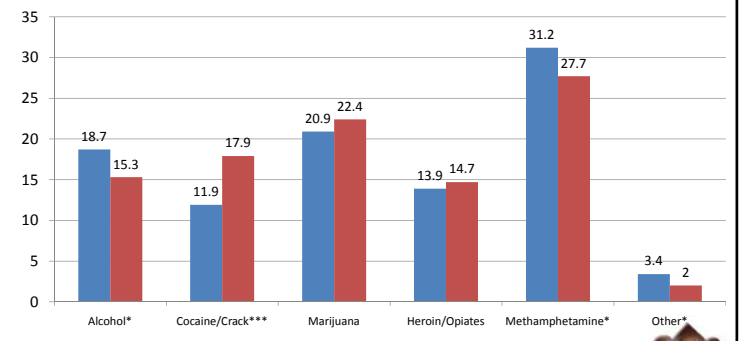
Adult Highlights

Performance Measure	Significantly Different than Comparison Control	Comparable SAMHSA TEDS
A5 Employment		
Increased Employment RPG entry to Discharge	✓	N/A

Adult Highlights

Performance Measure	Significantly Different than Comparison Control	Comparable SAMHSA TEDS
A5 Employment		
Increased Employment RPG entry to Discharge	✓	N/A
A6 Criminal Behavior		
Decreased Arrests Admission to Discharge	✓	✓

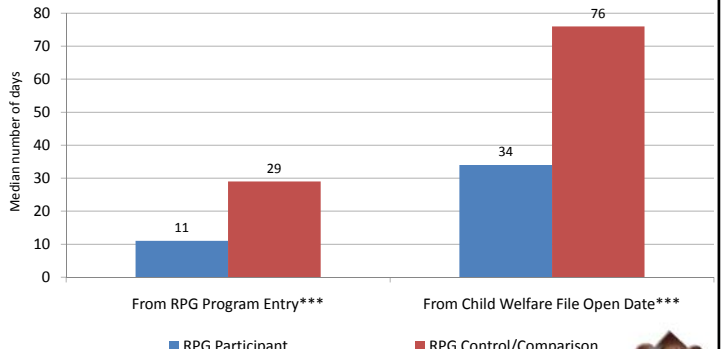
Primary Substance Problem at Treatment Admission: Percentage all Admissions



*p<.05; ***p<.001 RPG Participant (N=4,785) RPG Control/Comparison (N=1,017)

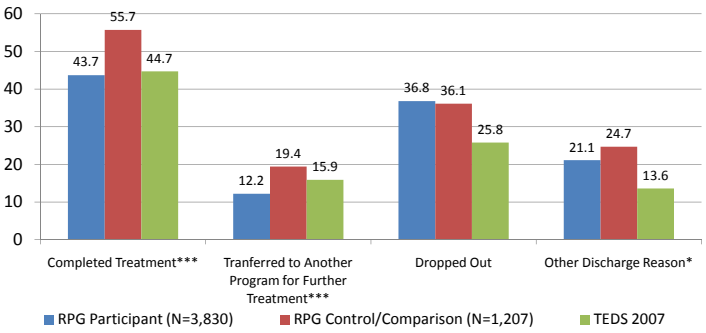
"Other" includes: hallucinogens, benzodiazepines, barbiturates, other tranquilizers and sedatives, and other drugs; percentages exclude missing primary substance data for 803 or 14.2 percent of total RPG admissions.

A1. Access to Substance Abuse Treatment: Median Number of Days to Treatment Admission



***p<.001 Participant N=3,941; Comparison N=936 Participant N=2,454; Comparison N=879

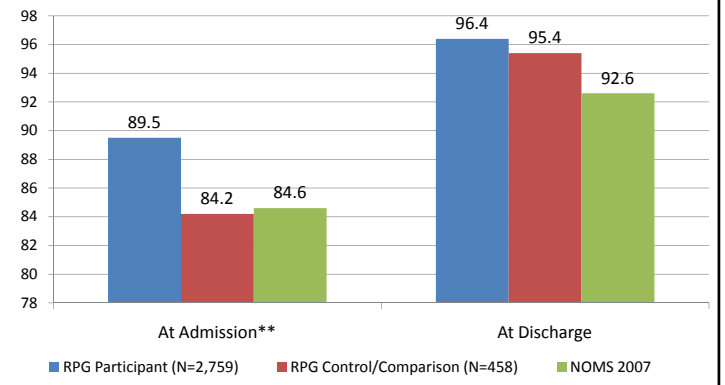
A2. Retention in Treatment



Notes: Transferred to another program is also considered a positive treatment outcome per Federal TEDS treatment discharge reporting. Other discharge reason includes terminated by action of facility, incarcerated, death and other reason somewhat outside of client's control . TEDS data represents 1,237,523 treatment discharges for 26 of the 29 States in which RPGs are operating; no data available for Alaska, Georgia and New Mexico.

*p<.05; ***p<.001 between RPG participant and control/comparison

A6. Criminal Behavior: Percentage of Clients with No Arrests in Prior 30 Days at Treatment Admission and Discharge



**p<.01 between RPG participant and control/comparison groups

Highlights of RPGs' Collaborative Efforts – Key Implementation Lessons

- Collaboration is essential to address the complex and multiple needs of families.
- Collaboration to establish cross-systems linkages takes time and is developmental and iterative in nature.
- Intensive multi-faceted outreach is needed at the client, partner, agency and community levels.
- The collaborative must continually assess its progress and adapt its program and services to meet families' unmet and emerging needs.

Highlights of RPGs' Collaborative Efforts – Key Implementation Lessons

- A comprehensive family-centered approach needs to include interventions to address the specific needs of children.
- Broadening the partnership to work with related agencies is critical to securing important core treatment and supportive services.
- Clear roles, responsibilities and expectations are required of partners, providers and families.
- Ongoing communication, monitoring and supervision – at both the systems and direct service levels – are crucial.

Highlights of RPGs' Collaborative Efforts – Key Implementation Lessons

- Ongoing staff training and development is needed to enhance collaboration, increase service coordination and build capacity.
- The partnership and program need to be integrated into other existing systems' efforts and infrastructures and leverage all available resources.
- The larger economic and fiscal environment has a notable impact on collaborative efforts.

Implications of Preliminary Results

- Preliminary outcomes look positive, But…
  - How do we explain differential outcomes given variation across grant programs?
  - How are state and local deficits and the resulting fiscal constraints impacting programming and service array?
  - How do we factor fiscal constraints over the past four years into account in the analysis of performance outcomes?
    - Forty-three of the 53 grantees (81 percent) report that State budget cuts and staff layoffs have affected their collaborative partnerships and services for families

Implications of Preliminary Results

- The cost problem: High costs, low numbers served for some sites, But…
  - Majority of new program and funding efforts were to build collaborative capacity
  - Many programs suggest a "hard to serve" population requiring lengthy interventions.
  - Twenty-one (21) sites are in the planning stages or have actually begun cost analysis

Implications of Preliminary Results

- Sustainability: 41% of all TA requests, But…
  - Less than half of grantees have an explicit focus on sustainability issues.
  - What does this reflect? Grant-seeking or real efforts to redirect funding?
- *The Real Tests of Program Sustainability…*

Implications of Preliminary Results

- Spending Federal resources is not the test of the project; **redirecting program strategies** and **redirecting** State and local **resources** is
- Serving a minority of families who need these programs is not the test of the project; **scale** is breaking out of the enclave of a project to engage the larger systems
  - Marketing matters: Outreach and communication with the wider community, policy leaders, and media; stories and data combined for maximum effect
  - Leveraging as beginning of real redirection

Implications of Preliminary Results

- Institutional change: There are many collaboration efforts and lessons; we need to ensure we're capturing the core points about what is different in systems
  - The time it takes (ten-year process in some of the most advanced sites)
  - Staff turnover often imperiling gains
  - Adaptation and re-adjustment in partnerships
  - Deeper dosage needed
  - Building on quality improvement and drop-off analysis
    - Longer-term aftercare services to prevent relapse
    - Housing and employability

Emerging Issues and Opportunities

- Serving Voluntary Child Welfare Cases
- The Patient Protection and Affordable Care Act
- Maternal, Infant and Early Childhood Home Visiting Program

THANKS FOR JOINING US!

Please contact us with any questions

www.ncsacw.samhsa.gov

Ken DeCerchio, MSW, CAP
CFF Project Director and RPG SC Co-Director
kdecerchio@cffutures.org

Sharon Boles, Ph.D.
CFF Research and Evaluation Director
sboles@cffutures.org

714.505.3525 or toll free: 866.493.2758