

REGIONAL PARTNERSHIP GRANT (RPG) PROGRAM: INTERIM SAFETY, PERMANENCY, WELL-BEING, AND RECOVERY OUTCOMES



JANUARY 2014
RPG PROGRAM BRIEF #4

Prepared for the Children's Bureau by Children and Family Futures

About the RPG Program Briefs Series

This is the fourth 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 OF PERFORMANCE MEASUREMENT APPROACH

The Department of Health and Human Services (HHS) established 23 performance indicators to assess grantees' performance in the domains of Safety, Permanency, Recovery, Well-Being (child, adult, and family), and Systems Collaboration. The indicators were established through a detailed, legislatively mandated consultative process involving the Children's Bureau, Substance Abuse and Mental Health Service Administration (SAMHSA), the Administration for Children and Families (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 53 Regional Partnership Grantees (RPGs).

HHS then developed a comprehensive program logic model to guide the RPG Program performance measurement. The RPG logic model¹ illustrates the interrelationships between specific RPG program activities and services and the safety, permanency, recovery, well-being, and systems collaboration outcomes.

DATA COLLECTION AND METHODS

All grantees submitted their cumulative case-level child and adult data to the RPG Data Collection and Reporting System twice per year. The RPG Data System linked children and adults together as a family unit and followed clients over the course of the grant project, making it the most extensive and comprehensive quantitative dataset currently available on outcomes for children, adults, and families affected by substance use disorders and child maltreatment. The preliminary outcome analyses presented in this brief are based on a cohort of 12,238 RPG participant families who entered the RPG program from October 1, 2007, through September 30, 2011 (through end of program year four - see Table 1).

The overall performance measurement approach drew on multiple quantitative and qualitative data sources to provide a comprehensive descriptive and analytical picture of the 53 grantees' performance. This Brief provides interim quantitative analyses on selected safety, permanency, well-being, and recovery performance indicators. (RPG Program Brief 3 outlined qualitative review findings regarding key collaboration implementation lessons).

The majority of the safety, permanency, and recovery RPG performance indicators used existing standardized performance measures in federal child welfare and substance abuse treatment outcome reporting systems – e.g., Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS), Treatment Episode Data Set (TEDS), and National Outcomes Measurement System (NOMS). To provide additional context for understanding RPG participant outcomes, national data are provided, where appropriate and available.

¹ The RPG logic model can be found in the Reports to Congress, available at <http://www.cffutures.org/projects/regional-partnership-grants>.

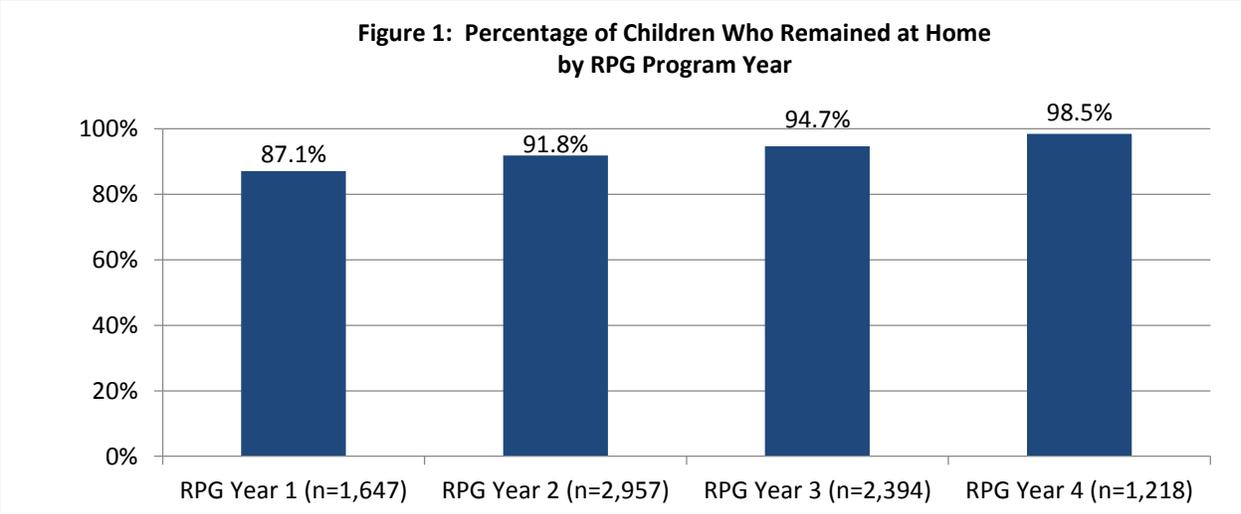
**Table 1: RPG Program Sample Sizes
(As of September 30, 2011)**

	Participant Group	Comparison Group
Children:	20,276	10,148
Adults:	14,462	7,097
Families:	12,238	6,208

CHILD SAFETY – INTERIM INDICATOR FINDINGS

Children Remain at Home:
Percentage of Children Identified as At Risk of Removal from the Home Who are Able to Remain in the Custody of a Parent/Caregiver through RPG Case Closure

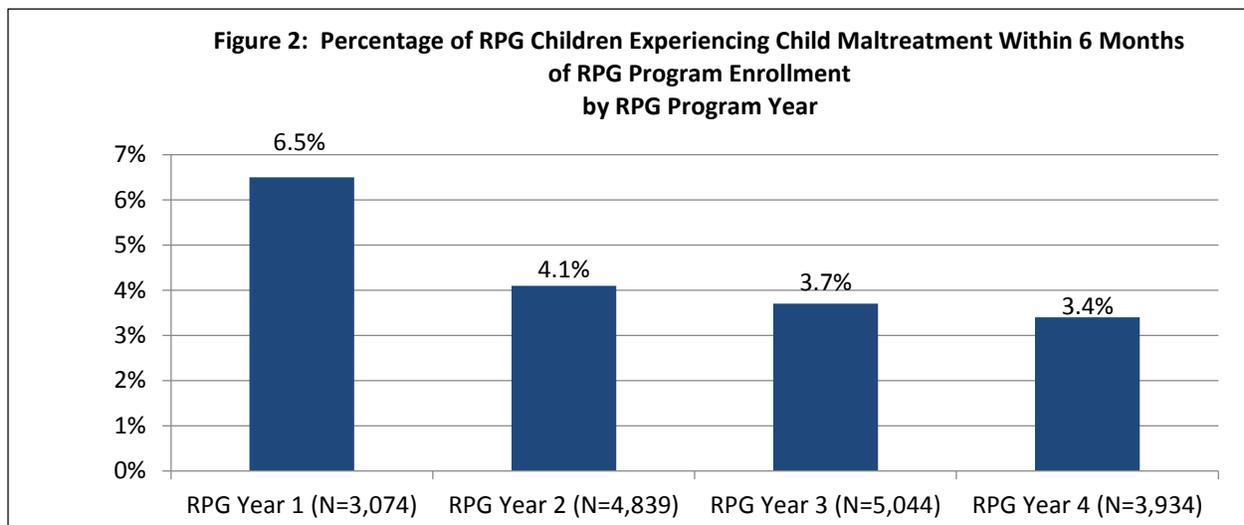
- The majority of RPG children (70.5 percent) were in the custody of a parent/caregiver (i.e., in-home) at time of RPG program enrollment.
- Nearly all (92.7 percent) of the children in-home at time of RPG program remained in their parent’s or caregiver’s custody through RPG program case closure.
- The percent of RPG children who remained in-home through RPG case closure increased steadily over the first four program years. The percent of children who remained in-home was 87.1 percent in program year one, 91.8 percent in program year two, 94.7 percent in program year three, and 98.5 percent in program year four (see Figure 1).



Occurrence of Child Maltreatment

Percentage of Children who had an initial occurrence and/or recurrence of sustained/indicated child maltreatment within six, 12, 18, and 24 months after enrolling in the RPG program

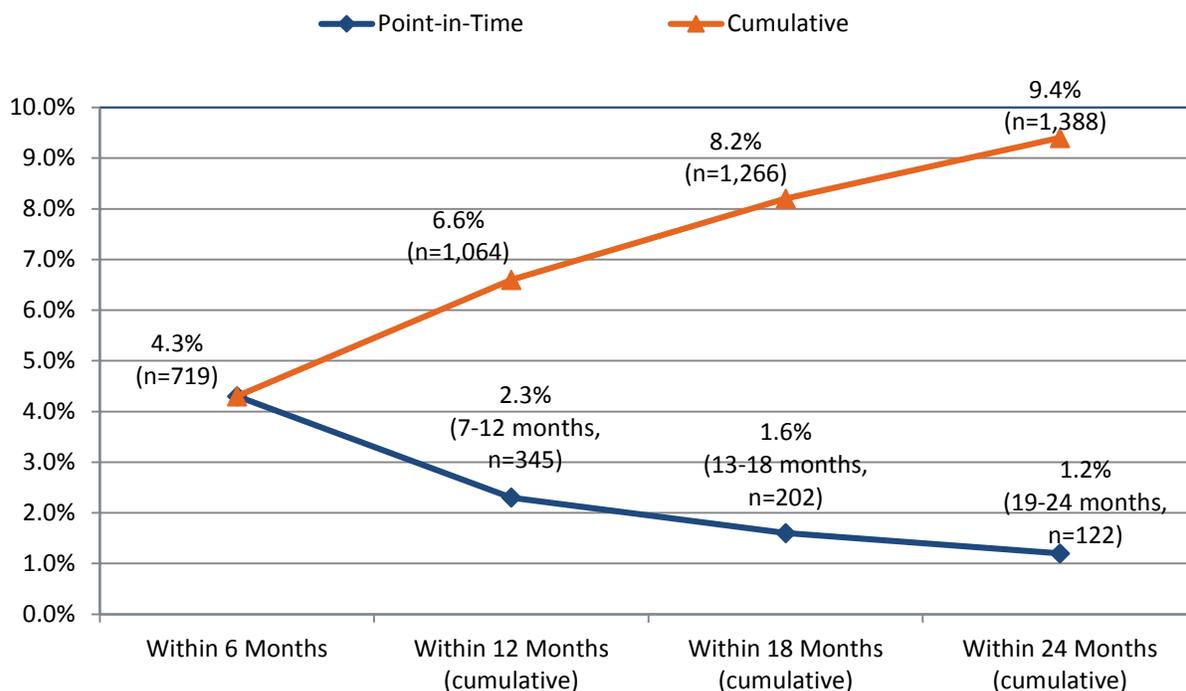
- A total of 4.3 percent of RPG children experienced child maltreatment within six months of program enrollment. This rate is less than the 2010 median rate of 5.5 percent maltreatment recurrence within six months for the 26-state contextual subgroup.²
- The percentage of RPG children who experienced child maltreatment within six months of program enrollment decreased from 6.5 percent in program year one to 4.1 percent in program year two. The percentage continued to decrease to 3.7 percent in program year three and 3.4 percent in program year four (see Figure 2).



HHS also examined maltreatment occurrence at 12, 18, and 24 months following a family's RPG program enrollment; this included families who may have been discharged from the RPG program and were no longer receiving RPG services. As Figure 3 shows, the point-in-time percentage of children experiencing maltreatment at 12, 18, and 24 months was 2.3 percent, 1.6 percent, and 1.2 percent, respectively. The cumulative percentage of children experiencing maltreatment within 12, 18 and 24 months was 6.6 percent, 8.2 percent, 9.4 percent, respectively.

² To provide additional context for understanding RPG Program performance, national child welfare data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) and national substance abuse data from the National Outcomes Measures (NOMs) and Treatment Episode Data Set (TEDS) are provided, where appropriate and available. These state contextual subgroup data represent the 29 states in which the RPGs 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.

Figure 3: Point-in-Time and Cumulative Percentage of RPG Children Who Experienced Maltreatment Within 6, 12, 18, and 24 Months of RPG Program Enrollment



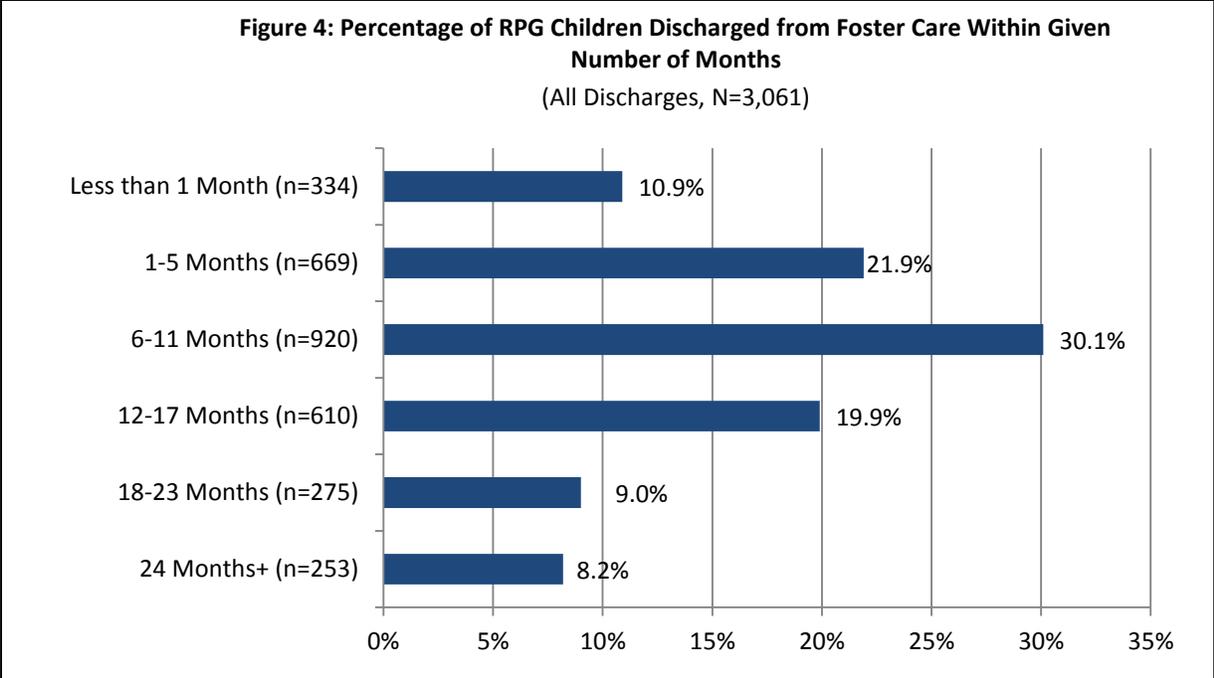
Note: Data represent 45 RPGs. The denominator for each point-in-time calculation represents the number of children for whom a specified amount of time has passed since their RPG enrollment date. For within 6 months, N=16,894 children for whom at least 1 day has passed since the RPG enrollment date. For 7 to 12 months, N=14,927 children for whom more than 6 months had passed; for 13 to 18 months, N=12,475 children for whom more than 12 months had passed; for 19 to 24 months, N=9,843 children for whom more than 18 months had passed since their RPG enrollment date. The cumulative data represent the total number and percentage of children who have experienced maltreatment through the identified time interval.

PERMANENCY – INTERIM INDICATOR FINDINGS

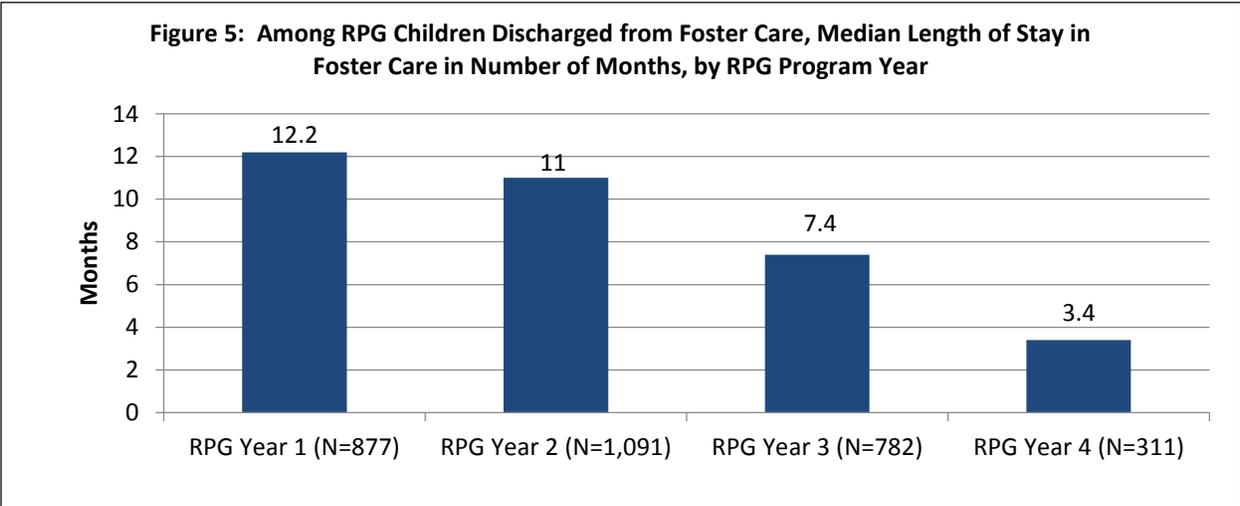
Average Length of Stay in Foster Care

For children discharged from foster care, average length of stay (in days) from date of most recent entry into such care until date of discharge.

RPG children discharged from foster care (all reasons combined) had a median length of stay in care of nine months. Nearly one-third (32.8 percent) of RPG children were discharged from foster care in less than six months; nearly two-thirds (63.0 percent) were discharged in less than 12 months (see Figure 4). Specifically, 10.9 percent were discharged in less than one month, 21.9 percent were discharged within one to five months, 30.1 percent were discharged within six to 11 months, 19.9 percent were discharged within 12 to 17 months, 9.0 percent were discharged within 18 to 23 months, and 8.2 were discharged in 24 months or more.



The majority (86.7 percent) of RPG children exiting foster care were discharged to reunification.³ The median length of stay for children discharged from foster care decreased steadily over the first four years of the RPG Program; from a median of 12.2 months in program year one, to 11.0 months in program year two, to 7.4 months in program year three, to 3.4 months in program year four (see Figure 5).



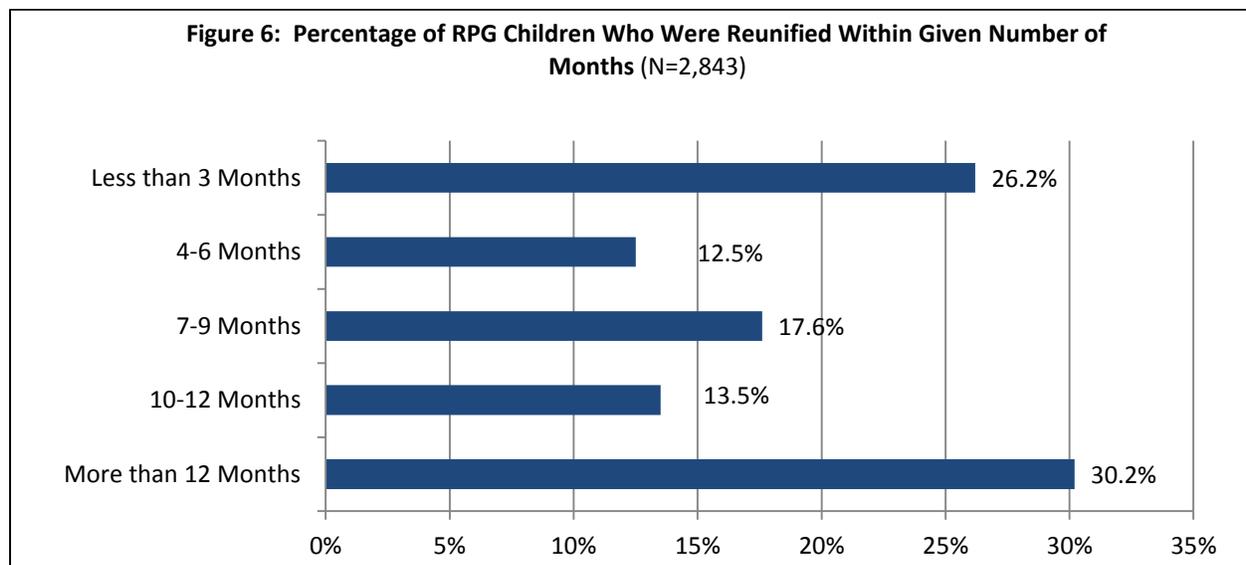
³ Per federal reporting, those discharges coded as “living with other relative” are counted as a valid reunification. As noted, 86.7 percent of children discharged were reunified. In addition, 7.4 percent were discharged to a finalized adoption, 4.4 percent to relative guardianship, and the remaining 1.5 percent were discharged for other reasons (which include emancipation, transfer to another agency, runaway, or death of child).

Among the 2,938 RPG children reunified through September 30, 2011, the median length of stay in foster care was 8.1 months. Overall, approximately 70 percent of these RPG children were reunified within 12 months; more than one-fourth (26.2 percent) were reunified in less than three months.

Through September 30, 2011, only a very small number of children had been discharged to a finalized adoption or legal guardianship. Among the 313 RPG children discharged from foster care to this type of permanency placement, two-thirds (66.2 percent) did so within 24 months.

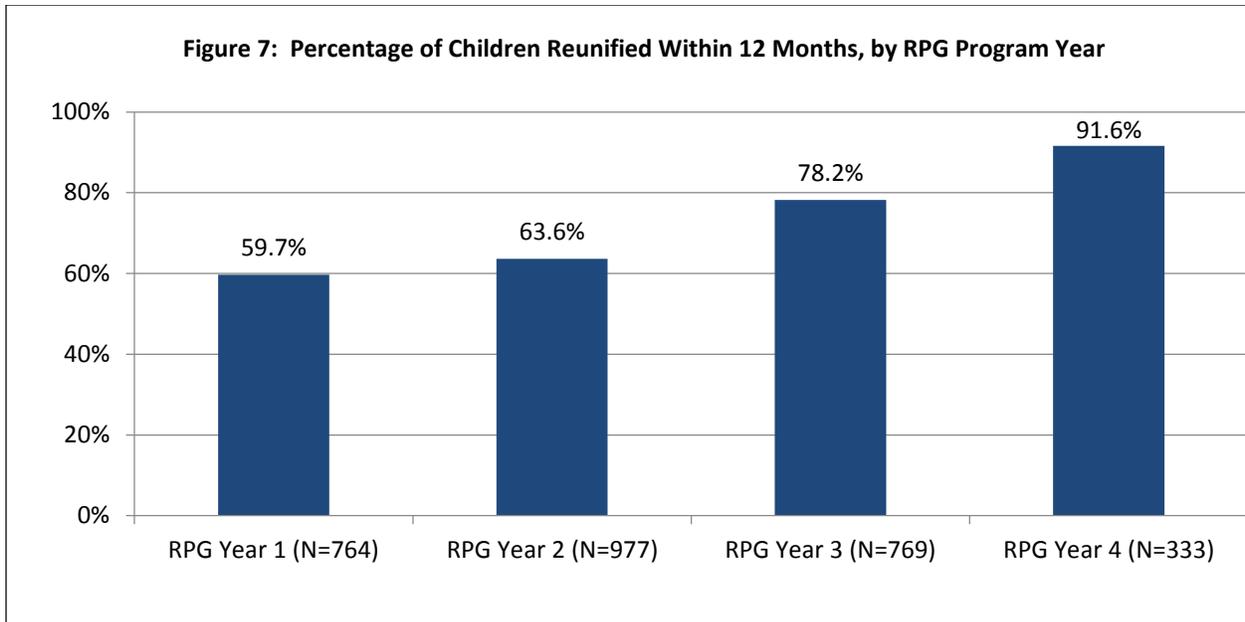
Timeliness of Reunifications
 Percentage of children who were reunified in less than 12 months from the date of the most recent entry into foster care

More than one-fourth (26.2 percent) of RPG children were reunified with their families in less than three months; 12.5 percent were reunified in four to six months; 17.6 percent within seven to nine months; 13.5 percent in 10 to 12 months and 30.2 percent in more than 12 months (see Figure 6).



The percentage of RPG children reunified within 12 months (69.8 percent) is on par with the contextual 22-State subgroup median of 69.0 percent.

Timeliness of reunification (i.e., within 12 months) increased steadily over the course of the RPG Program. The percentage of children reunified within 12 months was 59.7 percent in program year one, 63.6 percent in program year two, 78.2 percent in program year three, and 91.6 percent in program year four (see Figure 7).



Differences by age group were observed. The percentage of children less than one year old who were reunified within 12 months (80.4 percent) was significantly higher than all other age groups. Children aged six to eight years (61.7 percent) and nine to 12 years (59.9 percent) had the lowest rates of reunification within 12 months.

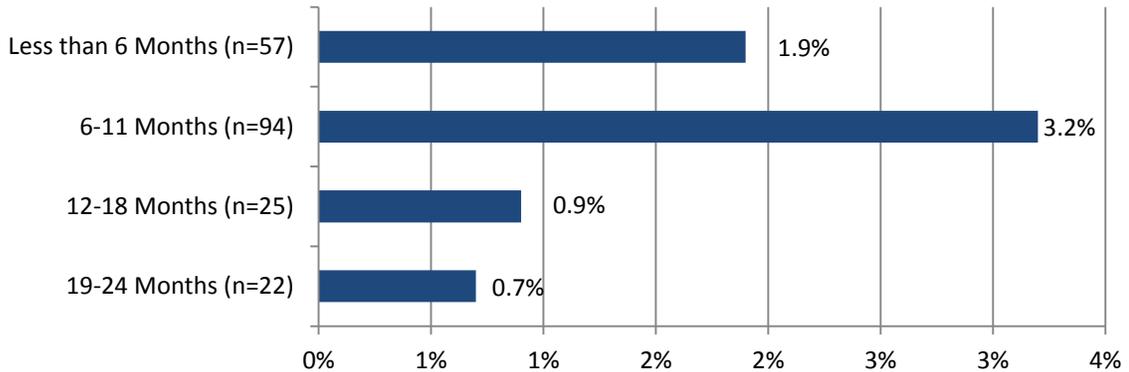
Re-Entries to Foster Care:
 Percentage of Children Returned Home from Foster Care that Re-entered Foster Care in Less than six, 12, 18 and 24 Months

Through September 30, 2011, 33 grantees reported reunifying 2,938 RPG children who were in out-of-home care.⁴ More than half of these grantees (18 grantees or 54.5 percent) reported that none of their reunified children re-entered foster care.

Among children reunified, only 220 (7.5 percent) re-entered foster care following reunification. Most of those who re-entered did so within six to 11 months of being reunified. Specifically, the percentage of children who re-entered foster care after reunification was 1.9 percent in less than six months, 3.2 percent in six to 11 months, 0.9 percent in 12 to 18 months, and 0.7 percent in 19 to 24 months (see Figure 8).

⁴ Includes children who were already in foster care at time of RPG enrollment as well as those who entered foster care after RPG enrollment.

Figure 8: Among RPG Children Reunified, Percentage Who Re-entered Foster Care Within Given Number of Months

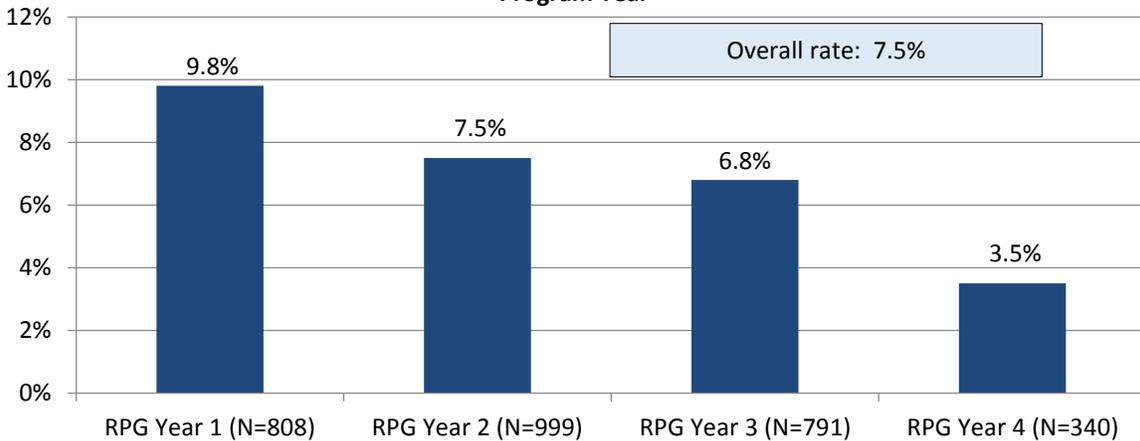


N=2,938 children reunified; analysis excludes 22 reunified children who re-entered foster care, but time to re-entry could not be determined.

The percentage of RPG children who re-entered foster care within 12 months (5.1 percent) was substantially lower than the median rate of 13.4 percent for the 21 States in which the RPGs were operating.

The percentage of RPG children who re-entered foster care decreased steadily over the course of the RPG Program. The percentage of children who re-entered foster was 9.8 percent in year one, 7.5 percent in program year two, 6.8 percent in program year three, and 3.5 percent in year four. The overall rate across the four years was 7.5 percent (see Figure 9). Children who re-entered foster care were significantly younger (Mean=4.2 years) than children who did not re-enter foster care (Mean=5.4 years).

Figure 9: Of Children Reunified, Percentage Who Re-Entered Foster Care, by RPG Program Year



Introduction to the Well-Being Framework

When the RPG Program was implemented in September 2007, the general concept of “well-being,” together with child safety and permanency in caregiving relationships, were recognized as the primary outcomes of child welfare services. The Children’s Bureau’s Child and Family Service Review (CFSR) process operationally defined well-being as parents having enhanced capacity to care for the health and educational needs of their children. Over the past decade, measurement of well-being continues to be discussed and more clearly defined.⁵

Since the implementation of the RPG Program and during the last several years in particular, there has been increased attention on ensuring services are delivered to meet children’s additional needs, including their social and emotional needs, and a broader operational definition of child well-being was sought. This has been evidenced by various national and federal efforts.⁶

In April 2012, the Administration on Children, Youth and Families (ACYF) issued an Information Memorandum (IM) outlining its priority to promote and strengthen children’s social and emotional well-being,⁷ noting that ensuring safety and achieving permanency are necessary but not sufficient to improving well-being. The IM provided a child well-being framework focused on four outcome domains: cognitive functioning, physical health and development, behavioral/emotional functioning, and social functioning. Environmental supports and personal characteristics are viewed as intermediate outcome domains that influence the four child well-being domains.

Among the more than 50 different instruments grantees are using to measure the various well-being concepts, HHS identified nine most commonly selected valid and reliable instruments (See Box 1). The well-being indicator analyses are limited to data from these nine instruments. This brief focuses only on interim findings from the subset of 10 grantees that used the North Carolina Family Assessment Scales (NCFAS).

⁵ Lou, C., Anthony, E.K., Stone, S., Vu, C.M. & Austin, M.J. (2008). Assessing child and youth well-being: Implications for child welfare practice. *Journal of Evidence-Based Social Work*. 5:1-2, 91-133

⁶ Other efforts focused on child and family well-being include, for example, the Strengthening Families approach and Protective Factors Framework that more than 30 States have adopted; the National Child Welfare Resource Center on Legal and Judicial Issues’ proposed well-being measures for the courts; the KIDS COUNT Data Book (which includes 16 child well-being indicators in the domains of economic well-being, education, health, and family and community); the National Study on Child and Adolescent Well-Being (NSCAW); and the development of a National Child Well-Being Index. In addition, ACYF has incorporated a more explicit focus on child well-being in recent grant programs such as the Maternal, Infant, and Early Childhood Home Visiting Program and the Child Welfare – Early Education Partnerships to Expand Protective Factors for Children with Child Welfare Involvement Program.

⁷ Information Memorandum ACYF-CB-IM-12-04 issued April 17, 2012; available at http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

Box 1: Most Commonly Selected Instruments to Measure Child, Adult and Family Well-Being Indicators-Box

- Addiction Severity Index (ASI)
- Adult-Adolescent Parenting Inventory (AAPI)
- Ages and Stages Questionnaire (ASQ)
- ASQ Social-Emotional (ASQ-SE)
- Beck Depression Inventory (BDI)
- Child Behavior Checklist (CBCL)
- North Carolina Family Assessment Scales (NCFAS, NCFAS-G or NCFAS-R)
- Parenting Stress Index (PSI)
- Protective Factors Survey (PFS)

PRELIMINARY NCFAS FINDINGS

The NCFAS Child Well-Being subscale includes items that address a child’s overall well-being and social-emotional and behavioral functioning. It assesses if a child is experiencing any problems in the following areas: mental health, behavior or discipline problems, school performance, relationship with parents/caregivers, relationship with siblings, relationship with peers, and cooperation or motivation to maintain the family. The subscale also includes an overall child well-being item that is intended to summarize a child’s ratings across these areas.

- The percentage of RPG children assessed with the NCFAS for whom the overall child well-being item was rated as a mild to clear strength significantly increased from 27.0 percent at program admission to 57.1 percent at program discharge. Similarly, the percentage for whom overall well-being was rated as a mild to serious problem significantly declined from more than one-fourth (28.7 percent) to 10.2 percent (see Table 2).⁸

Table 2: Overall Child Well-Being – Change in NCFAS Ratings from RPG Program Admission to Discharge, Percentage of Children by Rating Category (N=587)

	RPG Program Admission	RPG Program Discharge
Mild/Clear Strength	27.0%	57.1%
Baseline/Adequate	44.1%	32.7%
Mild/Moderate/Serious Problem	28.7%	5.9%

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

⁸ Statistically significant improvements in the overall child well-being item were consistent across grantees reporting these data.

- The percentage of RPG children for whom specific areas of well-being were rated as a mild to clear strength significantly increased from RPG program admission to program discharge in all areas. Ratings for children increased most in the areas of mental health, relationships with their parents/caregivers, and behavior. These improvements indicate improved emotional stability, better behavior, less discipline and supervision problems, and better communication with their parents. Children also showed significant improvements in ratings for school attendance and behavior, better and more frequent interactions with their peers, increased motivation to behave and cooperate with their parents and family, and improved relationships with their siblings⁹ (see Table 3).

Table 3: Percentage of Children for Whom Selected NCFAS Child Well-Being Areas were Rated as a Mild/Clear Strength at RPG Program Admission and Discharge***		
	RPG Program Admission	RPG Program Discharge
Behavior (N=531)	28.2%	52.4%
Cooperation (N=528)	47.0%	69.9%
Mental Health (N=404)	29.5%	56.4%
Relationship with Parents (N=543)	34.2%	59.3%
Relationship with Peers (N=379)	32.7%	53.1%
Relationship with Siblings (N=403)	44.7%	63.8%
School Performance (N=400)	23.2%	43.3%
*** p<.001 for all items		
Notes: Data represent the subset of eight grantees reporting these NCFAS data.		

This section presents data highlighting change over time regarding RPG adults’ parenting behaviors and attitudes, as measured by the NCFAS Parental Capabilities subscale.

The NCFAS Parental Capabilities subscale assesses if parents are experiencing any problems with supervision of children, disciplinary practices, control and monitoring of children’s media access and content, provision of developmental/enrichment opportunities (e.g., sports, music), promotion of and involvement in child’s education, literacy skills (e.g., integrating reading and writing into the family’s everyday life), and alcohol and drug use that impacts their ability to parent children. The subscale also includes an overall parental capabilities item that is intended to summarize a parent’s ratings across these areas.

The percentage of RPG adults for whom the overall parental capabilities item was rated as a mild to clear strength significantly increased from 16.6 percent at program admission to approximately half (49.7 percent) at program discharge. Similarly, the percentage for whom

⁹ Statistically significant improvements in the mental health and behavior items were consistent across grantees reporting these data. For the other items, findings of statistical significance varied across grantees.

overall parental capabilities was rated as a mild to serious problem significantly declined from 47.9 percent to 17.5 percent (see Table 4).

Table 4: Overall Parental Capabilities – Change in NCFAS Ratings from RPG Program Admission to Discharge, Percentage of Parents by Rating Category (N=587)		
	RPG Program Admission	RPG Program Discharge
Mild/Clear Strength	16.6%	49.7%
Baseline/Adequate	35.4%	32.9%
Mild/Moderate/Serious Problem	47.9%	17.5%

Notes: Data represent the subset of 10 grantees reporting these NCFAS data.

In four of the seven specific parental capability areas, RPG parents showed significant improvement (see Table 5); the greatest progress was made regarding no or decreased substance use and appropriate supervision of children.¹⁰ The percentage of RPG parents in the strength range for no or decreased substance use significantly increased from only 14.2 percent at program admission to 47.2 percent at discharge. While supervision was a strength for more than one-fourth (26.3 percent) of parents upon RPG admission, this figure significantly increased to well over half (57.7 percent) by program discharge. Parents also showed significant improvements in more appropriate disciplinary practices and increased support of enrichment opportunities for their children.

Table 5: Percentage of Parents for Whom Selected NCFAS Parental Capabilities Areas were Rated as a Mild/Clear Strength at RPG Program Admission and Discharge		
	RPG Program Admission	RPG Program Discharge
Controls Access to Media (N=108)	20.4%	25.9%
Development/Enrichment Opportunities (N=528)*	24.6%	47.4%
Disciplinary Practices (N=531)*	22.6%	48.0%
Parent’s Literacy (N=158)	27.9%	36.1%
Promotes Education (N=125)	28.0%	36.8%
Supervision of Children (N=537)*	26.3%	57.7%
Use of Drug/Alcohol (N=566)*	14.2%	47.2%

* p<.001 for all items

Notes: Data represent the subset of eight to 10 grantees reporting these NCFAS data; not all grantees report on all individual items.

¹⁰ Statistically significant improvement in alcohol and drug use, provision of development/enrichment opportunities, and control over media access and content was consistent across grantees.

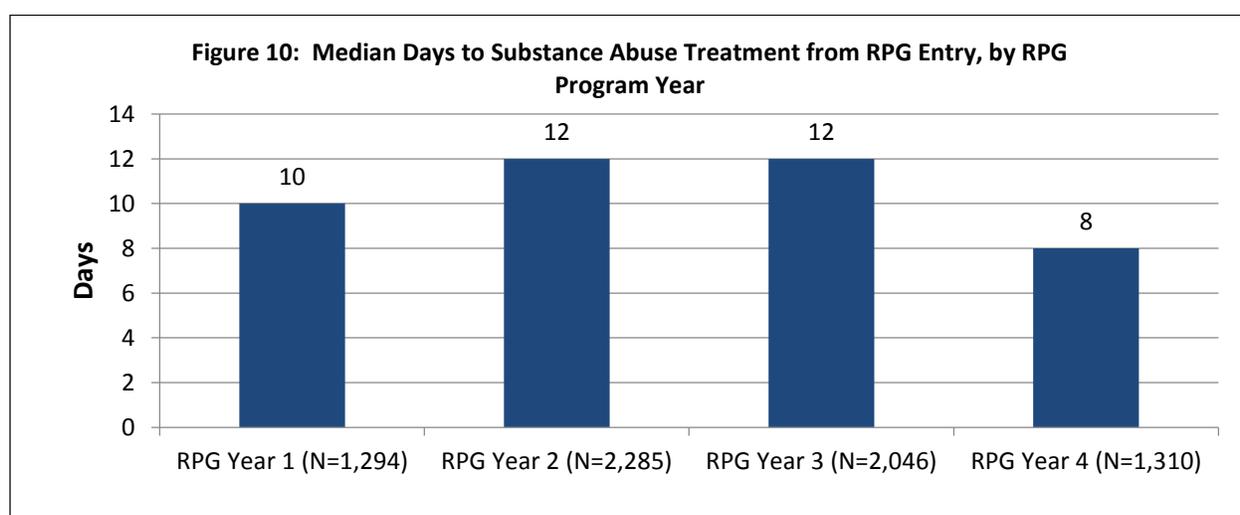
RECOVERY – SELECTED INTERIM INDICATOR FINDINGS

Access to Substance Abuse Treatment

Percentage of parents or caregivers who were able to access timely and appropriate substance abuse treatment; number of days between program entry and treatment entry

Among the 9,180 RPG adults receiving substance abuse treatment through September 30, 2011,^{11,12} 23.9 percent were participating in substance abuse treatment prior to entering the RPG program, while 76.1 percent were admitted the same day as or after RPG program entry.

Overall, for RPG adults who were not already in substance abuse treatment at the time of RPG program enrollment, the time to treatment from RPG program entry was 11 days; however, 38.7 percent accessed treatment within three days. Time to substance abuse treatment entry from child welfare file open date was 32 days, while time to treatment from the substance abuse assessment date was zero days (i.e., same day access to treatment).¹³ Time to treatment fluctuated somewhat over the course of the RPG Program, but appears to have improved in program year four. The median number of days to treatment was 10 in program year one, 12 in program year two, 12 in program year three and 8 in program year four (see Figure 10).



¹¹ Given the diversity in RPG program models, time to treatment is measured from three different time points: 1) when the family enters the RPG program, 2) when the family enters the child welfare system, and 3) when a client receives a substance abuse assessment.

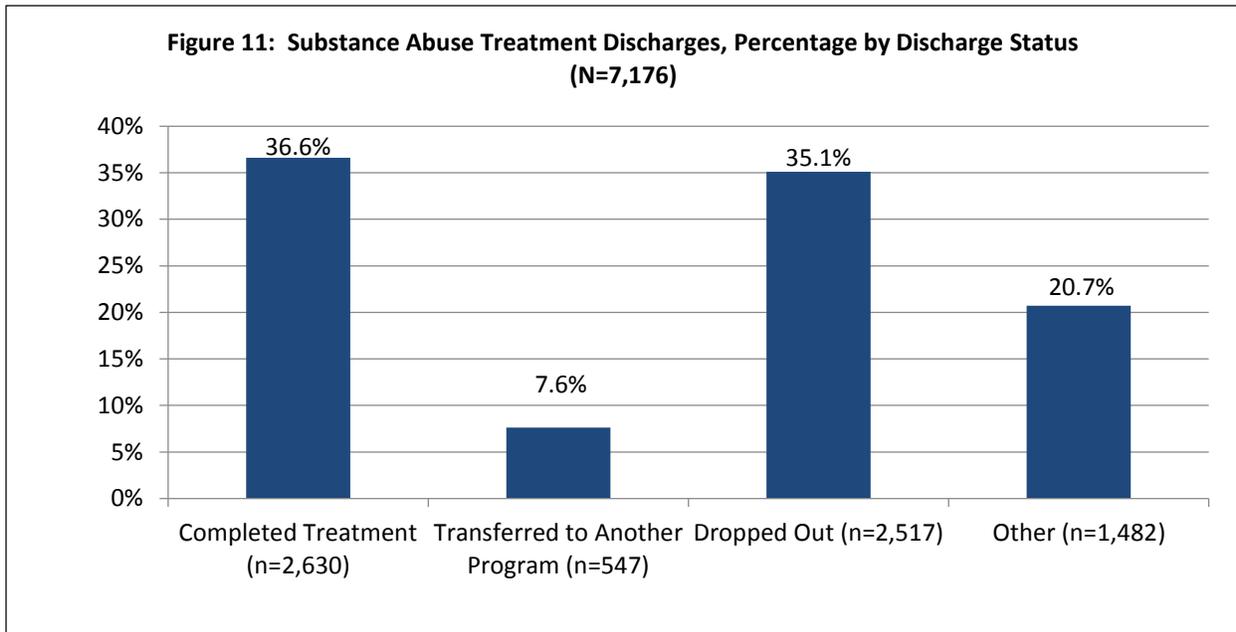
¹² This represents 71.0 percent of all adults served by grantees. Not all RPG adults require substance abuse treatment. For example, there may be family members of the primary caregiver(s) in substance abuse treatment; these adults may not need treatment, but do receive other RPG services.

¹³ Time to treatment is measured from these three different time points given the diversity in grantees' program models and variability in their client referral and engagement processes.

Retention in Substance Abuse Treatment

Percentage of parents or caregivers referred to substance abuse treatment who remained until treatment completion; average length of stay in treatment for referred parents or caregivers

When looking at substance abuse discharge status, 36.6 percent of RPG adults completed treatment, 7.6 percent transferred to another program or facility for further treatment (considered a positive treatment outcome per federal treatment episode reporting), 35.1 percent dropped out of treatment and 20.7 percent were identified as other (see Figure 11).¹⁴



Overall, for all discharges (N=7,702), RPG adults had median stays in substance abuse treatment of 120 days (4.0 months). The vast majority (80.1 percent) of adults stayed in treatment more than 30 days; 58.9 percent of adults remained in treatment more than 90 days.

As expected, adults who completed treatment had the longest median lengths of stay in treatment: 198 days (or 6.6 months). However, even those that dropped out of treatment received services for an average of 63 days (or 2.1 months).

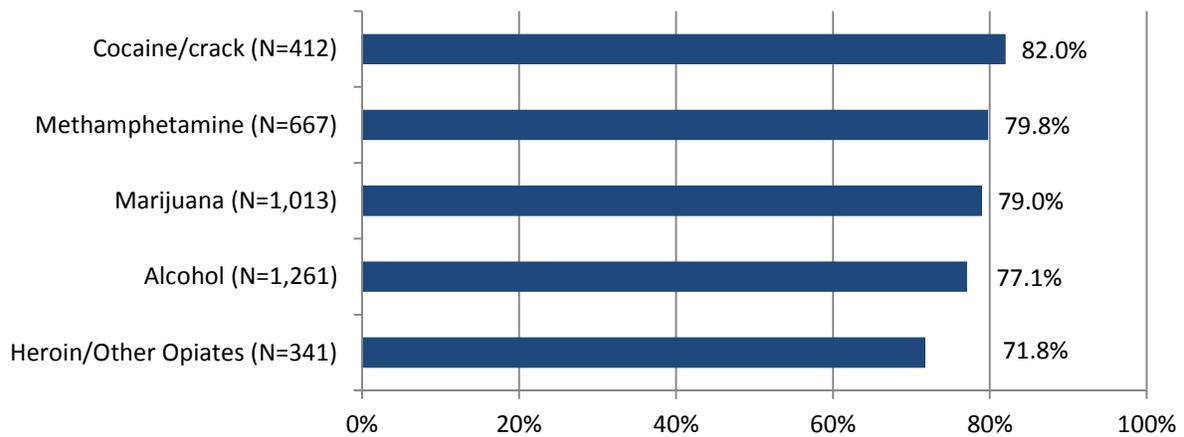
¹⁴ Excludes adults discharged from treatment, but whose discharge status is unknown. Numbers are based on total discharges; an adult may have multiple discharges from treatment. Transferred to another treatment program/facility and known to report is considered a positive treatment outcome per federal TEDS treatment discharge reporting. Dropped out includes transferred to another facility but did not report. Other discharge status includes terminated by action of facility, incarcerated, death, and other reason somewhat outside of client's control.

Reduced Substance Use

Percentage of parents or caregivers who report a reduction in substance use, as measured by number of days of use in past 30 days at treatment intake and discharge

The percentage of RPG adults with reductions in use was between 71.8 and 82.0 percent, depending on the substance. Among RPG adults who reported any substance use in the past 30 days at treatment admission, those who used cocaine reported the greatest reduction in mean days of use (82.0 percent), followed by those using methamphetamine (79.8 percent), marijuana (79.0 percent), and alcohol (77.1 percent). Reduction in use rates among RPG adults using heroin/other opiates was 71.8 percent (see Figure 12).

Figure 12: Percentage of Adults Reporting Reduction in Use from Treatment Admission to Discharge, by Type of Substance*



*Among adults who reported any use at treatment admission.

The percentage of RPG participants reporting abstinence from alcohol use at treatment admission (61.4 percent) and at treatment discharge (87.3 percent) was slightly higher than the latest NOMs data for the RPG states (58.3 percent and 80.3 percent, respectively). RPG participants also showed a greater percentage increase in the number abstinent for alcohol from admission to discharge (42.2 percent), compared to the 29-state subgroup (34.7 percent).

The percentage of RPG participants reporting abstinence from drug use at treatment admission was slightly lower than that of the RPG States' NOMs data (41.2 percent versus 51.7 percent). However, at treatment discharge, the percentage of RPG participants who were abstinent was higher than the Statewide NOMs (85.0 percent versus 74.6 percent).

BRIEF DEMOGRAPHIC PROFILE OF CLIENTS RECEIVING RPG SERVICES

Over the course of the initial five year grant period (through September 30, 2012), the 53 regional partnerships served 15,031 families including 25,541 children and 17,820 adults. The average number of RPG participant families served per grantee was 284, ranging from a low of 62 to a high of 1,886, reflecting the diversity of the grantee program models, target populations, and geographic regions being served. More than three-fourths (83.9 percent) of families have been discharged from the RPG program at the end of the grant period. On average, families who had been discharged received RPG services for 8.2 months.

Children enrolled in the RPG program were predominantly White (49.9 percent), followed by Hispanic (20.3 percent) and Black (14.9 percent); nine percent were Native American. The greatest proportion of children was one to three years of age (26.2 percent). Overall, children between zero and five years of age comprised 59.8 percent and school age children (six years and older) comprised 40.2 percent of the RPG child population (see Table 6).¹⁵

Table 6: Selected Demographics of RPG Participant Children*		
	Number	Percent
Total Children	25,541	100%
Gender	23,758	100%
Boys	12,125	51.0%
Girls	11,633	49.0%
Age	23,967	100%
Under 1 Year	4,912	20.5%
1-3 Years	6,271	26.2%
4-5 Years	3,148	13.1%
6-8 Years	3,580	14.9%
9-12 Years	3,324	13.9%
13 and Older	2,732	11.4%
Mean Age (years)	5.7	(5.0)
Race/Ethnicity	22,469	100%
White	11,204	49.9%
Hispanic (of any race)	4,555	20.3%
Black	3,341	14.9%
Alaska Native/ American Indian	2,022	9.0%
Two or more races	1,097	4.9%
Asian/Native Hawaiian/Other Pacific Islander	250	1.1%

¹⁵ Percentage calculations for child demographics exclude cases with missing information.

Adults in the RPG program were also predominantly White (58.2 percent); nearly half (48.6percent) were under 30 years of age. Women comprised 72.2 percent of the total adult RPG population, the majority of whom were the biological mother and a primary caregiver of the children involved in the RPG program. Methamphetamine was the primary substance at admission for nearly one-third of all RPG adults in substance abuse treatment (see Table 7).¹⁶

Table 7: Selected Demographics of RPG Participant Adults*		
	Number	Percent
Total Adults	17,820	100%
Gender	17,601	100%
Female	12,716	72.2%
Male	4,885	27.8%
Age	17,388	100%
Under 21 years	877	5.0%
21 to 24 years	2,985	17.2%
25 to 29 years	4,598	26.4%
30 to 34 years	3,705	21.3%
35 to 39 years	2,396	13.8%
40 to 44 years	1,431	8.2%
45 years and older	1,396	8.0%
Mean Age - Years (SD)	31.4	(8.5)
Race/Ethnicity	16,719	100%
White	9,723	58.2%
Hispanic (of any race)	2,628	15.7%
Black	1,957	11.7%
Alaska Native/ American Indian	1,901	11.4%
Two or more races	329	2.0%
Asian/Native Hawaiian/Other Pacific Islander	181	1.1%
Relationship to Child	11,219	100%
Biological Mother	8,519	75.9%
Biological Father	1,807	16.1%
Other	893	8.0%
Primary Substance at Treatment Admission	10,004	100%
Methamphetamine	3,150	31.5%
Marijuana	1,970	19.7%
Alcohol	1,913	19.1%

¹⁶ Percentage calculations for adult demographics exclude cases with missing information.

Table 7: Selected Demographics of RPG Participant Adults*

	Number	Percent
Primary Substance at Treatment Admission		
Heroin/Opiates	1,687	16.9%
Crack/Cocaine	956	9.6%
Other	328	3.3%

Caveats and Limitations in Interpreting the Data

These data provided an unprecedented opportunity to assess the impact of the RPG programs on child welfare and substance abuse outcomes. Yet several important caveats must be considered in reviewing data that represent 53 partnerships with different program models and diverse target populations:

The RPG Program Performance Measurement is not designed as a cross-site evaluation. The RPG findings presented in this report represent 53 grantees that have the same overarching project goals (to improve child, adult, and family outcomes), but are not implementing or testing the same set of services, interventions, or program models.

Grantees implemented different methodologies for obtaining control or comparison group data, if applicable to their project. Grantees were not specifically required to include a control or comparison group in their local evaluation design. Grantees collecting control or comparison group data had the discretion to identify and select what they deemed an appropriate control or comparison group.

The results presented in this brief are interim findings. Because grantees uploaded an updated, cumulative data file every six months, the results may change as the number of children, adults, and families served increases. Definitive conclusions should not be drawn from these interim results.

Contextual and community factors may impact grantees' outcomes. The 53 regional partnerships operated within broader communities and systems of care. As such, the partnerships, programs, and families served were impacted by local conditions including the service array available in different communities and the current economic environment. State and county budget constraints and recent reductions impacted the grantees in important ways.

National child welfare and substance abuse treatment outcomes provide important contextual perspective, but may reflect a broader child and adult population than the RPG families. Families served by the RPG programs likely represented more difficult or complex cases (e.g., significant co-occurring disorders, including trauma and violence). Further, 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, as these data do not reflect random assignment or matched characteristics of RPG participants.

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>.