

A background image showing a pair of hands holding a small amount of dark soil with a tiny green seedling growing out of it. The hands are positioned in the center-left of the frame, with the fingers gently cupping the soil. The lighting is soft and natural, highlighting the texture of the skin and the soil.

**Regional Partnership Grants (RPG)
*Collaborative Approaches: Lessons
Learned from the RPG Program***

**Elaine Voces Stedt, MSW | Ken DeCerchio, M.S.W.,
CAP**

**CWLA 2016 National Conference
Advancing Excellence in Practice & Policy: What
Works For Families Affected by Substance Use**

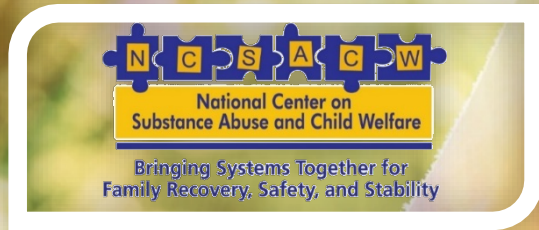


August 2, 2016 | Orange County, California



Agenda

- Introductions, Background and History of the RPG Program
- National Perspective and Context for Collaborative Policy and Practice
- RPG Program Highlights and Key Implementation Lessons
- Program Evaluation Lessons and Key Outcomes
- Sustaining Regional Partnerships: Challenges and Successes
- Conclusion



Acknowledgement

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Substance Abuse and Mental Health
Services Administration
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Families
Children's Bureau
Office on Child Abuse and Neglect

*Improving
Family
Outcomes*

*Strengthening
Partnerships*

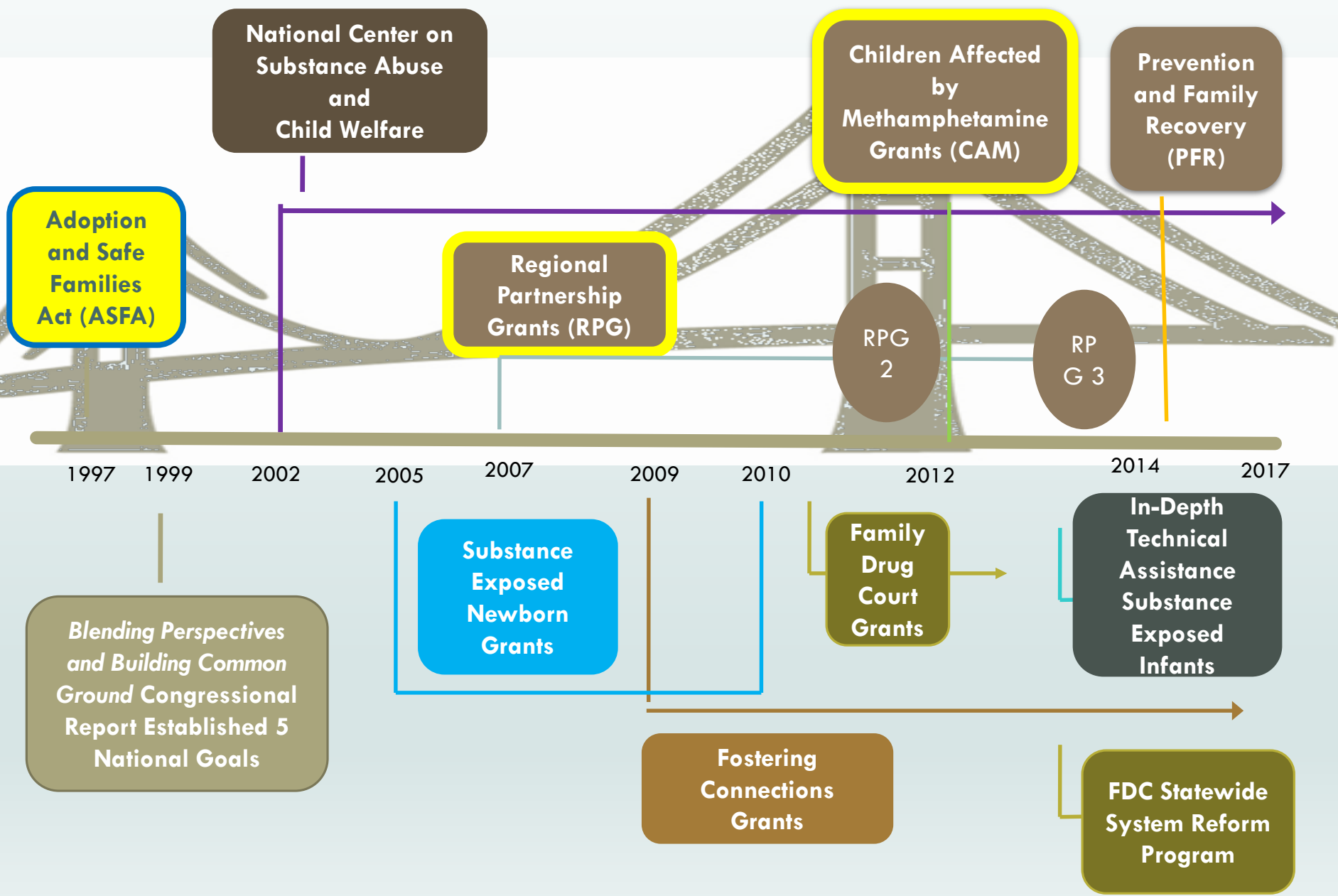
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Background and National Perspective

Elaine Voces Stedt, MSW

Progress Since the Adoption and Safe Families Act (ASFA) 1997



Leadership of the Federal Government - Five National Goals Established

Building collaborative relationships

Assuring timely access to comprehensive substance abuse treatment services

Improving our ability to engage and retain clients in care and to support ongoing recovery

Enhancing children's services

Filling information gaps

Identified Barriers

1. Differences in values and perceptions of primary client
2. Timing differences in service systems
3. Knowledge gaps
4. Lack of tools for effective engagement in services
5. Intervention and prevention needs of children
6. Lack of effective communication
7. Data and information gaps
8. Categorical and rigid funding streams as well as treatment gaps

Suggested Strategies

1. Develop principles for working together
2. Create on-going dialogues and efficient communication
3. Develop cross-training opportunities
4. Improve screening, assessment and monitoring practice and protocols
5. Develop funding strategies to improve timely treatment access
6. Expand prevention services to children
7. Develop improved cross-system data collection

Cross-System Collaboration

What do we mean by
Cross-System Collaboration ?

Policy and Practice



Values - Why are We here? Why are You Here?



Safety
Protection

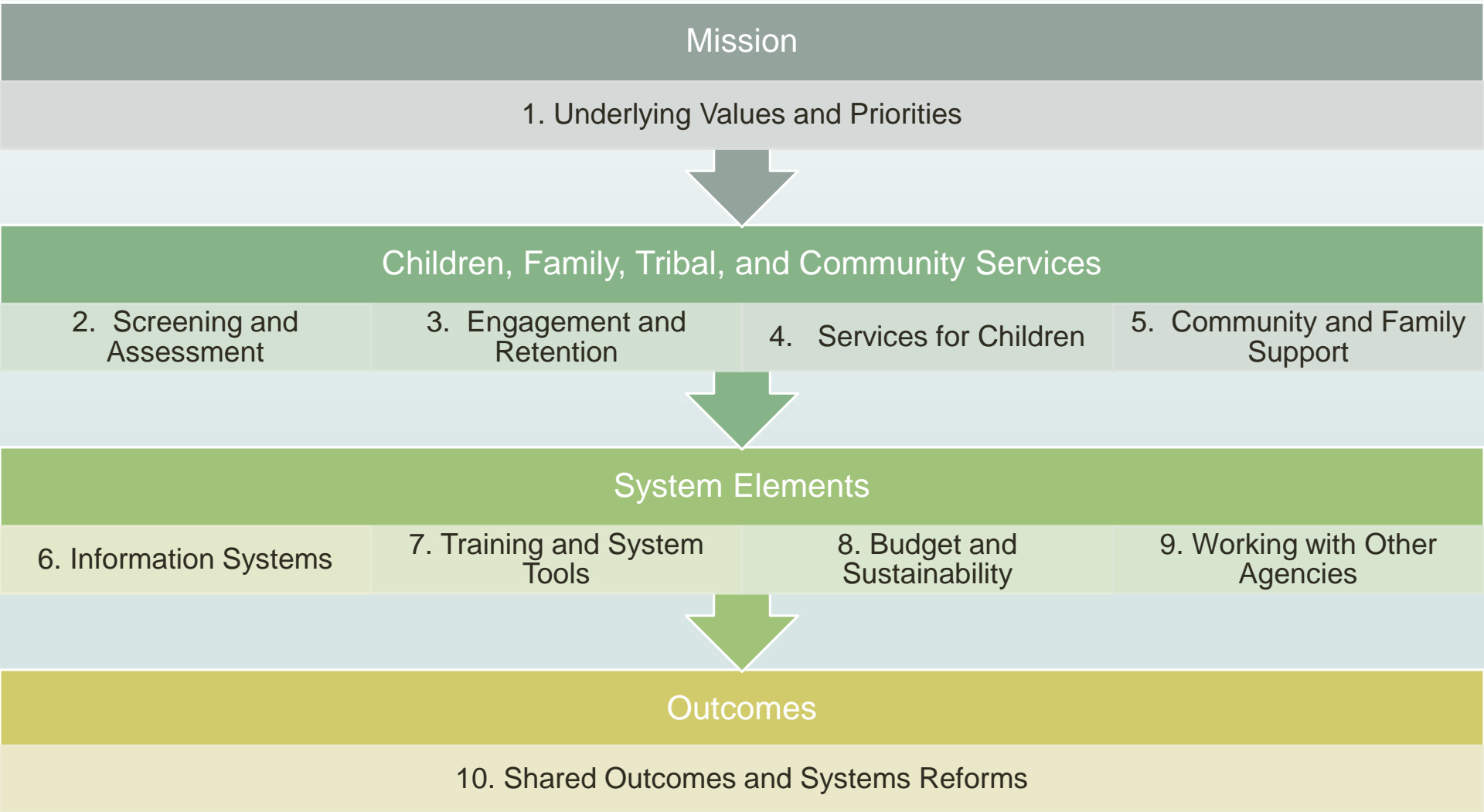


Judicial Oversight
Equal Protection



Hope
Recovery

ELEMENTS OF SYSTEM LINKAGES: 10-ELEMENT FRAMEWORK



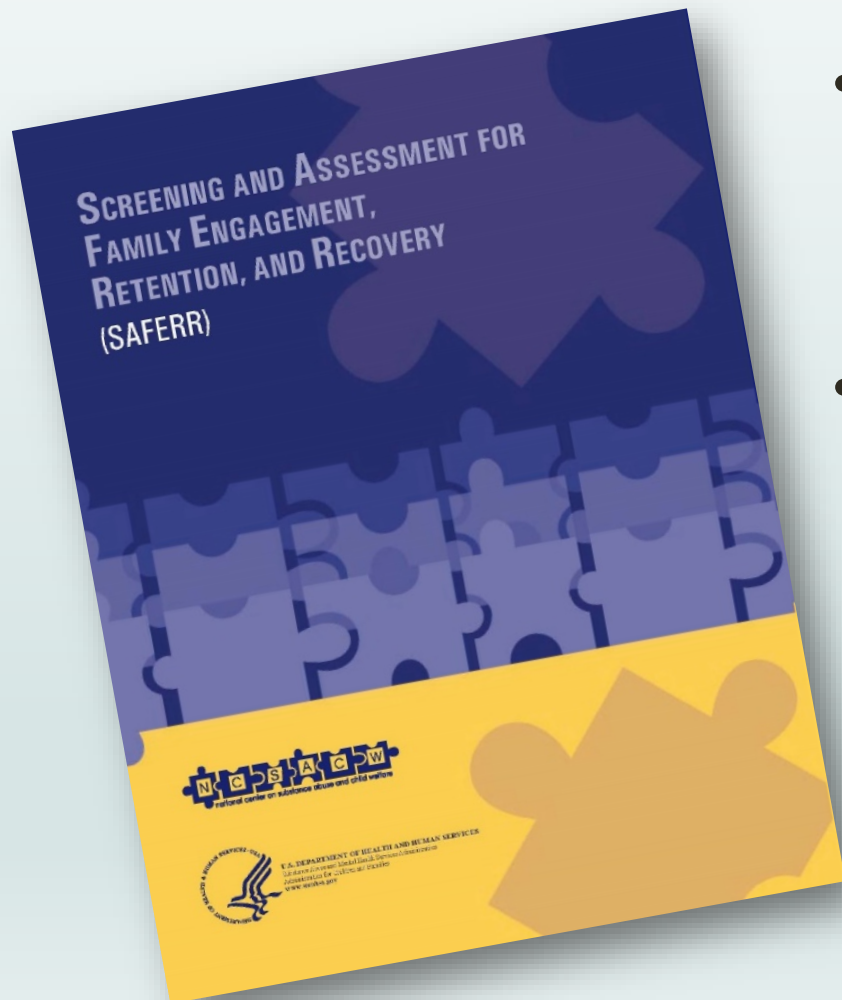
No Single Agency Can Do This Alone



Improving the outcomes of children and families affected by parental substance use requires a coordinated response which draw from the talents and resources of at least three systems:

- Child Welfare
- Substance Abuse Treatment
- Courts

Screening and Assessment for Family Engagement, and Recovery (SAFERR)



- A collaborative model to help child welfare, substance use treatment, and family court professionals and other key stakeholders make better informed decisions
- While SAFERR suggests standards of practice within each of the three systems, its focus is on the connections, communications, and collaborative capacities across them.

To download a copy, please visit:

<http://www.ncsacw.samhsa.gov/files/SAFERR.pdf>



Regional Partnership Grants (RPGs)

A Program of the
Administration on
Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect



Regional Partnership Grants (RPGs)

Authorized by the Child and Family Services Improvement Act of 2006 (P.L. 109-288)

- 53 RPGs were awarded by the Children's Bureau in September, 2007: \$145 million over 5 years

The Child and Family Services Improvement and Innovation Act (Pub. L. 112-34) signed into law Sept. 30, 2011

- 17 RPGs were awarded in September 2012
- Also awarded 2-year extension grants to eight of the original regional partnership grantees
- 4 RPGs were awarded in October 2014

RPG Program - Background

Congress required HHS to develop:

- A set of performance indicators through broad consultation with the field and grantees;
- Partnerships with child welfare and substance abuse treatment providers; and,
- An annual report on the “services provided and activities conducted...the progress made addressing the needs of families and performance indicators established to assess performance.”

Reports to Congress:

The First, Second, Third and Fourth Reports to Congress can be retrieved from:

<http://www.cffutures.org/projects/regional-partnership-grants>.

Support for Grantees

ACF awarded a support contract to the *Center for Children and Family Futures (CCFF)* to:

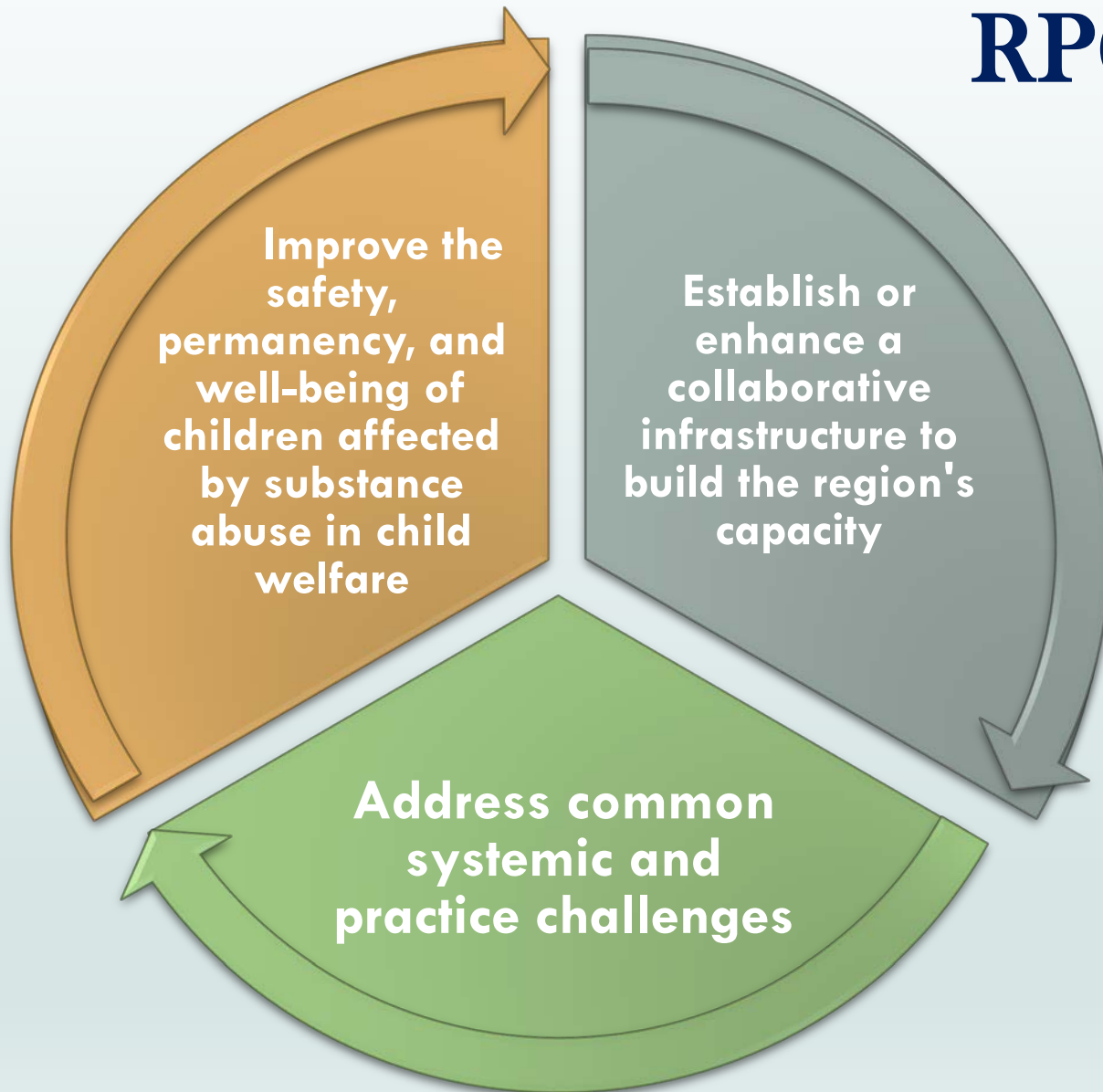
Refine and develop final set of RPG performance indicators

Develop a RPG Data Collection and Reporting System

Provide technical assistance (TA) to grantees on evaluation, data collection and reporting, and other performance measurement matters and programmatic issues

**Each grantee had a team of two
Federal Project Officers (FPOs) and a
Performance Management Liaison (PML)**

RPG Program Purpose





RPG Program Overview

Ken DeCerchio, MSW, CAP

Overview of RPGS

The 53 grantee lead agencies were based in 29 States and included 6 Tribes

- Agencies represented a wide range of governmental and private sector organizations representing child welfare, substance abuse treatment, the courts and other child and family services entities

Overall membership was broad, extending well beyond the two-partner minimum legislative requirement

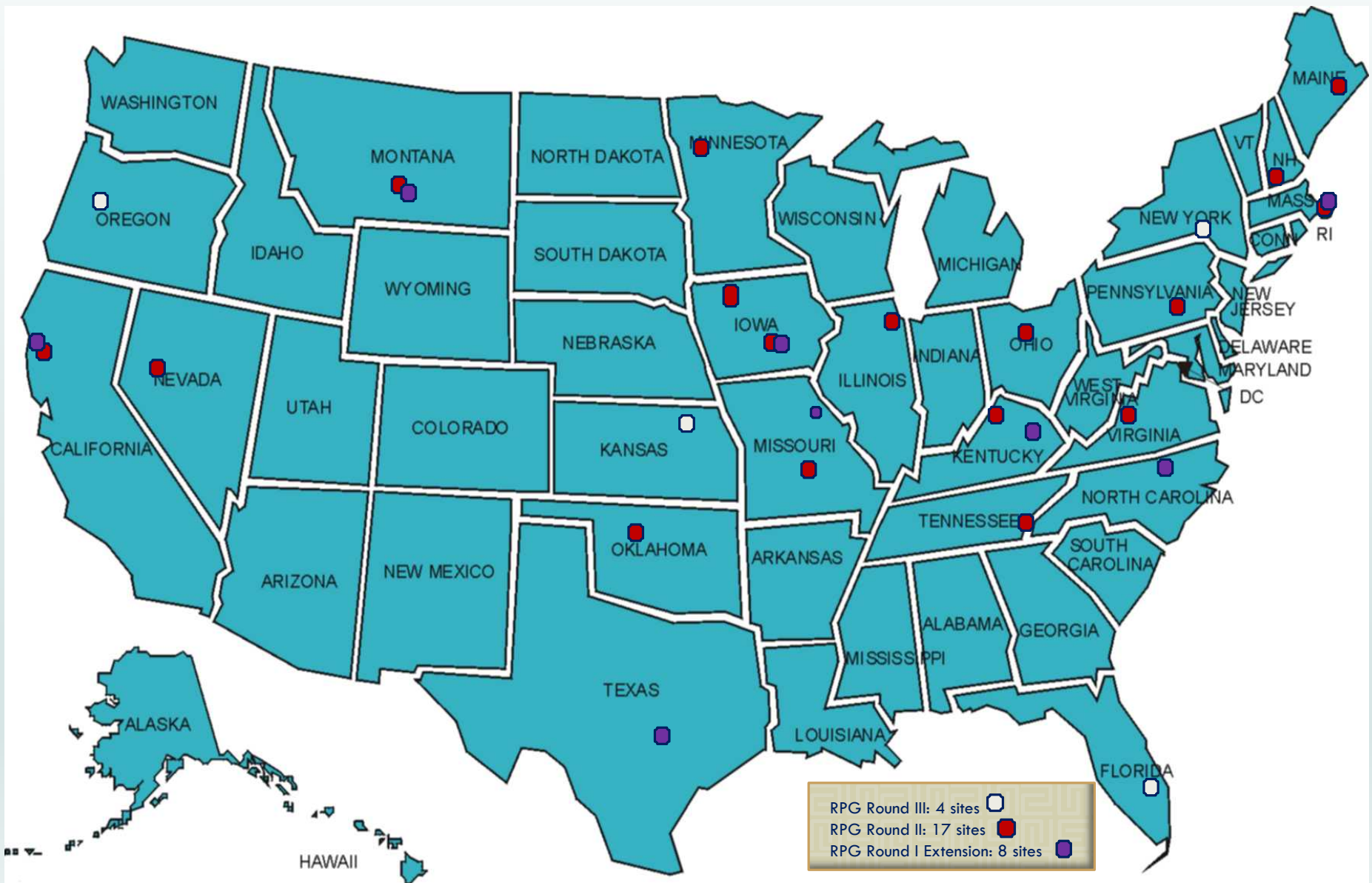
- State child welfare agency was a required partner

Regional Partnership Grantee Locations - Round 1

(n=53)



RPG-II, III MAP 2014-2015



RPG II AND III STRATEGIES

- Expanded target population and eligibility criteria
- Expanding service locations
- Improving parent engagement skills through Motivational Interviewing
- Conduct client focus groups to improve service delivery
- The use of Peer Recovery Supports - Recovery Coaches/Specialists and family navigators
- Active Collaborative/Advisory Committees
- Meetings with CW supervisors to build partnerships
- Meetings with community or state leaders to address issues impacting their implementation

Strategies Cont....

- Using data to improve and sustain programming
- Implementation of EBPs -Adapting, changing or adding to best serve families
- Changing and adapting EBPs – several factors identified including difficulty obtaining training, not a match for the target population presenting for services
- Modifying or re-bidding current contracts
- Create and maintained a strong Implementation Team
- Conducting a drop-off analysis
- Continued community training, education, and engagement

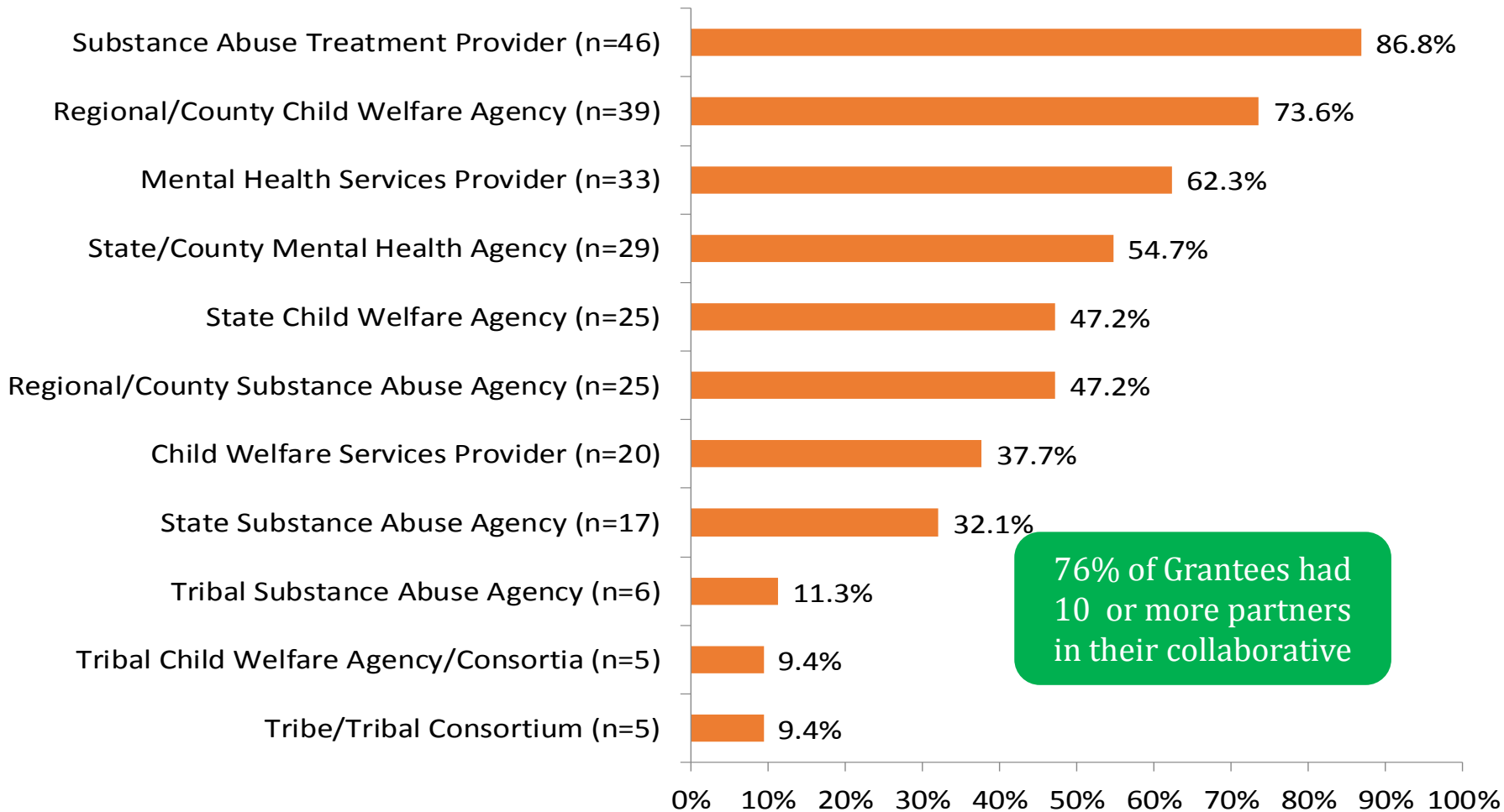
Geographic Area Served and Target Populations

- 48 grantees (91 percent) provided services to families in a specified *region*
- Nearly all (92 percent) provided services to both in-home (at risk of removal) and out-of-home cases
- Programs addressed methamphetamine as well as other types of substance abuse impacting their regions and target populations

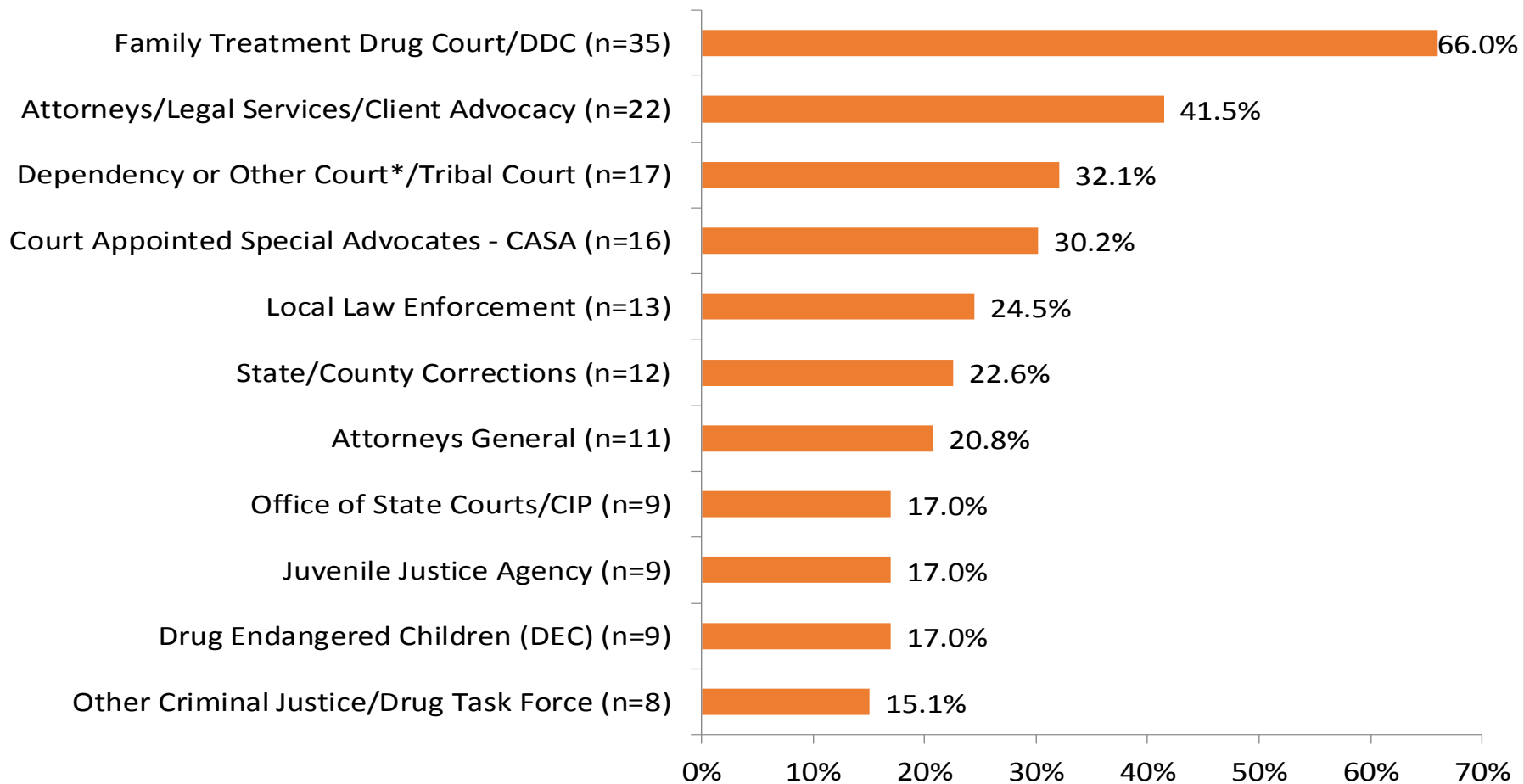
Some grantees emphasized specific subpopulations (e.g., pregnant and parenting women, parents with children 0 to 5)

RPG Member Agencies

Child Welfare, Substance Abuse, Mental Health And Tribes



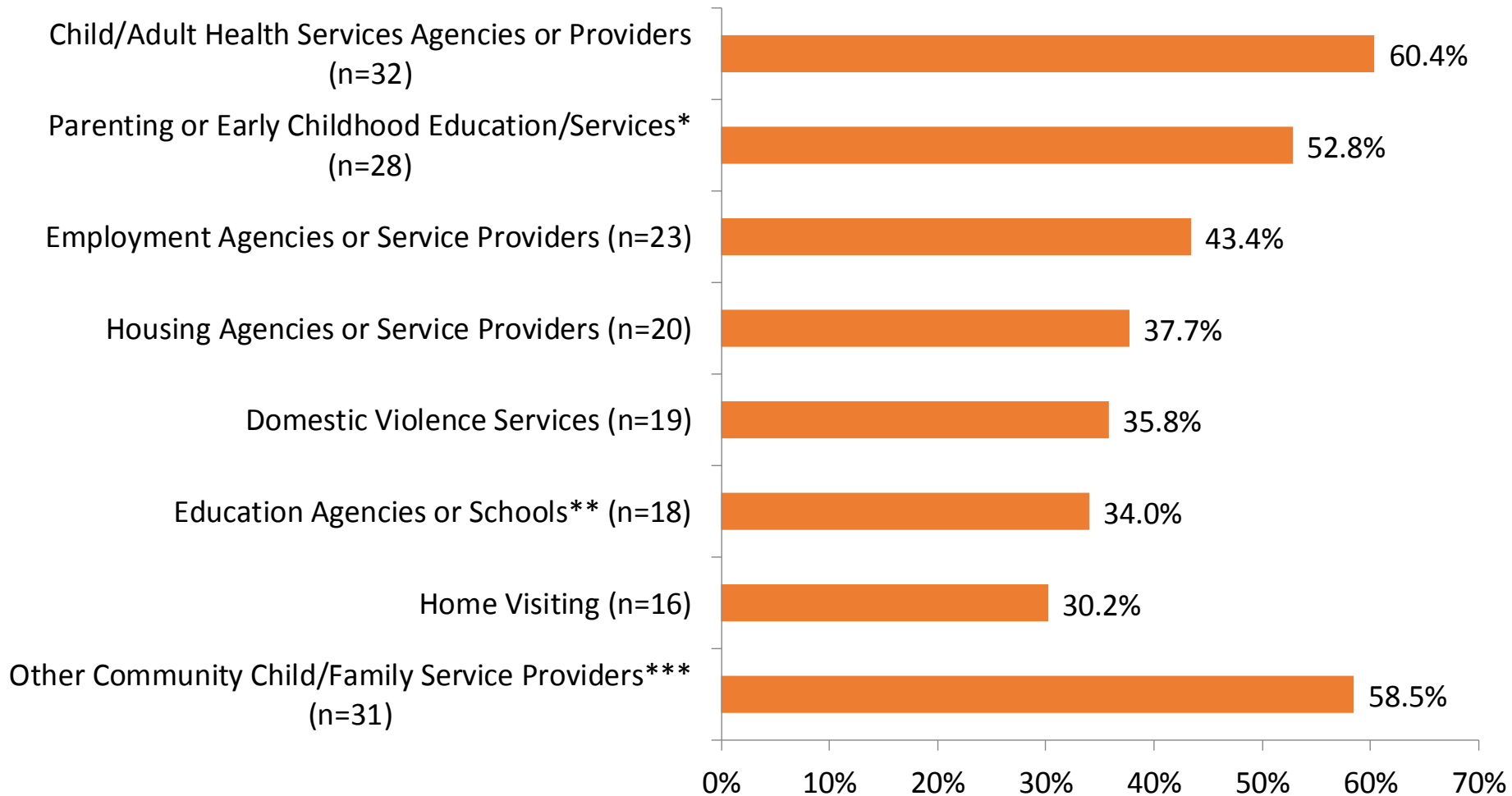
RPG Member Agencies *Courts And Criminal Justice And Legal System*



*Other court includes criminal court, adult drug court or mental health court

RPG Member Agencies

Other Community And Supportive Services



*Also includes early childhood coalitions or councils

**Includes state departments of education, schools or school districts, and colleges or universities

***Includes church/fairh-based organizations, peer/parent networks, and other child and family direct service providers not otherwise specified

Families Served

53 Grant Programs

17,820 adults

25,541 children

15,031 families



(through September 30, 2012)



RPG Program Highlights and Key Implementation Lessons




RPG I: KEY PROGRAM IMPLEMENTATION LESSONS

“I’ve been involved with criminal type cases and juvenile and dependency cases for 30 years. I was a cynic to the idea of the [RPG] to begin with. ... Now, with this collaboration, I see different people in six months than when people came in. Their attitudes are different and their joy of life is back.” - RPG FDC Judge

- Collaboration is essential to address the complex and multiple needs of families and sustain integrated service delivery
- Collaboration to establish cross-systems linkages and effective sustainability planning takes time and is developmental and iterative in nature
- Broadening the partnership beyond child welfare and substance abuse treatment to work with other community agencies is critical to securing important core treatment and supportive services

- 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 and facilitate client engagement and retention



“At first I didn’t want to come [to treatment] and I didn’t want to stop using, but [the outreach worker] came knocking on my door every day, telling me I was going to make it to treatment no matter what. She would do whatever it took to get me involved. . . She’s changed my whole life.” - RPG Program Participant

RPG I: KEY PROGRAM IMPLEMENTATION LESSONS




“When you look at child welfare, there's a single child that they're focusing on...They wouldn't necessarily look at the needs of another child. And that other child wouldn't get services, even though they need them.” Through case management services, this grantee was able to connect children throughout the entire county to needed services.

RPG I: KEY PROGRAM IMPLEMENTATION LESSONS

Treating the family system—rather than an individual child or parent in isolation—is far more effective in addressing a family’s underlying and complex issues. Over the course of the grant, grantees moved from individual-focused services to more comprehensive family-centered treatment


- Clear roles, responsibilities, and expectations are required of partners, providers, and families to promote both individual and shared accountability.
- Ongoing communication, information sharing, monitoring, and supervision are crucial at both the systems and direct service levels.
- The importance of staffing issues in [developing, achieving, building] collaborative capacity cannot be underestimated, particularly for programs working in sparsely populated, rural areas. Staff training and development need to be a key project component in larger implementation and sustainability plans.



“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.” - Grantee

RPG I: KEY PROGRAM IMPLEMENTATION LESSONS

- The partnership and program need to be integrated into other existing systems' efforts and infrastructures and leverage all available resources to facilitate sustainability
- The larger economic and fiscal environment has a notable impact on collaborative service delivery and sustainability planning efforts



“At the start[...we were] fully aware of the critical need to develop a sustainability plan [.] However, no one could predict the degree to which the economic downturn would affect funding, resources, and policies at both the state and local level[-] it became evident that options were limited in terms of raising the funds necessary for sustaining [RPG] program services beyond the award period.”

- Grantee

RPG I: KEY PROGRAM IMPLEMENTATION LESSONS



Program
Performance
Indicators

How Collaborative Policy and Practice Impact

5Rs

Recovery

Remain at home

Reunification

Re-occurrence

Re-entry



Recovery

- RPG adults **accessed treatment quickly:**
 - Within 13 days of entering RPG program, on average
 - 36.4% entered treatment within 3 days
- Participants **remained in treatment** a median of 4.8 months
- **65.2%** stayed in treatment more than 90 days
- **45.0%** completed treatment*

* Includes discharges for treatment completion and transferred to another facility and known to report to continue further treatment. Federal treatment outcome reporting considers such transfers a successful discharge.

Promoting And Sustaining Recovery

Additional Substance Abuse Treatment Outcomes

From substance abuse treatment admission to discharge:

- The majority of adults – between 61.1 and 76.2 percent, depending on the substance – reduced their use of alcohol, marijuana, cocaine, methamphetamine, and heroin*
- The percentage of adults employed (full or part time) increased significantly from 22.8 percent to 41.3 percent
- 80.0 percent reported decreased criminal behavior (among adults with any recent arrests prior to treatment admission)

* Among adults who reported any substance use in the past 30 days at treatment admission



R emain in Home

- **92.0%** of children who were in custody of their parent or caregiver at time of RPG program enrollment **remained at home** through RPG program case closure
- The percentage of children who **remained at home significantly increased** through program implementation from 85.1% in Year 1 to **96.4%** in Year 5

Children return home and remain at home

| Safety and Permanency Outcomes (Median Performance) | Children in RPG Program | State Contextual Data |
|---|----------------------------|-----------------------|
| Percentage of Children who had Substantiated Maltreatment within Six Months after RPG Program Enrollment (N=22,558) | 4.2% | 5.8% |
| Discharge to Reunification – Median Length of Stay in Foster Care (N=3,340) | 9.5 months | 7.5 months |
| Percentage of Children Reunified in Less than 12 Months (N=3,627) | 63.6% | 69.4% |
| Percentage of Children Reunified who Re-entered Foster Care in Less than 12 Months (N=3,575) | 5.1% | 13.1% |
| Discharge to Finalized Adoption – Median Length of Stay in Foster Care (N=418) | 24.2 months | 29.3 months |



- 4,078 children were discharged from foster care – 83.0% to reunification
- Median length of stay for reunified children: 9.5 months
- Percentage reunified within 12 months: 63.6%
 - 17.9% were reunified in less than 3 months
- Timely reunification increased significantly from 55.4% in Year 1 to 72.9% in Year 4
- Infants and young children (< 1 year) had significantly higher rates of reunification within 12 months (72.7%) than children of all other ages (61.5%)



- **4.2%** - percentage of Children who had Substantiated Maltreatment within Six Months after RPG Program Enrollment (N=22,558)

vs **5.8%** *Contextual State Data (2011)*

NCANDS/AFCARS median results for the states in which the RPG programs are operating. The state contextual data are not intended to serve as a comparison group for the RPG Program and do not allow for statistical comparisons to RPG participants.



- **5.1%** - percentage of Children Reunified who Re-entered Foster Care in Less than 12 Months (N=3,575)

vs. **13.1%** - *Contextual State Data (2011)*

NCANDS/AFCARS median results for the states in which the RPG programs are operating. The state contextual data are not intended to serve as a comparison group for the RPG Program and do not allow for statistical comparisons to RPG participants.



- Parents/caregivers achieved timely access to substance abuse treatment, stayed in treatment (on average, more than 90 days), and reported reduced substance use
- The majority of children at risk of removal remained in their parent's custody
- Most children in out-of-home placement achieved timely reunifications with their parent(s)
- After returning home, very few children re-entered foster care
- Overall child, adult, and family well-being improved from RPG program admission to discharge (for the subset of grantees who measured child well-being)

FAMILY WELL-BEING OUTCOMES

From RPG program admission to discharge, the percentage of parents for whom overall:*

Family interactions was rated a strength significantly increased from 21.8 percent to 47.0 percent

Environment (e.g., a family's overall stability and safety in their home and community) was rated a strength significantly increased from 18.4 percent to 41.5 percent

Family safety was rated a strength significantly increased from 17.2 percent to 41.0 percent

p. <.001

* Data represent a subset of 8-10 grantees reporting these NCFAS data

Child *Well-being* Outcomes

Percentage of Children for Whom Selected NCFAS Child Well-Being Areas were Rated a Mild/Clear Strength at RPG Program Admission and Discharge

| | <u>RPG Program Admission</u> | <u>RPG Program Discharge</u> |
|------------------------------------|------------------------------|------------------------------|
| Relationship with Parents (N=724) | 32.5% | 56.8% |
| Mental Health (N=558) | 27.9% | 52.1% |
| Behavior (N=714) | 26.9% | 49.1% |
| Cooperation (N=703) | 45.5% | 66.0% |
| Relationship with Siblings (N=532) | 40.9% | 59.4% |
| School Performance (N=523) | 21.2% | 39.6% |
| Relationship with Peers (N=486) | 28.9% | 45.7% |

p<.001 for all items

Notes: Data represent the subset of eight grantees reporting these NCFAS data.

PARENTING CAPACITY OUTCOMES

From RPG program admission to discharge:*

- The percentage of parents for whom overall parental capabilities was rated a **strength** significantly increased from 14.9 percent to 46.5 percent
- Similarly, the percentage for whom overall parental capabilities was rated a **problem** significantly declined from 51.0 percent to 20.4 percent
- Parents showed the most progress in no or decreased substance use and appropriate supervision of children

p. <.001

* Data represent a subset of 8-10 grantees reporting these NCFAS data

Overall Performance Measurement Results



- Overall child, adult, and family well-being improved from RPG program admission to discharge (for the subset of grantees who measured child well-being)
- Selected performance measures improved steadily over the course of the grant period, indicating it takes adequate time to establish effective, broad-based cross-systems collaboration and comprehensive, integrated services to facilitate positive family outcomes



Grantee Interviews: 8 Grantees' Reflections

Grantee Selection

- Leadership shown by program staff
- Implementation of innovative program strategies
- Use of data to drive decisions and improve services
- Exceptional efforts to develop and maintain the cross-system collaborative
- Sustainability of services
- Services to children

Key Findings

- Leadership
- Collaborative Practice
- Services to Children and Families
- Impact on Broader Systems
- Evaluation and Data
- Sustainability
- RPG Program as a Learning Experience

Leadership

- The collaborative needs a strong leader
- Engage leaders who are decision makers in their own organizations
- Identify a Champion
- Address and lead sustainability planning

“It’s all relationship based and based on trust. And we had five years to develop that sort of trust and support and we needed it!”

Collaborative Practice

- Engage and convene stakeholders/partners during the planning of the grant
- Identify and engage the right partners
- Establish trust at all levels
- Formalize the partnership
- Identify the goals of the collaborative and revisit these goals
- Eliminate the silos
- Develop a process for conflict resolution

“I can tell you that when I started my career in the district office as a child abuse investigator, there was no way that I would have thought of bringing in someone from the treatment world out on an investigation with me. You just wouldn't do that, because we needed to make sure kids were safe.”

Services to Children and Families

- Family Centered
- Partner with early childhood service providers
- Maintain and strengthen bonds between parents and children

“I also know that before I knew anything about treatment, and I was doing child abuse and neglect, I wrote treatment plans all of the time that set-up a family for failure, because I didn’t understand that substance dependence was a chronic relapsing disease. And I didn’t understand that people could parent their children and still struggle with addiction. Both things could be true.”

Impact on Broader Systems

- Prioritize child welfare clients in need of substance abuse treatment services
- Impact child welfare policy regarding reunification timelines
- Influence the system through additional requirements in contracts
- Increase recognition that the same clients are seen across systems
- Increase availability of evidence-based programs
- Facilitate statewide engagement

“If you are involved in the child welfare system, and you have a substance abuse issue, you are at the top of the list to be served. That certainly helps, because there is not enough money at all to reach the demand we have in our state.”

Evaluation And Data

“We made sure that they kept knowing what we were doing and what the data were showing.”

- Use data to inform direct practice
- Use data to facilitate broader system change
- Recognize the challenges of data collection and evaluation

Sustainability

- Formalize infrastructure
- Consider all funding strategies for sustainability
- Identify billable services

RPG Implementation as a Learning Experience

“I think the process that was rolled out through the RPG was a very collaborative process. It role-modeled collaboration, and it helped us move to being more collaborative, or thinking through different strategies than we wouldn’t have if we were just handed money and told to go forth and do the same. I could call anyone across the United States and connect with them and have a conversation about some idea that they had implemented.”

What Did Extension Sites Tell Us - About Collaboration



- Establish a Bi-Level Collaborative Structure
- Ensure Trust, Relationship Development, and Communication among Key Partners
- Develop a Common Language, and Remind Each Other of Shared Goals
- Implement Ongoing Efforts to Develop, Maintain, and Strengthen the Collaborative Partnership
- Collaborative Systems Change Takes Time
- Unanticipated Partners Can Strengthen a Collaborative and Lead to Important Connections



Sustaining Regional Partnerships: Challenges and Successes

Sustainability Barriers

Key stakeholders

- Lack of in-depth collaboration and relationships with key stakeholders (community and state leadership)
- Difficulty engaging state agencies and key leadership stakeholders

Engagement and Retention

- Grantees reported challenges with turnover or retention in front-line/direct service staff
- Nearly two-thirds experienced turnover or retention difficulties with key management or administrative positions

Despite this context, grantees achieved a substantial level of success with sustaining at least part of their collaborative activities!

Sustainability Results

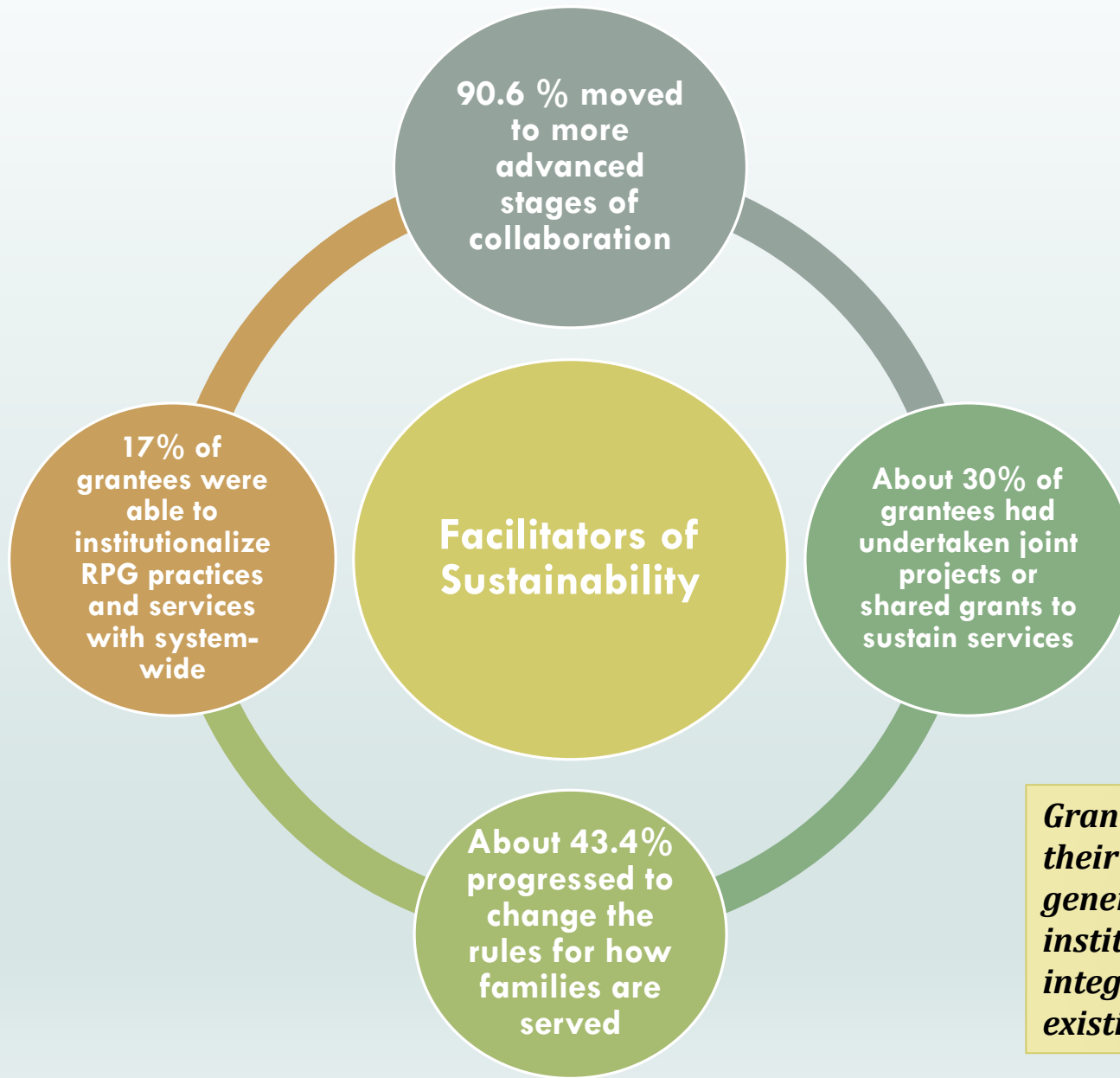
75.0% of the major services and activities provided as part of the grant were sustained

57.7% sustained specific components or a scaled down or modified version of their program model

Of 52 regional partnerships

28.8% sustained their project in its current form or model beyond their grant period

13.5% were not able to sustain any of their program

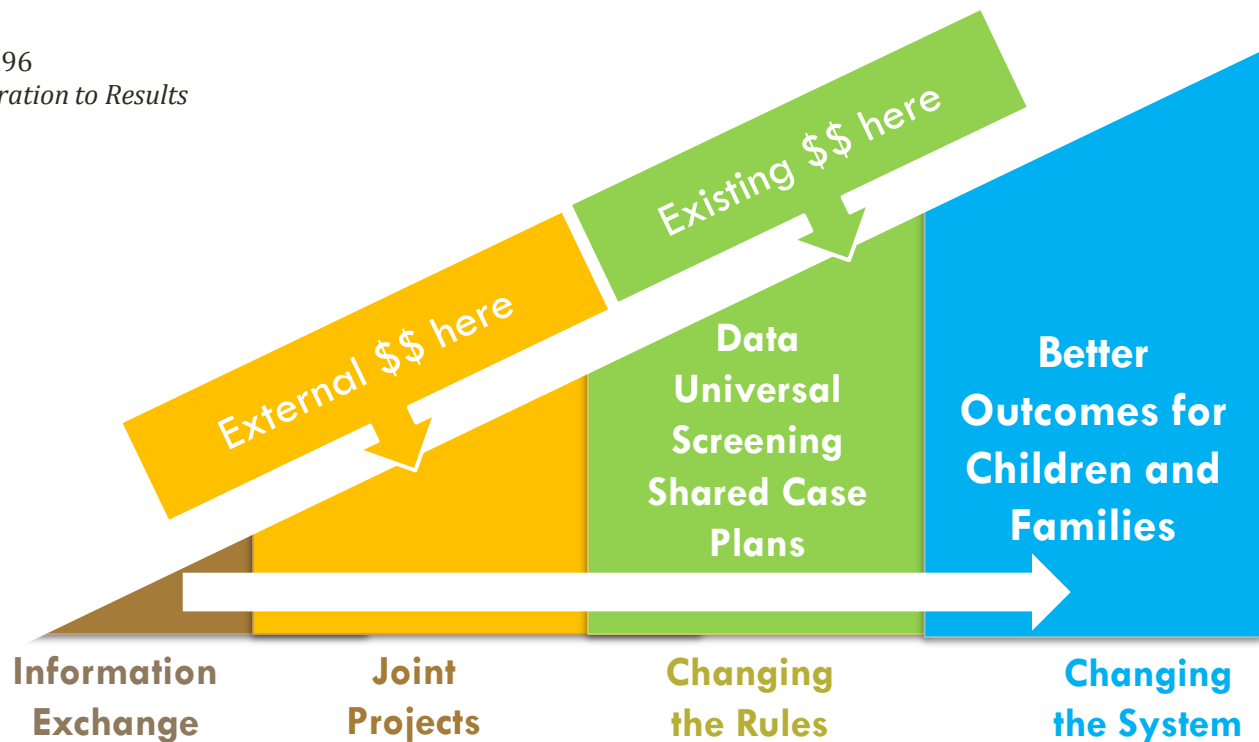


Grantees who sustained their program component generally were able to institutionalize and integrate RPG practices into existing systems of care.

Getting Better at Getting Along

FOUR STAGES OF COLLABORATION

Sid Gardner, 1996
Beyond Collaboration to Results





Stages of Collaboration and Sustainability Results

- Of the 5 grantees who were in the preliminary stages of collaboration (information exchange), only 2 expected to sustain all/part of their model
- All 7 grantees who had attained the most advanced level of collaboration (changing the systems) sustained all (5 grantees) or part (2 grantees) of their program model

Successful Financing Strategies

Widening the definition of available or potential resources

Connecting with other related grants or initiatives

Changing the business as usual practices to incorporate RPG innovations

Incorporating RPG efforts within their own agency

Integrating with other child welfare systems improvements

Transitioning services and staff to other partner organizations

Negotiating third party payments for what the grant had initiated

Joining with larger health care reform and care coordination efforts

Institutionalizing RPG practices into existing systems of care

Third-party billing, Medi-caid

Redirecting existing, currently funded resources to adopt new case management and client engagement strategies

Cost Studies: Promise and Challenge



- While recognizing importance of conducting a cost study, most did not include in local evaluation plans
- Many lacked knowledge, capacity, and collaborative relationships (budget staff), and financial and human resources

Nonetheless, almost one-third did a cost study or were in the process of conducting one!

Cost Studies: Promise and Challenge

A Strengthening Families Program found the typical program child participant *spent 190 fewer days in out-of-home care*

- The program saved approximately \$16,340 in out-of-home care costs per child. Every \$1.00 invested in the program yielded an average savings of \$9.83

A FDC site estimated more than *\$154,000 in annual cost avoidance* related to filing of *fewer dependency petitions*

- In program year four, the grantee found 16.9 percent of children in the RPG program had petitions filed compared to 33.6 percent of comparison group children (the site estimated a per petition cost of \$2,614)

One site calculated a total of *19,318 days in foster care were saved* by allowing parents to *reunite* with their children more quickly

- The grantee reported a cost savings of approximately \$313,300 to the foster care system



Cost Studies: Promise and Challenge

- One grantee reported cost avoidance of \$3.51 million to \$6.75 million in out-of-home care costs as result of their program. For every \$1.00 spent on the program, the State avoids up to \$2.52 on the cost of out-of-home care

RPG Round 1 Dissemination:

Poster and One-pager

WHAT WORKS FOR FAMILIES AFFECTED BY SUBSTANCE USE DISORDERS: COLLABORATIVE PRACTICE BETWEEN SUBSTANCE USE TREATMENT, CHILD WELFARE AND THE COURTS

NANCY K. YOUNG, Ph.D., EXECUTIVE DIRECTOR
CHILDREN AND FAMILY FUTURES

Safety
Permanency
Recovery
Well-being



Improving outcomes of children and families affected by parental substance use demands vigorous attention and the highest possible standards of practice from everyone working in systems charged with promoting child safety and family well-being.



"At first I didn't want to come [to treatment] and I didn't want to stop knocking on my door every day, telling me I was going to make it to treatment no matter what. She would do whatever it took to get me involved... She's changed my whole life."
— RPG Program Participant

PERFORMANCE MEASUREMENT

Grantee performance was assessed through 23 performance indicators. The family outcomes can be categorized by the 5 Rs:

RECOVERY Over one third of parents accessed treatment within 3 days, over 65 percent stayed in treatment more than 90 days, and over 70 percent reduced their use of cocaine, methamphetamine or alcohol.

REMAIN AT HOME The majority of children at risk of removal remained in their parent's custody

REUNIFICATION Most children in out-of-home placement achieved timely reunifications with their parent(s)

REOCURRENCE The percentage of children who experienced a reoccurrence of maltreatment within 6 months was substantially less than state contextual data

RE-ENTRY After returning home, very few children re-entered foster care
Overall child, adult, and family well-being improved from RPG program admission to discharge.

PARENTING CAPACITY OUTCOMES

From RPG program admission to discharge significant change data (p < .001):

- Parental capabilities rated as a strength significantly increased from 14.9 percent to 46.5 percent
- Similarly, parental capabilities rated as a problem significantly declined from 51.0 percent to 20.4 percent
- Parents progressed most in:
 - Decreased or no substance use
 - Appropriate supervision of children

FAMILY WELL-BEING OUTCOMES

From RPG program admission to discharge significant change data (p < .001):

- Family interactions rated as a strength significantly increased from 21.8 percent to 47.0 percent
- Family environment rated as a strength significantly increased from 18.4 percent to 41.5 percent
- Family safety rated as a strength significantly increased from 17.2 percent to 41.0 percent

SUSTAINABILITY

75.0% of the major services and activities provided as part of the grant were sustained
57.7% sustained specific components or a scaled down or modified version of their program
Of 52 regional partnerships
28.8% sustained their project in its current form or model beyond their grant period
13.5% were not able to sustain any of their program

CHILDREN RETURN HOME AND REMAIN AT HOME

| SAFETY AND PERMANENCY OUTCOMES (MEDIAN PERFORMANCE) | CHILDREN IN RPG PROGRAM | STATE CONTEXTUAL DATA |
|---|-------------------------|-----------------------|
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| Discharge to Reunification—Median Length of Stay in Foster Care (n=3,341) | 9.5 months | 7.5 months |
| Percentage of Children Reunited in less than 12 Months (n=3,827) | 63.6% | 69.4% |
| Percentage of Children Reunited who Re-entered Foster Care in Less than 12 Months (n=3,575) | 5.1% | 13.1% |
| Discharge to Finalized Adoption—Median Length of Stay in Foster Care (n=418) | 24.2 months | 29.3 months |



REGIONAL PARTNERSHIP GRANT (RPG) OVERVIEW

In September 2007, Children's Bureau awarded 53 RPGs.

- Authorized by the Child and Family Services Improvement Act of 2006 (P.L. 109-288)
- "Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse"
- \$145 million over 5 years
- 53 grantees in 29 states, and 6 Tribes

RPG PROGRAM PURPOSE
• Improve the safety, permanency, and well-being of children affected by parental substance use disorders in child welfare services
• Establish or enhance a collaborative infrastructure to build the region's capacity
• Address common systemic and practice challenges

RPG BROAD PROGRAM STRATEGIES
• Case Management
• Screening and Assessment
• Children's Services
• Parenting and Family Therapy
• Substance Use Treatment
• Mental Health and Trauma Services
• Collaborative Clinical Practice Activities
• Collaborative Program and Policy Activities

76% of grantees had 10 or more partners in their collaborative



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Conclusions:
Rethinking
our
Practice

Conclusions



Considering the promising results reflected in the performance measurement of the RPG grants, the level of collaboration that most grantees achieved, and the extent to which most sites are sustain their services and collaborative activities, **the RPG Program fulfilled the goals envisioned in the authorizing legislation.**



Publications

- Akin, B., Brook, J., & Lloyd, M. (in press). **Co-occurrence of parental substance abuse and child serious emotional disturbance: Forging multiple pathways to improved treatment and recovery teams in rural appalachia: Implementation and child and family outcomes.** *Child Welfare*.
- Boles, S., Young, N., Dennis, K., & DeCerchio, K. (2012). **The regional partnership grant (rpg) program: Enhancing collaboration, promising results.** *Journal of Public Child Welfare*, 6(4), 482-496.
- Brook, J., McDonald, T. P., & Yan, Y. (2012). **An analysis of the impact of the Strengthening Families Program on family reunification in child welfare.** *Children and Youth Services Review*, 34(4), 691-695.
- Chappell, E., Sielbeck-Mathes, K., Reiserer, R., Wohltjen, H., Wendyshuran, E., et al. (2015). **Effects of intensive family preservation services in rural tennessee on parental hopefulness with families affected by substance use.** *Child Welfare*, 94(5), 187.
- Chasnoff, I., Telford, E., Wells, A., & King, L. (2015). **Mental health disorders among children within child welfare who have prenatal substance exposure: Rural vs. urban populations.** *Child Welfare*, 94(4), 53.
- Dennis, K., Rodi, M., Robinson, G., DeCerchio, K., Young, N., et al. (2015). **Promising results for cross-systems collaborative efforts to meet the needs of families impacted by substance use.** *Child Welfare*, 94(5), 21.
- Hall, M., Huebner, R., Sears, J., Posze, L., Willauer, T., et al. (2015). **Sobriety treatment and recovery teams in rural appalachia: Implementation and outcomes.** *Child Welfare*, 94(4), 119.
- Huebner, R., Posze, L., Willauer, T., & Hall, M. (2015). **Sobriety treatment and recovery teams: Implementation fidelity and related outcomes.** *Substance Use & Misuse*, 50(10), 1341.
- Huebner, R., Willauer, T., & Posze, L. (2012). **The impact of Sobriety Treatment and Recovery Teams (START) on family outcomes.** *Families in Society: The Journal of Contemporary Social Services*, 93(3), 196-203.
- Motoyama, M. J., Brook, J., Yan, Y., & McDonald, T. P. (2013). **Cost analysis of the strengthening families program in reducing time to family reunification in child welfare.** *Children and Youth Services Review*, 35, 244-252.
- Pollock, M., & Green, S. (2015). **Effects of a rural family drug treatment court collaborative on child welfare outcomes: Comparison using propensity score analysis.** *Child Welfare*, 94(4), 139.
- Thompson, S., Thompson, Roper, C., & Peveto, L. (2013). **Parenting in recovery program: Participant responses and case examples.** *Child Welfare*, 92(1), 139.

The background features a decorative design with green leaves and a color palette. The top and bottom edges show a detailed color palette with various shades of green, blue, and brown. The central area is a light green gradient with faint, overlapping leaf patterns and a circular graphic element on the left side.

Resources

2015 Special Issue

The logo for Child Welfare League of America (CWLA) features the letters "CWLA" in a bold, blue, sans-serif font. A yellow swoosh curves around the letters from the top left to the bottom right.

www.cwla.org

Families in Child Welfare Affected by Substance Use



<http://www.cwla.org/child-welfare-journal/cwj-featured-issues/>

Understanding Substance Use and Facilitating Recovery: A Guide for Child Welfare Works

Understanding Substance Abuse and Facilitating Recovery:
A Guide for Child Welfare Workers

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families
www.samhsa.gov

What You Need To Know About Substance Abuse and Mental Health Disorders To Help Families in Child Welfare.

Helping Child Welfare Professionals Support Families With Substance Use, Mental, and Co-Occurring Disorders Training Toolkit

This toolkit is designed to help educate pre-service or in-service child welfare professionals about substance abuse and mental health disorders that exist among families in the child welfare system. It is intended to provide learning opportunities and baseline knowledge on substance abuse and mental health problems and interventions, motivate and facilitate cross-systems work, and incorporate cultural awareness and facilitate cultural competency in child welfare practice.

The toolkit contains the following six modules:

- Understanding the Multiple Needs of Families Involved With the Child Welfare System
- Understanding Substance Use Disorders, Treatment, and Recovery
- Understanding Mental Disorders, Treatment, and Recovery
- Engagement and Intervention With Parents Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders
- Developing a Comprehensive Response for Families Affected by Substance Use Disorders, Mental Disorders, and Co-Occurring Disorders
- Understanding the Needs of Children of Parents With Substance Use or Mental Disorders

Each module is approximately 2-3 hours and can be delivered over a series of weeks or through a 1-2 day training program. The modules each contain an agenda, training plan, training script, PowerPoint presentation, case vignettes, handouts, and reading materials. References include a trainer glossary, training guide, and a bibliography.

Don't miss out on this valuable product!
Get your FREE toolkit today!

Modules can be downloaded individually or as a package at <http://www.ncsacw.samhsa.gov/training/toolkit/>.

<https://ncsacw.samhsa.gov/training/default.aspx>

Additional Resources

NCSACW Technical Assistance Products

PUBLICATIONS ON IMPROVING COLLABORATION (CONTINUED)

Introduction to Cross-System Data Sources in Child Welfare, Alcohol and Other Drug Services, and Courts

An overview of the primary data reporting systems across the three agencies. It can be used to help identify the prevalence of substance abuse and child welfare issues and measure outcomes for families receiving substance abuse treatment and child welfare services.

Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services With Child Welfare (TAP 27)

An overview of the challenges and opportunities that various State- and county-level jurisdictions experienced while building collaboration across the child welfare, substance abuse, and dependency court systems.

TRAINING AND STAFF DEVELOPMENT RESOURCES

Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers

An indispensable tool for anyone new to the child welfare system. It explains how to recognize substance abuse, motivate families to seek treatment, and facilitate cross-system collaboration.

Child Welfare Training Toolkit: Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders

A trainer's guide to educate child welfare professionals about substance use and mental health disorders. The kit contains six modules, each with a training plan, trainer scripts with PowerPoint slides, handouts, case vignettes and training guidelines to facilitate discussions.

To download these publications, go to <http://www.ncsacw.samhsa.gov> and <http://www.childwelfare.gov/index.cfm>. Some publications are available in hard copy and can be ordered at <http://store.samhsa.gov/home> or by calling 1-877-726-4727.

NCSACW Technical Assistance Products

ONLINE TRAINING COURSES

All online courses are free and intended for anyone working with families involved with the child welfare, substance abuse, and court systems. The trainings take about 4 hours to complete and can be stopped and started as needed. A certificate is awarded upon completion, and FREE continuing education units (CEU) or continuing legal education (CLE) can be credited for each course.

Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals

An online course that provides information to treatment professionals so that they better understand how child welfare and family dependency court requirements affect parents in treatment. It offers strategies for effectively collaborating with child welfare agencies. This course is approved by the National Association of Addiction Professionals to provide four CEUs.

Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide

OTHER RESOURCES

Substance-Exposed Infants: State Responses to the Problem

An overview of selected State policies and practices to address the needs of infants exposed to substances prenatally. A 5-point intervention framework is provided, which serves as a model for others and explains how to evaluate existing programs and identify gaps in services.

Drug Testing in Child Welfare: Practice and Policy Considerations

An excellent reference to help policymakers and program managers incorporate drug testing policies and procedures into their agency's comprehensive family and child welfare assessment protocol. This publication includes an overview of drug testing methods and an appendix with a sample

NCSACW Technical Assistance Products

OTHER RESOURCES (CONTINUED)

Funding Comprehensive Services for Families With Substance Use Disorders in Child Welfare and Dependency Courts

A look at existing resources for providing comprehensive services to families with substance use disorders.

Family-Centered Treatment for Women With Substance Use Disorders—History, Key Elements, and Challenges

An introduction to the concept of family-centered treatment for women and their families, including application of various treatment modalities and strategies to overcome commonly encountered barriers.

Funding Family-Centered Treatment for Women With Substance Use Disorders

A resource paper that helps treatment providers and State substance abuse agencies identify and access potential sources of funding for comprehensive family-centered treatment. It is a companion to *Family-Centered for Women With Substance Use Disorders—History, Key Elements, and Challenges*.

A Review of Alcohol and Drug Issues in the States' Child and Family Service Reviews (CFSRs) and Program Improvement Plans (PIPs)

A summary and analysis of substance abuse issues from CFSRs and PIPs in all 50 States, the District of Columbia, and Puerto Rico.

Annotated Bibliography on Cross-System Issues

A bibliography including major literature and research papers on cross-system issues involving child welfare, substance use disorders, and dependency courts.

Methamphetamine Addiction, Treatment, and Outcomes: Implications for Child Welfare Workers

The latest, up-to-date research on parental use of methamphetamine and its effects on children and families.

Methamphetamine Resource List

A comprehensive list of all the methamphetamine resources available through the various agencies and associated organizations.

Get a **FREE** copy of these tools and protocols today!

To download these publications, go to <http://www.ncsacw.samhsa.gov> and <http://www.childwelfare.gov/index.cfm>.

Some publications are available in hard copy and can be ordered at <http://store.samhsa.gov/home> or by calling 1-877-726-4727.



National Center on Substance Abuse and Child Welfare
Visit our Web site at <http://www.ncsacw.samhsa.gov>.
For assistance, call 866-493-2758.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families

National Center on Substance Abuse and Child Welfare Technical Assistance Products



PUBLICATIONS ON IMPROVING COLLABORATION

Screening and Assessment for Family Engagement, Retention and Recovery (SAFER)



This step-by-step guide provides a framework to strengthen screening and assessment practices while building a collaborative team among the child welfare, substance abuse, and dependency court systems. Appendices include examples of screening and assessment tools, factsheets, and information about confidentiality.

Facilitating Cross-System Collaboration: A Primer on Child Welfare, Alcohol and Other Drug Services, and Courts



An essential reference providing an introduction to each of the child welfare, substance abuse, and court systems. It helps professionals become familiar with the operations of the other organizations that also serve their clients.

NCSACW demonstrates the importance of cross-system collaboration among the child welfare, substance abuse treatment, and court systems by providing materials that document current best practices and policies from across the country. The following products are all available FREE online or via the U.S. mail.



National Center on Substance Abuse and Child Welfare
Visit our Web site at <http://www.ncsacw.samhsa.gov>.
For assistance, call 866-493-2758.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Administration for Children and Families



NCSACW Online Tutorials

Free **CEUs!**

1. Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
2. Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

**Updated September 2015: New content including updates on
opioids and Family Drug Courts!**

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