



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

Highlights of Grantee Implementation 2012-2017

Executive Summary
August 2017



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Executive Summary

The Child and Family Service Improvement Act of 2006 (P.L. 109-288) authorized funding for five-year competitive grants that support collaborative partnerships between providers of child welfare services (CWS), substance use disorder (SUD) treatment, and other family support services. Grantees were responsible for implementing regional partnerships aimed at improving the well-being, permanency and safety outcomes of children who were in, or at risk of, out-of-home placement as a result of a parent’s or caregiver’s SUD. In October 2012, 17 Regional Partnership Grants (RPG Round 2) were awarded, with an additional four grants (RPG Round 3) awarded in fiscal year 2014. The Funding Opportunity Announcement (FOA) for RPG Round 2 and RPG Round 3 required grantees to adopt and implement well-defined program services and activities that are evidence-based, or evidence-informed, and trauma-specific or trauma-informed, to increase the well-being, improve permanency outcomes, and enhance the safety of children and families affected by parental substance use. This report summarizes the experiences of the 17 RPG Round 2 grantees over five years of program implementation. Highlights of the first three years of implementation for RPG Round 3 grantees are also included.

Regional Partnership Grantees Round 2 and Round 3

The 21 RPG Round 2 and RPG Round 3 grantees were located in 19 states and included a diverse group of entities implementing a variety of interventions, including evidence-based parenting or parent-child interventions; trauma services; comprehensive SUD treatment; family drug courts; and in-home services and supports for families. The lead agencies included: community-based services organizations (e.g. child welfare agencies, SUD treatment agencies, health/mental health agencies); state child welfare, county child welfare, SUD prevention and treatment, court administration agencies, and university research centers (see Table 1 for a listing of grantees). Both RPG Round 2 and RPG Round 3 grantees shared common goals that included improved outcomes at the client, program and system level. The grantees developed unique partnerships and generated specific program models and goals based on diverse geographic and environmental contexts, and target population needs.

TABLE 1: RPG GRANTEE LEAD ORGANIZATIONS

Grantee	Organization Type	Federal Grant Amount Per Year	RPG 1 Grantee
RPG 2 Grantee Lead Organizations			
The Center for Children and Families	Community service provider: children and families	\$500,000	Yes
Center Point, Inc.	Community service provider: substance use disorder treatment	\$500,000	Yes
Children’s Research Triangle	Community service provider: children and families	\$999,799	Yes

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Grantee	Organization Type	Federal Grant Amount Per Year	RPG 1 Grantee
Commonwealth of Massachusetts	State agency partnership: child welfare and substance use disorder treatment	\$750,000	Yes
Families And Children Together	Community service provider: child welfare	\$797,405	No
Georgia State University Research Foundation	State university	\$790,452	No
Health Federation of Philadelphia, Inc.	Community service provider: health	\$600,000	No
Helen Ross McNabb Center (previously Child and Family Tennessee)	Community service provider: substance use disorder treatment	\$1 Million	Yes
Judicial Branch of Iowa, State Court Administration	State agency: court administration	\$500,000	Yes
Kentucky Department for Community Based Services	State agency: child welfare	\$500,000	Yes
Northwest Iowa Mental Health Center / DBA Seasons Center	Community service provider: mental health	\$500,000	No
Oklahoma Department of Mental Health and Substance Abuse Services	State agency: substance use disorder treatment	\$650,000	Yes
Preferred Family Health Care (previously Alternative Opportunities, Inc.)	Community service provider: substance use disorder treatment	\$984,310	No
Sentara RMH Memorial Hospital	Community service provider: health	\$592,733	No
State of Nevada Division of Children and Family Services	State agency: child welfare	\$593,110	Yes
Summit County Children Services	County agency: child welfare	\$500,000	No
Tennessee Department of Mental Health and Substance Abuse Services	State agency: substance use disorder treatment	\$1 Million	Yes

TABLE 1: RPG GRANTEE LEAD ORGANIZATIONS

Grantee	Organization Type	Federal Grant Amount Per Year	RPG 1 Grantee
RPG 3 Grantee Lead Organizations			
Our Kids of Miami-Dade Monroe, Inc.	Community service provider: children and families	\$600,000	No
Montefiore Medical Center	Community service provider: medical, substance use disorder treatment, children and families	\$600,000	No
University of Kansas Center for Research, Inc.	Public University	\$564,914	No
Volunteers of America/Miracles Family Recovery Support Program	Community service provider: child and families, substance use disorder treatment	\$600,000	No

Grantee Target Populations

All RPG Round 2 and Round 3 grantees served families with a child(ren) in out-of-home placement, or children who were living at home but at risk of being removed. Two grantees (both RPG Round 3) exclusively serve an in-home population. The age of children served ranged from birth to 21 years old. One quarter of grantees served families with children from birth to six years of age.

Grantee Goals

RPG Round 2 and RPG Round 3 grantees had similar goals that included improving outcomes at the client, program, and system level. The grantees developed unique partnerships and generated specific program models and goals based on diverse geographic and environmental contexts, target population needs, and jurisdictional differences.

Examples of grantee goals at the client, program and system level include:

- Increase the well-being, permanency outcomes, and safety of children who are in foster care or are at risk of being placed in foster care as a result of a parent’s or caregiver’s substance use disorder;
- Demonstrate the organizational capacity to generate a regional partnership that is able to effectively deliver and sustain trauma-informed, evidence-based practices among child welfare, mental health, juvenile court, and other child/family serving systems during and beyond the grant period; and,
- Create and promote statewide, systemic changes in advocacy, education, and policy that will positively impact children and families facing the challenges of adult SUDs and/or are involved in the child welfare system.

RPG Round 2: Major Program Strategies and Services

RPG Round 2 grantee strategies and services¹ included expanded and timely access to comprehensive family-centered treatment; creation or expansion of family treatment drug courts; in-home services; case management and case conferencing; the use of other evidence-based and evidence-informed practice approaches such as recovery coaches, mental health, and trauma-informed services; parent-child interventions; and strengthening of cross-system collaboration. More specifically, to support the unique needs of their families, grantees provided the following:

- Sixteen RPG Round 2 grantees provided an **evidence-based parenting or parent-child intervention**. The Nurturing Parenting Programs were the most frequently identified with six grantees providing this as part of their RPG program. Two additional grantees implemented the Nurturing Program for Families in Substance Abuse Treatment and Recovery, an adaptation of the Nurturing Parenting Programs.
- **Cognitive behavioral strategies for outreach, engagement, and retention** were implemented to improve client engagement and retention in services. These included interventions such as Contingency Management (CM) and Motivational Interviewing (MI). Overall, 16 RPG Round 2 grantees implemented at least one type of cognitive behavioral strategy.
- **Organizational strategies for outreach, engagement, and retention** were implemented to improve client access to services, reduce barriers to these services, and increase timely access to treatment or program services. These strategies included out-stationed or co-located staff and peer mentors who engage clients and support linkages to community services and supports. Overall, 15 RPG Round 2 grantees implemented at least one type of organizational strategy.
- Fourteen RPG Round 2 grantees addressed parent and child trauma by providing at least one type of **trauma service**. Trauma services included conducting trauma screening and assessment, implementing trauma-informed practices, and providing trauma-specific services to clients with the identified need. The most frequently implemented trauma-specific services to children was Trauma-Focused Cognitive Behavioral Therapy (seven grantees). Eight grantees implemented Seeking Safety with adult participants.
- **Comprehensive screenings and assessments** such as appropriate tools to identify substance use, mental health, trauma, and child well-being needs of RPG families were also a priority for grantees. Overall, 13 RPG Round 2 grantees conducted at least one type of screening or assessment.
- Grantees who provided **case management services** as part of their RPG project assigned case managers to assist clients in securing and improve the coordination of needed services. Grantees who provided **case conferencing** implemented formal team-based case planning processes to assist families in creating a plan to alleviate safety concerns. They also engaged families in planning and decision-making. Overall, 12 RPG Round 2 grantees implemented at least one form of case management or case conferencing.

¹ RPG Round 3 grantees are in the third year of implementation and have yet to confirm final strategies and services, and are therefore are not included in this listing.

- Ten RPG Round 2 grantees implemented at least one form of **SUD treatment for adults**. Four grantees implemented specialized residential treatment for parents with children. It is worth noting that eight grantees implemented continuing care or recovery support services. While only one grantee provided Medicated Assisted Treatment (MAT) as a core RPG service, other grantees provided access to MAT through their partnerships.
- Grantees provided **mental health services** to both adults and children. Overall, 11 RPG Round 2 grantees implemented at least one type of mental health service.
- In addition to providing children’s mental health services and interventions focused on supporting the parent-child dyad, grantees implemented **services specific to children** including early intervention services and services to focus on developmental needs. Overall, six RPG Round 2 grantees implemented at least one child-specific service.

Numbers of Families Served

Based on information provided by grantees in their March 2017 Semi-Annual Progress Reports (SAPRs), covering October 1, 2016 through March 31, 2017, nine RPG Round 2 grantees were meeting or exceeding their target numbers, while eight sites remained below the projected number of enrollments for the grant period. The number of families served by grantee ranged from 80 to 766, with a mean of 231.6 families served. A total of 3,937 families were served to-date over the RPG Round 2 project period. At the time of this report, grantees had six months remaining in the funded grant period, so the final numbers of families served will be greater than reported here.

RPG Round 3 grantees have so far served from 29 to 214 adults. The mean number of adults served totaled 119 and the mean number of children served totaled 136.5. A total of 476 adults and 273 children were served to-date for RPG Round 3 grants.

RPG Partnerships: Collaborative Successes and Challenges

Collaborative partnerships are the cornerstone of the RPG program. RPG projects strived to maintain, strengthen, and grow collaborative partnerships to assist them in implementing and expanding their services for families and, for some jurisdictions, to address the emerging opioid crisis in their communities. Nearly half (47.1%) of RPG Round 2 grantees were in states significantly affected by drug overdoses with opioids being the main driver of deaths². By the end of the grant period, grantee partnerships ranged from four to 25 member providers/agencies. All 21 grantee partnerships included representatives from child welfare services and SUD treatment provider organizations, as required by the FOA. Other system partners included the courts, mental health service providers, early education and developmental services, university research/evaluation departments, and faith-based organizations.

² CDC/NCHS, National Vital Statistics System, Mortality. The CDC reports that opioids, both prescription and illicit, are the main driver of drug overdose deaths. Significant increases in drug overdose death rates from 2014 to 2015 were primarily seen in the Northeast and South Census Regions. States with statistically significant increases in drug overdose death rates from 2014 to 2015 included Connecticut, Florida, Illinois, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Washington, and West Virginia. RPG 2 states included are: Illinois, Kentucky, Maine, Massachusetts, Ohio, Pennsylvania, and Tennessee (two grantees).

Characteristics of Successful Collaborations

- Strong partnerships exhibited consistent, dedicated, and committed program leadership over the grant period.
- Partners regularly discussed major barriers to collaboration and responded with practice or policy changes that included acknowledging and concentrating on difficult values-laden issues.
- The breadth of the RPG collaborations extended well beyond the child welfare system, SUD treatment, and the courts to include other critical stakeholders that provide necessary program support and resources.
- A strong and influential cross-system collaborative entity was willing and able to make decisions that went beyond the scope of the RPG project to tackle broader systems change.
- Stronger, more cohesive partnerships conducted regular client-level (child welfare and SUD treatment) information sharing.
- Partners engaged in sustainability discussions that did not rely on one agency to obtain funding; various partners contributed in-kind, matching or other resources.
- Lead agencies used results to make the case for policy and practice changes and advocate for sustained resources based on proven results.
- Strong collaboration and infrastructure at the operational level maintained program continuity when project directors left their positions unexpectedly.

Collaboration Challenges

- Some RPG Round 2 grantees had partners (e.g. child welfare agency, SUD treatment providers, judges/court representatives) who were not fully engaged or active participants in decision-making and collaborative planning and implementation. This lack of active engagement included, but not limited to:
 - Not actively supporting the collaborative process and specifically the RPG program;
 - Fiscal/budget issues that limited time and resources or required focus on other efforts; and,
 - Turnover of partner representatives which caused increased time and effort spent on RPG program education, cross-training, and development of new relationships and Memoranda of Understanding (MOUs).
- Grantee partnerships with child welfare were challenged by staff turnover at both line and management levels, low morale of direct service staff and a lack of understanding of child welfare's role within RPG resulting in low referrals and the absence of leadership involvement in meetings and collaborative conversations.
- Operational challenges and service capacity barriers within partner agencies resulted in partners being unable to meet referral or service expectations or implement the program model with fidelity.

- A lack of state level or oversight committee engagement, or changes in partner systems' leadership limited broader systems change and sustainability planning.
- Many grantees experienced difficulty accessing child welfare or SUD treatment data.

Improving Program Implementation and Operations

The ongoing efforts of RPG Round 2 and RPG Round 3 grantees to improve program implementation and operations focused on the following eight areas:

- 1) Enhancing Outreach and Recruitment Strategies** – Focused outreach and recruitment strategies were needed to increase program referrals.

Grantee strategies to enhance outreach and recruitment included:

- Outreach to current and potential referral sources;
- Strengthening existing partnerships with child welfare partners and other referring agencies;
- Expanding target populations and eligibility criteria for RPG services; and,
- Modifying the RPG evaluation design.

- 2) Strengthening Engagement and Retention** – Improving participant engagement and reducing attrition were priorities for the majority of grantees throughout the funding period.

Grantee strategies to strengthen engagement and retention included:

- Modifying intake processes;
- Increasing contact and follow-up with clients;
- Incorporating cognitive behavioral strategies (i.e., contingency management and motivational interviewing) and other incentives to participate in services;
- Co-locating or out-stationing staff; and,
- Implementing use of Recovery Coaches, Peer Support models, and other organizational strategies.

- 3) Identifying and Implementing Screening and Assessment Tools** – Grantees implemented screening and assessment of parenting, protective factors, trauma, physical health, child development, child socio-emotional development, behavior, and depression.

Grantee strategies to identify and implement screening and assessment tools included:

- Researching and piloting the use of new tools to determine whether they were the right fit for the identified target population;
- Administering the Adverse Childhood Experiences (ACE) survey, the UNCOPE and Ages & Stages Questionnaire: Social Emotional as part of the intake process; and,
- Implementing training and adjusting protocols for continuous quality improvement of screening and assessment tools.

- 4) Implementing Evidence-Based Practices (EBP)** – Grantees explored implementation drivers such as the target population and program eligibility and alignment between selected interventions and client needs.

Grantee strategies to successful implement EBPs included:

- Modifying, discontinuing, or changing EBPs to improve match between clients need and the intervention, engagement and retention; and,
- Ensuring fidelity in implementation.

- 5) Understanding, Identifying, and Addressing Trauma Needs of Children and Families** – Grantees provided trauma-specific services to focus on parent and child trauma. The most frequently implemented interventions for parents were Seeking Safety and Eye Movement Desensitization Reprocessing Therapy (EMDR). Trauma-Focused Cognitive Behavioral Therapy was the most frequently implemented intervention for children. Six grantees conducted trauma screening and assessment for their adult and child clients.

Grantee strategies to improve trauma-specific services included:

- Expanding and tailoring eligibility criteria for services and interventions;
- Moving to a less intensive trauma intervention for clients not ready for intensive services;
- Implementing standardized trauma screening and assessment tools for adults and children;
- Training additional staff on trauma informed care and expanding training to partners; and,
- Having partner agencies achieve certification as a trauma-informed organization.

- 6) Providing Family-Centered Services** – Family-centered services focus on meeting the needs of both the individual with a SUD and their families. Several grantees increased their emphasis on serving the whole family, with four grantees providing residential treatment for women and children.

Grantee strategies to effectively provide family-centered services included:

- Engaging fathers and additional family member supports;
- Focusing on the entire family during case management and supervision meetings;
- Developing family treatment planning tools; and,
- Increasing parenting time (visitation) among parents and their children.

- 7) **Conducting Staff, Cross-system, and Community Trainings** – Training and community awareness were important components of grantee efforts throughout RPG implementation; all grantees delivered training.

Grantee strategies to successfully deliver trainings included:

- Increasing cross-system training with partner agencies and other stakeholders that focused on meeting the needs of families impacted by SUDs;
- Engaging partners to participate in new EBP trainings;
- Developing training and educational tools;
- Participating in and hosting community awareness events; and,
- Inviting partners and stakeholders to trainings on SUD treatment, Medication-Assisted Treatment, and serving newborns and infants affected by parental substance use.

- 8) **Addressing the Increased Incidence of Infants Born with Prenatal Substance Exposure** – Increased opioid use and the associated concerns of overdoses and infants born with prenatal exposure affected the communities and the work of several grantees.

Grantee strategies to respond to the increased incidence of infants born with prenatal substance exposure included:

- Researching child welfare responses to help examine policies and practices to better serve infants and newborns;
- Reaching out to local clinics and hospitals to coordinate services and referrals;
- Raising awareness throughout the community about the effects of prenatal substance exposure on infants;
- Implementing screening tools for pregnant women to identify risk of substance use;
- Collecting data on the incidence of infants born with prenatal substance exposure; and,
- Developing committees and workgroups to attend to the topic and implement new protocols and policies.

Environmental and Contextual Factors

Grantees experienced a variety of environmental or contextual events that influenced implementation and/or support for their RPG services and collaborations. These factors included:

- Legislative and policy changes enacted by the state or partner agencies;
- Fiscal challenges and budget cuts;
- Changes in substance use trends; and,
- State/county agency personnel changes.

Sustaining RPG Round 2 Efforts

From the outset of the RPG program, the Children's Bureau emphasized the importance of sustaining RPG collaborative practices and services beyond grant funding. Grantees were required to provide matching funds, with the percentage of the match increasing over the course of the grant period to demonstrate commitment and capacity for sustainability. The RPG Technical Assistance (TA) team supported grantees in sustainability planning.

Ten RPG Round 2 grantees secured resources to sustain all or components of their RPG projects. Five grantees have yet to secure ongoing funding but show promise for sustaining their RPG projects in full or in part beyond the end of the grant period. Two grantees are not likely to sustain any portion of their RPG services.

Grantees who were successful in securing resources to sustain their RPG projects reported a variety of sustainability activities including:

- Developing a sustainability plan or including sustainability in broader agency strategic planning;
- Working with collaborative partners and engaging key stakeholders to identify and support program components to sustain;
- Developing an inventory of funding streams to explore and secure a broad array of strategies for funding and resource acquisition, including: local and state funds (e.g. Title IV-E, TANF, healthcare reform, etc.) 3rd party billing, managed care reimbursement, and additional grant opportunities;
- Actively marketing and disseminating RPG program outcomes to key stakeholders; and,
- Identifying targets for policy changes that could support sustainability (e.g. child welfare agency requiring attendance in an EBP parenting course for parents involved in the dependency system; Family Treatment Court (FTC) judge ordering EBP as part of court requirements; using changes in CAPTA and attention to needs of infants with prenatal exposure as a leverage point for discussions with child welfare agency leadership about how RPG services could contribute to Plans of Safe).

Summary and Conclusion

The lessons and experiences of these grantees add to the learning derived from the RPG Round 1 Program in building collaborative partnerships and implementing a diverse array of services to improve outcomes for children and families. RPG Round 2 and 3 projects differed from Round 1 projects, as proportionately more grantees implemented evidence-based parenting or parent-child interventions, and trauma services for adults or children. Overall, grantees delivered fourteen different evidence-based parenting or parent-child interventions. Conversely, a smaller percentage of grantees directly implemented substance use disorder treatment for adults, as these services were usually accessed outside of the RPG projects.

Just under half of RPG Round 2 grantees are not expected³ to meet their targets for the number of families served, with challenges that included delays in Year 1 implementation, lower than

³ RPG Round 2 grantees are in their last quarter of implementation and have yet to submit final numbers, and therefore we are projecting approximately half of the grantees will not meet target enrollment goals.

expected referrals from partner agencies, and low retention of program participants. Grantee strategies to address this challenge included expanding outreach to referral sources; streamlining recruitment and intake processes; and, increasing engagement and retention using Peer Mentors or Recovery Coaches, Motivational Interviewing and Contingency Management. While grantees implemented strategies that improved recruitment, engagement, and retention, most were not able to make up for the lower number of families served during Year 1 implementation.

Lead agencies awarded Regional Partnership Grants were successful in establishing partnerships among family-serving agencies, including but not limited to child welfare, substance use disorder treatment, mental health agencies, and the courts. The scope of these partnerships also included other stakeholders who provided additional program support and resources. However, the active participation of these partners varied, with more grantees experiencing challenges with child welfare system partners. This was affected by staff turnover, limited leadership engagement, and in some communities, parallel reforms and a child welfare system that experienced significant increases in caseloads and children in foster care as a result of the opioid crisis.

The successes, challenges, and solutions identified by this cohort of Regional Partnership Grantees continue to inform effective collaborative policies and practices among substance use disorder, child welfare, and family court systems across the nation to improve outcomes for children and families.