Regional Partnership Grants (RPG)
Collaborative Approaches: Lessons Learned from the RPG Program
Elaine Voces Stedt, MSW | Ken DeCerchino, M.S.W., CAP

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Advancing Excellence in Practice & Policy: What Works For Families Affected by Substance Use

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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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Children’s Bureau
Office on Child Abuse and Neglect

Points of view or opinions expressed in this presentation are those of the presenter(s) and do not necessarily represent the official position or policies of the above stated federal agencies.
Background and National Perspective

Elaine Voces Stedt, MSW
Progress Since the Adoption and Safe Families Act (ASFA) 1997

- National Center on Substance Abuse and Child Welfare
- Adoption and Safe Families Act (ASFA)
- Regional Partnership Grants (RPG)
- Children Affected by Methamphetamine Grants (CAM)
- Prevention and Family Recovery (PFR)
- Blending Perspectives and Building Common Ground Congressional Report Established 5 National Goals
- In-Depth Technical Assistance Substance Exposed Infants
- Fostering Connections Grants
- Family Drug Court Grants
- FDC Statewide System Reform Program
- Substance Exposed Newborn Grants

Timeline:
- 1997
- 1999
- 2002
- 2005
- 2007
- 2009
- 2010
- 2012
- 2014
- 2017
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

Five National Reports Issued on Alcohol and Other Drug Problems in Child Welfare: Summary of Challenges and Recommendations,
What do we mean by Cross-System Collaboration?
Values - Why are We here? Why are You Here?

CWS
Safety Protection

Court
Judicial Oversight Equal Protection

SA-MH
Hope Recovery
ELEMENTS OF SYSTEM LINKAGES: 10-ELEMENT FRAMEWORK

1. Underlying Values and Priorities

2. Screening and Assessment
3. Engagement and Retention
4. Services for Children
5. Community and Family Support

6. Information Systems
7. Training and System Tools
8. Budget and Sustainability
9. Working with Other Agencies

10. Shared Outcomes and Systems Reforms
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.”

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**Reports to Congress:**

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

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)
Establish or enhance a collaborative infrastructure to build the region's capacity.

Improve the safety, permanency, and well-being of children affected by substance abuse in child welfare.

Address common systemic and practice challenges.
RPG Program Overview

Ken DeCerchio, MSW, CAP
Overview of RPGS

The 53 grantees 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 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
• 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**

<table>
<thead>
<tr>
<th>Agency Type</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Substance Abuse Treatment Provider (n=46)</td>
<td>86.8%</td>
</tr>
<tr>
<td>Regional/County Child Welfare Agency (n=39)</td>
<td>73.6%</td>
</tr>
<tr>
<td>Mental Health Services Provider (n=33)</td>
<td>62.3%</td>
</tr>
<tr>
<td>State/County Mental Health Agency (n=29)</td>
<td>54.7%</td>
</tr>
<tr>
<td>State Child Welfare Agency (n=25)</td>
<td>47.2%</td>
</tr>
<tr>
<td>Regional/County Substance Abuse Agency (n=25)</td>
<td>47.2%</td>
</tr>
<tr>
<td>Child Welfare Services Provider (n=20)</td>
<td>37.7%</td>
</tr>
<tr>
<td>State Substance Abuse Agency (n=17)</td>
<td>32.1%</td>
</tr>
<tr>
<td>Tribal Substance Abuse Agency (n=6)</td>
<td>11.3%</td>
</tr>
<tr>
<td>Tribal Child Welfare Agency/Consortia (n=5)</td>
<td>9.4%</td>
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<tr>
<td>Tribe/Tribal Consortium (n=5)</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

76% of Grantees had 10 or more partners in their collaborative
### RPG Member Agencies

#### Courts And Criminal Justice

<table>
<thead>
<tr>
<th>Agency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Treatment Drug Court/DDC (n=35)</td>
<td>66.0%</td>
</tr>
<tr>
<td>Attorneys/Legal Services/Client Advocacy (n=22)</td>
<td>41.5%</td>
</tr>
<tr>
<td>Dependency or Other Court*/Tribal Court (n=17)</td>
<td>32.1%</td>
</tr>
<tr>
<td>Court Appointed Special Advocates - CASA (n=16)</td>
<td>30.2%</td>
</tr>
<tr>
<td>Local Law Enforcement (n=13)</td>
<td>24.5%</td>
</tr>
<tr>
<td>State/County Corrections (n=12)</td>
<td>22.6%</td>
</tr>
<tr>
<td>Attorneys General (n=11)</td>
<td>20.8%</td>
</tr>
<tr>
<td>Office of State Courts/CIP (n=9)</td>
<td>17.0%</td>
</tr>
<tr>
<td>Juvenile Justice Agency (n=9)</td>
<td>17.0%</td>
</tr>
<tr>
<td>Drug Endangered Children (DEC) (n=9)</td>
<td>17.0%</td>
</tr>
<tr>
<td>Other Criminal Justice/Drug Task Force (n=8)</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

*Other court includes criminal court, adult drug court or mental health court*
RPG Member Agencies
Other Community And Supportive Services

- Child/Adult Health Services Agencies or Providers (n=32) - 60.4%
- Parenting or Early Childhood Education/Services* (n=28) - 52.8%
- Employment Agencies or Service Providers (n=23) - 43.4%
- Housing Agencies or Service Providers (n=20) - 37.7%
- Domestic Violence Services (n=19) - 35.8%
- Education Agencies or Schools** (n=18) - 34.0%
- Home Visiting (n=16) - 30.2%
- Other Community Child/Family Service Providers*** (n=31) - 58.5%

*Also includes early childhood coalitions or councils
**Includes state departments of education, schools or school districts, and colleges or universities
***Includes church/faith-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
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.

“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
• 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
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.

“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.
• 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 1: 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 Recovery

5Rs

Recovery
Remain at home
Reunification
Re-occurrence
Re-entry
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
• 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

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

• 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)
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

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

*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**

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

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

**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

Of 52 regional partnerships:

- 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
- 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
90.6% moved to more advanced stages of collaboration

17% of grantees were able to institutionalize RPG practices and services with system-wide

About 30% of grantees had undertaken joint projects or shared grants to sustain services

About 43.4% progressed to change the rules for how families are served

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

Information Exchange  Joint Projects  Changing the Rules  Changing the System

Better Outcomes for Children and Families

External $$ here  Data Universal Screening  Shared Case Plans

Existing $$ here
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
<table>
<thead>
<tr>
<th>Successful Financing Strategies</th>
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<tbody>
<tr>
<td>Widening the definition of available or potential resources</td>
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<tr>
<td>Changing the business as usual practices to incorporate RPG innovations</td>
</tr>
<tr>
<td>Integrating with other child welfare systems improvements</td>
</tr>
<tr>
<td>Negotiating third party payments for what the grant had initiated</td>
</tr>
<tr>
<td>Institutionalizing RPG practices into existing systems of care</td>
</tr>
<tr>
<td>Redirecting existing, currently funded resources to adopt new case management and client engagement strategies</td>
</tr>
</tbody>
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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.
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
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.


2015 Special Issue

Families in Child Welfare Affected by Substance Use

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

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

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 https://ncsacw.samhsa.gov/training/toolkit/.

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


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!

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