

REGIONAL PARTNERSHIP GRANT (RPG) PROGRAM: LEGISLATIVE INTENT AND GENERAL OVERVIEW



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RPG PROGRAM BRIEF #1

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About the RPG Program Briefs Series

This is the first in a series of program briefs discussing the initial grant period of the Regional Partnership Grant (RPG) Program, administered by the Administration on Children, Youth and Families, Children's Bureau. In 2007, 53 grantees representing state, county, and tribal partnerships were awarded "Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse." The initial grant period for the RPG Program was September 2007 – September 2012.

The four program briefs cover the following:

- **RPG Program Brief 1:** Legislative Intent and General Overview
- **RPG Program Brief 2:** Overview of Grantees' Services and Interventions
- **RPG Program Brief 3:** Effective Systems Linkages – Key Implementation Lessons
- **RPG Program Brief 4:** RPG Program: Interim Safety, Permanency, Well-Being, and Recovery Outcomes

Additional information about the RPG Program can be found in the Reports to Congress, available at <http://www.cffutures.org/projects/regional-partnership-grants>.

INTRODUCTION

On September 28, 2006, the Child and Family Services Improvement Act of 2006 (P.L. 109-288) was signed into law. The legislation was designed to improve the lives of abused and neglected children and their families, and included provisions that specifically address those children who are affected by a parent's¹ methamphetamine and other substance use disorders.²

The legislation had many provisions. Among them, it reauthorized the Promoting Safe and Stable Families (PSSF) program through federal fiscal year (FY) 2011 and amended Section 437 of the Social Security Act (42 U.S.C. 629g[f]) to include a new competitive grant program: "Targeted Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse." The U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), and Children's Bureau administers the program.

The legislation provided grant funding to help states, tribes, and communities across the nation develop regional partnerships "to provide, through interagency collaboration and integration of programs and services, services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's methamphetamine or other substance abuse." The program is thus referred to as the Regional Partnership Grant (RPG) Program.

The legislation responds to parental substance abuse as a key factor underlying the abuse or neglect experienced by many children in the child welfare system. Studies indicate that between one-third and two-thirds of all substantiated child maltreatment reports involve substance abuse.³ For example, in a national study of children in out-of-home placement,

1 This series of briefs uses the term "parent" to refer to parent or caretaker (which is the language used in the legislation).

2 The new Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published in May 2013, combined the prior criteria for substance abuse and substance dependence into a single substance use disorders diagnosis. This report, however, may use the terms substance abuse and substance use disorder interchangeably.

3 While figures vary for methodological reasons, most studies find that for one-third to two-thirds of children involved with the child welfare system, parental substance abuse is a contributing factor. The lower figures tend to involve child abuse reports; higher ones most often refer to children in out-of-home care. Sources: U.S. Department of Health and Human Services (1999). *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*. Washington, D.C.: U.S. Government Printing Office, 1999; Semidei, J., Radel, L.F. & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare* 80(2): 109-28; and Young, N.K., Boles, S.M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment* 12(2): 137-149.

caseworkers reported that nearly 61 percent of infants and almost 41 percent of older children had a caregiver with active alcohol and/or drug abuse.⁴

The rise of methamphetamine use during the late 1990s and early 2000s, in particular among women of childbearing age, caused attention on the need to provide comprehensive, integrated family-centered treatment services to affected families. While the proportion of substance abuse treatment admissions for methamphetamine has slowly declined since its peak of 9.1 percent in 2005, methamphetamine use continues to be a concern. In 2010, women accounted for 46.9 percent of all admissions for methamphetamine/amphetamine. The proportion of such admissions was 8.9 percent for women, in contrast to 4.9 percent for men. The proportion of methamphetamine admissions among pregnant women was 14.7 percent.⁵

Grants funded under this program support regional partnerships in establishing or enhancing a collaborative infrastructure capable of building the region's capacity to meet a broad range of needs for families involved with both substance abuse treatment and the child welfare system. Too often, the provision of child welfare services and substance abuse treatment is uncoordinated and fragmented due to:

- Difficulty identifying, engaging, and retaining parents/caregivers in substance abuse treatment.
- Differing perspectives, policies, and funding between child welfare services and substance abuse treatment providers.
- Lack of appropriate and comprehensive family-centered treatment services for families involved in both the child welfare and substance abuse treatment systems.

The law authorized and appropriated \$145 million over five years for this grant program. It also authorized multi-year grants, with descending levels of funding and increasing requirement for percent of grantee match. This program design was intended to facilitate grantees' active sustainability planning from the time of award.

The September 30, 2011 passage of the Child and Family Services Improvement and Innovation Act (P.L. 112-34) reserved a total of \$100 million (\$20 million each year) to extend funding for the RPG Program from FY 2012 to FY 2016. The legislation removed the specific focus on methamphetamine abuse, but retained the overall focus on substance abuse. It also

4 Wulczyn, F., Ernst, M. & Fisher, P. (2011). Who are the infants in out-of-home care? An epidemiological and developmental snapshot. Chicago: Chapin Hall at the University of Chicago.

5 Sources: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Treatment Episode Data Set (TEDS). 2000 - 2010. National Admissions to Substance Abuse Treatment Services, DASIS Series: S-61, HHS Publication No. (SMA) 12-4671, Rockville, MD, 2012; and Substance Abuse and Mental Health Data Archive. Treatment Episode Data Set - Admissions (TEDS-A) Concatenated 1992 to Present Computer File. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor]. Retrieved March 27, 2012 from <http://www.icpsr.umich.edu/icpsrweb/SAMHDA>.

allowed current grantees to apply for a two-year extension of their current grant; eight grantees received continuation awards.

GEOGRAPHIC AREAS AND TARGET POPULATIONS SERVED

The lead agencies for the 53 grantees were based in 29 states and included six tribes (see Figure 1). The majority of grantees served a single county (47 percent) or a region encompassing multiple counties (43 percent). Regions served by grantees varied in scope, from two to 25 counties; they also differed in population demographics, topography, and remoteness.



*Figure 1: Map of the 53 Regional Partnership Grants (RPGs) by location of Lead Agency

Grantees targeted services to families with children who have been removed from home and placed in out-of-home care and those who are at risk of removal, but are still in the custody of their parent or caregiver (i.e., in-home cases). Overall, nearly three-fourths (72 percent) of grantees provided services to both groups of families, while 15 percent focused primarily on in-home cases and 13 percent concentrated on out-of-home cases. Within these groups, some grantees emphasized a specific subpopulation, such as pregnant and parenting women, parents and their young children (zero to five years), substance-exposed newborns, or families involved with the criminal justice system. More than one-third of grantees served voluntary child

welfare cases, pre-filing cases, or differential/alternative response cases in which participants enter and/or exit the grantee's program voluntarily and do not have open family court cases.⁶

REGIONAL PARTNERSHIP COMPOSITION

A wide range of governmental and private sector organizations representing child welfare, substance abuse treatment, the courts, and other child and family services entities served as the lead agency for the RPG projects:

- 30.2 percent were a child welfare agency (state, county, or tribal)
- 22.6 percent were a community-based substance abuse treatment and/or mental health services provider or organization
- 17.0 percent were a child welfare services or other type of family and child services provider
- 13.2 percent were a substance abuse treatment agency (state, county, or tribal)
- 5.7 percent were a tribe, tribal consortium, or tribal social services provider
- 11.4 percent were other agencies

The diversity in lead agencies reflects the RPG program's collaborative nature. Further, the overall regional partnership composition was quite broad for all grantees and extended well beyond the two-partner minimum requirement in the legislation (see Table 1). All non-tribal grantees included state, regional, and/or county child welfare agencies as a key partner.⁷

⁶ Voluntary child welfare cases are those referred to community-based or voluntary in-home child protective services; pre-filing cases include those where a dependency petition has been held in abeyance pending successful completion of voluntary services or the case has been diverted from court jurisdiction in lieu of filing a dependency petition; and differential or alternative response cases include the provision of voluntary services for families, which may include closed child welfare cases.

⁷ The legislation defined "regional partnerships" as two partners, one of which must be the state child welfare agency responsible for administration of the state plan under title IV-B or IV-E of the Social Security Act. Tribes were exempt from this requirement, but had to include at least one non-tribal partner.

Table 1: Breadth of the Regional Partnerships and their Interagency Relationships

| Child Welfare, Substance Abuse, and Mental Health |
|---|
| <ul style="list-style-type: none"> • All 53 regional partnerships (100 percent) included representatives from the state, region, county, or tribal child welfare agency • 86.8 percent included substance abuse treatment providers • 75.5 percent included mental health agencies or service providers • 67.9 percent included representatives from the state, region, county, or tribal substance abuse treatment agency • 37.7 percent included child welfare services providers |
| Courts and Criminal Justice System |
| <ul style="list-style-type: none"> • 77.4 percent of the partnerships included family drug courts, adult drug courts, other dependency courts, or tribal courts • 66.0 percent involved criminal justice and legal systems partners • 43.4 percent involved other court-related agencies (e.g., Court Appointed Special Advocates) |
| Other Community and Supportive Services |
| <ul style="list-style-type: none"> • 73.6 percent of the partnerships included other community-based child and family direct service providers • 60.4 percent involved child and/or adult health services agencies or providers • 52.8 percent included parenting/early childhood education, service providers, early childhood coalitions, or councils • 43.4 percent included state or local employment agencies or employment/vocational service providers • 37.7 percent engaged housing agencies or services providers • 34.0 percent involved state departments of education, schools or school districts, and colleges or universities |
| Other Partners |
| <ul style="list-style-type: none"> • 83.0 percent of partnerships included their evaluator as a major partner • 28.3 percent involved tribes, foundations, other community stakeholder, advisory groups, committees, or boards • 30.2 percent included other types of partners* |
| <p>* Other partners included consultants, training and technical assistance providers, or other state, county, or community entities not otherwise specified.</p> |

Grantees continually expanded their collaborative relationships over the length of the program. By the end of the grant period, approximately three-fourths (75.5 percent) of the regional partnerships consisted of 10 or more member agencies, organizations, and/or providers. The partnerships expanded and matured as families' needs and the environment in which the grantees operated continued to shift and evolve. Further, with certain types of member organizations or providers, grantees may be working with multiple partners. For example, grantees serving larger geographic regions may have partnerships with several different substance abuse treatment providers.

PROGRAM SERVICES AND ACTIVITIES

The 53 regional partnerships implemented a wide array of integrated programs and services to respond to the needs of children and families involved in child welfare due to a parent's substance use disorder. Grantees' major services and activities fell into five general areas:

- Systems collaboration and improvements
- Substance abuse and mental health treatment and linkages
- Services for children and youth
- Family-strengthening services
- Other clinical and community support services for children, parents, and families

Though grantees' overall RPG program models and target populations were diverse, the partnerships shared two common fundamental characteristics. First, grantees provided a comprehensive set of direct treatment and support services to meet the needs of children, adults, and families. Second, as the legislation intended, grantees bolstered these services with specific activities to improve cross-systems collaboration and strengthen service integration.

At-a-Glance Snapshot – Most Universal Program Strategies

Among the extensive array of individual services each grantee may have provided, there were certain program strategies that the vast majority of all grantees implemented. Program strategies universal to three-fourths (75.0 percent) or more of grantees included:

- Basic cross-systems collaborative activities (e.g., training, regular partnership meetings) to increase understanding between the different service systems about how each operates and the clinical and other treatment issues facing families involved in child welfare due to a parent's substance use disorder.
- More focused collaborative practice strategies (e.g., joint case staffing, intensive coordinated case management) to improve services integration and case plan management for families involved in multiple service systems.
- Child welfare screening or assessment to identify immediate and potential child safety issues and determine a family's strengths and needs.
- Substance abuse treatment services, including the provision of family-based substance abuse services and specialized strategies to identify, engage, and retain parents in treatment.

- Services and interventions to improve parenting skills, knowledge, and capacity and strengthen family functioning.
- Efforts to address parents' trauma through a trauma-informed service delivery approach or more direct trauma-specific services to facilitate a parent's trauma recovery and healing.

Grantees' major program services and activities are described in further detail in RPG Program Brief 2.

PERFORMANCE MEASUREMENT APPROACH

The RPG Program authorizing legislation required that the Reports to Congress address the measures established to assess grantees' performance in the domains of Safety, Permanency, Recovery, Well-Being (child, adult, and family), and Systems Collaboration (see Table 2).⁸

⁸ The 23 performance measures were established through a detailed legislatively-mandated consultative process involving the Children's Bureau, SAMHSA, the ACF Office of Planning, Research and Evaluation (OPRE), the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE), the HHS Office of the Assistant Secretary for Resources and Technology (ASRT), and representatives of the regional partnership grantees. See the First Report to Congress (http://www.acf.hhs.gov/programs/cb/pubs/targeted_grants/targeted_grants.pdf) for a description of the consultative process.

Table 2: Regional Partnership Grant Program Performance Measures

| Safety |
|---|
| <ul style="list-style-type: none">• Children remain at home• Occurrence of child maltreatment |
| Permanency |
| <ul style="list-style-type: none">• Average length of stay in foster care• Re-entries to foster care placement• Timeliness of reunification• Timeliness of adoption or guardianship |
| Recovery |
| <ul style="list-style-type: none">• Access to treatment• Retention in substance abuse treatment• Substance use• Parents or caregivers connected to supportive services• Employment• Criminal behavior |
| Child, Adult, and Family Well-Being |
| <ul style="list-style-type: none">• Prevention of substance-exposed newborns• Children connected to supportive services• Improved child well-being• Adult mental health status• Parenting capacity• Family relationships and functioning• Risk and protective factors |
| Systems Collaboration |
| <ul style="list-style-type: none">• Coordinated case management• Substance abuse education and training for foster care parents and other substitute caregivers• Collaborative capacity• Capacity to serve families |

Grantees submitted case-level child and adult data to a web-based RPG Data Collection and Reporting System.⁹ The RPG Data System links data for children and adults together as a family unit and follows clients served over the course of the grant project, making it the most extensive quantitative dataset currently available on outcomes for children, adults, and families affected by substance abuse and child maltreatment.

Section 437 of the Social Security Act, as amended by the Child and Family Services Improvement Act of 2006, required the annual reports to Congress to focus on three key areas of the RPG Program.

1. Services provided and activities conducted with RPG Program funds.
2. Progress made in addressing the needs of families in achieving the goals of child safety, permanency, and well-being for families with methamphetamine or other substance use disorders who come to the attention of the child welfare system.
3. The set of performance measures for the RPG Program established through a detailed, legislatively-mandated consultative process to assess periodically the performance of recipients of RPG Program funds.

The Reports to Congress draw on substantial qualitative and quantitative data sources to provide a comprehensive descriptive and analytical picture of the 53 grantees' activities and services, their collaborative progress to meet families' needs, and the overall RPG Program performance measure results. The reports present the grantee performance indicator data, as well as qualitative and quantitative information from grantees' Semi-Annual Progress Reports which were submitted in April and October of each calendar year. These data represent the first large scale effort to link and report on child and parent outcomes for families being served by child welfare and substance abuse treatment systems. RPG Program Brief 3 highlights 11 Key Implementation Lessons regarding collaboration and RPG Program Brief 4 presents selected RPG Safety, Permanency, Well-Being, and Recovery Interim Indicator Findings.

For More Information about the RPG Program

The RPG Program Briefs provide summary snapshots of selected aspects of the RPG Program. For more extensive information, please refer to the Reports to Congress (which are mandated by the authorizing legislation). The Reports are available at <http://www.cffutures.org/projects/regional-partnership-grants>.

⁹ During the first year of the RPG Program, HHS (with the Office of Management and Budget approval) developed an extensive web-based RPG Data Collection and Reporting System to compile indicator data across all 53 grantees. Grantees began submitting their data to the RPG Data System in December 2008 and then uploaded their latest cumulative data files in June and December of each program year. Their final data upload was in December 2012.