

REGIONAL PARTNERSHIP GRANT (RPG) PROGRAM: OVERVIEW OF GRANTEES' SERVICES AND INTERVENTIONS



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About the RPG Program Briefs Series

This is the second 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 AND OVERVIEW

The 53 Regional Partnership Grantees (RPGs) 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 program services and activities fell into five broad 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

This brief provides information on the specific services and interventions that the 53 grantees provided to the majority of their target population as part of their overall RPG program model.¹ It profiles the major program strategies and activities as well as the extent to which these strategies represented expanded capacity to serve families by establishing completely new services or expanding or enhancing existing services.²

AT-A-GLANCE SNAPSHOT – MOST UNIVERSAL PROGRAM STRATEGIES

Among the extensive array of individual services each grantee provided, there were certain program strategies 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.

¹ For this brief, the "majority of target population" refers to 50 percent or more. For selected interventions, a substantial number of additional grantees may have provided services to a smaller percentage of clients.

² Strengthened capacity was viewed as the extent to which grantees' programs reflected completely new services or an expansion and/or enhancement of existing services. Expansion was defined as an increase in the number of children, adults, or families to be served from the child welfare system, or at risk of entering the child welfare system. Enhancement was considered an improvement to the existing quality of a service by moving to a more intensive or higher level of service, changing the type or level of staff, implementing an evidence-based practice, or adopting some other practice to enhance service delivery and quality to improve child, adult, and family outcomes.

- 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.

AT-A-GLANCE SNAPSHOT – BUILDING CAPACITY TO SERVE FAMILIES

Grantees implemented program strategies to strengthen their regions' capacity to serve families in two fundamental ways. They created completely new services to respond to families' complex and diverse needs, or they expanded and/or enhanced existing services to increase the number of families served or improve the quality and delivery of existing services (e.g., provide a more intensive or higher level of service). Specifically,

- 32.8 percent were completely new services created for the grantees' target populations.
- 48.5 percent represented an expansion and/or enhancement of an existing service.
- 18.7 percent encompassed continued provision of existing community services that were redirected to the RPG target population.

There were some key differences within each general program area:

- Systems collaboration and improvements were predominantly new services (47.5 percent), compared to the other program areas. This indicates new cross-systems collaborative capacity. It directly reflects the legislation's emphasis on developing and strengthening interagency collaboration and services integration.
- Substance abuse and mental health treatment and linkages were the most likely to represent an expansion and/or enhancement of existing services (53.8 percent). This reflects grantees' efforts to expand substance abuse treatment capacity for child-welfare involved parents, strengthen services to address trauma, and move to more family-centered care.
- A substantial percentage of children's services were new or expanded/enhanced services. However, compared to the other program areas, children's services had the largest proportion of existing services maintained but not substantially modified under the RPG project (28.6 percent). Grantees frequently developed partnerships to strengthen referrals and connections to existing community services for children rather than implement new direct services themselves.

MAJOR PROGRAM SERVICES: SYSTEMS COLLABORATION AND IMPROVEMENT

All or nearly all of the 53 partnerships engaged in cross-systems trainings, meetings, communications, and information sharing designed to improve – on a larger scale – how the various service systems work together on behalf of the families they jointly served. The majority of grantees also implemented front-line collaborative practice activities to increase the effectiveness of direct service delivery (see Table 1).

Table 1: Systems Collaboration and Improvements – Grantees’ Major Program Strategies and Activities

- 100% conducted cross-systems training on clinical treatment as well as program and policy issues
- 98% convened regular regional partnership meetings to discuss programmatic issues and collaborative management and administration
- 94% held regular joint case staffing meetings to discuss families’ case plans or other treatment issues
- 93% implemented improvements in cross-systems information sharing and data collection
- 87% developed formalized cross-systems policies and procedures to improve communication, identification, referrals, and service delivery
- 62% co-located staff to assist with screening, assessment, referral, and/or provision of services
- 59% used a formal multidisciplinary team decision-making process (e.g., Family Group Decision Making)

THE IMPORTANCE OF CROSS-SYSTEMS TRAINING

Grantees credit comprehensive, ongoing cross-systems training, in particular, with enhancing collaboration to:

- Educate project staff and the larger community about the clinical treatment and supportive service needs of families
- Increase appropriate referrals
- Create shared values and goals
- Provide more coordinated services
- Implement evidence-based practices with fidelity
- Build local capacity to address those needs
- Achieve broader systems change

MAJOR PROGRAM SERVICES: SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT AND LINKAGES

Grantees implemented a range of services and activities to expedite substance abuse assessments and improve access to and effectiveness of substance abuse treatment services for parents. They also implemented services to address co-occurring trauma and mental health issues (see Table 2).

Table 2: Substance Abuse and Mental Health Treatment and Linkages – Grantees’ Major Program Strategies and Activities

- 96% implemented specialized outreach, engagement, and retention strategies
- 93% conducted substance abuse screening or assessments (for adults)
- 74% conducted other specialized screening or assessments to identify needed services for adults
- 73% provided outpatient substance abuse treatment services (intensive, non-intensive, and/or partial hospitalization)
- 61% provided residential substance abuse treatment
- 72% engaged in one or more substance abuse prevention activities
- 81% provided trauma-informed and/or trauma-specific services for adults
- 78% provided family-based or comprehensive family-centered substance abuse treatment services
- 64% provided mental health services and/or psychiatric care
- 34% of grantees developed a new family drug court (FDC) and/or expanded or enhanced an existing FDC

The Substance Abuse and Mental Health Treatment and Linkages strategy area represented primarily an expansion or enhancement of existing services. Yet, some specific strategies were more likely to represent completely new services for grantees’ target populations:

- Specialized outreach, engagement, and retention strategies
- More comprehensive family-centered substance abuse treatment
- Specialized screening and assessments to identify caregivers’ other related needs
- Substance abuse prevention and education
- Trauma-specific services for parents and caregivers.

One grantee established a formal collaboration with the county Head Start program to provide services onsite at the RPG treatment program and at an offsite facility dedicated to RPG families. All children that accompany their mothers in treatment are provided with the Head Start program's comprehensive services: childcare and pre-school services, as well as therapeutic and educational services. In addition, the county Head Start program is co-funding the remodeling of the childcare center at the women's treatment center to develop an age-appropriate learning environment.

MAJOR PROGRAM SERVICES: CHILDREN'S SERVICES

While children participating in the RPG programs benefitted indirectly from the services provided to their parents and primary caregivers, grantees also provided direct services to children to address their specific substance abuse prevention and intervention needs and improve their well-being (see Table 3).

Grantees worked with other community agencies to strengthen services in the following areas in particular:

- Expanded capacity to provide trauma, mental health, and other therapeutic services. For example, grantees added project staff with an expertise in children's trauma or mental health treatment. They used curricula, technical assistance, and other resources from the National Child Traumatic Stress Network and engaged in clinical training to increase staff understanding about the impact of trauma on children and effective trauma services. Further, they extended trauma practices to other sites.
- More consistent, comprehensive screening and assessment to identify children's developmental, behavioral, trauma, and other specialized needs. Many grantees noted that before RPG program implementation, children were not consistently screened for developmental, behavioral, social-emotional, or other issues. Now there are dedicated positions (e.g., public health nurses, social workers, clinical psychologists) to conduct children's screenings and assessments, improve linkages to early intervention and developmental services, and coordinate overall service delivery.
- Expanded substance abuse education, prevention, and related support services (e.g., tutoring) for older school-age children. During the latter part of the grant, several partnerships paid increased attention to school attendance and related academic issues; they sought to strengthen services to increase students' educational outcomes.

Table 3: Services to Children and Youth – Grantees’ Major Program Strategies and Activities

- 93% of grantees conducted child welfare screening or assessments
- 35% screened or assessed children for trauma issues
- 76% conducted other specialized child screenings and assessments, including:
 - 53% for developmental issues
 - 49% for behavioral and socio-emotional issues
 - 30% for mental health issues
- 53% provided early intervention and/or developmental services
- 45% provided mental health counseling or therapeutic services and interventions
- 34% implemented trauma services for children

One grantee whose target population was children with prenatal or environmental substance exposure stressed that obtaining the prenatal history was critical for developing an accurate clinical profile and determining the best treatment plan for the child. The grantee noted that its assessment clinic “is the only service we have available that provides extensive psychological examinations that take into primary consideration the effects of drug and alcohol on a child’s development. By evaluating the children involved with this program, we have been able to minimize disruptions to these children’s placements.”

MAJOR PROGRAM SERVICES: FAMILY-STRENGTHENING SERVICES

As RPG Program implementation progressed, the partnerships evolved to integrate adult and child services more completely and provide a more comprehensive family-centered continuum of care. As Table 4 shows, most grantees concentrated their efforts on parenting training and family therapy.

This overall program area was predominantly an expansion or enhancement of existing services in the community (46.7 percent) or completely new services for the target populations (33.5 percent). A closer look at individual services shows that under the RPG Program, grantees implemented more intensive services or levels of care.

- Nearly all manualized or evidence-based parenting programs were a new (50.0 percent) or expanded/enhanced service (47.5 percent).
- The few grantees (n=6) that implemented specialized programs for fathers were nearly all completely new services (83.3 percent).
- More intensive supportive or therapeutic visitation services also tended to be new or expanded/enhanced services (42.9 percent and 39.3 percent, respectively).

Table 4: Parenting and Family-Strengthening – Grantees’ Major Program Strategies and Activities

- 87% provided some level of parenting training and education*
 - 60% provided standard or enhanced parenting training and education
 - 64% implemented a manualized parenting curriculum or evidence-based parenting or family-strengthening program (designed or adapted to address the unique needs of families with high-risk behaviors, including substance use)
- 57% provided family therapy or counseling
- 43% conducted screening or assessments for parenting or family functioning issues
- 37% provided traditional or supportive/therapeutic supervised visitation services
- 34% conducted targeted outreach of fathers and/or provided a specialized program or services for fathers

* Percentages for different service levels do not add to total as some grantees may have provided both levels indicated.

MAJOR PROGRAM SERVICES: OTHER CLINICAL AND COMMUNITY SUPPORT SERVICES

To enable families’ full participation in RPG services, most grantees extended their efforts beyond providing therapeutic treatment services to children and parents to address some basic, yet challenging family support needs (e.g., housing, transportation, child care, health care). During the course of the grant period, the role of ancillary services in facilitating and sustaining positive child, adult, and family outcomes increased.

Grantees stated linking families to other community supports enhanced the continuum of care and promoted families’ sustained recovery and self-sufficiency. As Table 5 shows, the vast majority (87 percent) of grantees provided intensive case management to help families access and coordinate various support services. These grantees indicated this level of assistance did not previously exist in their regions.

Table 5: Other Clinical and Community Supportive Services – Grantees’ Major Program Strategies and Activities

- 87% provided intensive/coordinated case management
- 68% provided in-home services*
 - 49% implemented wraparound/intensive in-home comprehensive services to keep families together and children stabilized
 - 23% provided more traditional individual in-home services (that do not involve a multi-agency collaborative approach)
- 64% provided aftercare or continuing care
- 64% provided some level of housing services*
 - 62% provided housing support services or assistance
 - 27% implemented transitional, interim, emergency, or temporary short-term housing
 - 12% provided permanent or permanent supportive housing

* Percentages for different service levels do not add to total as some grantees may have provided both levels indicated.

AT-A-GLANCE SNAPSHOT – PRIMARY FUNDING SUPPORT FOR GRANTEE’S PROGRAM STRATEGIES

To provide the comprehensive array of services that helped families meet their multiple and complex needs, the regional partnerships leveraged other available resources to help maximize the impact of the RPG award. In general, primary funding to support given strategies shifted somewhat over the course of the project as grantees advanced their sustainability planning and the grantee match amount increased from 15 percent in year one to 25 percent for the final year.

By the final year of the grant period, across all the major service interventions and activities, on average:

- 35.3 percent of services and activities were supported primarily by RPG funding
- 33.1 percent were supported primarily by other community funding and resources
- 31.7 percent were supported by a combination of RPG and other community funding

Similar to capacity building, there were some key differences regarding primary funding source by program area:

- Systems collaboration and improvements were more likely than other program areas to still be supported primarily by RPG funding (50.0 percent) at the end of the grant. However, this was a substantial decrease from 64.2 percent at the program midpoint. It is likely that as collaboration became more widespread and grantees expanded their relationships, partners helped support the cost of certain collaborative activities.

- Children’s services were more likely than other types of program strategies to be supported primarily by other community resources (48.5 percent). As grantees worked to strengthen this particular component of their programs over the course of the grant, they often depended on and reached out to other community partners to support this growth, or obtained other grants specifically for direct children’s services.

AT-A-GLANCE SNAPSHOT – SUSTAINABILITY OF RPG PROGRAM STRATEGIES

In their original grant applications, grantees were required to describe how they would sustain their programs after the grant ended. Throughout the grant period, HHS emphasized the importance of program sustainability and provided technical assistance to help grantees implement sustainability strategies. Grantees who sustained their program components generally were able to institutionalize and integrate RPG practices into existing systems of care.

As the end of the initial funding period neared, grantees indicated overall:

- Nearly three-fourths (73.2 percent) of the major services and activities provided as part of their RPG program would be sustained after the grant. Family-strengthening services, children’s services, and substance abuse and mental health treatment and linkages were the program areas with the greatest likelihood of sustainability.
- 9.0 percent of program strategies would not be sustained.
- The sustainability status for 17.8 percent of program strategies was not yet known. Near the end of the grant, grantees were uncertain, in particular, about sustainability of clinical and community support services.

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>.