

Regional Partnership Grant Program: Improving Outcomes for Families Affected by Substance Abuse

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Introduction

- Brief overview of RPG program
- Summarize RPG program strategies and interventions
- Outline RPG performance measures and RPG Data Collection and Reporting System
- Present California and FDC-specific performance indicator results
- Highlight selected evaluation lessons learned

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Brief Overview of the Regional Partnership Grant (RPG) Program

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A Program of the

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

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RPG Program – Background

- Authorized by the Child and Family Services Improvement Act of 2006
- 53 Regional Partnership Grants awarded 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 family outcomes

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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

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Brief Overview of RPGs – Geographic Area Served and Target Populations

- 48 grantees (91 percent) are providing services to families in a specified *region* encompassing multiple counties or in a *single county* in their State
 - Regions served vary greatly in scope – from 2 to 20 counties
- Nearly all (92 percent) provide services to both in-home (at risk of removal) and out-of-home cases
 - Some emphasize specific subpopulation (e.g., pregnant and parenting women, parents with children birth to 5)
- Programs are addressing methamphetamine as well as other types of substance abuse impacting their regions and target populations

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Program Services and Strategies

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Five Broad Program Strategy Areas

(and selected examples of specific grantee activities)

- **Systems Collaboration and Improvements**
 - Cross-systems training
 - Cross-systems information-sharing and data collection
 - Intensive coordinated case management
 - Family Group Decision Making
- **Substance Abuse Treatment Linkages and Services**
 - Improved substance abuse screening and assessment
 - Specialized outreach, engagement and retention
 - Family-centered treatment for parents with children
- **Services for Children and Youth**
 - Early intervention and developmental services
 - Trauma and other therapeutic services

Five Broad Program Strategy Areas

(and selected examples of specific grantee activities)

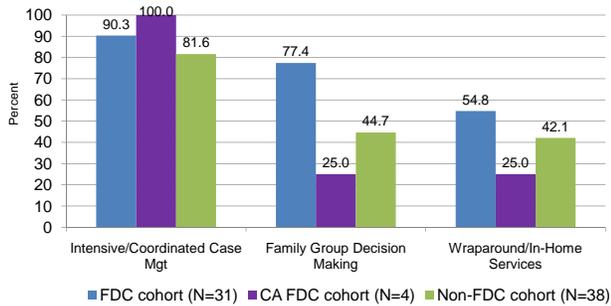
- **Clinical and Community Support Services for Children, Parents and Families**
 - Parenting education and family strengthening programs
 - Continuing care and recovery support services
 - Housing, child care, transportation and other ancillary services
 - Mental health and trauma-specific services
- **Expanded Capacity to Provide Treatment and Services to Families**
 - *Implementation of new and/or expansion and enhancement of existing Family Drug Courts (FDCs)*
 - Increased number of residential treatment beds for parents
 - Co-located and out-stationed staff

RPGs With a Family Drug Court (FDC) Component

- 24 of 53 grantees have a FDC component:
 - Developing a new FDC
 - Expanding and/or enhancing an existing FDC
 - Established close partnership with FDC and majority of RPG clients are FDC participants

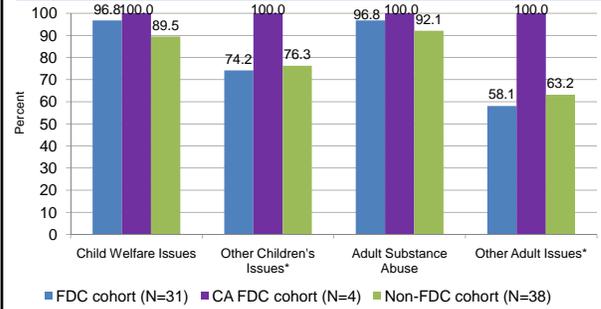
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Case Management, Case Conferencing and Wraparound/In-Home Strategies



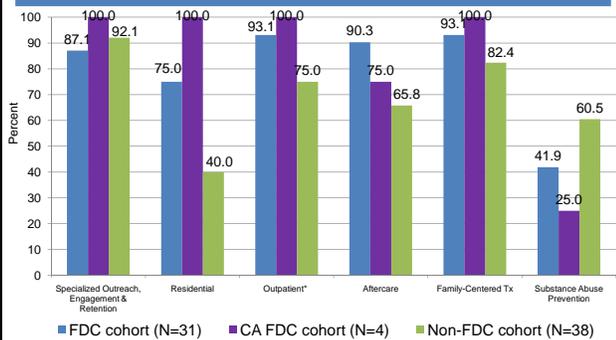
Note: The total N does not add to 53 grantees as several grantees have both a FDC program and a non-FDC intervention (each is included in its respective cohort). Grantees in both cohorts may also operate multiple FDCs or other interventions that use differing program strategies; each is thus counted independently.

Screening and Assessment (Children and Adults)



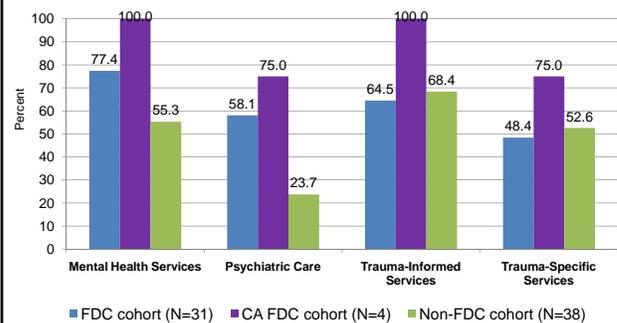
*Other includes screening/assessment for issues such as: developmental, behavioral, mental health, family functioning, trauma, domestic violence, and parenting.

Substance Abuse Treatment for Adults

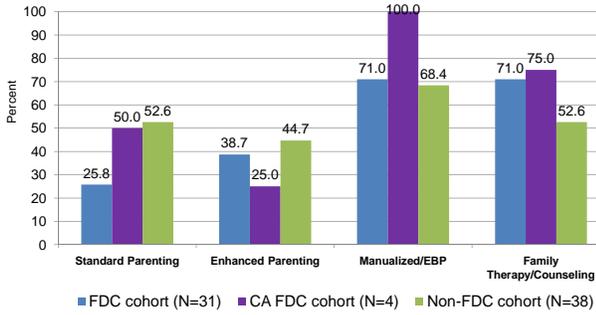


* Outpatient includes: partial hospitalization, intensive outpatient and/or non-intensive outpatient.

Mental Health and Trauma Services for Adults

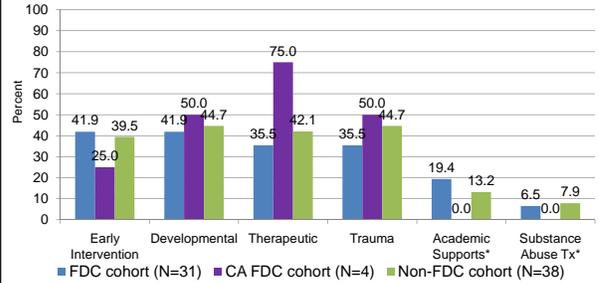


Parenting* and Family Therapy/Counseling



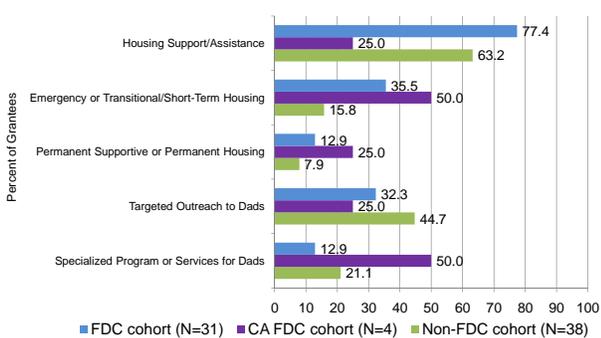
*Parenting strategies are not mutually exclusive; grantees may be doing more than one type of parenting

Services for Children/Youth

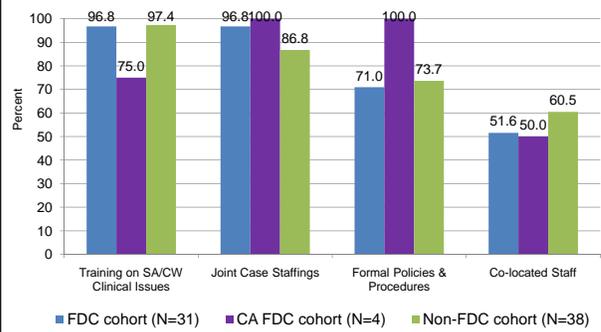


*The number of grantees providing these types of services are low in part because the majority of grantees are primarily targeting families with very young children (0-5). For substance abuse treatment, an additional 6 FDC cohort grantees and 17 non-FDC cohort grantees provide such services to a small percentage of their children/youth refer out these youth to treatment for their own substance use disorder.

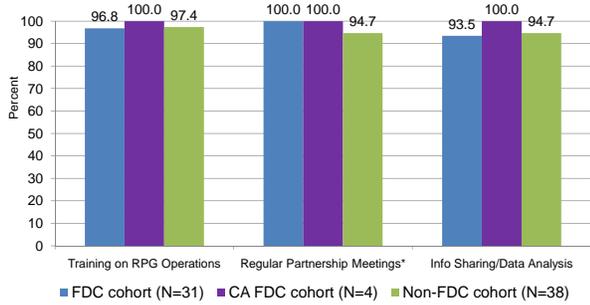
Housing and Services for Dads



Cross-Systems Collaboration – Clinical-Related Activities



Cross-Systems Collaboration – Program- and Policy-Related Activities



* Includes meetings to discuss program and policy and/or management or administrative issues

RPG Performance Indicators and Data Collection and Reporting System

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23 RPG Performance Indicators

Child/Youth

- C1. Children remain at home
- C2. Occurrence of child maltreatment
- C3. Average length of stay in foster care
- C4. Re-entries to foster care placement
- C5. Timeliness of reunification
- C6. Timeliness of permanency
- C7. Prevention of substance-exposed newborns
- C8. Children connected to supportive services
- C9. Improved child well-being

Adult

- A1. Access to substance abuse treatment
- A2. Retention in substance abuse treatment
- A3. Reduced substance use
- A4. Parents/caregivers connected to supportive services
- A5. Employment
- A6. Criminal behavior
- A7. Mental health status

Family/Relationship

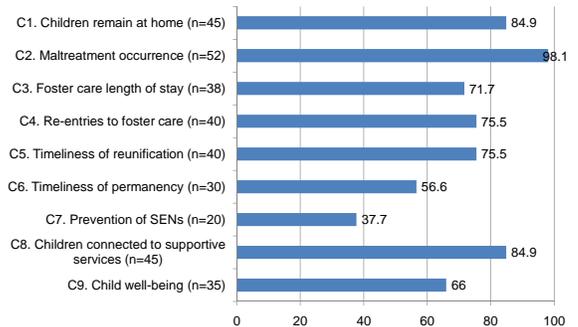
- F1. Improved parenting
- F2. Family relationships and functioning
- F3. Risk/protective factors
- F4. Coordinated case management
- F5. Substance abuse education/training for foster care and other substitute caregivers

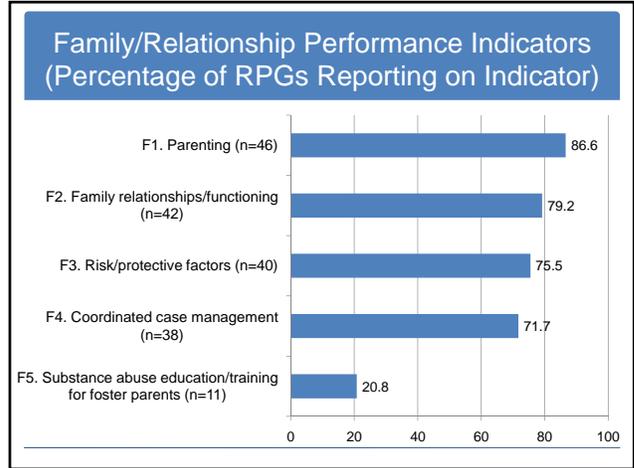
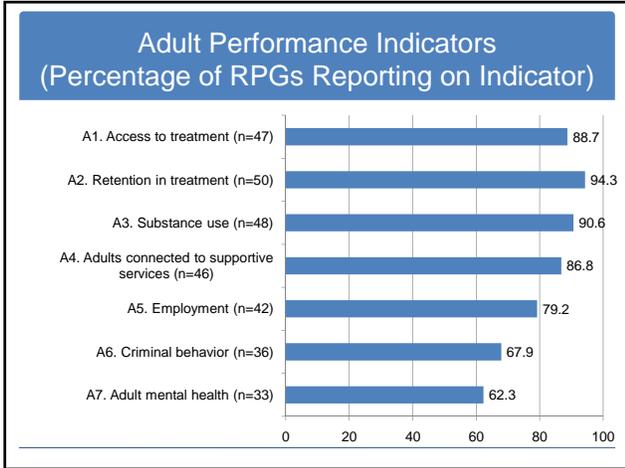
Regional Partnership/Service Capacity

- R1. Collaborative capacity
- R2. Capacity to serve families

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Child/Youth Performance Indicators (Percentage of RPGs Reporting on Indicator)





- ### 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)

Preliminary RPG/FDC Performance Indicator Results

Selected Child and Adult Measures

*For data uploaded to the RPG Data System on
June 15, 2011 (for the period ending March 31, 2011)*

Number of Children in Data Set

Cohort	Treatment Group	Comparison Group	Total
Family Drug Court	7,985	4,085	12,070
All Other RPGs	11,277	4,864	16,141
TOTAL	19,262	8,949	28,211

Number of Adults in Data Set

Cohort	Treatment Group	Comparison Group	Total
Family Drug Court	5,199	2,717	7,916
All Other RPGs	8,036	3,770	11,806
TOTAL	13,235	6,487	19,722

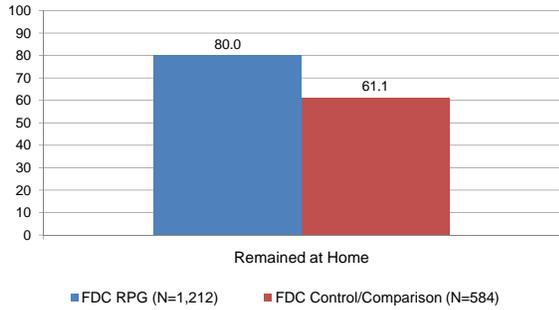
Data Caveats/Limitations

- 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

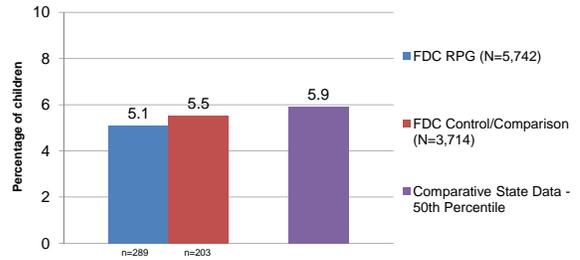
- National child welfare and substance abuse treatment outcomes provide important context, but have limitations
 - RPGs may be serving more complex families
- Several methodological issues must be considered when analyzing and interpreting data for the five “clinical indicators”:
 - Child well-being,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

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



p<.001

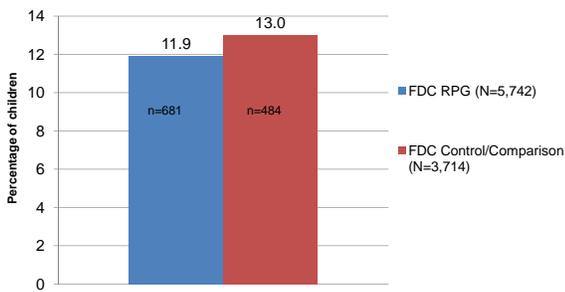
C2. Occurrence of Maltreatment:
 Percentage of Children who had Substantiated/Indicated Maltreatment Within 6 months After RPG Enrollment among Family Drug Court Grantees



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.

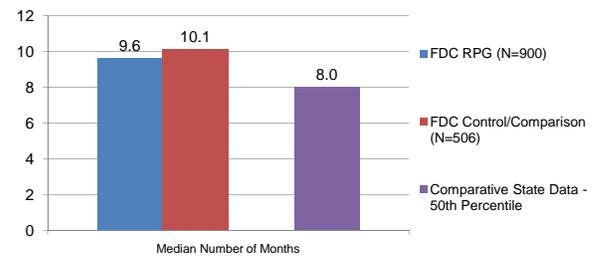
Not significant at 6 months

C2. Occurrence of Maltreatment:
 Percentage of Children who had Substantiated/Indicated Maltreatment At Any Point After RPG Enrollment among Family Drug Court Grantees



Not significant

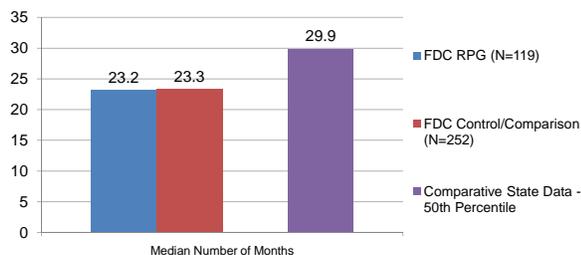
C3. Length of Stay in Foster Care:
 Median Length of Stay in Foster Care for Children Discharged to Reunification for Family Drug Court Grantees



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.

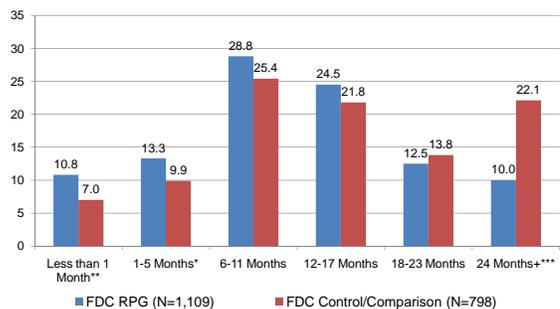
Not significant between FDC RPG and FDC control/comparison groups.

C3. Length of Stay in Foster Care: Median Length of Stay in Foster Care for Children Discharged to Adoption for Family Drug Court Grantees



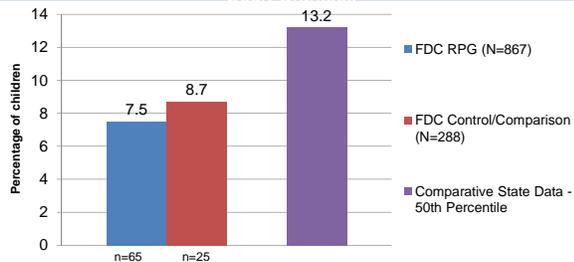
Note: Comparative State Data is 2009 AFCARS results for the 29 States in which the RPG programs are operating. Comparative State Data performance measure operational definition: Of all children discharged from foster care to a finalized adoption, median length of stay in months from date of latest removal until date of discharge.
*p<.05 between FDC RPG and FDC control/comparison groups.

C3. Length of Stay in Foster Care: Percentage of Children Discharged Within Given Number of Months (all discharges among Family Drug Court Grantees)



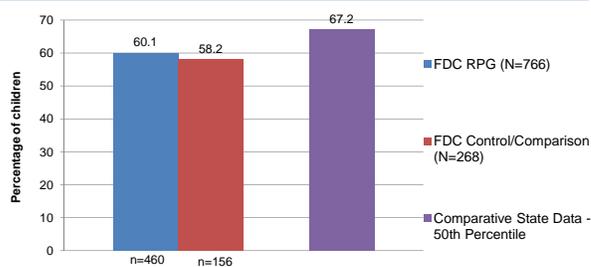
*p<.05; **p<.01***p<.001

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



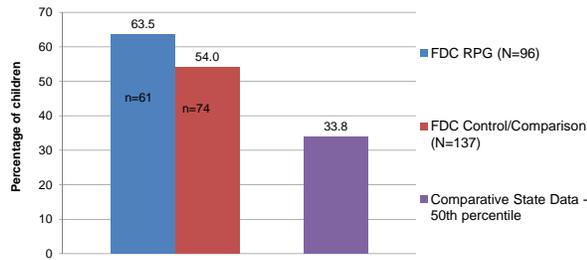
Note: Comparative State Data is 2009 AFCARS results for the 29 States in which the RPG programs are operating. The lower the percentage the better. Comparative State Data performance measure operational definition: Of all children discharged from foster care to reunification in the 12-month period prior to given fiscal year, percentage who re-entered foster care in less than 12 months.
Not significant between FDC RPG and FDC control/comparison groups.

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



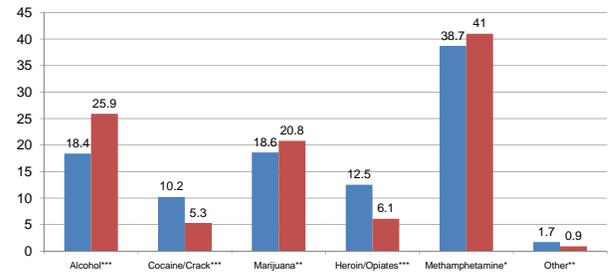
Note: Comparative State Data is 2009 AFCARS results for the 29 States in which the RPG programs are operating. Comparative State Data performance measure operational definition: Of children discharged from foster care to reunification, and who had been in foster care for 8 days or longer, percent reunified in less than 12 months from date of latest removal from home.
Not significant between FDC RPG and FDC control/comparison groups.

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



Note: Comparative State Data is 2009 AFARS 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.
Not significant between FDC RPG and FDC control/comparison groups.

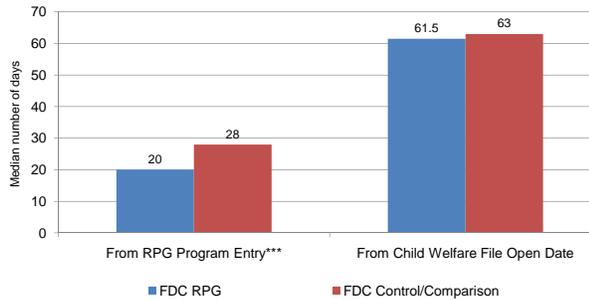
Primary Substance Problem at Treatment Admission: Percentage all Admissions among Family Drug Court Grantees



*p<.05; **p<.01; ***p<.001

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.

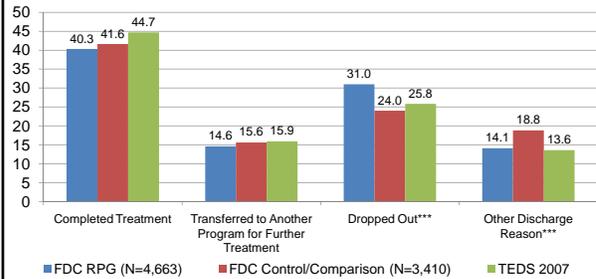
A1. Access to Substance Abuse Treatment: Median Number of Days to Treatment Admission for Family Drug Court Grantees



FDC RPG N=2,614; FDC Comparison N=1,317 FDC RPG N=1,276; FDC Comparison N=368

***p<.001

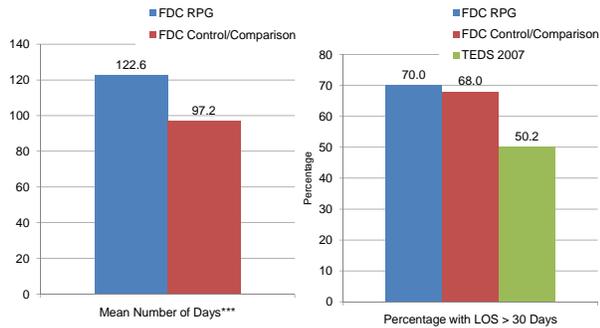
A2. Retention in Treatment among Family Drug Court Grantees



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<.001 between RPG participant and control/comparison

A2. Substance Abuse Treatment Retention: Length of Stay for all Discharges among Drug Court Grantees



***p<.001 between FDC RPG and FDC control/comparison

*TEDS – Discharges 2007 [Computer file]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. Data represents treatment discharges for 26 of the 29 States in which RPGs are operating

Key Lessons and Implications for the Field

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

- “The most important thing I learned is that one cannot spend too much time planning ahead and setting up a clear line (chain) of communication and accountability. When entering such a partnership, there must be an agreed outcome or goal. The “how to get there” part can be flexible and the group must meet often to facilitate the process.”

Grantee

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.

Highlights of RPGs' Collaborative Efforts Key Implementation Lessons

- 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

QUESTIONS ?

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